



# ACKNOWLEDGMENTS

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Sincerely,

The LIFE Evaluation Team

Christine Cooper, Amanda Cross, Thuan Duong (former), Carrie Furrer, Ron Joseph, Nicole Lauzus, Mary Beth Sanders (former), Anna Rockhill, & Angela Rodgers

# EXECUTIVE SUMMARY



## LIFE Components

- Enhanced family finding
- Family case planning meetings (LIFE Meetings)
- Peer parent mentors (PMs)
- Team collaboration

## LIFE Values

- Strengths-based
- Trauma-informed
- Culturally responsive
- Parent-directed, youth-guided

Oregon Department of Human Services-Child Welfare (DHS-CW) developed an intervention focused on reducing the time to permanency for children likely to have long-term stays in foster care. The intervention, known as Leveraging Intensive Family Engagement (LIFE), had four key components and four practice values. LIFE staff consisted of a trained meeting facilitator (Family Engagement Facilitator, FEF), support staff (LIFE Coordinator, LC), and a paid peer parent mentor (PM).

The Portland State University Evaluation Team used a five-phase framework to evaluate the implementation LIFE services, its outcomes, and cost: (1) Developmental, (2) Formative, (3) Fidelity and Model Testing, (4) Outcome, and (5) Wrap-Up.

## Summary of Key Outcomes

### LIFE services promoted the following outcomes:

- Parent engagement, and to some degree youth involvement, in case planning and decision making.
- Exiting foster care to a parent or familial home within a year of completing LIFE services, proportional across racial groups.
- Increased likelihood of living with relatives at some point during foster care episode.

### LIFE services largely worked according to the logic model and program theory of change:

- LIFE supported the development of a team, positive working relationships, and a sense of cohesion among team members.
- LIFE Meetings promoted transparency, clarity, and accountability, and provided action steps for all LIFE Team members.
- Parents, youth, relatives, and other members of the team had opportunities for input, choice, and participation in decision-making.

### LIFE services had a number of unintended positive impacts:

- Use of the Oregon Safety Model in case planning and decision-making increased.
- Caseworkers received a variety of supports from FEFs and other LIFE Team members.
- Foster parents gained valuable information and insights about the children in their care as well as about how DHS works.
- There was a shift toward values-based practice by caseworkers and other service providers.
- LIFE service components were incorporated into other DHS meetings, processes (e.g., Transfer Protocol).

### **LIFE services were constrained by a variety of challenges:**

- Implementation barriers included a lack of branch-level support; at times insufficient training, coaching, and supervision; turnover and hiring delays; and tensions between LIFE and business-as-usual processes.
- A small number of caseworkers and supervisors resisted LIFE services and/or otherwise hindered the positive effects of increased parent engagement and opportunities for support from the team.
- Leadership turnover, staffing shortages, and workload challenges in Oregon’s child welfare system more broadly hindered implementation.
- Values-based practices were sometimes thwarted by the coercive or oppressive features of the child welfare system such as institutionalized racism. Youth-guided and cultural responsiveness values were particularly challenging to operationalize and practice.

## **Setting the Context**

The LIFE program’s underlying assumption was that engaging parents, youth and extended family will lead to improved child welfare outcomes. LIFE envisioned collaboration between caseworkers, FEFs and Parent Mentors, and they are joined by service providers, attorneys and a range of informal supports on the LIFE Team. It is important to acknowledge that this work took place within a broader context that had a significant influence on the degree to which LIFE services could increase parent engagement and/or have a meaningful impact on more distal child welfare outcomes.

At the socially complex interaction of justice and welfare, child welfare is simultaneously seeking to preserve families, rescue children from inadequate or dangerous family contexts, and compel parents to change. Caseworkers are tasked with supporting families to find their own solutions while retaining responsibility for keeping children safe, which may hinder family-centered approaches. Moreover, institutional oppression and racism are realities for families interacting with the child welfare system, as evidenced by the over-representation of children of color, as well as disparities related to outcomes once in the system. Youth in foster care face trauma, exploitation, and other disadvantages disproportionate to their peers who don’t come into contact with the child welfare system. In the face of these powerful institutional forces, one may question whether parent engagement, focused on individuals with very little power within the system, can truly drive child welfare case outcomes. Nevertheless, LIFE services and underlying practice values were intended to shift some of these power dynamics and the findings suggest that overall, LIFE services made progress toward that goal.

## **Process Evaluation Key Findings**

The purpose of the LIFE process evaluation was to examine the factors that could explain *how* outcomes were achieved. To this end, the evaluation examined implementation, the degree to which the target population was identified and offered services, and the integrity of implementation. In addition, a realist approach was utilized to better understand the mechanisms by which LIFE services impacted short-, medium- and long-term outcomes.

### **Implementation**

Following a 12-month staggered implementation plan, LIFE was fully implemented in all 4 districts/7 DHS-Child Welfare branches. Key implementation findings include:

**Early support for implementation was successful but the effect waned over time.** Efforts by program leadership, Kick-Off events, and the development of DHS branch-specific business protocols, encouraged buy-in by local staff early in the project. As districts started to implement LIFE services, the Waiver Program Manager and LIFE Consultants addressed workload and resource issues, managed contracts and communications, worked with community partners, coached LIFE staff, and promoted the use of the Oregon Safety Model (OSM). Branch-level supervisors did LIFE-specific case consultation and helped align LIFE processes. Over time, DHS staff turnover diminished the impact of these initial efforts and the responsibility for supporting LIFE Teams fell on LIFE Consultants and the Waiver Program Manager.

**Turnover made it challenging to keep up with training, coaching, and supervision.** FEFs and LCs received initial formal training, supervision at their branch, and support from their district LIFE Consultant. PMs received training through their own community agency. LIFE staff also attended monthly district LIFE Team meetings and cross-district Quarterly Trainings. As LIFE staff turned over, it was difficult to provide ongoing formal training; for many, especially in the LC position, training was largely on-the-job and peer-to-peer. Turnover created gaps in service for families and workload burden for LIFE staff. It took a significant amount of time to hire positions and get new staff onboarded and trained. LIFE leadership created a clearer protocol for onboarding, but there was not always access to more formal training.

**The fit between LIFE and branch processes and caseworker practice was sometimes a challenge.** Each branch adapted LIFE protocols to fit with local practice at the start of the program. This flexibility encouraged implementation but also resulted in some inconsistency in practice, especially around diligent relative search and enhanced family finding. Material supports, such as a dedicated meeting room and a conference phone, were more available in some branches than others. Other challenges were DHS staff concerns that LIFE cases required additional work or weren't productive, and getting accustomed to working in partnership with a meeting facilitator. It is significant that the practice values were specific to LIFE and not to the larger agency; FEFs had to negotiate DHS staff resistance to the LIFE model, and often modeled values-based practice for their colleagues. LIFE Consultants and LIFE staff spent a great deal of time and energy throughout the demonstration building relationships and creating buy-in.

**Community partners were important to the formation of LIFE Teams.** Community partners were part of the LIFE Team, and their presence was often crucial to the team's ability to do successful planning. Many service providers saw the benefits of LIFE services although it could be challenging to schedule meetings when everyone was available. Attorneys in some of the districts only rarely attended meetings; however, this reflected the local bar's decision regarding child welfare meetings more generally and was not specific to LIFE. The Waiver Program Manager and other LIFE staff worked to build relationships with community partners throughout the course of the demonstration.

## **Identified & Served Population**

The process designed to identify and involve families in LIFE services generally worked well. Initially eligible youth were identified using a predictive algorithm; a second level screening happened at the branch. Due to the low threshold for initial eligibility, the number of eligible cases surpassed projections (the threshold was raised in February 2017 to slow case flow). After a case was determined eligible for LIFE services, caseworkers could make a PM referral for parents. Participation was voluntary; nearly 3 in 5 LIFE cases had at least one parent who accepted PM services.

## **Integrity of Implementation**

LIFE, a complex human service intervention, does not lend itself to traditional notions of “fidelity,” where every participant reliably gets the same set of services with the same intensity and duration. Integrity in implementation allows for services to be delivered according to essential core elements while being responsive to family needs, conditions, and local contexts. On the whole, practice was consistent with the LIFE model but was also affected by implementation issues and the larger child welfare context.

**LIFE Meetings.** LIFE staff documented 5,144 LIFE Meetings over the course of the demonstration project. On average, families had 11 meetings over 13 months of service. The most consistent LIFE Meeting practices were related to meeting structure (e.g., following agenda), collaboration (e.g., problem solving, getting questions answered), and general meeting facilitation (e.g., reframing, using clear language). Caseworkers, parents, and service providers attended LIFE Meetings most consistently, and youth and legal representatives attended least consistently. Participants generally agreed that LIFE Meetings created a respectful environment focused on problem solving, and provided space for family voice. During LIFE Meetings, PMs helped clarify things for parents by asking questions and requesting information, provided parents with support and coaching, brought attention to the parent’s strengths, and offered insight into a parent’s experience for the rest of the team.

**Practice Values.** LIFE staff spent the first two years working to identify and document how to practice the four values included in the LIFE model. Over time, LIFE staff widely regarded practicing the values as more central to their work than some of the structural features of the LIFE model. Values-based practice was key to successful work with families. In addition, LIFE staff noticed how modeling for and practicing the values with other LIFE Team members, co-workers, and colleagues helped build a sense of cohesion and shifted practice. On the whole, LIFE staff were consistently strengths-based and trauma-informed and they endeavored to center parents in the face of competing agency practices (e.g., lack of transparency). Cultural responsiveness and youth-guided were more challenging to implement; indeed, these values are directly in conflict with institutionalized racism, oppression, and youth marginalization in the child welfare system.

**Meeting Preparation.** Parents and caseworkers received the most consistent meeting preparation. For parents, preparation routinely consisted of helping to decide who would be invited; being notified of the agenda, meeting logistics, and who was confirmed to attend; and being asked about preferences or concerns related to the meeting. Less consistent practices, at least in some branches, involved youth preparation (youth were also less likely to attend LIFE Meetings), and efforts toward cultural responsiveness during preparation.

**Parent Mentors.** PM services typically included attending pre-LIFE Meeting staffings, developing Individual Action Plans with parents, and discussing informed consent (an on-going way to promote parent autonomy). Somewhat less consistent were helping parents prepare for LIFE Meetings and following through on action items developed during meetings (these were partially dependent on how often meetings took place and whether parents were assigned action items). PMs also accompanied parents at child welfare meetings and court proceedings; provided transportation; helped find resources for permanent housing, basic needs, and A&D treatment and recovery; and supported visitation.

**Team Collaboration.** Family/support people who attended meetings largely reported that their LIFE Team worked together. Foster parents said they mostly felt included, and that LIFE Meetings were an

opportunity for communication and coordination. Most caseworkers and service providers reported that they developed relationships with LIFE Team members and that meetings helped everyone get on the same page. In addition, pre-LIFE Meeting collaboration was most consistent between the FEF and caseworker, but PMs were also included in some pre-meetings.

**Enhanced Family Finding.** The LIFE model specified that enhanced family finding was to start with diligent relative search, followed by additional database searches and ongoing conversations with parents and youth about their family and other supports. There was a great deal of variation in practice across branches. Not only were business processes different, but also what enhanced family finding entailed was understood differently across different districts/branches. Rising caseloads and turnover, especially at the LC position, often meant that enhanced family finding was deprioritized by LIFE staff, despite the fact that the LIFE Model Refresh in 2017 mandated a renewed focus on the practice.

Overall, LIFE components and underlying practice values worked together to create a supportive, motivationally rich context that not only promoted parent engagement, but also LIFE Team engagement in support of families. Findings suggest that the benefits of having a team are far reaching, not just for families but also for caseworkers and others. Of central importance were monthly meetings, which gave LIFE Teams opportunities over time to develop a sense of cohesion, shared purpose, and efficacy. Meetings were instrumental to parents' ability to make progress on the issues that brought them to the attention of child welfare. The practice values, especially cultural responsiveness and youth-guided, both enabled and complicated this work as they came in conflict with each other and constraints of the child welfare system.

## **Outcome Evaluation Key Findings**

The outcome evaluation assessed program effectiveness in producing change. LIFE services most powerfully influenced family engagement, with longer-term effects on timely case progress and relative foster placements.

### **Parent Engagement and Short-term Outcomes**

Parents generally participated in LIFE Meetings along with their caseworkers and FEFs, while other LIFE Team members attended more sporadically. Although scheduling was often a barrier, service providers attended based on the current needs of the case. Consistent attendance by caseworkers and family/youth was associated with parents feeling motivated and that they were making progress, suggesting the importance of informal and familial support as well as investment from caseworkers. Service navigation from Parent Mentors (meeting parents' needs for A&D treatment/recovery, education/vocational school, and housing) was also associated with parent motivation.

LIFE services promoted parents' engagement in decision making, services, and other activities related to their case. Meetings that were strengths-based and productive engendered confidence and hope. When parents had an opportunity to express their needs and participate in planning, they developed a sense of ownership and investment in their case plan. Monthly meetings also provided clear and timely information as well as frequent check-ins and problem solving; as a result, parents understood what they needed to do and how to get it done. These processes were bolstered by a welcoming, supportive team; regular meeting preparation; and Parent Mentor advocacy. LIFE services were also useful for parents facing significant challenges (e.g., housing instability, relapse), or who were incarcerated or

unlikely to be reunified. In these cases, LIFE services gave parents an opportunity to engage when they otherwise may have been left out, or more easily facilitated re-engagement after a setback.

At times LIFE services fell short. Despite the best efforts of LIFE staff, child welfare system power dynamics impinged on LIFE services in a number of ways. Some meetings were not particularly strengths-based. At times, caseworkers used LIFE Meetings as a forum to inform or confront the parent rather than for dialogue and soliciting their input. Caseworkers used coercive tactics like withholding information or refusing to answer certain questions. Parents were not likely to continue attending meetings under these circumstances, and if they did, they felt silenced and powerless, and often hopeless, angry and distrustful. Parent engagement was also profoundly complicated by institutionalized racism and the marginalization of families of color. Although LIFE staff endeavored to provide culturally responsive services, some parents of color experienced ruptures (e.g., racialized experiences of being othered, microaggressions) related to their cultural identity and beliefs, language and communication, and the provision (or lack thereof) of culturally appropriate services.

### **Youth Engagement and Short-term Outcomes**

LIFE Meetings helped promote engagement in case planning for parents, but engaging youth was significantly more complicated. Overall youth attended 1 in 3 LIFE Meetings. Youth-centered meetings occurred when parents were not actively involved or if the concurrent plan was independent living. Youth wanted to be able to decide whether to attend family meetings, and if not, they wanted other opportunities to be involved. Findings suggest that youth involvement was more likely when FEFs, caseworkers, and service providers invested in and were responsive to youth and their families. Relationships helped youth figure out and articulate what they wanted and needed. When LIFE services afforded opportunities to receive information, provide input, participate in decision-making, and make choices, youth experienced a sense of control, emotional support, and hope for the future. In the child welfare system, adults make decisions in the best interest of youth, which often silences their voices and takes away their power. Involving youth in case planning requires an approach that is different from parents, but involvement is critical for youth well-being.

### **Child Welfare Outcomes**

The purpose of LIFE was to speed case progress in order to shorten the amount of time youth spent in foster care; to partner with families to plan, monitor, and problem solve so that youth placements were stable; and to maintain familial ties through relative foster placements and family meetings. Findings suggest that LIFE services promoted timely case progress and relative placements, but did not decrease time spent in foster care nor positively impact placement stability.

**Timely Case Progress.** Moving cases through the child welfare system is one indicator of how well the system works for families, and plays a key role in foster care outcomes. LIFE services facilitated timely progress by improving decision-making and case planning (e.g., more consistent use of Oregon Safety Model), increasing support for caseworkers, and promoting engagement among caseworkers and other providers. In addition, LIFE services kept cases on track and facilitated clear communication regarding the agency's expectations of parents such as conditions for return.

**Permanency.** Within 12 months of completing LIFE services, nearly 3 in 4 youth had exited foster care and the majority of them had been returned to their parent(s) or legally placed with guardians (mostly relatives). For the most part, LIFE services were closed because permanent plans were in place, but the time it took to do so widely varied (from 1 day to 3.7 years). Results for youth with closed LIFE services were promising in that most youth entered and remained in a family-focused permanent placement.



Furthermore, there was a proportional distribution of permanent placements (e.g., reunification, relative guardianship) across racial groups (Hispanic, Black, American Indian/Alaska Native, White).

When comparing LIFE youth to similar youth who had not received LIFE services, LIFE youth (family had at least two LIFE Meetings, or minimum service) were more likely to have lived with a relative at some point during their foster care episode. Subsequent analyses suggested this was even more likely for White LIFE youth.

Within two years of the LIFE eligibility date, LIFE youth were less likely than Comparison youth to return to foster care if they had been in a permanent placement. However, this outcome in the two-year timeframe was challenging to interpret given most youth were still in foster care so outcomes were artificially cut off at the two-year mark. Similarly, return to care estimates were based on a small number of youth who had achieved a permanent placement and were not necessarily representative of the full sample.

After three years, Comparison and LIFE youth had a similar return to foster care rate – LIFE youth “caught up” to Comparison youth. Another trend was that LIFE youth were less likely to have exited foster care, although LIFE youth still in care were slightly more likely to have been living with relatives. Again, these findings were based on a subset of youth: only half of the total matched sample had three years of follow-up time and the last site was excluded due to the staggered implementation rollout.

**Youth of Color in child welfare.** Youth of Color (YOC) and their families face institutionalized racism, implicit bias, marginalization, and microaggressions on a daily basis in the United States. Consistent with much of the published data on disproportionality for YOC in the child welfare system, findings indicate that YOC (Black youth in particular) had more placements and placement changes, a higher rate of return to foster care, and a lower likelihood of exiting foster care than White youth. On the other hand, YOC had fewer days in foster care and greater likelihood of reunification compared to White youth within two years of LIFE eligibility. Generally speaking, findings suggest that LIFE services were not enough to neutralize the oppressive nature of the child welfare system for many YOC, although they may have played a positive role, especially earlier on in the case, for some. The results also speak to the heterogeneity and complexity of the experiences of YOC.

**Youth of Color with LIFE services.** The effect of LIFE on foster care outcomes was similar for White youth and YOC, with one exception. At the end of the study window, LIFE YOC had an average of one more placement change than White youth. However, Black LIFE youth experienced a number of differences compared to Black Comparison and White LIFE youth: they were less likely to have exited foster care, spent more days in foster care, and had more placements. It is hard to interpret these results with so many confounding factors, but previously documented disproportionality for Black youth in the child welfare system underscores the gravity of these findings. Likewise, it is noteworthy that outcomes for AI/AN LIFE youth were more similar to White LIFE youth.

Defining particular foster care outcomes as “bad” and “good” is an oversimplification of what actually happens for families. It is also important to acknowledge that administrative data is quite limited in what it can tell us about what is good for families. Here, the mostly null findings could be interpreted as the LIFE program didn’t work, or that families had mixed outcomes that averaged out to appear as no treatment effect, or that administrative data tell the story of an “average” youth that doesn’t exist rather than the stories of real individuals in complicated circumstances.

## Policies and Practices at State and Local Levels

The LIFE intervention's influence reached beyond the families who received LIFE services. Caseworkers received support related to the Oregon Safety Model, knowledge which they undoubtedly utilized in their work with non-LIFE cases. FEFs modeled values-based practices for both caseworkers and service providers, and meetings helped foster parents gain a detailed understanding of DHS decision-making including the constraints and challenges facing caseworkers.

There were also impacts at the state level. LIFE Meetings served as the model for the redesign of Child Safety Meetings that were widely considered not particularly conducive to engaging families. The LIFE model was the basis for Oregon's new statewide transfer protocol, which calls for Child Protective Services and Permanency workers to co-manage cases in partnership with parents. The transfer protocol also requires the use of a skilled meeting facilitator for the new Family Engagement Meetings, and LIFE staff have trained the meeting facilitators statewide. In addition, the state legislature authorized funding for LIFE services through the 2019-2020 biennium, and a values-based meeting facilitation program is growing statewide. Finally, Parent Mentors continue to support this work with their experiences shaping how DHS staff partner with families.

## Cost Study Key Findings

The general cost comparison (average service cost per child for LIFE vs. comparison youth) suggested that there was no overall difference in cost for youth with families who received at least two LIFE Meetings compared to a matched comparison group. Although overall costs were similar, the mix of costs for LIFE youth was different. Specifically, LIFE youth had higher costs associated with residential placements, relative foster care, and independent living programs (ILP), and lower costs associated with non-relative foster care. A cost-effectiveness analysis was not conducted because youth receiving LIFE services did not experience reduced days in foster care.

## Key Recommendations

### LIFE Model

The LIFE model was successful in promoting engagement, facilitating case progress, and encouraging relative placements. The following are program implications and recommendations for LIFE services going forward.

**Value-based practice is central.** In complex environments in which there is not one "right" answer and participants have multiple, competing objectives, LIFE values served as guideposts for practice. Key recommendations:

- Continue training and peer-to-peer learning about practicing LIFE values.
- Enhance the conceptualization of cultural responsiveness to include practitioner self-awareness and an understanding that culture is essential to engagement and case planning.
- Reconceptualize the youth-guided value to specify relationship building and empowerment with the goal of youth well-being.

**Importance of the team.** In addition to parents and extended family, LIFE services facilitated the engagement of caseworkers and other service providers. Key recommendations:

- Continue support and training for team building; encourage practicing the values with caseworkers and service providers in parallel process with families.
- Continue efforts to build partnerships with service providers and the legal community.

**Importance of multiple meetings.** Regular structured meetings that are solution-focused and strengths-based foster the development of relationships and build momentum for progress. Key recommendations:

- Continue multiple meetings over time, ideally without restrictions on number or length of time.
- Continue to fund non-case carrying FEF positions and LC positions to support FEFs.

**Need for leadership support.** To manage and sustain the LIFE model, leadership at multiple levels (management, supervisors) must value family meeting practice. Key recommendations:

- Management should establish and communicate expectations for family-centered practice among staff and create accountability.
- Supervisors should promote self-reflective practices related to LIFE values, support FEFs in working with caseworkers, and promote the practice among DHS staff.

## **Child Welfare Practice and Policy**

The LIFE evaluation surfaced a number of practices that would be generally useful for the child welfare system. The following are child welfare practice and policy recommendations:

**Team-oriented service delivery.** A team approach to service delivery has benefits for families and the child welfare workforce alike. Teams bring multiple perspectives, ideas for problem solving, and resources to more effectively meet a family's needs. Caseworkers are supported when teams provide information for decision making, help paint a fuller picture of the family, and take on some of the work. Key recommendations:

- Re-think service delivery models that rely on individuals working in isolation and incorporate team approaches.
- Support team development; use LIFE practice values to build cohesion and shared purpose.

**Emphasize social justice.** LIFE services were constrained by institutionalized racism and oppression present in the child welfare system. Key recommendations:

- Put in place structures to support the integration of social justice principles into child welfare practice (e.g., adopt anti-racism and anti-bias frameworks, anti-oppressive practice values).
- Hire and support staff with social justice values; provide ongoing training, expectations, and opportunities for self-reflection related to race, equity, and inclusion.

**Do youth engagement work differently.** Youth deserve to be involved in their case planning, but asking them to attend an adult-focused meeting is not the best way. Key recommendations:

- Prioritize and create accountability structures for DHS staff to develop relationships with youth.
- Provide training and supervision to help DHS staff understand power dynamics related to youth in foster care and developmentally appropriate practice approaches.

# TABLE OF CONTENTS

|   |    |
|---|----|
| INTRODUCTION AND OVERVIEW.....  | 1  |
| Setting the Context: Why Child Welfare is Challenging for Engagement.....   | 1  |
| Nature of the Child Welfare System .....  | 1  |
| Challenges in Oregon Related to LIFE .....  | 4  |
| Developing Oregon’s Title IV-E Waiver Demonstration.....  | 6  |
| Identifying a Population.....   | 6  |
| Identifying an Intervention.....  | 6  |
| The LIFE Model.....   | 8  |
| LIFE Model Components .....   | 8  |
| Predictive Model.....   | 9  |
| Evaluation Framework.....   | 10 |
| Evaluation Components and Phases .....  | 10 |
| Original Theoretical Framework and Logic Model .....  | 12 |
| Evaluation Questions.....   | 15 |
| LIFE Oversight & Advisory Structure .....   | 15 |
| Youth Advisory Board .....  | 16 |
| Data Collection Plan.....   | 17 |
| Description of Sub-studies .....  | 19 |
| PROCESS EVALUATION .....  | 21 |
| P1. How has the LIFE model changed child welfare policies or practices at the state and local levels? .....                         | 23 |
| DHS Decision Making Processes .....   | 23 |
| Supporting Casework Practice .....  | 23 |
| Foster Parents .....  | 24 |
| Statewide Transfer Protocol.....  | 24 |
| State Recognition .....   | 25 |
| P2. What is the degree of implementation of the four model components? What supports or undermines successful implementation? ..... | 26 |
| Leadership .....  | 26 |
| Workforce Development.....  | 27 |
| Organization.....   | 29 |
| P3. To what extent was the priority population identified, referred, and served? .....  | 33 |

|   |     |
|---|-----|
| LIFE Eligibility.....   | 33  |
| Parent Mentor Referrals .....   | 35  |
| P4. Was the service model delivered in a manner consistent with LIFE values and final program design?.....                                | 36  |
| From Fidelity to Integrity in Implementation.....   | 36  |
| Enhanced Family Finding .....   | 36  |
| Meeting Preparation .....   | 38  |
| Conducting LIFE Meetings.....   | 41  |
| Parent Mentor Services .....  | 46  |
| Collaboration .....   | 48  |
| P5: How do LIFE components work? How do they work together?.....  | 53  |
| How LIFE Meetings “Work” .....  | 53  |
| Monthly or ‘Multiple’ Meetings .....  | 56  |
| Impact of Teamwork: More Heads, Hearts, and Hands.....  | 57  |
| Values-based Practice .....   | 60  |
| Discussion of Process Evaluation Findings.....  | 66  |
| OUTCOME EVALUATION.....   | 69  |
| O1: How do LIFE components support or undermine parent engagement, progress on case plan, other short-term outcomes, and well-being?..... | 70  |
| Parent Perceptions of Support and Engagement: Parent Survey .....   | 70  |
| LIFE Core Elements Associated with Parent Engagement.....   | 71  |
| How LIFE Works to Facilitate Parent Engagement.....   | 75  |
| Complicating Parent Engagement: FOC Sub-study .....   | 79  |
| O2: How do LIFE components support or undermine youth engagement, progress on case plan, other short-term outcomes, and well-being?.....  | 87  |
| Youth Perceptions of Support and Engagement: Youth Short-term Outcome Survey .....  | 87  |
| LIFE Core Elements Associated with Youth Engagement .....   | 87  |
| Supporting Youth Engagement .....   | 89  |
| Complicating Our Understanding of Youth Interview Findings .....  | 92  |
| Youth Well-being.....   | 98  |
| O3: How and under what conditions do LIFE services promote positive child welfare outcomes? .....   | 102 |
| Timely Case Progress .....  | 102 |
| Foster Care Outcomes .....  | 104 |
| Discussion of Outcome Findings .....  | 117 |
| COST STUDY .....  | 123 |

|  |     |
|--|-----|
| SUMMARY, LESSONS LEARNED, & RECOMMENDATIONS..... | 125 |
| REFERENCES.....                                  | 136 |
| METHODS APPENDICES.....                          | 144 |
| TOOLS APPENDICES .....                           | 145 |

# LIST OF FIGURES

|   |     |
|---|-----|
| Figure 1. LIFE Model Components.....  | 8   |
| Figure 2. Early LIFE Model Challenges.....  | 22  |
| Figure 3. Understanding DHS Child Welfare: Foster Parent Perspective .....        | 24  |
| Figure 4. NIRN Implementation Drivers .....                                       | 28  |
| Figure 5. LIFE Impact on Daily Practice: Caseworker Perspective.....              | 30  |
| Figure 6. Integrity in Implementation as Continuous Quality Improvement.....      | 36  |
| Figure 7. Meeting Participants' Perceptions of Meeting Preparation.....           | 41  |
| Figure 8. Meeting Participants' Perception of Meeting Facilitation .....          | 45  |
| Figure 9. Meeting Participants' Perception of Collaboration .....                 | 49  |
| Figure 10. Part of the LIFE Team: Foster Parent Perspective.....                  | 50  |
| Figure 11. Information Sharing: Foster Parent Perspective.....                    | 51  |
| Figure 12. Team Collaboration: Caseworker & Service Provider Perspective .....    | 51  |
| Figure 13. Key Features of LIFE Services.....                                     | 53  |
| Figure 14. Features of High-Quality LIFE Meetings.....                            | 56  |
| Figure 15. Team Engagement: Caseworker & Service Provider Perspective.....        | 59  |
| Figure 16. LIFE Values in Meeting Preparation: LIFE Staff-reported Practice ..... | 61  |
| Figure 17. LIFE Values: Caseworker & Service Provider Perspective .....           | 62  |
| Figure 18. LIFE Logic Model in Brief.....   | 69  |
| Figure 19. Parent Experience of Support from LIFE Team and Discrimination .....   | 71  |
| Figure 20. Logic Model Testing: Core Elements and Parent Engagement.....          | 71  |
| Figure 21. Logic Model Testing: Core Elements and Youth Engagement.....           | 87  |
| Figure 22. Well-being According to Youth.....                                     | 99  |
| Figure 23. Planning for Youth: Caseworker and Service Provider Perspective .....  | 100 |
| Figure 24. Service Expenditures for LIFE 2+ Meetings vs. Comparison Youth .....   | 124 |

# LIST OF TABLES

|  |     |
|--|-----|
| Table 1. LIFE Evaluation Components & Phases .....   | 11  |
| Table 2. LIFE Logic Model.....   | 13  |
| Table 3. LIFE Evaluation Questions by Component .....  | 15  |
| Table 4. LIFE Data Collection Plan by Evaluation Phase .....   | 18  |
| Table 5. Purposes of LIFE Process Evaluation .....   | 21  |
| Table 6. Staggered Implementation Schedule and Service Provision Timeline.....   | 26  |
| Table 7. LIFE Eligibility and Service Closure.....   | 34  |
| Table 8. Enhanced Family Finding Core Elements: July 2017 - September 2019.....  | 37  |
| Table 9. Meeting Preparation Core Elements.....  | 39  |
| Table 10. Conducting LIFE Meetings: Core Elements.....   | 42  |
| Table 11. Conducting LIFE Meetings: Attendance .....   | 43  |
| Table 12. Observed Meeting Facilitation Practices.....   | 45  |
| Table 13. Parent Mentor Core Elements: July 2017 - September 2019.....   | 47  |
| Table 14. Collaboration Core Elements: July 2017 - September 2019.....   | 48  |
| Table 15. CANS Scores for LIFE 2+ Meetings vs. Comparison Groups by White vs. Youth of Color.....  | 101 |
| Table 16. CANS Reduced or Stable Low Needs by White vs. Youth of Color .....   | 101 |
| Table 17. Foster Care Disposition at LIFE Exit by Race.....  | 105 |
| Table 18. Foster Care Disposition 12 Months after LIFE Exit by Race.....   | 106 |
| Table 19. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Two Years after LIFE Eligibility .....   | 108 |
| Table 20. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Three Years after LIFE Eligibility .....   | 109 |
| Table 21. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Currently (December 26, 2019).....   | 110 |
| Table 22. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Two Years after LIFE Eligibility by White vs. Youth of Color .....                     | 112 |
| Table 23. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Currently (December 26, 2019) by White vs. Youth of Color .....                        | 114 |
| Table 24. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Currently (December 26, 2019) by White vs. Black or American Indian/Alaska Native..... | 116 |



# INTRODUCTION AND OVERVIEW

## Setting the Context: Why Child Welfare is Challenging for Engagement

The premise of Leveraging Intensive Family Engagement (LIFE) is that more effective engagement of parents, youth and extended family will lead to improved child welfare outcomes. To that end, LIFE sought to increase the participation of relatives, provide greater outreach and support for parents, and involve parents and youth in decision-making about their case. LIFE envisioned collaboration between caseworkers, Family Engagement Facilitators (FEFs), and Parent Mentors (PMs), along with service providers, attorneys and a range of informal supports on a LIFE Team. It is important to acknowledge, however, that this work took place within a broader context that had significant influence on the degree to which LIFE could increase parent engagement and/or have a meaningful impact on more distal foster care outcomes. Below we briefly describe some features of the broader context that merit attention.

### Nature of the Child Welfare System

Child welfare exists at a socially complex intersection, where justice, which concerns social control and civil rights that protect the freedom of citizens, and welfare, which tries to guarantee the basic needs of citizens, intersect (van Nijnatten, Hoogsteder, & Suurmond, 2001). Child welfare exists, despite social values respecting individual rights and family autonomy, because the obligation to protect vulnerable citizens from harm is accepted as primary. Pelton (1997) suggests this has left two child welfare “systems” enmeshed and operating simultaneously, one seeking to preserve families through benefits and services and one oriented toward rescuing children from their inadequate or dangerous family contexts. Child welfare, as an apparatus of the state, removes children and then seeks to compel parents to change their behavior or circumstances in order to have their children returned. Removal is rarely voluntary, and return is dependent on meeting the state’s requirements. As an instrument of the justice apparatus, child welfare is an inherently coercive system.

There are also inherent power differences between families and caseworkers (Adams & Chandler, 2004). Caseworkers must both encourage families to find solutions and make decisions, *and* take responsibility for the decisions made (Roose, Roets, & Schiettecat, 2014). This dynamic creates tension if the family does not arrive at a solution that meets their needs as well as the agency’s legal mandate of child safety (Connelly, 2006). Assuming the role of both helper and coercive agent may repel parents in need of help from seeking it. Healy and colleagues described the state’s “forensic orientation,” or focus on managing the risks that parents impose on their children, and assert that this orientation can hinder family-centered approaches (Healy, Darlington, & Yellowlees, 2012).

The coercive nature of the child welfare system operates in parallel on caseworkers and parents alike. Caseworkers face serious time and resource limitations with multiple demands and large caseloads (Smith & Donovan, 2003; Haight, Sugrue, & Calhoun, 2017), which dampens their ability to operate in concert with strengths-based, parent-centered values. It is important to remain mindful of this larger context and its power to constrain day-to-day interactions between parents and caseworkers. One may even question whether parent engagement, carried on the shoulders of a single person and likely marginalized by the system, is powerful enough to drive child welfare outcomes.

## **Oppression and Racism**

It is particularly important to highlight that oppression and racism exists within child welfare as an institution. Deutsch (2006) defines oppression as the experience of repeated, widespread, systemic injustice; institutional oppression is oppression of a particular group enforced by society through institutions. Currently, at the national level, more than half (55%) of the children in foster care are children of color (U.S. Department of Health and Human Services, 2019). Scholars have argued the disproportionate representation of children of color in child welfare, as well as disparities for these children once in the system, illuminate the oppressive nature of child welfare as an institution (Roberts, 2014; Yang & Ortega, 2016; Kelly & Varghese, 2018).

While some argue the overrepresentation of African American children in child welfare is fitting due to higher levels of child maltreatment in African American families (Bartholet, 2009), Roberts (2014) refutes this, suggesting “this difference cannot explain why the disproportionality rate of out of home placement for African American children in 2009 was more than 300% higher than for White children” (p. 428). There are many explanations for the disproportionate representation of African Americans and other children of color in child welfare, and they are often interconnected, touch on multiple contexts, and reflect longstanding historical inequalities.

### **High rates of poverty, geographic location (poverty concentration), and community level factors.**

Disproportionality is sometimes explained as a reflection of one or more of the following overlapping factors:

- The disproportionate number of children of color living in poverty (Kokaliari et al., 2019; Maguire-Jack et al., 2015; Roberts, 2014; Dettlaff et al., 2011).
- The greater likelihood that children of color reside in densely populated, unsafe urban neighborhoods or remote, isolated communities where concentrations of poverty limit and strain resources (such as public transportation, access to services for mental health care, or educational opportunities) and increase social problems (such as violence and social isolation) (Kokaliari et al., 2019; Maguire-Jack et al., 2015; Nadan et al., 2015; Anyon, 2011; Dorch et al., 2010; Fluke et al., 2010).
- The disproportional risk factors that accumulate in conditions of poverty (such as the above community level factors, as well as substance abuse, unemployment, interpersonal violence, and female-headed households) (Kokaliari et al., 2019; Anyon, 2011; Hill, 2006; Schuck, 2005).

From this perspective, racial disparities are understood primarily as the result of disproportionate levels of poverty and greater accumulated risk, not race *per se* (Anyon, 2011). However, the oppressiveness of the disproportionate experience of poverty and its accompanying consequences for people of color, including child welfare involvement, is undeniable. As Roberts (2014) suggests, child welfare policy in the U.S. reflects and reinforces the disadvantaged political status of families of color.

**Systemic racial bias embedded in the child welfare, judicial, and social service systems.** Another perspective posits that disproportionality and disparity are a direct result of systemic racial bias embedded in the child welfare and other related systems. From this perspective, racial bias is observable not only through disproportionality, but also in the disparities that families of color interfacing with child welfare and related systems experience. For example, research has shown that over half (53%) of all African American children experience a child protective service investigation by age 17 (Kim et al., 2017).

Once an initial report of maltreatment is received, professionals in the child welfare system make decisions that determine if, and subsequently how, a family progresses through the system. Research examining child welfare decision points has shown disparities for African American and Native American children in investigation, substantiation of maltreatment, placement into foster care, and exits from care (Dettlaff et al., 2011; Anyon, 2011; Hill 2007). Hill (2007) found Native American and African American children were two times more likely to be investigated, as well as twice as likely to have allegations of abuse substantiated than White children. At the placement decision point, African American children were three times, and American Indian children four times, more likely to be placed in care than White children.

More recently, Fuller et al. (2017) found a pattern of disproportionality for Native American and African American children in Oregon. In the districts studied, American Indians and African Americans were investigated, determined to be unsafe, entered into care, and remained in care for longer than a year at disproportionate levels. For American Indians and Alaska Natives, the disproportionality rates were the highest of any racial or ethnic group for safety determinations, entry into foster care, and for children remaining in care for over a year. For African Americans, the greatest disproportionality could be seen at entry into foster care and for children remaining in care for over a year.

Notably, disparities with Whites are shown for racial minorities even in comparable circumstances. For example, research indicates that African Americans are more likely than Whites to be evaluated for child abuse under similar conditions (Lane et al., 2002; Anyon, 2011), and the decision threshold for substantiation is lower for African American families than for White families (Dettlaff et al., 2011). Rivaux et al. (2008) found the removal threshold is also lower for African American families and that African American families were significantly less likely to receive in-home services than White families (Rivaux et al., 2008). Thus, reports are more likely to be substantiated for African American families than for White families with the same level of risk, White families are more likely to receive in-home services, and African American children are more likely to be placed in out-of-home care than White children with comparable characteristics.

Past research also indicates that minority families, once in the child welfare system, receive fewer, poorer quality services, even when controlling for income, maltreatment type, and problem severity (Anyon, 2011; Rodenborg, 2004). It is no surprise, then, that African American children experience longer foster care stays (Miller et al., 2012; Anyon, 2011) and are less likely to be reunified with their families (Anyon, 2011). As Anyon (2011) explains, from this perspective, racial disparities and disproportionalities “are in no small way a result of historical discrimination against communities of color and represent ongoing institutional racism,” (p.245).

### **Youth Marginalization**

Youth in foster care, especially those age 13 or older, face trauma, exploitation, and other disadvantages disproportionate to their peers who don't come into contact with the child welfare system. These disadvantages occur in every stage of child welfare involvement (pre-care, while in care, and out-of-care). Youth in foster care disproportionately experience homelessness (Toro et al., 2007), criminal justice system involvement (Courtney et al. 2011), sexual exploitation (Lillie, 2016; Cecka, 2015), mental health and substance use disorders (Pecora, 2009, Havlicek et al., 2013), and face educational obstacles (Bruskas, 2008; Yang, 2016). Furthermore, youth are disproportionately affected by trauma (Bramlett & Radel, 2014), many experiencing the same traumas during their stays in foster care as those that brought them to the attention of child welfare, including abandonment, sexual abuse, physical abuse, and emotional abuse (Riebschleger et al., 2015).

The root cause of these disadvantages for youth in foster care relate to oppression and marginalization within the very system that seeks to protect them. Some child welfare scholars have asserted that youth in foster care experience exploitation, marginalization, powerlessness, cultural imperialism, and violence (Bruskas, 2008; Snow, 2006). These are categories of oppression, which has been described as “systemic constraints on groups that are not necessarily the result of the intentions of a tyrant” but “often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms—in short, the normal processes of everyday life” (Young, 1990, pg. 41). Lack of voice in the oppressed and a concurrent inability of the powerful to understand their experiences works to reinforce and even justify the oppression.

There is a growing movement to ensure youth voice is included in decisions about their lives and futures. In 2013, Oregon’s Foster Youth Bill of Rights was signed into law, ensuring youth have the right to make decisions about their lives in Oregon. More recently, the Children’s Bureau released a memo acknowledging the importance of youth voice in case planning. But, as with many social movements, implementation lies on a spectrum of understanding, skill, and power (e.g., Yang & Ortega, 2016). The call for youth voice and inclusion in decision-making provides the child welfare field with an imperative, but with little direction for navigating the complexity of the task.

Child welfare workers are asked to act in the youth’s best interest, but chronic resource scarcity and good intentions (e.g., sparing youth from being re-traumatized) can drive caseworkers to reinforce the power dynamic by making decisions for youth and effectively erasing youth voice (e.g., Darlington et al., 2010). As well, integrating youth voice into case planning is not as simple as asking them what they want. Youth “voices are constantly constrained and shaped by multiple factors such as our own assumptions about children, our particular use of language, the institutional contexts in which we operate and the overall ideological and discursive climates which prevail” (Spyrou, 2011, pg. 152). As such, child welfare is an exceptionally challenging landscape to carry out imperatives around youth voice, especially in the absence of the acknowledgement and analysis of the power dynamics that so forcefully shape youths’ experience.

## **Challenges in Oregon Related to LIFE**

During the IV-E Waiver demonstration period (July 2015 – June 2019), the child welfare workforce in Oregon experienced significant chaos, workload, and stress. Leadership at the state level turned over four times, causing a great deal of uncertainty regarding the direction of the agency and negatively impacting already low morale among workers. Several audits and independent reviews have highlighted challenges, including lack of appropriate placements for youth in foster care, unreasonable workloads, difficulty recruiting and retaining foster parents, minority group disproportionality, and delays in the response to abuse while in foster care (e.g., Public Knowledge, 2016). While these efforts played a role in convincing the legislature to increase funding for child welfare, the negative press further decreased morale.

All of these events had an impact on LIFE services. For example, part of the agency’s response to the audit was to increase staffing resources for Child Protective Services (CPS); in some branches, permanency caseworkers were shifted to CPS, thereby increasing workloads for the remaining caseworkers. LIFE cases were almost always permanency cases and, in some branches, caseworkers were loath to add LIFE to their already over-burdened workload. As one Family Engagement Facilitator (FEF) explained, “*they are drowning and I’m asking them to do more.*” This dilemma was especially acute

for caseworkers who had multiple LIFE cases. In addition, caseworkers involved in LIFE services were exposed to a level of scrutiny and accountability that was not always comfortable. Although many caseworkers expressed appreciation for LIFE, they varied in their degree of enthusiasm and cooperation.

Agency-wide turnover and staff shortages meant that LIFE positions were inherently “in competition” with other staffing priorities. For example, a FEF was moved to an Intake position at one branch, leaving a gap in service for LIFE families until a new FEF was hired and trained. In a similar vein, LIFE faced difficulties in hiring new personnel and dealing with turnover among staff. In response, LIFE leadership hired new staff as quickly as possible, shifted staff from other branches to help provide services, moved the eligibility threshold up to reduce the flow of new cases, worked with interns to help take notes at meetings, and permitted FEFs to do casework with a small number of non-LIFE families. However, the turnover and constant staffing shortages made it difficult to serve all families with the regularity and intensity originally intended.

It is impossible to understand the efficacy and influence of services that seek to build individual and organizational supports for engagement without acknowledging the challenges of the child welfare system. At the intersection of care and coercion, family preservation and child rescue, the child welfare system is not particularly fertile ground for engagement work, especially with already marginalized youth and their families. Nevertheless, striving to promote parent engagement is a worthy goal with potential to create more optimal *developmental* outcomes for parents and their children. In the next section, we detail the development of the LIFE model, with specific components intended to challenge business as usual.

# Developing Oregon's Title IV-E Waiver Demonstration

## Identifying a Population

In 2015, Oregon's IV-Waiver Program Design Team<sup>1</sup> reviewed a number of data points to help identify groups in need of different or more intensive child welfare services. They learned that almost 1 in 5 children remained in foster care for three years or longer (based on an analysis of a 2010-11 cohort of children in foster care using data from OR-Kids, Oregon's child welfare administrative data system). Moreover, recent federal legislation (HR 4980 Preventing Sex Trafficking and Strengthening Families Act) stipulated that APPLA (Another Planned Permanent Living Arrangement) plans would not be considered appropriate permanent plans for children under the age of 16. In Oregon, 1,708 children (as of August 2013) were on APPLA plans, with the majority (55%) aged 13 to 17.

With a service population identified, the Program Design Team turned to the existing literature to learn more about predictors of long-term foster care stays. Research suggested that a number of factors were associated with length of foster care stays including: complex parental and family problems (e.g., mental health, substance abuse, housing) (Kelleher, et al., 1994; Glisson, et al., 2000); child characteristics (e.g., age, race, gender, externalizing behavior, disabilities) (Becker, Jordan, & Larsen, 2007; Connell, et al., 2006; Courtney, et al., 1997); lack of services or access to service systems (Wulczyn, et al., 2010); maltreatment type (sexual abuse, neglect); and removal due to abandonment (Glisson, et al., 2000; McDonald, et al., 2007). The literature review suggested that it would be possible to predict which children have higher odds of remaining in foster care for three or more years using data points from OR-Kids.

## Identifying an Intervention

Several information-gathering efforts informed the development of the LIFE model. Data collected through Oregon's Permanency Roundtable Evaluation (2010) and a facilitated discussion with Oregon's Child Welfare Governance (conducted in December 2014) identified key local barriers to permanency for children:

- Child welfare worker (herein referred to as "caseworker") attitudes, including lack of caseworker motivation and support to do ongoing permanency planning for older youth;
- Caseload size (potential impediment to spending time finding and engaging family members);
- Confusion and lack of clarity related to implementing Oregon's child welfare practice model, or the Oregon Safety Model (OSM), especially in terms of conditions for return and expected parent/youth outcomes;
- Difficulty finding and engaging parents and extended family members in services and case planning, and challenges finding and placing children with out-of-state relatives;
- Failure to involve youth in identifying family members and shaping permanency decisions; and
- Lack of access to needed services, especially culturally-specific services.

Permanency Round Table Staffing sessions are completed for cases in which children have been in foster care for at least two years living with the same provider on an APPLA plan, and legally free children living

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<sup>1</sup> At the start of planning, the Program Design Team included Department of Human Services – Child Welfare, IV-E Waiver leadership, and members of Portland State University's Child Welfare Partnership Research Team. The team was later expanded to include child welfare workers and community service providers.

with relatives on an APPLA plan. The goal of a staffing is to create an action plan with the assigned caseworker and supervisor that will move the case toward legal permanency (reunification, guardianship or adoption). The most common recommendations made during staffing were including youth in their planning for permanency and re-engaging biological parents. Many plans also recommended family meetings.

In 2014, a focus group held with Oregon's Legal Assistance Specialists helped identify needs for permanency planning including engaging families earlier in case planning, active concurrent planning, and identifying placement resources. Lack of a placement resource was recognized as a key factor preventing a change from a reunification plan to adoption or guardianship. Participants noted the need for a full detailed search for family members and ongoing engagement.

A focus group conducted with Parent Mentors (parents previously involved in child welfare) and their supervisors in February 2015 provided parent perspective on factors that contribute to successful outcomes. Key themes were frequent, structured, and facilitated family meetings; frequent, timely action agreements with clearly identified progression from one service or task to another; and Parent Mentors who could translate information to parents using understandable language and provide transportation.

Taken together, these information-gathering efforts coalesced around the following components for an intervention model:

- Family search and finding
- Parent and family engagement
- Youth involvement in the planning process
- Ongoing structured and facilitated family meetings
- PM involvement

# The LIFE Model

Oregon Department of Human Services-Child Welfare (DHS-CW) developed an intervention focused on addressing gaps and challenges identified through an intensive data collection process as being central to reducing time to permanency for children likely to have long-term stays in foster care. The intervention is known as Leveraging Intensive Family Engagement, or LIFE.

## LIFE Model Components

The LIFE model has four essential practice values (strengths-based, trauma-informed, cultural responsiveness, and parent-directed, youth-guided)<sup>2</sup> and four key components: case planning meetings, enhanced family finding, Parent Mentors, and team collaboration.

**Case Planning Meetings** (or LIFE Meetings) focus on collaborative case planning and monitoring. Trained Family Engagement Facilitators (FEFs), who understand the needs of older youth and complex, multi-needs families, facilitated LIFE Meetings. FEFs were previously case-carrying child welfare workers. A LIFE Coordinator (LC; Office Support II) helped with logistics and note taking during meetings. Every month for each of their cases, LIFE Meetings brought together youth, parents, family, agency staff, community service providers, attorneys, foster parents, and representatives from other systems (as needed) to do collaborative case planning aimed toward timely legal permanency for the child(ren) placed out of home. LIFE Meetings had a structured yet flexible agenda based on the DHS-CW practice model (Oregon Safety Model, or OSM), recorded action items, and meeting participant tracking. Notes were distributed to all parties after each meeting.

**Enhanced Family Finding** identified and engaged a broad network of support people and placement resources. In addition to business-as-usual diligent relative search (DRS) efforts, LCs did additional case file review and internet searches via search engines and social media platforms. The FEF also worked with each family over time to identify additional support people and engaged them in the case planning process.

**Parent Mentors** (PMs) are peers, or parents who have previously navigated the child welfare system (many are in recovery from alcohol and drug addiction) and are now trained, paid paraprofessionals at community-based organizations. If the parent chose to work with a PM, they received help preparing for and participating in LIFE Meetings, accessing services needed to ameliorate safety concerns and support reunification or other permanency outcomes, and help navigating the child welfare and other service systems.

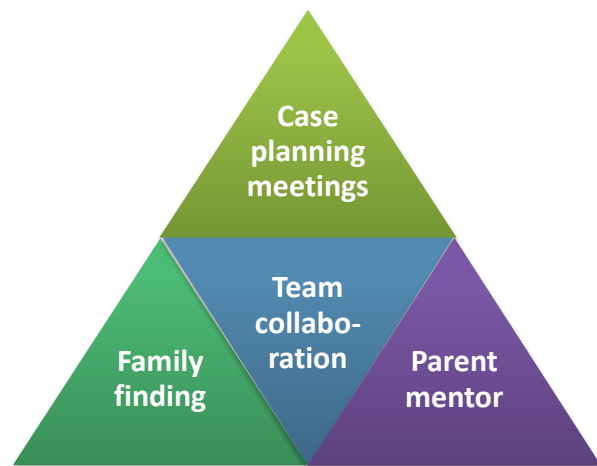


Figure 1. LIFE Model Components

<sup>2</sup> These values were adopted for LIFE services based on recommendations from Family Connections Oregon, a family meeting demonstration project that immediately preceded this IV-E Waiver demonstration. It should be noted that they were not the child welfare agency's stated organizational values.



**Team Collaboration** is at the heart of LIFE services. Each LIFE Meeting involved collaboration and planning among a range of support people. Key features of collaboration included regular communication between all parties, coordination of efforts, pre-meeting preparation, clarification of roles and OSM elements, regular review of case progress and status, team accountability, and monitoring of the level, quality, and effectiveness of services provided to the youth and family.

## **Predictive Model**

Initial LIFE eligibility required that at least one youth on the case was likely to have a foster care stay lasting three or more years. DHS-CW developed an algorithm with 11 statistically significant predictors of three-year (or longer) foster care stays using a cohort of youth who entered foster care in 2010 (OR-Kids administrative data).

- Child ever had a Developmental Disability (DD) placement
- Child ever had a substantiated allegation of sexual abuse
- Child ever identified as Title IV-E eligible
- Child and Adolescent Needs and Strengths (CANS) initial assessment score
- Child ever removed due to abandonment
- Child ever removed due to child behavioral problems
- Child ever part of a case with *child with serious physical injuries/symptoms* safety threat
- Child ever part of a case with *child is fearful of the home situation* safety threat
- Child ever part of a case with *parent's perceptions of child are extremely negative* safety threat
- Child ever part of a case with *heavy child care responsibility* safety threat
- Child is part of a case in which *child has a history of mental illness* family stressor

Each predictor was weighted and used to calculate a score for every youth 6 to 15 years old who had been in out-of-home care for at least 65 days. Scores could range from 0 to 100, representing the predicted probability of a three-year foster care stay. To serve as many youth as possible and to reduce the likelihood of not serving false negatives, DHS-CW chose a low initial service threshold of 12 (or 12% predicted chance). Each week, a report was sent to each branch listing which youth scored 12 or higher on the algorithm. The threshold was increased to 13 on February 6, 2017.

# Evaluation Framework

Portland State University's Child Welfare Partnership Research Team conducted a comprehensive, multi-component evaluation to assess the process of implementing the LIFE model, key mechanisms and short-term outcomes, and whether the LIFE model led to desired youth and family outcomes.

## Evaluation Components and Phases

The evaluation included three major components: (1) Process Evaluation; (2) Outcome Evaluation; and (3) Cost Analysis.

### Process Evaluation

The purpose of a process evaluation was to document the program's implementation, to help explain *how* an outcome was achieved, and to facilitate continuous quality improvement (CQI). The Evaluation Team designed the LIFE process evaluation to unfold over the first four years of implementation in three phases: Developmental, Formative, and Fidelity/Model Testing. Key evaluation activities within each phase are listed in Table 1. The process evaluation employed an exploratory sequential mixed methods design, with qualitative methods driving the development of quantitative data collection tools (Creswell & Plano Clark, 2007). The approach was utilization-focused and participatory (Gujit, 2014; Patton, 1997). In other words, we engaged primary intended users of the evaluation (LIFE staff, DHS-CW leadership) from the beginning and worked with them to guide decisions about the evaluation process with the goal of increasing likelihood that evaluation findings would be used to inform decisions and improve performance.

### Outcome Evaluation

The outcome evaluation assessed program effectiveness in producing change. The Evaluation Team designed a mixed-methods study of short-, medium-, and long-term outcomes. The outcome evaluation employed a triangulation mixed-methods design, with qualitative and quantitative data collected concurrently and used to confirm, validate, and explain each other (Creswell & Plano Clark, 2007). The primary outcome evaluation efforts were:

- Parent and youth surveys and interviews designed to capture short- and medium-term outcomes and well-being;
- A quasi-experimental administrative data study (matched comparison sample of youth with a LIFE eligibility score of 12 or higher from a non-intervention child welfare branch), focused on length of time in foster care, permanency, and re-removal; and
- Testing links in the LIFE logic model and examining moderators of program effectiveness.

### Cost Study

The cost study examined the costs of key services received by LIFE youth compared to those received by comparison youth. The Evaluation Team conducted a general cost comparison (average cost per child of services for LIFE vs. matched comparison youth) and a foster care cost comparison. A cost-effectiveness analysis was not conducted because youth receiving LIFE services did not experience reduced days in foster care.

**Table 1. LIFE Evaluation Components & Phases**

| Process Evaluation  |  |  |  |   |
|---|--|--|--|---|
|   |  |  | Outcome Evaluation   |   |
|   |  |  | Cost Study   |   |
| Phase 1   | Phase 2  | Phase 3-Phase 4  |  | Phase 5   |
| Developmental<br>July 2015-June 2016  | Formative<br>July 2016-June 2017   | Fidelity & Model Testing<br>July 2017-June 2019  | Outcomes<br>July 2017-June 2019  | Wrap Up<br>July 2019 – March 2020<br><i>(project end: Sept 2019)</i>  |
| <ul style="list-style-type: none"> <li>Establish feedback loops, partnerships</li> <li>Inform implementation &amp; model development</li> <li>Assess training/coaching/supervision</li> </ul> | <ul style="list-style-type: none"> <li>Fine-tune model &amp; instruments</li> <li>Examine underlying mechanisms, theory of change</li> <li>Identify what will be measured in Y3-4</li> </ul> | <ul style="list-style-type: none"> <li>Structured fidelity data collection</li> <li>Understand contextual factors</li> </ul> | <ul style="list-style-type: none"> <li>Measure short-term outcomes</li> <li>Measure long-term child welfare outcomes</li> <li>Look at group, program differences</li> <li>Start looking at cost</li> </ul> | <ul style="list-style-type: none"> <li>Model testing (fidelity, short-term outcomes related to long-term outcomes)</li> <li>Test effects in different groups</li> <li>Complete cost analysis</li> </ul> |

## **Original Theoretical Framework and Logic Model**

The LIFE model places family engagement at the center of reducing time youth spend in foster care. A primary goal of the LIFE evaluation was to understand how the child welfare context supports (or undermines) motivation for involvement in case planning and services. The evaluation used principles of Self-Determination Theory (SDT) as a theoretical framework, which posits that motivation stems from needs fulfillment (Deci & Ryan, 1985) and the extent to which one's innate desire to take responsibility for themselves and their families depends upon available personal, social, and contextual resources (Vansteenkiste & Ryan, 2013). When an individual's basic needs are met (physical and material needs as well as psychological needs for emotional attachments and control over key decisions and actions in one's life), they will be motivated to engage and more resilient in the face of setbacks (Deci & Ryan, 2000).

From this perspective, the LIFE Team (PM, FEF, service providers, caseworker, support people, etc.) can support motivation by creating a context in which a family's needs are met (e.g., help find stable housing, offer emotional support and encouragement, create opportunities for decision-making). Over time, supportive interactions between the family and their LIFE Team help the family feel connected, able to achieve goals, and that they have agency in their own case planning. In turn, motivation becomes action (e.g., more involvement in their child welfare case, participation in services, constructive coping) leading to outcomes such as placement stability, faster permanent placements, and improved well-being for youth. This was a useful conceptual framework for understanding how the proposed model was expected to lead to the desired outcomes for parents and youth (see the LIFE Logic Model, Table 2).

**Table 2. LIFE Logic Model**

| Program Component                              | Short-term Outcomes   | Medium-term Outcomes  | Long-term Outcomes  |
|--|---|---|---|
| <p><b>Collaborative Team Approach</b></p>      | <p>Clear roles &amp; responsibilities on LIFE Team</p> <p>Information sharing is timely and frequent</p> <p>Sense of team cohesion</p> <p>Parents/youth/family feel respected</p> <p>Parents/youth/family know LIFE Team members and understand their roles</p>                   | <p>Parent/youth/family and LIFE Team have shared vision of case plan objectives and activities</p> <p>Increased communication and transparency regarding child well-being, safety threats, conditions for return, and case planning</p> <p>Professionals hold each other accountable for following up on next steps</p> <p>Professional practices &amp; policies are strengths-based, trauma-informed, family/youth-centered, and culturally responsive</p> <p>Parents/youth/family understand what is expected for successful resolution of their case</p> <p>Parents/youth/family feel respected, valued, and supported</p> <p>Parents/youth resolve safety concerns, <i>or</i> understand/recognize that safety concerns were not resolved</p> | <p>Timely permanency</p> <p>Youth spends less time in foster care</p> <p>Youth permanently placed with relatives/kin</p> <p>Youth has fewer placement changes</p> <p>Youth does not re-enter foster care</p> <p>Youth experiences less trauma associated with their out-of-home placement</p> <p>Youth physical, emotional, and educational well-being are improved</p> |
| <p><b>Enhanced, ongoing family finding</b></p> | <p>More family/support people available for parent/youth</p> <p>Family/support people identified, contacted, invited to and prepped for LIFE Meetings</p> <p>Parent/youth help identify family/support people</p> <p>Parent/youth help choose appropriate placement resources</p> | <p>Family/kin involvement in the youth/family's life</p> <p>Potential kinship resources for the youth</p> <p>More people available for visiting resources, in-home safety supports</p> <p>Parents/youth feel involved in identifying resources/supports</p> <p>Build natural supports for sustainability</p>  | <p>Youth relationship/attachment with parents and/or family members maintained or strengthened</p>  |

| Program Component                                    | Short-term Outcomes   | Medium-term Outcomes   | Long-term Outcomes  |
|--|---|--|---|
| <p><b>Case Planning Meetings (LIFE Meetings)</b></p> | <p>Monthly LIFE Meetings</p> <p>Parents and youth attend LIFE Meetings</p> <p>Key professionals working with family attend LIFE Meetings</p> <p>FEFs prepare/meet with family and LIFE Team in advance of LIFE Meetings</p> <p>FEFs actively solicit input from parents/youth regarding meeting agenda and during LIFE Meetings</p> <p>Case plan reviewed, discussed, and next steps outlined at each LIFE Meeting</p> <p>Youth days in care reviewed at each LIFE Meeting</p> <p>Youth well-being is discussed at each meeting</p> | <p>Parents/youth have input, voice, decision-making power in case planning</p> <p>Parents/youth feel engaged</p> <p>Parents/youth feel efficacy &amp; ownership of service plan;</p> <p>Parents/youth are motivated to engage in needed services</p> <p>Are more willing to make other permanency arrangements if needed and in the best interest of the child.</p> <p>Close progress monitoring</p> <p>Fast, effective problem solving</p> <p>Parents/youth/family/LIFE Team feel prepared for meetings</p> | <p>Timely permanency</p> <p>Youth spends less time in foster care</p> <p>Youth permanently placed with relatives/kin</p> <p>Youth has fewer placement changes</p> <p>Youth does not re-enter foster care</p> <p>Youth experiences less trauma associated with their out-of-home placement</p> <p>Youth physical, emotional, and educational well-being are improved</p> |
| <p><b>Parent Mentor (PM)</b></p>                     | <p>Parents agree to work with a PM</p> <p>PMs attend LIFE Meetings, court hearings with parents</p> <p>PMs establish trust with parents</p> <p>PMs help parents understand their case plans, DHS proceedings</p> <p>PMs facilitate access to and engagement in services</p>   | <p>Parents prepared to participate in LIFE Meeting</p> <p>Parents understand what is required for reunification/permanent planning</p> <p>Parents feel supported</p> <p>Parents experience fewer barriers to service engagement</p> <p>Parents participate in services</p> <p>Parents understand safety concerns and how to resolve them</p>   | <p>Youth relationship/attachment with parents and/or family members maintained or strengthened</p>  |

## Evaluation Questions

Evaluation questions for each component and phase are listed in Table 3.

**Table 3. LIFE Evaluation Questions by Component**

| Component | Evaluation Question   |
|-----------|---|
| Process   | How has the LIFE model changed child welfare policies or practices at the state and local levels?                                       |
|           | What is the degree of implementation of the four model components? What supports or undermines successful implementation?               |
|           | To what extent was the priority population identified, referred, and served?  |
|           | Was the service model delivered in a manner consistent with LIFE values and final program design?                                       |
|           | How do LIFE components work? How do they work together?   |
| Outcome   | How do LIFE components support or undermine <b>parent</b> engagement, progress on case plan, other short-term outcomes, and well-being? |
|           | How do LIFE components support or undermine <b>youth</b> engagement, progress on case plan, other short-term outcomes, and well-being?  |
|           | How and under what conditions do LIFE services promote positive child welfare outcomes?   |
| Cost      | What is the cost of LIFE services compared to business-as-usual?  |
|           | What is the average cost of reducing time spent in foster care under LIFE services?   |

## LIFE Oversight & Advisory Structure

Five working groups were established to form a governance structure for the purposes of continuous quality improvement (CQI): Steering Committee, Program Design Committee, LIFE Teams (district), Evaluation Group, and the Youth Advisory Board.

**Steering Committee** members were primarily DHS leaders. The charge of this committee was to monitor progress and make high-level decisions about the IV-E Waiver demonstration. The Evaluation Team provided and responded to requests for information. The Steering Committee met monthly for the first two years of the project, and then on an as-needed basis.

**Program Design Committee** members included a range of stakeholders: DHS staff, community members, parent leaders, and trainers from Portland State University's Child Welfare Partnership. This group designed the LIFE model, consulted on the evaluation design and tools, and planned trainings. The Evaluation Team was involved in this committee from the beginning, and regularly shared project updates. Recommendations made in the Program Design Committee were taken to the Steering Committee by the IV-E Waiver Program Manager. The Program Design Committee met every two weeks for the first two years of the project, and then met monthly.

**District LIFE Teams** included FEFs, FEF supervisors, LCs, LC supervisors, PMs, PM supervisors, Evaluation Team members, and the LIFE Consultant for each district. LIFE Team meetings created time to interact as peers, review forms and other data collection protocols, share data and emergent findings, interpret findings, and make recommendations about proposed changes to forms, processes, and protocols. Information generated during these meetings was taken back to the Title IV-E Waiver Program Manager, Program Design Committee, and/or the Steering Committee as appropriate. LIFE Team members worked together in a way that paralleled how they worked with families, with LIFE values at the center. In other words, LIFE Teams created a supportive context for each other. Over time, they developed a shared understanding of LIFE services, a clear common purpose, and a high degree of cohesion.

**Evaluation Group** members included the Evaluation Team leads, LIFE Consultants, and the Waiver Program Manager. The group met quarterly to share information about DHS-CW issues that might affect LIFE services (e.g., changes in leadership), other work that the DHS-CW team was doing (e.g., permanency consulting with other counties, developing a group supervision structure), and to get feedback on how evaluation activities were going in each site. The Evaluation Team also asked for guidance on issues like data collection and dissemination.

### **Youth Advisory Board**

The LIFE Evaluation Youth Advisory Board (YAB) included a total of eight former foster youth (ages ranged from 16 to 30); two Youth Advisors stepped down from the Board due to competing demands on their time. The YAB met approximately monthly over the past 4 years, usually taking hiatus over the summer months. In addition to Youth Advisors, three members of the Evaluation Team consistently attended meetings. Board meetings were co-facilitated by a Youth Advisor and an Evaluator, rotating to allow each youth an opportunity to lead. Topics aligned with real-time evaluation needs. As the evaluation moved to the analysis phase for youth interviews, the Youth Advisors were hired as union-represented Research Assistants.

Youth participation and consultation in child welfare, particularly in the form of YABs, is increasingly more common. In one study, researchers noted that 47 states had at least one child welfare-related YAB (Havlicek, Lin, & Villalpando, 2015). Although there are variations in scope and quality, it is clear that the interest in youth participation, especially advisory boards, is a popular method for involving youth in decision-making.

Less common is youth participation in evaluation and research, outside of the “youth as subjects” template (Checkoway & Richards-Schuster, 2003). Evaluation/research frameworks, including Empowerment Evaluation (Fetterman & Wandersman, 2007), Utilization-Focused Evaluation (Patton, 1997), and participatory research (Ansley & Gaventa, 1997) push the inclusion of constituent voice. In child welfare, constituent voice has most often meant elevating parent voice. In the last two decades, youth voice has increased but primarily as *subjects* of research. For too long (former) foster youth have had little say in the research conducted about them.

When the LIFE model rolled out, the “youth-guided” value provided the foundation necessary to elevate youth voice in evaluation. The Evaluation Team agreed that a YAB was critical to the work. Youth participation in research has the potential for both positive impact on Youth Advisors in the form of psychosocial benefits and increased efficacy, while also increasing relevance and thoughtfulness in research design, data collection, and analysis (Checkoway & Richards-Schuster, 2003).



At the outset, the Evaluation Team committed to providing, within the limits of time and capacity, the supports necessary to ensure Youth Advisors participated in authentic and inclusive work; their voices would not simply be tokenistic or rubber stamp evaluators' decision-making. Instead, the purpose of the YAB would be to have former foster youth guide all components of the evaluation that related to youth.

Youth were recruited by posters, word-of-mouth referrals by faculty within the School of Social Work at Portland State University, as well as through youth who had already joined the YAB. Youth were interviewed about their interest in the Advisory Board and their ability to enter a one-year commitment to attend regular, monthly meetings. Board interviews began in the fall of 2015 and the first YAB meeting was held in February 2016.

Over the last 35 meetings, youth have participated in and guided:

- youth data collection protocols;
- youth IRB processes including overhaul of informed consents and informed assents;
- instrument development (interview guides, outcome surveys, and critically considering child well-being concepts);
- presentations at LIFE Quarterly trainings, social work classes, and a social work conference;
- a video on the importance of youth voice; and
- analysis of youth interviews.

Evaluators made a commitment to Youth Advisors to support their personal goals, beyond participation on the YAB. As such, Evaluators have worked with youth to:

- develop resumes and CVs;
- develop presentations and presentation skills;
- apply to graduate school;
- provide letters of recommendation for employment, internship, and educational programs; and
- develop research skills.

The YAB co-created knowledge with the Evaluation Team. An unexpected outcome of the YAB work was the legitimacy it lent the evaluation to LIFE staff. When the YAB proposed changes in processes and protocols, LIFE staff paid closer attention than if it came solely from the Evaluation Team. The benefits from collaboration with the YAB were immeasurable and brought relevance, validity, and a unique trauma-informed lens to our work on youth experiences with LIFE services while also modelling the youth-guided LIFE value.

## **Data Collection Plan**

The LIFE evaluation employed a range of quantitative and qualitative methodologies (see Table 4). Approaches to data collection and sources of data are detailed in Methods Appendices A-V and relevant data collection tools are included in Tools Appendices I – VII. Specific methods and tools, and their respective appendices, are referenced throughout the report.

**Table 4. LIFE Data Collection Plan by Evaluation Phase**

| Process Evaluation   |  |   |  |  |
|--|--|---|--|--|
|  |  |   | Outcome Evaluation   |  |
|  |  |   | Cost Study   |  |
| Phase 1  | Phase 2  | Phase 3 – Phase 4   |  | Phase 5  |
| Developmental<br>July 2015-June 2016   | Formative<br>July 2016-June 2017   | Fidelity & Model Testing<br>July 2017-June 2019   | Outcomes<br>July 2017-June 2019  | Wrap Up<br>July 2019 – March 2020<br><i>(project end: Sept 2019)</i> |
| <ul style="list-style-type: none"> <li>• Case study</li> <li>• Key stakeholder interviews/focus groups</li> <li>• Case tracking/eligibility/ referrals</li> <li>• Initial service tracking</li> <li>• Business process mapping</li> <li>• District LIFE Team Meetings</li> </ul> | <ul style="list-style-type: none"> <li>• Case study</li> <li>• Key stakeholder interviews/focus groups</li> <li>• Case tracking/eligibility/ referrals</li> <li>• Initial service tracking</li> <li>• LIFE Team Meetings</li> <li>• Meeting Feedback Surveys</li> <li>• Families of Color Study</li> </ul> | <ul style="list-style-type: none"> <li>• Case tracking/eligibility/ referrals</li> <li>• Initial service tracking</li> <li>• LIFE Team Meetings</li> <li>• Fidelity tools</li> <li>• Meeting Feedback Surveys</li> <li>• Families of Color Study</li> <li>• Youth Study</li> <li>• Service Provider Survey</li> </ul> | <ul style="list-style-type: none"> <li>• Parent Short-term Outcome Surveys &amp; Interviews</li> <li>• Youth Short-term Outcome Surveys &amp; Interviews</li> <li>• Families of Color Study</li> <li>• Realist Evaluation</li> <li>• OR-Kids administrative data (child welfare outcomes, cost)</li> </ul> | N/a  |

*Note.* Case study and Families of Color Study = meeting observations throughout the LIFE case, parent interviews, FEF interviews.

## Description of Sub-studies

The Evaluation Team added two sub-studies to elevate the experiences of groups commonly marginalized in child welfare, families of color (FOC) and youth.

### Families of Color

In the public child welfare system, families of color are overrepresented, treated inequitably, and experience less favorable outcomes; these issues remain persistent challenges for the field (Kokaliari et al., 2019; Anyon, 2011). Recent studies have shown overrepresentation of children of color in Oregon's foster care system (NCJJ, 2020; Fuller et al., 2017; Miller et al., 2009). Decades of research suggest systematic bias affects families of color involved with child welfare (Roberts, 2014; Rivaux et al., 2008). Recognizing these disparities and the need to be culturally responsive, Oregon's DHS Child Welfare Procedure Manual (2020) includes a section on cultural competence, highlighting workers need to:

“...respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that: recognizes, affirms, and values the worth of individuals, families, and communities, and protects and preserves the dignity of each.”

Likewise, the LIFE model included “cultural responsiveness” as one of its four guiding practice values. LaLiberte et al. (2015) suggests that within child welfare, cultural responsiveness reflects “the idea that child welfare professionals need to identify and nurture the unique cultural strengths, beliefs, and practices of each family with whom we work and integrate that knowledge into the intervention approaches we employ,” (p. 2). However, how this is done or what this encompasses remains an evolving concept (Chow & Austin, 2008).

Recognizing families of color as a population with differential experiences in child welfare, the directive for culturally competent practice within Oregon, and cultural responsiveness as a LIFE practice value, the Evaluation Team undertook a sub-study examining the experiences of families of color in LIFE (FOC Sub-study). The FOC Sub-study started by identifying LIFE staff, Parent Mentors, and others who had experience operationalizing cultural responsiveness as part of LIFE services or child welfare meeting practice more generally (a number of whom identified as people of color) to serve as key informants. Three sensitizing concepts arose from interviews with key informants: relationships (e.g., demonstrating or supporting caring and personal relationships between families and DHS staff); personalization (how modifications to practice/services met families' needs, e.g. conducting meetings in a families' first language); and communication (both verbal and non-verbal, conveying messages about culture).

The Evaluation Team also reviewed theoretical perspectives relevant to understanding the experience of families of color in child welfare related to racism and oppression, whiteness and cultural imperialism, implicit bias, and Critical Race Theory (Delgado & Stefancic, 2012). Based on key informant feedback and a review of relevant theoretical literature, evaluators determined concepts of rupture and repair as they relate to ‘therapeutic alliance’ (the cooperative working relationship between client and therapist) (Safran et al., 2011) could be used as a framework for learning about the experiences of families of color in LIFE.

## Youth

Youth in foster care disproportionately experience a number of disadvantages compared to their peers not involved in child welfare. In recent years, national and state child welfare leaders have called for the inclusion of youth voice in decision making and case planning. As part of that imperative, the LIFE model articulated “youth-guided” as a foundational practice value. Consequently, the Evaluation Team decided to elevate youth experiences in LIFE by conducting a Youth Sub-study, and in doing so model youth-guided evaluation practices. The starting point for the Youth Sub-study was the development of the Youth Advisory Board (YAB; described above). The YAB worked with the Evaluation Team to develop sensitizing concepts for data collection including: relationships, preparation, desired participation in LIFE versus actual participation, and child well-being (e.g., coping, emotion regulation, sense of healing, hope for the future, connection to school, healthy habits).

The Evaluation Team also consulted the literature and worked with the YAB to develop an analytical framework that made meaning of youth experiences in ways that were not explicitly or verbally articulated by youth. YAB members insisted that youth experiences, especially expressions of disinterest, might be best viewed through the lens of power and coercive systems. Latinx Critical (LatCrit) Theory is a body of work derived from the study of Chicanx/a/o youth in the 1970s Los Angeles school walkouts (e.g., Solorzano & Delgado Bernal, 2001). LatCrit Theory, which describes ways youth resist within large systems, accounts for power of the system and power within youth themselves, provided a foundation for approaching the Youth Sub-study with a critical lens.

# PROCESS EVALUATION

Introduced in the **Evaluation Framework** section, the process evaluation proceeded in three phases: (1) developmental, (2) formative, and (3) fidelity and model testing. Table 5 lists the purposes of the process evaluation, and process evaluation questions are listed in the box below.

**Table 5. Purposes of LIFE Process Evaluation**

|                              |   |
|------------------------------|---|
| <b>Document</b>              | Implementation at state and local levels  |
| <b>Develop understanding</b> | <ul style="list-style-type: none"> <li>• Supports for/barriers to implementation and key program outputs</li> <li>• Key practices and policies that support successful expansion of the model</li> <li>• Extent to which LIFE services reflect underlying values: strengths-based; trauma-informed; cultural responsiveness; parent-directed, youth-guided</li> <li>• Underlying mechanisms of LIFE services</li> </ul> |
| <b>Facilitate</b>            | Continuous program improvement  |

A **Developmental Evaluation** framework is appropriate for interventions that are developing, highly innovative, and embedded in a complex system (Patton, 2010). As such, the goal of Phase 1 was to collect information to provide consistent feedback to DHS on implementation and the LIFE model in practice. Although LIFE model designers created an initial logic model (see Table 2), data collected during Phase 1 also informed the refinement of the model. The Evaluation Team used a participatory approach in four DHS-CW branches (starting in July 2015) in the Portland metro area, and two branches (starting in January 2016) in Southern Oregon; they collaborated with DHS, LIFE staff, and participating families to collect information about implementation, and to develop a better understanding of the LIFE model in practice.

Phase 2 was a **Formative Evaluation**, which focused on refining the LIFE model and associated data collection instruments. Data collected and analyzed during this period also illuminated the validity of the original LIFE logic model.

Phase 3 was **Fidelity and Modeling Testing**, which involved collecting data with the new instruments and understanding contextual factors related to provision of LIFE services (e.g., particular issues facing families, intervention sites characteristics, workload and staff turnover).

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## Process Evaluation Questions

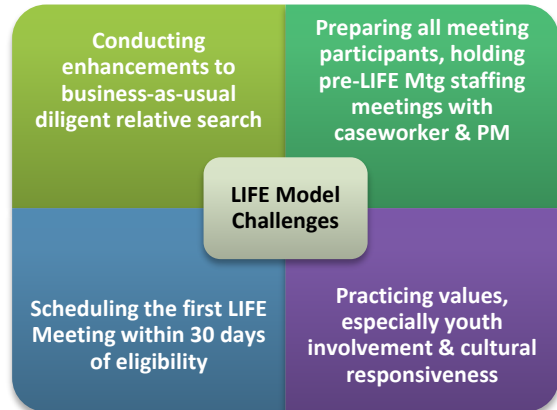
- P1. How has the LIFE model changed child welfare policies or practices at the state and local levels?
  - P2. What is the degree of implementation of the four model components? What supports or undermines successful implementation?
  - P3. To what extent was the priority population identified, referred, and served?
  - P4. Was the service model delivered in a manner consistent with LIFE values and final program design?
  - P5. How do LIFE components work? How do they work together?
-

## LIFE Model Refresh

Analysis of the initial LIFE service tracking tools (Family Finding Checklist, Meeting Preparation Checklist, Meeting Agenda Notes) and case studies conducted during the Developmental and Formative Phases helped to identify services areas that were more and less consistently practiced. Findings helped inform the “LIFE Model Refresh” and updates to fidelity tools and indicators (implemented in July 2017). Key updates included:

- To address inconsistencies in Enhanced Family Finding across branches, required practices were specified.
- To clarify expected meeting preparation practices, activities were expanded and specified, especially concerning cultural responsiveness, youth involvement, family private time, and required pre-LIFE Meeting staffings.
- Expected time to first meeting was increased from 14 to 30 days.
- To reinforce the commitment to values-based practices, meeting facilitation practices were specified.

**Figure 2. Early LIFE Model Challenges**



## **P1. How has the LIFE model changed child welfare policies or practices at the state and local levels?**

The LIFE Model changed child welfare policies and practices in Oregon in a number of ways:

- DHS decision-making processes and adherence to the practice model
- Foster parent involvement with child welfare
- Changes in policies and practices (e.g., case transfer protocol)
- State recognition and continued funding for the 2019-2020 biennium

### **DHS Decision Making Processes**

The DHS-CW practice model to guide safety decision-making, known as the Oregon Safety Model (OSM), was adopted in 2007. It guides practice around (1) identifying present danger and protective actions, (2) identifying safety threats and analyzing them using threshold criteria, (3) safety planning, and (4) formulating conditions for return and expected outcomes. LIFE staff were encouraged to be more explicit in their OSM practice by reviewing safety plans and clarifying conditions for return and expected outcomes during meetings. LIFE Consultants worked to increase integration by providing trainings and coaching for LIFE staff (see Methods Appendix A for details about LIFE Staff Interviews).

OSM fidelity varied across districts, branches, and caseworkers for many reasons (e.g., level of training, available coaching and supervision, degree of tracking and accountability, branch leadership involvement; NRCCPS, 2013). The extent to which FEFs incorporated the OSM heavily depended on caseworker and local practice. Clarifying and analyzing safety threats and conditions for return can be a powerful tool for moving cases forward, but if caseworkers were not practicing the OSM, it was challenging for FEFs and created uncomfortable or, in some cases, adversarial dynamics between colleagues. In most branches, FEFs were seen as experts on the OSM and often consulted with co-workers on their own practice.

### **Supporting Casework Practice**

According to interviews with LIFE Leadership staff (see Methods Appendix A for details), the LIFE model's clear structure, goals, and values allowed LIFE staff to be consistent yet creative and flexible in their service delivery. There were many examples of how LIFE supported efficient and effective DHS practice and processes. LIFE integrated the OSM in the meeting agenda, which made for a productive and transparent meeting that moved cases forward. Documentation from the meetings was used as supporting material for case plans and court reports. Getting all team members and the family in one place together each month was a highly effective and efficient means for open, clear communication and accountability. FEFs supported the work of caseworkers by identifying, contacting, and engaging relatives. LCs enhanced the DRS and helped ensure Indian Child Welfare Act (ICWA) rules were met around contacting tribes for the ICWA determination.

## Foster Parents

Foster parents realized unanticipated benefits from LIFE services (see Methods Appendix B for details about Foster Parent Interviews). Foster parents reported that LIFE services improved their experience of foster parenting and their understanding of the child welfare system, which could have implications for satisfaction and retention. In fact, many of those interviewed noted that their first experience as a foster parent was with a LIFE case, and they were disappointed to find out that not all cases received LIFE services.

In terms of system change, a key benefit for foster parents participating in LIFE services was learning how child welfare works. Foster parents also said that during LIFE Meetings, they gained insights into DHS decision-making processes, learned about what caseworkers cannot control, and reasons behind delays or unfavorable decisions. Foster parents also found LIFE Meetings a beneficial place to voice confusion or uncertainty about DHS rules and expectations for foster parents (e.g., allowing sleepovers, giving permission for sports) and gain clarity around those issues. Some foster parents praised FEFs as valuable points of contact with strong knowledge of DHS practices and policies. This was beneficial for foster parents who reported difficulty reaching caseworkers when needed (while also acknowledging caseworkers' heavy workload).

Supporting findings from the interviews, approximately two-thirds of foster parents who completed a Service Provider Survey agreed or somewhat agreed that LIFE supported their understanding of what was needed for children to be returned home and how decisions were being made (see Figure 3) (see Methods Appendix C for details). These findings are noteworthy given that LIFE services were not explicitly designed to support foster parents.

## Statewide Transfer Protocol

The values-based design of the LIFE model was the basis for the design of the new statewide transfer protocol. The protocol calls for joint case management between Child Protective Services (CPS) and Permanency workers in partnership with parents. The new Family Engagement Meeting is based on the LIFE Meeting design, replacing the existing Child Safety Meeting that was not conducive to partnering with families.

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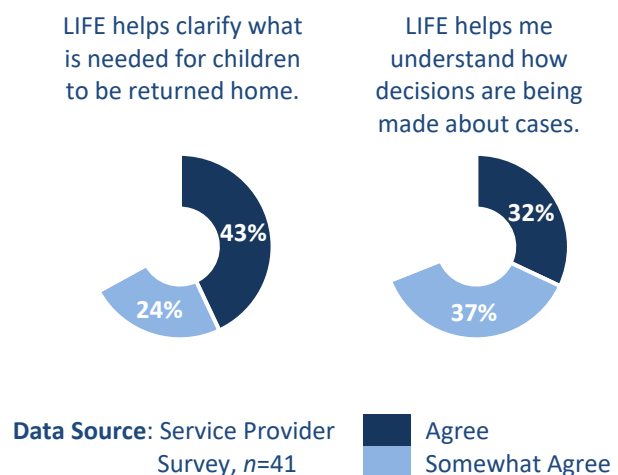
### Comparison of the experience of a court hearing with that of a LIFE meeting:

*"You [the judge] went through 15 cases...and they all sound the same. I don't know. It just makes a huge difference when you feel like your contribution is valued. I left court feeling defeated, and when I leave the LIFE meeting, I feel good. We are working together, and even if we got crappy news in there, we are all on the same boat together and we are going to make this work. It is totally a different feeling."*

– Foster Parent

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**Figure 3. Understanding DHS Child Welfare: Foster Parent Perspective**





The transfer protocol requires a skilled meeting facilitator for Family Engagement Meetings. LIFE staff have trained the new statewide meeting facilitators and they are now part of the LIFE Quarterly and other trainings. DHS has continued to build a values-based meeting facilitation program across the state based on the LIFE model. Moreover, PMs support this work with their lived experiences by shaping how meeting facilitators approach families. This work has advanced efforts toward statewide consistency in how to engage each other as a workforce as well as the families served.

### **State Recognition**

LIFE was highlighted as a key effort demonstrating that DHS-Child Welfare was better serving Oregonians in 2017. There has been increased interest in values-based practice, improving and extending family meeting practice statewide, and the use of a Youth Advisory Board to bring authentic youth voice into decision-making about policy and practice. This type of messaging about LIFE and its implications for practice helped generate support for program implementation and sustainability. In June 2019, a group of parents who had participated in LIFE services and PMs met with members of the Oregon Ways and Means Subcommittee on Human Services to describe the benefits of LIFE. As a result, the Oregon State Legislature funded LIFE services at the seven IV-E Waiver demonstration branches for the next biennium (through June 2021). A workgroup was convened to plan out continued service delivery after the end of the IV-E Waiver demonstration funding period.

## P2. What is the degree of implementation of the four model components? What supports or undermines successful implementation?

All LIFE sites (4 districts, 7 branches) had full implementation with various supports at the leadership, workforce, and infrastructure levels. Workload, turnover, inconsistencies in training, and alignment with branch practice and service providers created barriers.

LIFE services were fully implemented in all intervention sites, with services rolled out over 12 months (see Table 6). D2/15 and D8 stopped accepting eligible cases in June 2018. Due to large caseloads and staff turnover, D3 stopped accepting eligible cases in May 2018.

**Table 6. Staggered Implementation Schedule and Service Provision Timeline**

| Eligibility Timeline  | July 2015      | January 2016 | July 2016      | End June 2018 |
|-----------------------|----------------|--------------|----------------|---------------|
| Services Started      | September 2015 | March 2016   | September 2016 | Ongoing       |
| District 2/15 (D2/15) | X              | X            | X              | X             |
| District 8 (D8)       |                | X            | X              | X             |
| District 3 (D3)       |                |              | X              | X             |

The Evaluation Team examined LIFE implementation using a framework based on a nationally recognized model from the National Implementation Research Network (NIRN). NIRN defines implementation as “a specified set of activities designed to put into practice an activity or program of known dimensions” (NIRN, 2018). The LIFE implementation framework includes NIRN’s three implementation drivers: leadership, workforce development, and organization. The following sections describe LIFE implementation successes and challenges based on a variety of data sources (for details about data collection see Methods Appendix A for LIFE Staff Interviews; Methods Appendix C for the Service Provider Survey; Methods Appendix D for Caseworker Interviews; Methods Appendix E for Community Provider Interviews; and Methods Appendix F for Business Process Mapping).

### Leadership

The leadership implementation driver refers to efforts to motivate staff, provide vision and clarity of purpose, manage time and effort, identify problems and develop solutions, and to monitor progress. LIFE model designers put in place a number of implementation supports related to leadership (see Methods Appendix A for details about LIFE Staff Interviews).

### Readiness Efforts

The leadership structure, consisting of a Waiver Program Manager, three district-specific LIFE Consultants, and a Supervisor for LIFE staff at each branch was established. In advance of implementation in a particular district, readiness efforts included creating branch-specific business processes (adapted from a master process), forecasting removal rates to estimate workload, and working with branch leadership to improve knowledge of and create buy-in for LIFE services. Kick-Off

events were held in each county, with required staff attendance and the inclusion of local community partners. There was some concern that with significant staff turnover at many branches, Kick-Off events are needed annually.

### **Waiver Manager and DHS-CW Leadership**

LIFE leadership helped with addressing workload and resource issues, contracts, communication with DHS-CW District and Branch Managers, and clarifying program model questions. In general, LIFE staff did not feel supported by Central Office – they were disappointed that their concerns regarding workload and staffing did not receive a prompt response. Support from District and Branch Managers helped with communication and program uptake by caseworkers and their supervisors, as well as the ability to obtain needed concrete resources such as rooms, phones, and high-quality meeting space. LIFE staff did not experience a great deal of explicit support from their District and Branch Managers, although in one branch where LIFE was struggling, a statement from the Branch Manager seemed to help get caseworkers “on board.” It was an ongoing effort, requiring more time and energy than anticipated, to continuously engage DHS leadership around LIFE services.

### **LIFE Consultants**

The LIFE Consultant role involved communication with branch staff (e.g., going to child welfare unit meetings and talking about the program, e-blasts, staff meetings), supporting caseworkers and LIFE staff on permanency and reunification practice, staffing cases with the LIFE Team, communicating and problem solving with community partners, getting feedback from the field, and program monitoring. LIFE Consultants supported FEFs and LCs by managing workload, observing meetings and coaching, aligning branch policy with LIFE practices, and working with supervisors. LIFE Consultants were seen as the primary resource regarding LIFE-related practice. Consultants were generally seen as helpful, available, and approachable. In addition, LIFE Consultants had dual roles as Permanency Consultants and were uniquely positioned to facilitate the convergence between LIFE, the Oregon Safety Model (OSM) and DHS’s approach to permanency more generally. LIFE Consultants spent a great deal of time and energy working with DHS staff, both caseworkers and supervisors, to address resistance to LIFE services.

### **LIFE Supervisors**

A dedicated LIFE Supervisor was installed at one of the first intervention branches, in charge of regular DHS-CW supervision activities, LIFE-specific case consultation and coaching, and working with branch staff to explain LIFE services, problem solve, and align processes. In other branches, LIFE staff were supervised by DHS-CW supervisors from teen, permanency, or ICWA (Indian Child Welfare Act) units. All LIFE Supervisors were invited to attend monthly LIFE Team meetings in their district and monthly LIFE Team meetings. Many of the DHS LIFE Supervisors interviewed reported that they had too much other work to be very knowledgeable about LIFE or to put much energy into championing the program in the branch. Some DHS LIFE Supervisors assumed the LIFE Consultant would do the work of educating branch staff about the project.

### **Workforce Development**

The workforce development (or competency) driver refers to the selection, training, and coaching of staff who can competently perform LIFE work. LIFE leadership put a number of implementation supports in place related to workforce development (see Methods Appendix A for details about LIFE Staff Interviews).

## Family Engagement Facilitator Training, Coaching, & Supervision

All FEFs were trained caseworkers and specifically selected for evidencing a commitment to LIFE values as part of their practice (strengths-based; trauma-informed; cultural responsiveness; and parent-directed/youth-guided). As part of the initial rollout, FEFs in each district received a four-day Meeting Facilitation Training. Evaluation surveys generally had high quality ratings and participants reported increased knowledge. Due to limited training resources, LIFE Consultants created a one-day version of the original training that was specific to LIFE practice. Newer FEFs received the one-day training, along with ongoing training on tracking, fidelity forms, and meeting documentation from the Evaluation Team. When the legislature funded LIFE for the 2019-2020 biennium, LIFE Consultants created a two-day training for FEFs and a one-day training for LCs.

FEFs were supported by a LIFE Supervisor at their branch and a LIFE Consultant. They attended monthly district LIFE Team meetings and Quarterly Trainings, and were encouraged to participate in DHS-CW trainings (e.g., *Undoing Racism*). FEFs had an on-going need for information and coaching regarding



**Figure 4. NIRN Implementation Drivers**

meeting facilitation and LIFE-specific practices and policies. The protocols and checklists provided some guidance, especially early on in the project, but there was a great deal of room for interpretation in the LIFE model. Staff appreciated the flexibility, but it also meant that people were sometimes unsure what to do and they received conflicting information from different people (e.g., DHS LIFE Supervisors, LIFE Consultant, Central Office). Furthermore, LIFE Supervisors saw FEFs as “*some of the best caseworkers*” who therefore required less oversight and support or as lower priority because they were not case-carrying staff.

## LIFE Coordinator Training & Supervision

LCs received an initial and a follow-up training from the Evaluation Team on tracking, fidelity forms, and meeting documentation; however, training was largely on-the-job and peer-to-peer. LCs were encouraged to take DHS-CW trainings (e.g., child welfare basics such as APPLA and permanency; vicarious trauma; how to deal with challenging/escalating clients). Sometimes LCs were tasked with communicating with clients – either outside of or during meetings – and relevant training would have been helpful. The LC position required a blend of administrative and family engagement skills, and they needed support and training (and perhaps compensation) commensurate with these skills. In response to requests for additional support, LCs were supervised, along with FEFs, by the LIFE Supervisor at their branch instead of an Office Manager. LCs were also supported by their district LIFE Consultant and attended monthly LIFE Team meetings and Quarterly Trainings.

## Parent Mentor Training & Supervision

PMs received their primary training through their home community-based agency. They had an evaluation orientation, and a training on county-specific service navigation. PMs had a supervision structure at their respective agencies and received ongoing trainings. Most but not all PMs reported having adequate access to their PM Supervisor and enough in-person supervision time. PMs were also supported by their district LIFE Consultant and attended monthly LIFE Team meetings and Quarterly Trainings. There was a need for more training on working with populations that were new to PMs (e.g.,

sex offenders, those with mental health issues or developmental disabilities). Frequent meetings with fellow mentors and PM Supervisors were important.

### **LIFE Quarterly Trainings**

LIFE Teams from all districts gathered each quarter for a full-day training and peer-to-peer learning. Participants tended to rate the “Quarterlies” very positively, mostly because they found it helpful to discuss their work with the other LIFE Teams. LIFE Consultants were responsive to requests for different types of training (e.g., case consultation instead of a presentation), time for cross-team discussion, and role-specific breakout sessions; however, more formal training on particular topics sometimes felt less helpful because it was difficult to apply the information presented to their LIFE-specific role.

### **Turnover**

There was a great deal of turnover among LIFE staff over time, especially in Years 3 and 4. Turnover created gaps in service for families. Cases had to be redistributed to other FEFs and new cases waited until there was capacity to serve them (new FEF hired or space opened on an existing FEF’s caseload). When there was PM turnover, parents waited for availability or transferred to another PM. Workloads increased for existing PMs, and established relationships between parents and mentors were disrupted and new relationships had to be built. LCs provided a great deal of support for FEFs, including taking notes during LIFE Meetings, searching for family, scheduling, tracking, and paperwork. During periods of LC turnover, FEFs had to take on LC duties, which increased their workload.

In addition to the time it took to post and hire positions, it also took a significant amount of supervision time to get new staff onboarded, especially when they had to take on a full existing caseload. LIFE leadership created a clearer protocol for onboarding, but there was less focus on how to bring new LIFE staff up to speed on the model aside from peers volunteering to offer tips and support. The Evaluation Team trained on forms and other data collection issues on an as-needed basis.

### **Organization**

The organization driver refers to the availability of resources needed to support LIFE Teams, and the alignment of agency policies and procedures with LIFE practice. A number of implementation supports were put in place to create environments hospitable to LIFE services.

### **LIFE Alignment with Branch Business Processes**

The business process maps developed for each branch at program start were helpful for outlining basic processes and training staff (see Methods Appendix F for details about Business Process Mapping). It was necessary for each branch to adapt their LIFE business processes. For example, DRS staff were supposed to complete the agency-required search and then transfer it to the LC for enhanced search. Over time, LCs in some branches took on the DRS and the enhanced search to avoid confusion and perceived duplication of services, and to ease DRS backlog.

LCs were in the Office Support 2 classification, an entry level position, which may not have been appropriate for the unique blend of skills (clerical skills, writing, ability to engage with clients) LCs brought to their work. Moreover, the OS2 classification was at times in tension with the LC role (e.g., covering for a clerical rotation is not always feasible given the additional demands of LIFE).

## LIFE Alignment with Casework Practice

Many caseworkers reported that LIFE was useful – they felt prepared for meetings, had information about the case, LCs found family, and FEFs handled meeting logistics and facilitation. Some noticed a difference in the willingness of parents to engage. At least half of the caseworkers responding to the Service Provider Survey reported benefits in terms of feeling prepared for court, supported in their role, and improvements in daily casework practice (see Figure 5) (see Methods Appendix C for details). These positive effects were not necessarily anticipated, but they have implications for retention, potentially reducing caseworker turnover, which has been a struggle for child welfare agencies in Oregon.

**Figure 5. LIFE Impact on Daily Practice: Caseworker Perspective**



**Data source:** Service Provider Survey, *n*=53

Comments from the Service Provider Survey shed light on ways in which caseworkers felt supported by LIFE:

*“From a caseworker standpoint, LIFE allows an opportunity for a neutral meeting...Often when tasks and expectations are talked about between just a caseworker and parents, a caseworker can trigger parents just based off of being an authoritative figure and the meeting is unproductive. LIFE Team has allowed me to communicate these expectations and goals in a more neutral way that parents are receptive to.”*

*“I love working with the facilitators, as they are so helpful in terms of willingness to support the caseworkers in their work, take some of the responsibility off the caseworker and make the caseworker feel more supported.”*

While 63% of caseworkers agreed or somewhat agreed that the time they spent on LIFE cases paid off in terms of better outcomes for families, caseworkers also provided examples of when **LIFE did not align with their practice**. One theme that emerged was that LIFE cases involved additional work, at least in the early stages of a case.

*“LIFE staff expects me to drop everything, but I have many more clients that aren't on LIFE. I'm pretty busy and we have too many mini check-ins and emails about the one LIFE family I have.”*

Another theme was the challenge of collaboration. Caseworkers not accustomed to working in partnership with a meeting facilitator felt resistant to the program.

*“The LIFE person sometimes undermines what my supervisor and I want for the case.”*

*“When the facilitators begin to lose track of their role, and start getting sidetracked with their own agendas. They can’t keep the meeting focused or on task.”*

LIFE Meetings continued even if parents were not actively participating because case planning needed to continue for the child(ren). Some caseworkers felt that meetings were not a productive use of their time when parents did not participate. A final example of when LIFE did not align with practice is when caseworkers thought the case was not appropriate for LIFE services.

*“The only time I have struggled with LIFE is when I have no participating parents. I have had one case where we struggle to have a productive meeting.”*

*“Cases where there was clearly no way that reunification was going to be the plan are still chosen, making it very uncomfortable for some family members as well as the child.”*

*“Forcing cases into the model, especially for older kids, that don't fit and having to continue to have meetings when there are no options or changes that are possible.”*

LIFE staff, and FEFs in particular, described how they spent time building relationships with caseworkers to create buy-in for LIFE services. LIFE Consultants reached out to branch management, talked to supervisors and caseworkers, presented at staff meetings, and problem solved with staff. A research brief, *“Tips for Engaging Caseworkers in LIFE”*, was developed for LIFE staff to share with caseworkers to help support implementation and promote buy-in for the project (included in Interim Evaluation Report July 1, 2015 – December 31, 2017). Over time FEFs were able to create trusting relationships, model the LIFE values and how to engage parents, and even took on a mentor-type role with newer caseworkers (for details see Methods Appendix A for LIFE Staff Interviews and Methods Appendix D for Caseworker Interviews).

### **Alignment with Community Providers**

Community providers suggested that they had positive experiences with LIFE services and as part of the LIFE Team (see Methods Appendix E for details Community Provider Interviews). Service providers and attorneys commented that they liked the team approach – LIFE Meetings helped parties get on the same page and promoted accountability, communication, and collaboration. Some commented that it was challenging to schedule meetings when everyone was available, there was more talking than action, and at times progress was slow (see Methods Appendix C for details about the Service Provider Survey). Attorneys in some of the districts only rarely attended meetings; however, this likely reflected the local bar’s decision regarding child welfare meetings more generally and was not specific to LIFE. The Waiver Program Manager attended a monthly meeting of judges/referees and attorneys in implementation counties to describe the intervention and answer questions. The LIFE Consultant also talked with attorneys about particular cases or situations (see Methods Appendix A for details about LIFE Staff Interviews).

### **Material Supports**

Food, phones with reliable speakers for conference calls, available conference rooms, family search software, laptops and portable printers, ability to text, and access to the DHS-CW server were all material supports that helped FEFs and LCs do their work. This type of support varied from branch to branch. One branch had a dedicated LIFE Meeting room with moveable furniture, posters, fidget toys and adult coloring books, and a water pitcher with cups. Some LIFE staff felt like they were the last priority for utilizing child welfare meeting space for LIFE Meetings. There was some sense that

supervisors and other branch staff did not understand the needs of the program and therefore did not advocate for LIFE staff. Child care, for when children were invited for only a part of a LIFE Meeting, and mileage reimbursement (or state cars) for FEFs to be able to hold LIFE Meetings away from the DHS-CW office or outside of normal business hours, were also requested supports (see Methods Appendix A for details about LIFE Staff Interviews).



### **P3. To what extent was the priority population identified, referred, and served?**

The process designed to identify and involve families in LIFE services worked well, and the number of eligible cases surpassed projections. Cases were identified for LIFE service; FEFs tried to engage parents, youth and extended family; referrals for PM services were made; and FEFs and LCs worked with caseworkers and community partners on LIFE cases.

#### **LIFE Eligibility**

As described in the **Predictive Model** section, an algorithm was developed to predict whether a particular child was likely to remain in foster care for more than three years. A low threshold was selected to indicate initial eligibility ( $\geq 12$ , or 12% probability of actually having a long stay in foster care). For one-third of LIFE-eligible youth, their only risk factor was age (6 to 15 years old). To remedy this and slow the number of cases identified (to help address workload issues), the threshold was raised to 13 on February 6, 2017. This required at least one risk factor other than age.

Data points from the predictive model, date of initial foster care placement, service branch, and child age and gender populated a LIFE-specific table in the OR-Kids data warehouse. The average LIFE score for initially eligible youth was 22 (*median* = 16, *range* = 12 to 88); branch average LIFE scores ranged from 19 to 24. Aside from age (6-15 years old), the most common risks factors were:

- history of IV-E eligibility – **39%**
- family stressor: heavy childcare responsibility – **19%**
- total CANS score = 2 or 3 – **19%** (of those with a score at time eligibility was determined,  $n=215$ )
- child removed from home due to behavioral problems – **19%**

It is noteworthy that only one-third of youth had a CANS (Child and Adolescent Needs and Strengths Assessment) score recorded at the time the LIFE predictive score was calculated. It is possible that youth were not identified as initially eligible if their only risk factor was a CANS score.

#### **Other Reasons for Ineligibility**

A youth met the secondary eligibility criterion if their caseworker expected them to remain in foster care for at least 30 more days after their initial eligibility date. If at least one youth met the second eligibility criterion, the case was opened for LIFE services. Over time, there were other reasons cases were deemed ineligible for LIFE services, including:

- Youth already had a Wraparound team with regular meetings,
- Youth in custody of the juvenile justice system (Oregon Youth Authority),
- No safety threats were associated with the parents involved in the case, and
- Families were put on wait lists due to LIFE staff turnover, and youth had a permanent placement by the time eligibility was done.

As shown in Table 7, 778 cases were identified for LIFE services between July 1, 2015 and July 1, 2018. Of these, 519 cases had least one child who met secondary eligibility criteria (children were going to stay in care for 30 more days) (67% overall eligibility rate). Eligibility data were entered (typically by LCs) in the LIFE Eligibility and Tracking Database, which was housed in the OR-Kids data system but created specifically for the LIFE evaluation.

Of the eligible cases, 84% (436 out of 519) had documentation of at least two LIFE Meetings (based on the presence of LIFE Meeting Notes), which we considered a “minimum” service level. Nearly half (46%) of the 83 cases with only one or no documented LIFE Meetings achieved permanency before services. The remaining cases had LIFE services close because the youth was placed in long-term residential care, the case was deemed ineligible for other reasons, or no information was provided. Eighty-two percent of secondarily eligible cases (424 out of 519) have had their LIFE services closed.

**Table 7. LIFE Eligibility and Service Closure**

|  | # Cases   | # Youth   |
|--|-----------|-----------|
| Initial Eligibility  | 778       | 919       |
| Secondary Eligibility (% Initial)                                    | 519 (67%) | 756 (82%) |
| Had 2+ LIFE Meetings (% Secondary)                                   | 436 (84%) | 633 (84%) |
| LIFE Service Closed – 2 <sup>nd</sup> Eligible (% Secondary)         | 424 (82%) | 602 (80%) |
| LIFE Service Closed – Had at least 2+ LIFE Meetings (% 2+ LIFE Mtgs) | 343 (79%) | 481 (76%) |
| <b>Reasons for LIFE Service Closure after 2+ LIFE Meetings</b>       |           |           |
| Permanency achieved or services complete                             | 313 (91%) | ---       |
| Case ineligible for other reasons                                    | 10 (3%)   | ---       |
| Youth in long-term residential care                                  | 4 (1%)    | ---       |
| Other/unknown  | 16 (5%)   | ---       |

**Data Source:** LIFE Eligibility & Tracking Database

**Notes.** Initial eligibility = child was identified by having a score of 12+ (13+ as of 2/6/2017) on the LIFE predictive algorithm. Secondary eligibility = child was likely to stay in care for at least 30 more days after identified as initially eligible. LIFE service closed = case was eligible (i.e., at least one child met secondary eligibility criteria) and LIFE service episode ended as of December 26, 2019.

### Service Group Characteristics

Youth who met secondary eligibility criteria and had a case with at least two LIFE meetings ( $n=633$ ) were 10.1 years old on average, and half were girls. Youth were predominantly identified in OR-Kids administrative data as White (62.2%). Youth of color were identified as being part of the following race groups (not mutually exclusive): Hispanic (19.9%), American Indian/Alaska Native (8.1%), Black (7.7%), Other/Unknown/Native Hawaiian/Pacific Islander<sup>3</sup> (5.5%), and Asian (2.5%).

<sup>3</sup> Groups with less than 10 youth were combined.

## Parent Mentor Referrals

After a case was determined eligible for LIFE services, caseworkers determined whether the parent(s) were eligible for PM services. If there were no extreme safety concerns (e.g., a risk to the safety of the PM) and the parent was available to participate in PM services, the caseworker could make a referral for PM services. Parents decided whether or not to participate.

A Parent Mentor Program Status Summary tool was developed to track PM referrals and program status (see Methods Appendix G for details). As of September 2019:

- Parents referred for PM services: **463**
- Parents accepted PM services: **424 (92%)**

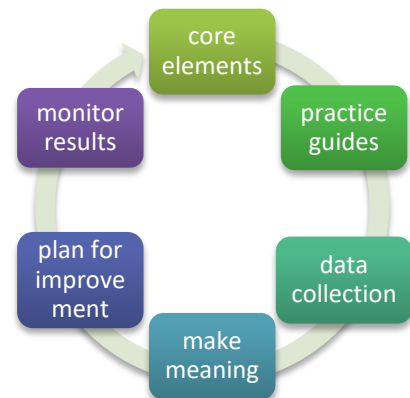
The Evaluation Team started collecting service navigation data from PMs in February 2016 using an adapted version of their Parent Mentor Casebooks client service tracking tool (see Methods Appendix H for details). Of the parents who had information submitted from their Casebook ( $n=452$ ), 87% ( $n=393$ ) received service navigation. Service navigation was largely focused on parents' needs; however, 21% of parents also received help navigating child-focused services.

## P4. Was the service model delivered in a manner consistent with LIFE values and final program design?

Integrity in implementation allows for services to be delivered according to essential core elements while being responsive to family needs, conditions, and local contexts. On the whole, practice was consistent with the LIFE model but was also affected by implementation issues and the larger child welfare context, especially with regard to cultural responsiveness and youth-guided values.

### From Fidelity to Integrity in Implementation

In this section we discuss program *integrity in implementation*. As the evaluation progressed, the Evaluation Team recognized that a complex, individualized human service intervention such as LIFE does not lend itself to traditional notions of “fidelity,” i.e., every participant reliably gets the same set of services with the same intensity and duration. In contrast, integrity in implementation allows for services to be delivered in a manner that remains true to essential core elements while being responsive to family needs, conditions, and local contexts (Le Mehieu, 2011). The Evaluation Team approached fidelity through an integrity lens – as continuous quality improvement (CQI), working with program staff to understand core elements; developing practice guides integrating research, practitioner wisdom, and constituent experiences; collecting qualitative and quantitative data from various perspectives; sharing and making meaning of findings; planning for improvement; and monitoring results (see Figure 6).



**Figure 6. Integrity in Implementation as Continuous Quality Improvement**

Each of the LIFE model components are presented below and evaluated in terms evidence of core elements, including the operationalized LIFE values within each component: enhanced family finding, meeting preparation, meeting facilitation, parent mentoring, and collaboration. Several data sources, throughout each section, were used to knit together a fuller picture of integrity to the LIFE model.

### Enhanced Family Finding

#### LIFE Staff-reported Practices

Enhanced family finding core elements involved augmenting DHS relative search and ensuring efforts to engage additional support people in case planning were ongoing (see Table 8). LCs performed additional search activities beyond DRS (e.g., paper/electronic file mine, database search) for two in three LIFE cases (see Methods Appendix I, and Tools Appendix I for details about the Family Finding Checklist). Ongoing efforts, such as talking with parents and youth about key people in their support system during meeting preparation, occurred with some regularity for parents but less often for youth (see Methods Appendix J and Tools Appendix II for details about the Meeting Preparation Checklist).

**Table 8. Enhanced Family Finding Core Elements: July 2017 - September 2019**

| Core Element  | Indicator  | % cases (n) | Branch Range |
|---|--|-------------|--------------|
| Enhanced search <sup>1</sup>  | Additional search performed beyond Diligent Relative Search  | 70% (359)   | 42-93%       |
| Reviewing results of family find <sup>2</sup>   | FEFs reviewed results of family finding at least once with:<br>Caseworker  | 30% (311)   | 19-40%       |
|   | LIFE Coordinator   | 29% (311)   | 21-43%       |
| Parents/caregivers, youth, or other family help identify key people in their support system | <b>Parents</b> attending meetings talked with FEFs to identify members of their support system <sup>3</sup>  | 81% (289)   | 67-93%       |
|   | FEFs reported regularly revisiting <sup>4</sup> this with parents  | 68% (276)   | 41-91%       |
|   | <b>Youth</b> attending meetings talked with FEFs to identify members of their support system   | 57% (199)   | 33-83%       |
|   | FEFs reported regularly revisiting this with youth   | 41% (177)   | 9-63%        |
|   | <b>Other family/support people</b> talked with FEFs to identify members of the family's support system at some point during preparation <sup>5</sup> | 59% (311)   | 9-92%        |

**Data Sources:** <sup>1</sup>Family Finding Checklist (see Methods Appendix I and Tools Appendix I for more information). Data were available through May 2018.

<sup>2</sup>Meeting Preparation Checklist (see Methods Appendix J and Tools Appendix II for more information), n=311 cases with at least one completed Meeting Preparation Checklist

**Notes.** <sup>3</sup> 289 cases had at least one Meeting Preparation Checklist and also had parents attend at least one meeting; 199 cases had at least one Meeting Preparation Checklist and also had youth attend at least one meeting.

<sup>4</sup> 'Regularly revisiting' is defined as marking an activity as completed on more than half of Meeting Preparation Checklists submitted for a case. Lower n's represents requirement that FEFs submitted at least 2 Meeting Preparation Checklists for a case to be included.

<sup>5</sup> Family members did not have to be attending meetings.

The most consistent family finding practices across branches involved FEFs talking with parents to identify members of their support system. The differences by branch imply practice variations, possibly according to FEF. Reasons for variation included (see Methods Appendix F for details about Business Protocol Mapping):

- Enhanced family finding was understood differently across LIFE Teams – some conducted a full search at the front end, some took their cue from caseworkers on how and when to proceed, and some completed it when alternate plans (other than reunification) were considered.
- Rising caseloads made it difficult to complete all LIFE tasks; attending meetings and finalizing notes for dissemination was prioritized over enhanced family finding activities. In addition, frequent and/or extended vacancies in LIFE coordinator positions in many branches limited capacity to perform enhanced family find activities.

- LIFE staff believed that family finding is a good idea in theory, but there was not enough staff to manage the relatives and do the work needed to get family to a place to be able to help.
- The perceived purpose and value of enhanced family finding differed across LIFE Teams, and from case to case (e.g., increase the number of meeting attendees, build more natural support, find placements).

As part of CQI efforts, the Evaluation Team suggested the need for each branch to delineate DRS and LIFE enhanced family finding activities in each branch. As a result, LIFE model designers identified required enhanced family finding activities at the time of the LIFE Refresh (July 2017).

## **Meeting Preparation**

### **LIFE Staff-reported Practices**

Preparing participants for a LIFE Meeting, especially parents and youth, is a central feature of the LIFE model. FEFs documented meeting preparation, submitting 1,958 Meeting Preparation Checklists for 311 cases between July 1, 2017 and September 30, 2019 (see Methods Appendix J and Tools Appendix II for details about the Meeting Preparation Checklist). Table 9 presents the meeting preparation core elements in order from most to least consistent practices. “Consistent” was defined as occurring for at least 50% of the Meeting Preparation Checklists submitted for a case.

The most consistent preparation practices involved caseworkers, who helped decide agenda items and who would be invited. FEFs often helped make those decisions, but not in every branch. FEFs consistently reported preparing parents for meetings, asking about preferences and planning around expressed concerns, as well as collecting their input about who should be invited. In most branches, FEFs reported consistently providing logistical information to meeting participants, talking to key participants about their role and contribution, and reviewing safety concerns and conditions for return.

Notably, FEFs consistently did strengths-based and trauma-informed preparation. Conversely, FEFs reported discussing family private time and how it might be used for only 7% of cases (the range by branch was 0-26%). Other less consistent practices involved preparation with other family, although other family were more likely to be prepared than youth (even when attending).

Preparation did not consistently include activities related to cultural responsiveness:

- Planning something unique for this meeting that will meet family’s preferences or cultural needs, which happened consistently for 6% of cases (ranged by branch from 0-13%); and
- Preparing family for asking to access needed services from preferred cultural group, which happened consistently for 1% of cases (ranged by branch from 0-8%).

**Table 9. Meeting Preparation Core Elements**

| Core Element<br>(occurred for 50%+ of Meeting Preparation Checklists submitted for case)  | % of Cases<br>( <i>n</i> ) | Range by<br>Branch |
|---|----------------------------|--------------------|
| Determined agenda items in advance of this meeting  | 92% (276)                  | 77-99%             |
| Had <b>caseworker</b> help decide agenda items  | 92% (276)                  | 82-100%            |
| Had <b>caseworker</b> help decide who would be invited to this meeting  | 88% (276)                  | 73-100%            |
| Asked <b>parents/caregivers</b> about their preferences/concerns for attending/participating in this meeting  | 77% (276)                  | 67-92%             |
| <b>FEF</b> helped decide agenda items & who was invited to this meeting   | 76% (276)                  | 0-100%             |
| Had <b>Parents/caregivers</b> who attend meetings help decide who would be invited to this meeting <sup>1</sup>   | 76% (259)                  | 47-94%             |
| Had <b>Parents/caregivers</b> who attend meetings help decide agenda items  | 73% (259)                  | 50-91%             |
| Notified ALL meeting participants of full agenda, date, location, time, and expected length of meeting in advance of this meeting                           | 69% (276)                  | 3-96%              |
| Helped <b>parents/caregivers</b> who attend meetings plan for issues that might be discussed at this meeting  | 68% (259)                  | 29-88%             |
| Talked to key participants (parent/caregiver, youth, family members/supports, foster parents) about their role at this meeting and what they can contribute | 67% (276)                  | 3-92%              |
| Informed <b>parents/caregivers</b> (who attend meetings) in advance who was (was not) confirmed to attend meeting   | 62% (259)                  | 35-84%             |
| FEF identified, reviewed, or expanded family <b>strengths</b> and how they relate to CPM planning   | 61% (276)                  | 24-87%             |
| Planning/preparation done to address <b>parent/caregivers</b> who attend preferences/concerns for attending/participating in this meeting                   | 59% (259)                  | 24-88%             |
| FEF identified, reviewed, or expanded understanding of family's <b>trauma</b> history as it relates to CPM planning   | 54% (276)                  | 10-97%             |
| Reviewed safety concerns and conditions for return  | 51% (276)                  | 12-87%             |

**Data Source:** Meeting Preparation Checklist (see Methods Appendix J and Tools Appendix II for more information).

**Notes.** 311 cases had at least one completed Meeting Preparation Checklist. Lower *n*'s represents requirement that FEFs submitted more than 1 form for a case to be included in these data.

<sup>1</sup> Includes only cases where parents were attending meetings and FEFs submitted more than 1 form for a case (*n*=259).

Composite measures were calculated to examine preparation practices that were culturally responsive, strengths-based and trauma-informed (combined), and focused on specific groups, namely parents, youth, and other family.<sup>4</sup> Average scores for each composite were:

- Parent preparation composite (for parents attending meetings): **avg score = 4.9** (out of 8)
- Strengths/trauma-informed preparation composite: **avg score = 1.1** (out of 2)
- Other family preparation composite (for other family attending meetings): **avg score = 2.2** (out of 5)
- Youth preparation composite (for youth attending meetings): **avg score = 2.6** (out of 8)
- Culturally responsive preparation composite: **avg score = 0.8** (out of 4)

FEFs were not more likely to report culturally responsive meeting preparation with families of color, with the exception of families with children identified as Hispanic in administrative data. Hispanic families received slightly more culturally responsive preparation than White families ( $M=1.04$  and  $M=0.76$ , respectively,  $t=2.153$ ,  $p<.05$ ). This likely reflected the inclusion of interpreters for family members who spoke Spanish. Looking at other composite measures related to specific groups indicates that, compared to White families, FEFs provided:

- Less preparation for Black family members ( $M=2.20$  vs.  $M=1.28$ , respectively,  $t=-2.392$ ,  $p<.05$ ), although this improved if other family members were attending meetings; and
- Less preparation for American Indian/Alaska Native (AI/AN) youth, even when they were participating in meetings ( $M=2.70$  vs.  $M=0.84$ , respectively,  $t=-4.457$ ,  $p<.05$ ); and
- Less preparation for AI/AN family members (marginally significant), even when they were participating in meetings ( $M=2.24$  vs.  $M=1.42$ , respectively,  $t=-1.932$ ,  $p<.10$ ).

These findings suggest that there was less reported meeting preparation among youth and relatives for AI/AN and Black families. It is important to note that the range of practice across branches may reflect contextual factors outside of the particular case/family, including differences in workload; FEF skills, training, and experience with LIFE Meeting preparation; branch culture; and staff turnover.

### **Family/Support Person Perspective**

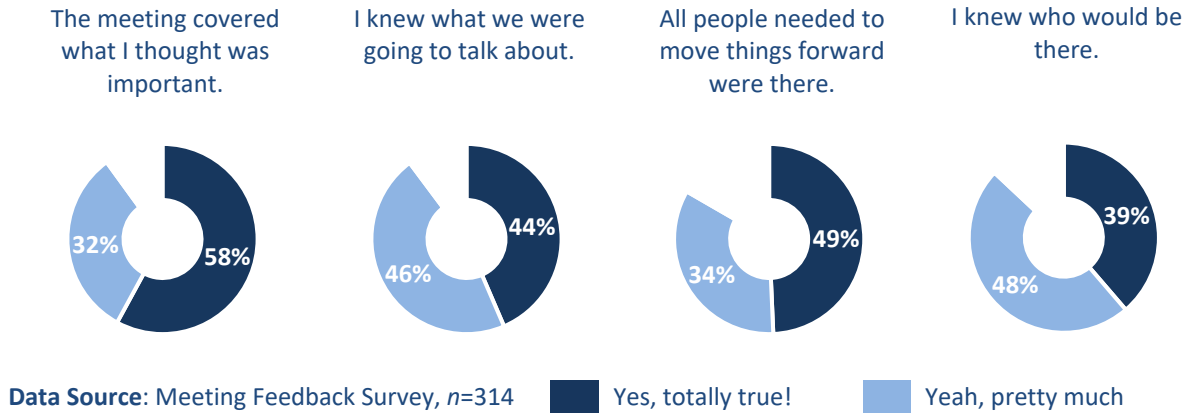
Meeting Feedback Surveys (see Methods Appendix K and Tools Appendix III for details) also provided information about the integrity of meeting preparation. Meeting participants (parents/caregivers, youth, family/kin, support people) who completed a survey reported that they were adequately prepared for LIFE Meetings (>83% agreed or strongly agreed) in terms of knowing who would be there and what would be discussed, covering things the family wanted to talk about, and having the “right” people attend (see Figure 7).

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<sup>4</sup> To calculate the composite measures, the total number of category-specific items ever marked for case was divided by the number of Meeting Preparation Checklists submitted for the case. For cultural responsiveness, the maximum composite score was 4 (i.e., there were 4 cultural responsiveness items). A score = 4 indicates that all four cultural responsiveness meeting preparation items were marked on every Meeting Preparation Checklist submitted for that case. Maximum composite scores for other categories are as follows: parent and youth = 8, other family = 5, strengths/trauma-informed = 2.



**Figure 7. Meeting Participants' Perceptions of Meeting Preparation**



A smaller proportion of meeting participants (<17% disagreed or strongly disagreed) felt less prepared. Open-ended comments included examples of being unprepared and pressured to make decisions, and the difficulty of having absent key people, e.g., caseworker.

*“My [child] was being pushed at making ‘life decisions’...[Child] was very uncomfortable & did not understand it (neither did I). So then everyone wanted an answer from [child] about what [child] wanted & [child] couldn't understand. There was about [#] people staring...pushing for an answer...”*

*“Caseworker wasn't there so there wasn't info about my daughter and daughter wasn't there.”*

Taken as a whole, the vast majority of family and support people *who attended meetings* felt prepared to participate. It is important to interpret these findings in light of the fact that many parents were not involved with case planning at various points in their case (especially the beginning), and youth did not always choose to, or were unable to, participate in meetings. Moreover, preparation may not have been necessary for every participant before every meeting, especially as the case progressed. For example, the case study work suggested that well-functioning LIFE Teams required less preparation over time because everyone knew each other, what was going on, who was accountable for what, and were aware of expectations for the next meeting (see Methods Appendix L for details about Case Studies).

### Conducting LIFE Meetings

Data collected from a number of different sources paint a picture of how LIFE Meetings were conducted in terms of LIFE staff-reported practices; Evaluation Team observations; and from the perspectives of parents, family/other support people, caseworkers, and service providers.

#### LIFE Staff-reported Practice: Meeting Occurrence and Attendance

Overall, LIFE staff documented a total of 5,144 meetings between program inception and September 30, 2019, with a range by branch of 390 to 1,128. Table 10 contains LIFE Meeting core elements related to number, timing, team size, and composition based on information from LIFE Meeting notes (see Methods Appendix M and Tools Appendix IV for details about the LIFE Meeting Agenda and notes). On average, families received 11 meetings over a span of 13 months. A small percentage of families were

served for more than two years (12%). Nearly 2 in 3 families had eight meetings or more. Despite higher than expected caseloads in several sites and staff turnover, LIFE Meetings occurred every 1-2 months on average. LIFE meetings usually lasted an hour (average=65 minutes). With caseload size and the demands of preparation, it was difficult to hold the first LIFE Meeting within 30 days of eligibility determination; most first meetings occurred within 90 days but this differed significantly ( $p<.05$ ) according to race: 72% of White families ( $n=267$ ) had their first meeting within 90 days compared to 49% of Black families ( $n=45$ ).

**Table 10. Conducting LIFE Meetings: Core Elements**

| Core Component             | Indicator  | Finding                     | Branch/Case Range          |
|----------------------------|--|-----------------------------|----------------------------|
| <b>Number &amp; Timing</b> | Average # of LIFE Meetings per case (by September 30, 2019) <sup>1</sup> | 11 ( $n=454$ ) <sup>2</sup> | Branch: 10-13 <sup>3</sup> |
|                            | Avg Time from LIFE eligibility to first LIFE Meeting                     | 85 days                     | Branch: 53-126 days        |
|                            | Had first LIFE Meeting within 30 days                                    | 10% ( $n=46$ )              | Branch: 0-15%              |
|                            | Had first LIFE Meeting within 90 days                                    | 69% ( $n=314$ )             | Branch: 48-92%             |
|                            | Avg # days between LIFE Meetings ( $n=436$ )                             | 49 days                     | Branch: 40-55 days         |
|                            | # of cases with at least 4 – 7 LIFE Meetings                             | 401 (88% of cases)          | Branch: 27-97 cases        |
|                            | # of cases with 8 or more LIFE Meetings                                  | 288 (63% of cases)          | Branch: 24-63 cases        |
| <b>Team</b>                | Avg # people attend LIFE Meeting <sup>3</sup>                            | 6 people ( $n=452$ )        | Case: 2-14                 |
|                            | Avg # of family/support people attend LIFE Meeting                       | 1 person                    | Case: 0-6                  |
|                            | Avg # of service providers <sup>4</sup> attend LIFE Meetings             | 1 person                    | Case: 0-6                  |

**Data Source:** LIFE Meeting Agenda Notes (see Methods Appendix M and Tools Appendix IV for more information).

**Notes.** <sup>1</sup> Includes only cases having at least one LIFE Meeting

<sup>2</sup> 454 eligible cases had at least one documented LIFE Meeting. Lower  $n$ 's reflect missing information in LIFE Meeting notes, and/or are appropriate reductions (e.g., cases with only one meeting are not included in calculations of time between meetings). Only 4% ( $n=18$ ) of cases had only one meeting.

<sup>3</sup> Cases in 6 of 7 branches had legal parents receiving separate LIFE Meetings (19%,  $n=87$ ); the total number of LIFE Meetings is combined for the case. Numbers reflect counts as of September 30, 2020; some cases were still being served.

<sup>4</sup> CASAs are treated as service providers.

Table 11 contains meeting attendance information based on information from LIFE Meeting notes aggregated per LIFE case.

**Table 11. Conducting LIFE Meetings: Attendance**

| Core Component | Meeting Participant         | Avg % of LIFE Meetings Attended per Case (n=452) <sup>1</sup> | Avg % of Early Meetings Attended per Case (n=448) | Avg % of Mid-Range Meetings Attended per Case (n=400) | Avg % of Later Meetings Attended per Case (n=287) |
|----------------|-----------------------------|---|---|---|---|
| Attendance     | Parents                     | 74%   | 75%   | 75%   | 73%   |
|                | Youth                       | 33%   | 30%   | 32%   | 33%   |
|                | Family (>=1)                | 50%   | 53%   | 52%   | 45%   |
|                | Service Provider (>= 1)     | 67%   | 63%   | 67%   | 71%   |
|                | Foster Parent               | 52%   | 56% (n=447)                                       | 54% (n=399)   | 49% (n=286)                                       |
|                | Parent Mentor <sup>2</sup>  | 57% (n=300)   | 49% (n=299)                                       | 64% (n=287)   | 59% (n=223)                                       |
|                | Caseworker                  | 95%   | 96%   | 94%   | 94%   |
|                | Legal Representative (>= 1) | 36%   | 37%   | 38%   | 39%   |

**Notes.** Based on LIFE Meeting Agenda Notes (see Methods Appendix M and Tools Appendix IV for more information). Early meeting= 1<sup>st</sup> thru 3<sup>rd</sup> meeting; Mid-range= 4<sup>th</sup> thru 7<sup>th</sup> meeting; Later = 8<sup>th</sup> meeting or later.

<sup>1</sup> At least some meeting attendance data were available for 452 cases. Differing n's represent missing data.

<sup>2</sup> This n reflects only cases where Parent Mentor services were accepted by a parent.

**DHS staff** (e.g., caseworker, supervisor) attended nearly all documented LIFE Meetings. On average, **parents** attended 3 in 4 LIFE Meetings, and their attendance was consistent over time (from initial to later meetings) and across branches.

On average, **youth** attended 1 in 3 LIFE Meetings, and their attendance also was consistent over time but ranged from 22% to 41% by branch. In some cases, youth were invited but chose not to attend. It is also worth noting that youth voice can be represented in LIFE Meetings without them actually attending (e.g., letters, pre-meeting discussions with FEF, caseworker, CASA, attorney). However, caseworkers and other adults made determinations about whether it was "appropriate" and/or "productive" to have youth attend meetings and this likely created barriers for youth participation and voice.

On average, 2 in 3 LIFE Meetings had at least one **service provider** (e.g., CASA, mental health therapist, A&D counselor) attend; this increased somewhat from early to later meetings. If unable to attend, some service providers provided the FEF with reports or information about the case that was shared during the meeting. The range by branch was 54% to 80% of meetings per case.

**Foster parents** attended an average of 1 in 2 LIFE Meetings. Attendance by foster parents varied considerably by branch: 29% - 61% of meetings per case. It also differed significantly ( $p<.05$ ) by race:

53% of meetings for White families ( $n=266$ ) had foster parents attend compared to 41% of meetings for Black families ( $n=45$ ).

For cases in which parents accepted PM services, **PMs** attended 1 in 2 LIFE Meetings on average and this was consistent across branches. For PMs, attendance patterns were likely linked to parent attendance – PMs typically didn't attend meetings without parents – and scheduling issues. Lower participation in early meetings compared to mid-range or later meetings may reflect slow referral processes or the time it took to engage parents in the service.

On average, 1 in 2 LIFE Meetings had at least one **family/support person** in attendance. It is difficult to determine whether family/support people should have attended more meetings. Lower attendance might have been due to scheduling issues, parents' reluctance to involve family/support people, or a lack of supportive people in the parent's life. This also differed significantly ( $p<.05$ ) by race: 54% of meetings for White families ( $n=266$ ) had family/support people attend compared to 45% of meetings for families of color ( $n=185$ ), and 42% of meetings for Black families ( $n=45$ ).

Participation by **legal representatives** (attorney, legal assistant, etc.) varied considerably between branches. In two branches, legal representatives participated in 86% and 91% of meetings, while in three others, participation ranged from 7% - 12% of meetings. Attendance by legal representatives reflects differing county cultures with regard to legal processes.

### **Evaluation Team Perspective: Meeting Observations**

One way in which meeting facilitation was evaluated was by observing LIFE Meetings (see Methods Appendix N and Tools Appendix V for more information about the Meeting Facilitation Observation Tool). A set of practices occurred at nearly every LIFE Meeting observed (75% or more), typically related to meeting structure, collaboration with team members, and more general meeting facilitation skills (see Table 12).

Meeting facilitation practices that were observed less frequently (less than 50% of meetings) centered largely around culturally responsive practices, as well as trauma-informed and strengths-based practices.

- **Cultural responsiveness** (modeling flexibility and openness toward differences in cultural norms, identity, language, values, understanding; incorporating family preferences, environment, artifacts, etc. during LIFE Meetings; identifying family's culture as functional strength and linking to case planning process; managing communication that is negative, shaming, stigmatizing or oppressive)
- **Trauma-informed** practices (taking breaks when needed; flexibility about meeting logistics/location based on family's needs)
- **Strengths-based** (identifying functional strengths and linking to case planning process)
- **Use of action items** (large and small actions with due dates, summarized at end of LIFE Meeting)

**Table 12. Observed Meeting Facilitation Practices**

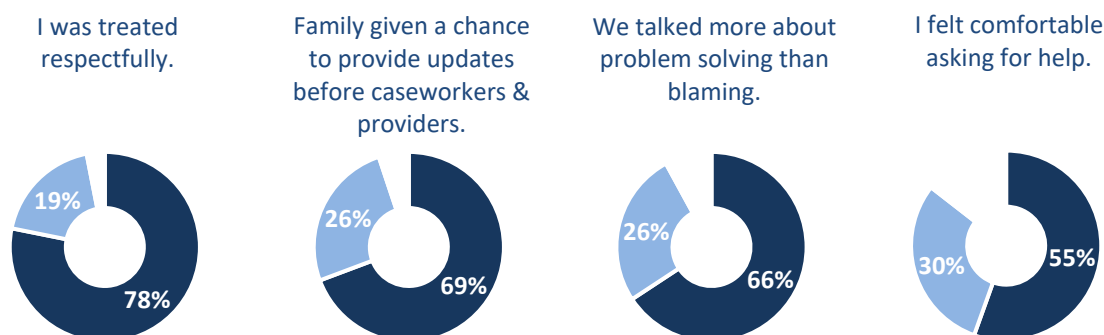
| Highly Consistent (75%+ of meetings)  | Moderately Consistent (50-74% of meetings)  |
|---|---|
| <ul style="list-style-type: none"> <li>• Provide or post a written agenda</li> <li>• Conduct meeting according to agenda, while being flexible about meeting content and structure according to family’s needs</li> <li>• Conduct meeting in family’s first/preferred language</li> <li>• Verbally review # of days child has been in care</li> <li>• Provide space for parent &amp; child updates</li> <li>• Ask for clarification &amp; specifics; restate &amp; repeat</li> <li>• Provide opportunities to generate options, ideas, needs, requests, questions &amp; solutions for families</li> <li>• Ensure family’s questions are answered thoroughly, encourage team to answer questions</li> <li>• Keep meeting moving forward, focus on agenda/goals</li> <li>• Use clear language (free of jargon, technical or legal talk)</li> <li>• Ensure family’s opinions and requests are attended to by team</li> <li>• Problem solve; work to find solutions</li> <li>• Link tasks, supports &amp; services to particular goals</li> <li>• Acknowledge/highlight progress</li> </ul> | <ul style="list-style-type: none"> <li>• Develop or review ground rules</li> <li>• Review action items from previous meeting</li> <li>• Identify or update action items</li> <li>• Give family opportunities to talk about their strengths, hopes</li> <li>• Identify family’s shared goals</li> <li>• Transparent communication regarding Oregon’s practice model (e.g., protective capacities, safety threats, conditions for return)</li> <li>• Attend to meeting dynamics (e.g., intense emotions, nonverbal communication)</li> <li>• Model strengths-based language; reframe/restate</li> <li>• State, surface, acknowledge specific family strengths</li> <li>• Model flexibility and openness toward differences in cultural norms, identity, language, values, understanding (e.g., parenting, attitudes toward service providers)</li> <li>• Check in with parent/caregiver, youth, and/or family during the LIFE Meeting regarding trauma, feeling overwhelmed, etc.</li> <li>• Prioritize family and other key people when scheduling next meeting</li> </ul> |

**Data Source:** LIFE Meeting Observations, n=52. See Methods Appendix N and Tools Appendix V for details.

**Family/Support Person Perspective**

According to meeting participants (parents/caregivers, youth, family/kin, support people), LIFE Meetings generally (>86% agreed or strongly agreed) created a respectful environment focused on problem solving, and provided space for family voice (see Figure 8) (see Methods Appendix K and Tools Appendix III for details about Meeting Feedback Survey).

**Figure 8. Meeting Participants' Perception of Meeting Facilitation**



**Data Source:** Meeting Feedback Survey, n=314  Yes, totally true!  Yeah, pretty much

Comments from the survey provided examples of high-quality meeting facilitation from the family/support person/kith/kin's perspective.

*"Everyone gets to speak, but no one is allowed to attack others, nor monopolize the meeting."*

*"Got more info about case plan. [FEF] is doing a great job getting questions answered."*

*"[FEF] was very professional, never made anyone uncomfortable, always listening and interpreting what another person had to say without discomfort."*

*"Facilitation - continuity and follow-through from last meeting, including scheduling the next meeting...Useful suggestions, information, and offers to help with tasks supplied to parent/guardians and youth."*

*"Coordinator keeps things on track and assigns action items."*

A smaller proportion of meeting participants (<14% disagreed or strongly disagreed) were less satisfied with meeting facilitation, underscoring the challenges of balancing and promoting LIFE values (especially with colleagues like a caseworker).

*"The meeting focused on the positives but did not deal with core issues/problems nor was it very solution based. People were not encouraged to be very open in the meeting."*

*"One [DHS worker] was not very respectful of the person [they] was supposed to be helping in timely visits. Have the future facilitator understand this was rude and address it appropriately by asking that the [DHS worker] be aware of others feelings. The body language was obvious that [DHS worker] didn't want to be in the meeting."*

## **Parent Mentor Services**

### **Parent Mentor-reported Practice**

Core elements for PM services gauged the extent to which PM services were delivered as intended. PM services were reported for all parents, regardless of (1) whether they needed PM services in a particular month, (2) how long they had been involved with PM services, or (3) which phase they were in (e.g., outreach, active, closing). Thresholds for each core element were developed in consultation with PMs and attempted to take into consideration the dynamic nature of PM services (e.g., service fluctuated based on when meetings are scheduled, whether a parent had action items, parent availability, parent-specific needs).

Table 13 shows six PM core elements (see Methods Appendix H for more information about Parent Mentor Casebooks). Overall, the most consistent PM services were attending pre-LIFE Meeting staffings, IAPs, and informed consent (which is an ongoing activity to promote parent voice and choice). Somewhat less consistent was helping parents prepare for LIFE Meetings and following through on action items. It is important to note that these activities were driven by whether parents were having regular LIFE Meetings and whether parents were assigned action items. PMs strive to have four hours of direct contact with parents each month, but this fluctuated greatly by parent (from 0 to 11 hours per month) based on need.

**Table 13. Parent Mentor Core Elements: July 2017 - September 2019**

| Core Element Indicator  | <i>n</i> | Average or % | Range by Branch |
|---|----------|--------------|-----------------|
| Max average monthly contact hours with a parent on each case  |          | 3.13 hrs     | 2.1–4.2 hrs     |
| At least one parent on the case received 4+ monthly contact hours with PM   | 252      | 27%          | 11–40%          |
| Regularly participated in pre-LIFE Meeting staffings with FEF and caseworker  | 236      | 89%          | 76–100%         |
| Regularly help parents prepare for LIFE Meetings  | 236      | 68%          | 45–100%         |
| Regularly help parents follow through on action items   | 236      | 62%          | 45–79%          |
| Invite at least one parent on case to develop a written Individual Action Plan (IAP) to help parent-directed goal setting | 236      | 86%          | 73–97%          |
| Discuss informed consent with at least one parent on case   | 236      | 92%          | 89–94%          |

**Data Sources:** Parent Mentor Casebooks (see Methods Appendix H for more information).

**Notes.** *n* = number of cases for which data were available. If more than one parent on the case had accepted PM services, the maximum average was used for the case. Average monthly hours were collected starting in February 2016; all other data were collected starting July 2017 (Year 3). “Regularly” defined as occurring  $\geq 50\%$  of months reported.

Of the 306 cases with at least one parent that accepted the parent mentoring service, 293 received service navigation (96%). Below are the top seven types of service navigation activities focused on parents and children.

| Top Seven Parent Mentor Service Navigation Activities   |  |
|---|--|
| <p><b>Parent Focused</b></p> <ul style="list-style-type: none"> <li>•Child welfare meetings</li> <li>•Child welfare-related court</li> <li>•Transportation</li> <li>•Finding permanent housing</li> <li>•Basic needs</li> <li>•A&amp;D/recovery services &amp; supports</li> <li>•Visitation</li> </ul> | <p><b>Child Focused</b></p> <ul style="list-style-type: none"> <li>•Transportation</li> <li>•Basic needs</li> <li>•Child welfare meetings</li> <li>•Child welfare-related court</li> <li>•Family therapy</li> <li>•Finding permanent housing</li> <li>•Education/medical/visitation</li> </ul> |

**Evaluation Team Perspective: Meeting Observations**

During observations of LIFE Meetings observed when a PM was present (*n*=20) (see Methods Appendix N and Tools Appendix V for details about LIFE Meeting Facilitation Observation Tool), the two most

common PM practices observed were asking questions/requesting information to help parents have clarity (50%,  $n=10$ ), and attending to the parent’s emotional state during the meeting to provide support and coaching (40%,  $n=8$ ). Other practices observed in at least five of the meetings (25%) were bringing attention to the parent’s strengths, supporting the parent in speaking for themselves or speaking for the parent, and offering insight into the parent’s experience for the rest of the team. In two meetings (10%), PMs were observed advocating for the parent’s/family’s cultural perspective. These observations illustrate ways in which PMs practiced all four LIFE values during LIFE Meetings.

## Collaboration

### LIFE Staff-reported Practice

Collaboration is at the heart of the LIFE model. Core elements related to collaboration, focused primarily on FEFs and PMs, were established in July 2017. Six indicators of collaboration, based on Meeting Preparation Checklist data, are presented in Table 14 (see Methods Appendix J and Tools Appendix II for more information). “Consistent” was defined as occurring for at least 50% of the Meeting Preparation Checklists submitted for a case.

Pre-LIFE Meeting collaboration was most consistent between the FEF and caseworker, but PMs were less often included. FEFs did not consistently have pre-meetings with PMs and caseworkers at the same time (often due to scheduling difficulties), although this happened more than once for 62% of cases. OSM-related issues were consistently discussed as part of preparation for half of the cases. Negotiating roles, tasks, and information sharing was less consistent, occurring for only one-third of cases. Branches were quite different in terms of how often these discussions took place before LIFE Meetings – in some branches only once and in others before almost every meeting. Meeting participants were consistently notified of the agenda and meeting logistics in advance for two-thirds of cases.

**Table 14. Collaboration Core Elements: July 2017 - September 2019**

| Indicators<br>(occurred for at least 50% of meetings)   | % of Cases<br>( $n$ ) | Branch<br>Range |
|---|-----------------------|-----------------|
| Pre-LIFE Meeting: FEF-caseworker 2-way communication  | 98% (276)             | 94-100%         |
| Pre-LIFE Meeting: FEF-PM 2-way communication  | 58% (220)             | 35-81%          |
| Pre-LIFE Meeting: FEF-PM-caseworker communication at the same time  | 9% (220)              | 0-19%           |
| FEF discusses with caseworker roles, division of tasks, information sharing, how to communicate with family       | 32% (276)             | 3-97%           |
| FEF reviews with caseworker safety concerns and conditions for return   | 51% (276)             | 12-87%          |
| All meeting participants notified of full agenda, date, location, time, and expected length of meeting in advance | 69% (276)             | 3-96%           |

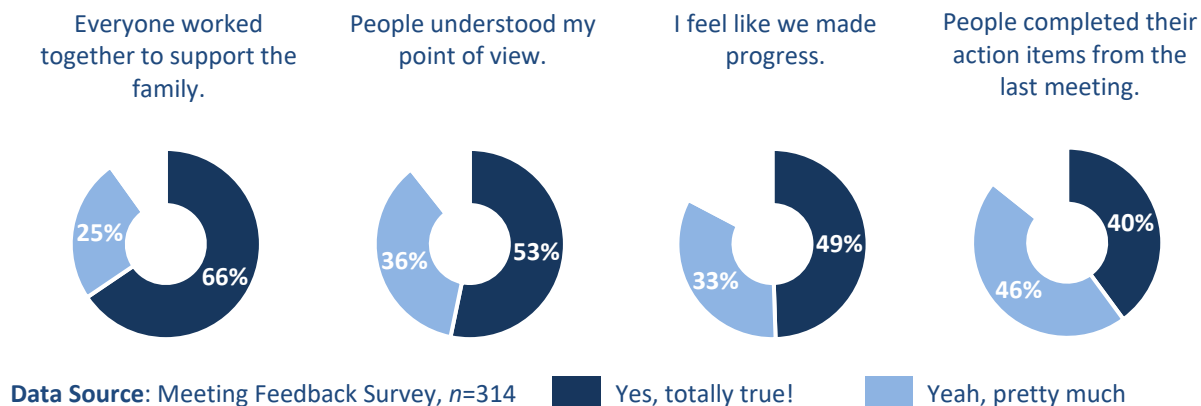
**Data Source:** Meeting Preparation Checklist (see Methods Appendix J and Tools Appendix II for more information).



## Family/Support Person Perspective

The Evaluation Team assessed collaboration from the meeting participants' perspective (parents/caregivers, youth, family/kin, support people). Meeting Feedback Survey responses suggest that participants agreed or strongly agreed (>83%) that their LIFE Team worked together, made progress, and understood their point of view (see Figure 9) (see Methods Appendix K and Tools Appendix III for details).

**Figure 9. Meeting Participants' Perception of Collaboration**



Comments from the survey suggest that many participants experienced collaboration, and saw how it moved a case forward.

*"It's absolutely wonderful to have a meeting to get everyone on the same page. Without this meeting each person has one piece of the puzzle but is most likely missing other pieces. You can be focused on solving one problem and not realize that it may not be the most important overall issue."*

*"Great way for all team members to contribute and have a common understanding to identify, plan, and complete needed actions."*

A smaller proportion of meeting participants (<17% disagreed or strongly disagreed) did not experience collaboration, or pointed out challenges with completing action items. Holding meetings and sharing information was not enough for participants to feel that collaboration was making a difference.

*"It's nice to get updates but I don't know if the meetings are really helping the parent. Every meeting seems to cover the same topics but not much has changed."*

*"DHS not completing tasks to support action items to be completed in a timely manner."*

Most family and support people who attended meetings experienced a sense of collaboration; however, collaboration became more challenging with large caseloads, large family groups, staff turnover, and scheduling conflicts. As well, structured collaboration may not have been necessary for every meeting as cases progressed. The large differences in branch collaboration practice reflected variations in FEF practice, relationships with caseworkers, and/or variations in branch culture.

## Foster Parent Perspective

According to interviews with foster parents, LIFE meetings supported foster parents as valued members of the team and helped improve communication (see Methods Appendix B for details).

**Valued Members of the Team.** LIFE services had an impact on foster parents' experiences of being part of the LIFE Team where they felt recognized and appreciated. At LIFE Meetings, foster parents gave input and received advice and support. As one foster parent stated:

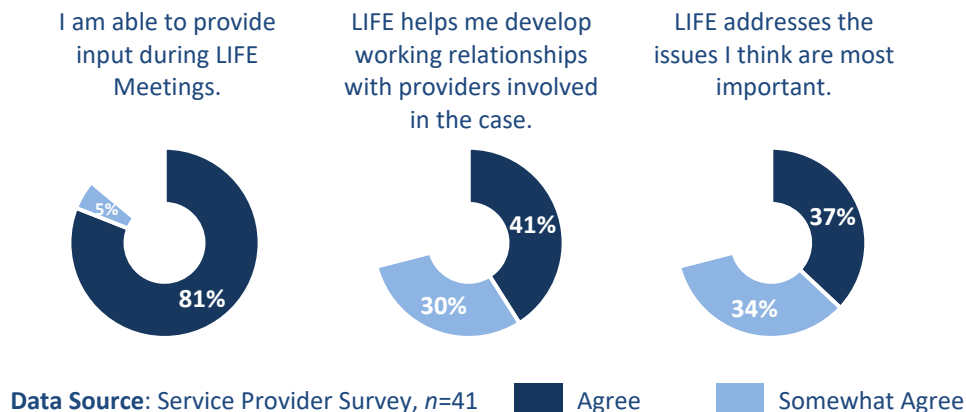
*"We feel more included and more supported and that makes for a better experience as a foster parent... It is hard day in and day out, so any time you have a chance to be heard, that makes you feel supported."*

Regular LIFE Meetings enabled better relationships with team members, as many foster parents described feeling like everyone was working in the best interest of the children. As illustrated in the quote below, foster parents also said that LIFE Meetings supported the development of positive relationships with the parents, which could be difficult to build otherwise.

*"I think being in LIFE meetings with her as the biological mother did allow for her to see, as time went on, that we really were trying to do right by her son. We were trying honestly to advocate for his best intentions and to care for him well. I think that provided, if nothing else, regular visibility for us as a family and her as a family, seeing each other."*

Responses from foster parents who completed a Service Provider Survey (see Methods Appendix C for details) largely support these findings (see Figure 10).

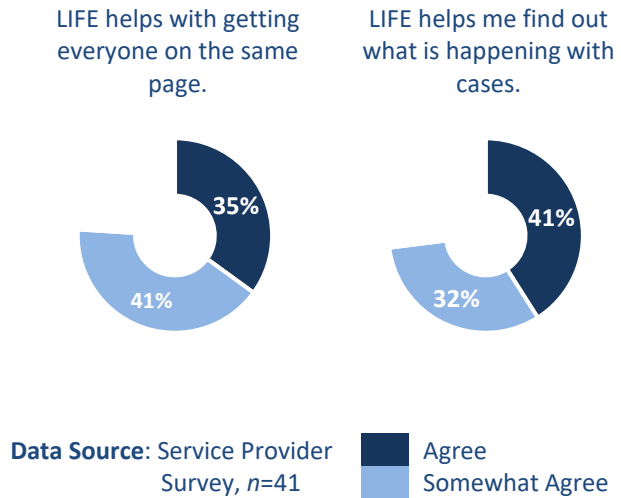
**Figure 10. Part of the LIFE Team: Foster Parent Perspective**



**Communication.** During interviews, foster parents expressed that LIFE Meetings were an opportunity for timely communication and coordination that they otherwise would not have received. Many foster parents compared their experiences with LIFE and non-LIFE cases, noting that the latter often generated feelings of being on their own or without information and guidance. This was particularly salient for newer foster parents, who appreciated the advice and connection they received from their LIFE Teams. Foster parents also observed that LIFE Meetings helped reduce “lying” and “triangulation” by having everyone on the same page and aware that any discrepancies would be addressed during LIFE Meetings.

*"[LIFE] is the only way we can find out what is going on with the case so we can mentally prepare for what's going on."*

**Figure 11. Information Sharing: Foster Parent Perspective**



Findings from the Service Provider Survey support the themes that emerged from interviews. As shown in Figure 11, three-quarters of foster parents at least somewhat agreed that LIFE services facilitated information sharing.

*"An opportunity to address all people involved about your concerns and observations of the youth."*

*"Getting to know what is always going on with the case."*

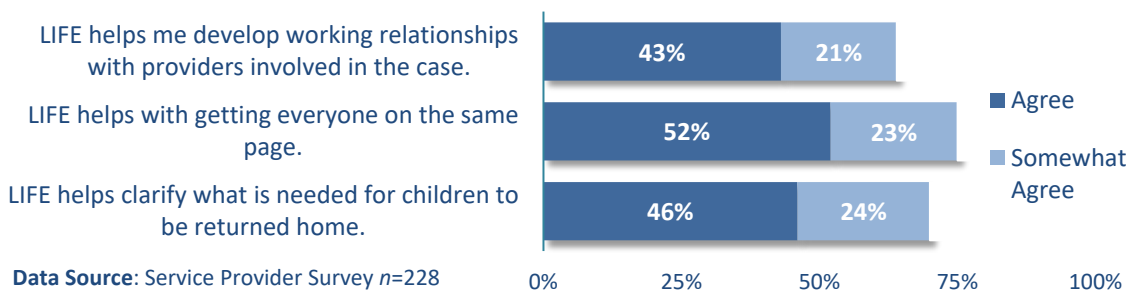
*"Being able to clear up any miscommunications with the whole group involved."*

While foster parents expressed appreciation for being included in the team and the beneficial communication, some also highlighted that the time and energy required of them (e.g., arranging child care, lengthy travel) to attend meetings every month sometimes felt arduous. Some foster parents questioned if meeting every month was necessary or fruitful if nothing new would be discussed or if the team (including DHS) had not progressed since the prior meeting.

**Caseworker & Service Provider Perspective**

Additional evidence of collaboration comes from the Service Provider Survey (see Methods Appendix C for details). Findings presented in Figure 12 suggest that at least two-thirds of caseworkers and service providers agreed or somewhat agreed that LIFE services helped to develop relationships between team members, get everyone on the same page, and clarify what was needed for children to return home. Caseworkers and service providers were given the opportunity to write in what they thought was best and worst about LIFE services. Consistent with findings presented in Figure 12, the most commonly mentioned best thing about LIFE services was collaboration.

**Figure 12. Team Collaboration: Caseworker & Service Provider Perspective**



*"It brings many participants to one table, at one time, and really helps synchronize the efforts on the family's behalf."*

*"Monthly team meetings, peer mentors, building natural supports (extend families, schools), getting kids home with a solid safety plan, accessing resources for the family which team members work together to obtain/advocate for the family, getting schools and mental health counselors to improve communication, keeping legal parties, including CASAs and attorneys updated on the family and helping them advocate for the family in a non-confrontational (not in court) environment."*

*"It was a great opportunity to get updates from providers, get everyone on the same page, and have a clear list of goals of things to work on for the next meeting."*

Although to a lesser extent, it is noteworthy that some caseworkers and service providers gave examples of challenges with collaboration and team development.

*"It is easy to miss out on information when schedules change, or when agencies do not show up. At times certain agencies are not needed for certain meetings, and it can be non-informative and frustrating. At times the youth that are represented can be under-represented by an agency if the worker is not highly involved in the youth's case, or has been recently assigned to the case."*

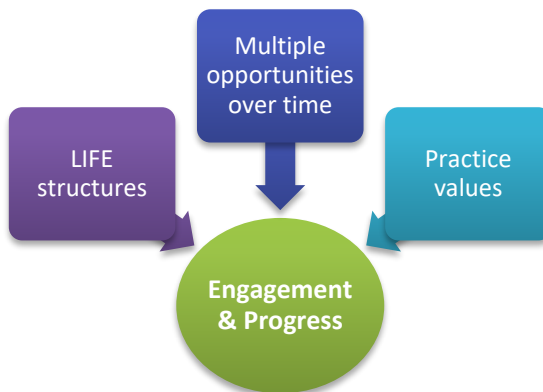
*"We have been told that we can't say anything negative. Caseworkers are not treated respectfully...It has been more difficult to form a positive relationship with the clients."*

*"Some people have larger voices than others in the meetings. I wish foster parents and related service providers had more air-time in the meetings so biological parents could get a clear picture of what is happening in their child's life."*

## P5: How do LIFE components work? How do they work together?

LIFE components and underlying practice values worked together to create a supportive, motivationally rich context that not only promoted parent engagement, but also LIFE Team engagement in support of families. Of central importance were multiple meetings, which gave LIFE Teams many opportunities over time to develop a sense of cohesion, shared purpose, and efficacy. The practice values, especially cultural responsiveness and youth-guided, both enabled and complicated this work as they came in conflict with each other and with constraints of the child welfare system.

In this section, we describe how key features of LIFE services worked together to create contexts in which many parents, along with their LIFE Teams, were **more likely** to feel engaged, supported, and that



**Figure 13. Key Features of LIFE Services**

progress was being made. We highlight a number of short- and medium-term outcomes named in the LIFE logic model engendered by structural features of LIFE services and the practice values. Multiple meetings over time allowed for team formation, thereby creating supportive contexts, efficiencies, and opportunities for re-engagement after setbacks. The LIFE values guided how LIFE Teams worked together, and posed a number of challenges in a system that does not necessarily embrace the same values.

### How LIFE Meetings “Work”

Interviews with birth parents (see Methods Appendix O for details) provided a great deal of information about the features of LIFE services that facilitated positive impacts. Parents identified a variety of ways in which LIFE Meetings were instrumental to their ability to make progress on the issues that brought them to the attention of child welfare. Key themes that emerged related to connection, information sharing and clarity, and parent voice were consistent with many of the short- and medium-term outcomes named in the LIFE logic model.

#### Parent Voice

Parents appreciated when meetings provided an opportunity to have a say in decisions about various aspects of the case, and FEFs and PMs helped amplify parents’ voice.

*“We go to those meetings to discuss the decisions that are going to be made and we all have our own input. Sometimes I may not be happy with the final decision... but all in all, I’ve always had a say in it and I’ve always been heard.”*

LIFE Meetings can be a forum for working through disagreements between parents and members of the team. For example, a FEF helped craft a compromise by offering alternatives and helping to find a solution acceptable to both the parent and the caseworker. One parent said of her meetings, *“If we had any discrepancies that was a good time to address them.”* Another parent reported that her caseworker explained to her, *“If something comes up that I don’t really like (the decision that is being made), I can bring it to the group to be discussed and see if there are other options.”*

### **Feedback and Information**

Parents also benefited from the chance to regularly receive feedback and advice, as described by a father who said that when he faced a challenge he would *“bring it to the table and you have these people that are trying to help you and give you ideas of how to resolve it.”* Other parents appreciated being able to hear from a team of people. A few parents described brainstorming and *“bouncing ideas off of everybody”* – as one father noted you *“can’t do that on the phone.”*

Another crucial feature of the meetings was getting pointers and advice about navigating the system. One parent stated *“It is not the requirements...that makes it hard. It is knowing where to start.”* To-do lists or action items for all participants were generated at most meetings and parents found these quite helpful. For many parents, the clarity regarding the agency and the court’s expectations was a primary benefit of the meetings.

### **Encouragement and Support**

Meetings provided encouragement and helped parents feel *“more supported and not so horrible.”* Parents talked about the positive tone of the meetings. Parents also appreciated having a team behind them; many felt like providers and caseworkers were at the meetings to offer assistance and support rather than to criticize. A parent shared, *“It wasn’t just, ‘Oh, this is all on you.’ It was, ‘How can we get to these goals together.’”*

Most parents reported that they were able to be open with the team about barriers or problems. A father caring for three children with disabilities relied heavily on his team: *“Just anything that comes up with my kids, instead of holding back and not telling anybody, I go to them, ask them for help or their opinion of what I should do.”* Others described being able to be honest about what they could take on.

Opportunities for face-to-face communication over time helped forge closer relationships between parents, their caseworkers and providers. A father said of his meetings, *“I feel more caring going on, and I feel like (team members) realize certain things that they didn’t in the beginning.”* Other parents explained how conversations at meetings allowed them to make personal connections. For example, a parent said of her caseworker, *“You do have a kid. Oh, okay. It is a big deal. Oh, you have a pet. These are things that people can relate to.”*

### **Communication and Coordination**

The quality of the relationships had an impact on what parents were willing to share during meetings. A parent described that she *“felt open and not feeling like I had to wear armor coming into a room, or being ready for judgment every time.”* Another mother described how the practice of regularly being asked, *Is there anything you need help with? Do we need to change anything?* – and the supportive atmosphere made it possible for her to ask for help.

*"If we didn't have that, no one would really know. I could be completely overwhelmed and not want to say anything, because I wouldn't want anybody to think I couldn't handle it."*

A key benefit of meetings for many parents was being able to communicate with their caseworker given how difficult it was to get ahold of them otherwise. One mother referred to the "peace of mind" she got from regular contact with her caseworker at meetings. Not having to play phone tag with other key people on the team was another advantage.

Parents also believed that communication among the team was much more efficient than what was likely to happen without the monthly meetings, and some said that because of this, cases made faster progress. Team members received information on a timely basis; as one parent commented, "I think it really helps to move things along because everybody was on the same page." Sometimes meetings were able to spur a swift response from team members. A mother was convinced that being able to talk directly to her team helped her get into treatment when she needed.

*(Without the meeting) "I wouldn't have had that chance to say, 'Hey, I want to go to the mom's program.' Everyone in the room was, 'Alright, we are on it', and I was in there four days later."*

Meetings also saved time by reducing the need for phone calls and emails. One mother commented, "[Meetings] definitely get the word out to everybody at once... Without that, I can't imagine how they did things before." Team meetings also assisted with service coordination and planning more generally, or as a parent put it, "[They] helped everybody be more in sync with each other." A parent who routinely had upwards of 8 people at her meetings described, "It was everybody in one room talking, meetings where everybody knew what the other people were doing."

### **Caseworker and Provider Accountability**

Finally, meetings provided a forum for holding caseworkers and providers accountable. Agency requirements for expanding visits, returning children, etc. were regularly reviewed at meetings, and if parents met the criteria, meetings were a place where they and their advocates could push the agency to respond in a timely way. A mother shared the story of a key meeting:

*"It seemed like we were going in circles. Nothing was getting accomplished, and I was doing everything that I was supposed to be doing, but I wasn't getting anywhere. So, inviting the DA to the meeting I felt was really, really helpful because I felt like it kind of held her accountable... 'You are saying you want these things from me. I'm here. Tell me what you want so we can move forward.' I felt really good after that meeting."*

Meetings also encouraged caseworkers and providers to follow through on their efforts related to the case, because, as a mother explained, "If they needed to take care of something, they each had an action item." Some parents believed that "having that designated time, where they are going to be held accountable" made a difference in their caseworker's behavior. A father agreed, saying,

*"[Providers] that might not have done the things that they do, that they are doing now, partly it is because they know there is this meeting going on, and they are not the head of. It makes for a different flavor Kool-Aid."*

## Monthly or ‘Multiple’ Meetings

Much of the research and practice literature on family meetings concerns one-time meetings or meetings that happen in concert with particular case events. In contrast, monthly meetings are a central component of the LIFE model, and evidence suggests they are crucial to the ability of LIFE to have a positive impact on short-, medium-, and long-term outcomes. It is important to note that meetings have to be high quality, as described in the box to the right.

The findings below are from the Realist Evaluation, which included cases that had at least four LIFE Meetings, and to focus the inquiry, cases with birth parent involvement and reunification as the permanency plan at the time the LIFE case was determined eligible (see Methods Appendix P for details including a list of all data sources used).

### Why MULTIPLE meetings?

A single meeting or even a handful is unlikely to have the positive impact on a child welfare case that a series of meetings -- happening approximately monthly, until permanency is achieved – can have. This is because many of the dynamics that are so impactful emerge over time. The following features of strong LIFE Teams were common after a stable group had met five or more times:

- **Familiarity.** Team members shared information and engaged in conversation which allowed them to ‘get to know each other’ and develop an understanding and appreciation of each other’s roles, responsibilities, limitations, talents and personalities.
- **Connection.** The team worked together, celebrated successes and confronted challenges, and these shared experiences helped to build a sense of connection to the team.
- **Norms.** Group norms emerged within the context of on-going team work – reflecting the LIFE values became ‘the way the work is done’.
- **Trust.** Shared effort and repeated exposure in the context of (emerging) relationships fostered the development of trust.
- **Communication.** Information was shared with parents (and other members of the team) multiple times and in different ways, with many opportunities for questions, and team members became more adept at accommodating different communication styles. In addition, teams received information about barriers and challenges as well as successes within a few weeks rather than months and could respond accordingly.

#### Grounded in LIFE values

- Strengths-based
- Trauma-informed
- Parent-directed, youth-guided
- Culturally responsive

#### Structures

- Monthly meetings until permanency is achieved
- Support staff coordinates & takes notes
- Agenda structures the meeting

#### Team

- Facilitator non-case carrying child welfare staff
- Parents, youth, kith and kin, support people, attorneys, key service providers invited & encouraged to participate
- Membership mostly stable
- Preparation occurs before each meeting for parents; lighter preparation for others

**Figure 14. Features of High-Quality LIFE Meetings**



The benefits of multiple meetings for parents included the following:

**Having a say in decision-making and planning.** Many parents reported that they felt heard by their team and had a voice in decision-making although it often took some time for parents to trust that caseworkers actually listened to their input and requests. When meetings happened monthly, parents were able to have a say in a variety of topics, such as placement changes or services for their children, as issues emerged over the course of the case. On occasion, meetings served as a forum for working through disagreements that arose between parents and members of the team.

*“If there is something I am trying to get my caseworker to understand... (the facilitator) will stay on point until we come to an understanding. I love that.”*

**Transparent child welfare decision-making.** Parents and their supports appreciated that they were able to ask questions and request clarification during meetings, which meant they were more likely to understand why decisions were made as the case evolved. The fact that information was shared more than once helped ensure that the team become familiar with child welfare’s requirements; team members could encourage or push the child welfare agency to respond when parents made progress.

**Timely information, problem-solving, and advice.** Meetings were described by many parents as a place where they came to feel comfortable asking questions and seeking input and advice. In addition, monthly meetings allowed barriers to surface and problems got resolved in a timely fashion. A few parents commented on the advantage of getting information from a variety of sources, “[it is] *better to hear from a team of people rather than just my caseworker.*”

**Encouragement and emotional support.** Over time and as more providers attended meetings, many parents came to feel like they had a ‘team’ of supporters cheering them on. Highlighting parents’ progress and celebrating even small successes helped build parents’ confidence. One parent described that meetings *“Helps me realize that wow, I really am doing this. I’m actually doing the things that I set out to do. I haven’t done that in a long time.”*

**Better communication, coordination and follow through.** Regular meetings helped ensure that everyone was on the same page which was very useful to parents. They also felt like action items helped team members stay organized and on track, and encouraged follow through by their caseworkers as well as other providers.

**Re-engaging is easier and more likely.** Meetings frequently were on-going even when parents did not make progress or disengaged from working with child welfare for a while. For some parents, meetings served as a familiar and relatively comfortable space for them to re-engage, which may have made that more likely. In addition, parents who wanted to reconnect had multiple team members to choose from – FEFs, caseworkers and other team members worked together to facilitate re-engagement.

### **Impact of Teamwork: More Heads, Hearts, and Hands**

One of LIFE’s core components is team collaboration. In the previous section, we described how multiple high-quality meetings can create conditions for the emergence of team properties that shape and facilitate future interactions. We also know that perceptions of collaboration were generally positive across a variety of LIFE Team members (LIFE staff, foster parents, family/support people, caseworkers, and service providers), as discussed in **P4. Integrity of Implementation.**

## Benefits of Collaboration

Findings from the Realist Evaluation went on to identify the benefits of collaboration and teamwork (see Methods Appendix P for details and a list of data sources used).

**Better support.** Having a team of people means there are more hands, more time, and more resources available. When a team of people came together, they coordinated services, reducing the duplication of efforts and supporting families in a way that felt less overwhelming. Members served as back-ups and filled in for each other, decreasing the likelihood of disruptions in services. One caseworker said that she believed turnover would be reduced if all caseworkers received the type of support she got from her LIFE Teams.

**Better information.** Team members represented a variety of roles, bringing different types of expertise and knowledge of resources, which increased the likelihood of finding appropriate services and other supports. In addition, team members frequently had different relationships with and perspectives on the family which resulted in a richer understanding and more insights regarding the issues being addressed. A caseworker described how this impacted her decision-making:

*“So many wonderful people who continued to be at that table that I totally felt safe to do increased visitation and do unsupervised visitation and to return home. We literally had everybody at that table who was touching that case...I felt like crying at our last meeting when we decided to go with reunification. It wasn’t all on me...I did my diligence as a caseworker but I had so much more information to know that it was a safe plan.”*

**Teams generate creative ideas and solutions.** Teams were able to draw on better information about available resources, and multiple perspectives of both the family and the system; combined with a willingness to support each other, they were able to ‘think outside-the-box’ to meet families’ needs. LIFE Teams promoted a type of brainstorming and problem solving that was often crucial to a families’ success, as outlined in the following notes from a meeting observation:

*Problem solving between school behavior specialist, Mom, Great-Grandma, teacher, child’s therapist, caseworker, FEF. Youth doesn’t want to continue going to school but only 3 weeks left- don’t want to punish him by forcing him to go when he is being good and describing his feelings and using his words to say he doesn’t want to go. Creative suggestions about what to do—maybe cut out the after-school tutoring instead and add an extra hour on to end of school day (youth normally leaves early). Questions about what the extra hour would include, teacher described and Mom shared some of the things the youth likes. Questions from FEF and caseworker brought up new questions that needed to be dealt with. Great communication between youth’s therapist and school behavior specialist.*

A caseworker also described how helpful it was to brainstorm as a team:

*“Trying to figure out visits, [youth] was moving into Dad’s home—out of a family placement, and I think having all of our heads together to brainstorm what will make this child feel safe and comfortable with going home was really helpful.”*

**Shared knowledge.** Over time, members of the team gathered a great deal of information about the case. This knowledge is shared among the members so in the case of turnover, the rest of the team was

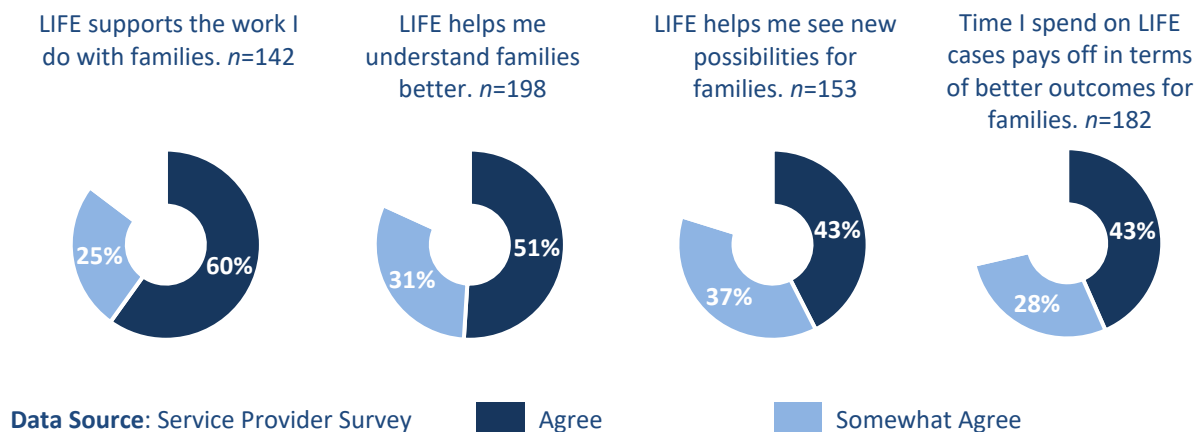
able to get a new worker or provider up-to-speed quickly reducing the likelihood that cases were put on hold or progress was otherwise delayed.

**Relationships and positive spirals.** Caseworkers reported having more robust and positive relationships with parents and/or other members of the team as a result of monthly meetings. As teams made progress, caseworkers felt more energized about the case and tended to give it more attention and positive support.

**Action items and accountability.** Meetings frequently included documentation of action items for caseworkers and providers as well as parents and their supports; these were reviewed at subsequent meetings. Caseworkers and other providers reported that this encouraged timely follow through even in the face of heavy workloads.

Service Provider Survey responses were consistent with the Realist Evaluation findings above, suggesting that team engagement, or motivated feelings related to seeing the relevance and benefit of involvement, was common among caseworkers and service providers (see One of LIFE’s core components is team collaboration. In the previous section, we described how multiple high-quality meetings can create conditions for the emergence of team properties that shape and facilitate future interactions. We also know that perceptions of collaboration were generally positive across a variety of LIFE Team members (LIFE staff, foster parents, family/support people, caseworkers, and service providers), as discussed in **P4. Integrity of Implementation.** ) (see Methods Appendix C for details). These feelings reflect the notion of team engagement. As one service provider put it, *“It gets everyone talking to one another, every month, with so much more progress being made than the regular DHS model.”*

**Figure 15. Team Engagement: Caseworker & Service Provider Perspective**



**How the LIFE Model Encouraged Team Formation**

*“It felt like a team.”* Versions of this statement were shared during interviews by nearly every type of attendee at a LIFE Meeting—parents, youth, caseworkers, attorneys, providers for the parents, and providers for the youth. Building on Hackman’s (2004) model, findings suggest the LIFE model is uniquely designed to facilitate the formation of a team.

**Enabling structures.** LIFE Meetings brought people together. Additionally, LIFE provided a space for gathering; a LIFE Coordinator to schedule meetings and send invitations and reminders; a focus on preparation so people were able to participate in a meaningful way; and documentation so everyone knew what decisions were made, why they were made, and the actions expected before the next meeting. As a parent shared:

*“Each of us had an itinerary and [to-do lists] ... it got handed out at the end of the meeting. We had them done for the next meeting or what we are working on. It just was a lot healthier. It was better for the kids and us.”*

**Shared identity.** “Teams must be real” (Hackman, 2004). Ground rules were co-created early in the process which helped establish a shared identity. Responsibilities were shared and team members worked together to reach goals. As previously mentioned, meetings occurred on a regular basis, providing repeated opportunities for participants to connect, build relationships and understanding, and share successes and challenges. As described by a parent:

*“As soon as we started having LIFE meetings, everything just seemed to go so much smoother... The whole group sat down and created ground rules. After you create those ground rules, as somebody starts breaking them, then they stop.”*

**Clear direction & purpose.** The pre-determined agenda and focus on the Oregon Safety Model provided a clear direction as goals were discussed and updated, directed by the family with input from the team. In addition, the commitment to supporting families through values-based practice provided a purpose and generated a passion for the work.

**A leader.** The FEFs led the teams, serving as a primary resource for questions and connections. They ensured that meetings were productive discussions and focused on planning and problem solving. They also helped ensure the ground rules were followed and values were practiced. A parent described this leadership quality of their FEF:

*“...there were different people running each of the [Family Decision Meetings], but the LIFE [FEF] was the head of each one of [the LIFE meetings]. She just did a really good job, how she set it up from the first meetings. There were rules from the first meeting, we reviewed everything.”*

**Supportive organization.** The Waiver Program Manager, LIFE Consultants for each district, and some DHS Branch Managers did outreach within and outside of the agency to share information and generate enthusiasm for LIFE. Importantly, LIFE Consultants spent time encouraging resistant community partners and child welfare staff to engage with the program in a constructive way. LIFE Consultants also provided training, case-specific consultation, and coaching to LIFE staff and PMs.

## **Values-based Practice**

Over the course of the LIFE demonstration project, LIFE staff started to consider practicing the values to be the most important part of their work with families – less about what they did and more about how they did it. Not only were the values important when working with families, but also LIFE staff noticed how modeling for and practicing the values with other LIFE Team members, co-workers, and colleagues helped build a sense of cohesion and teamwork, as mentioned above.

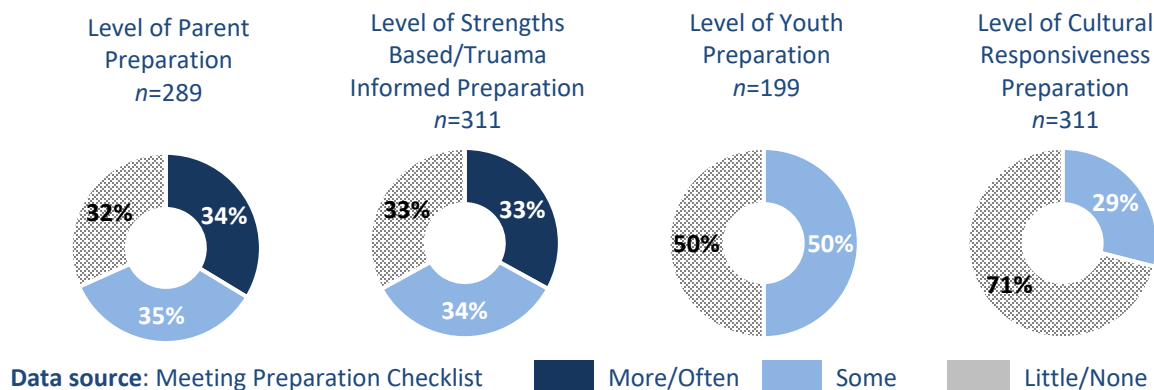
There were successes and challenges in practicing LIFE values over the course of meeting preparation and facilitation, as reported in **P4. Integrity of Implementation**. We will reiterate some of those findings in this section to underscore the importance of values-based practice, along with data collected from the Service Provider Survey and the Families of Color Sub-study.

It is important to mention that LIFE staff did not have clear definitions and practice guidelines for the values at the start of the demonstration project – they largely created the definitions and practices as they went along (and were documented by the Evaluation Team). Moreover, values can be in tension with one another, making it difficult (or perhaps inappropriate) to practice all of them simultaneously. For example, the parent-directed and youth-guided values might conflict for a case in which parents and youth disagreed about a certain decision.

### LIFE Staff-reported Practice: Meeting Preparation

Using items from the Meeting Preparation Checklist, we calculated composite measures of meeting preparation items related to specific groups and LIFE values (e.g., parents, youth, cultural responsiveness) and divided them categorically into thirds, such that preparation “level” could be shown as low (little/none), medium (some), or high (more/often) (see Methods Appendix J and Tools Appendix II for details).<sup>5</sup> As shown in Figure 16, LIFE staff more consistently practiced the parent-directed and strengths-based/trauma-informed values, and appeared to struggle more with operationalizing and practicing the youth-guided and cultural responsiveness values as part of meeting preparation.

**Figure 16. LIFE Values in Meeting Preparation: LIFE Staff-reported Practice**



### Evaluation Team Perspective: LIFE Meeting Facilitation

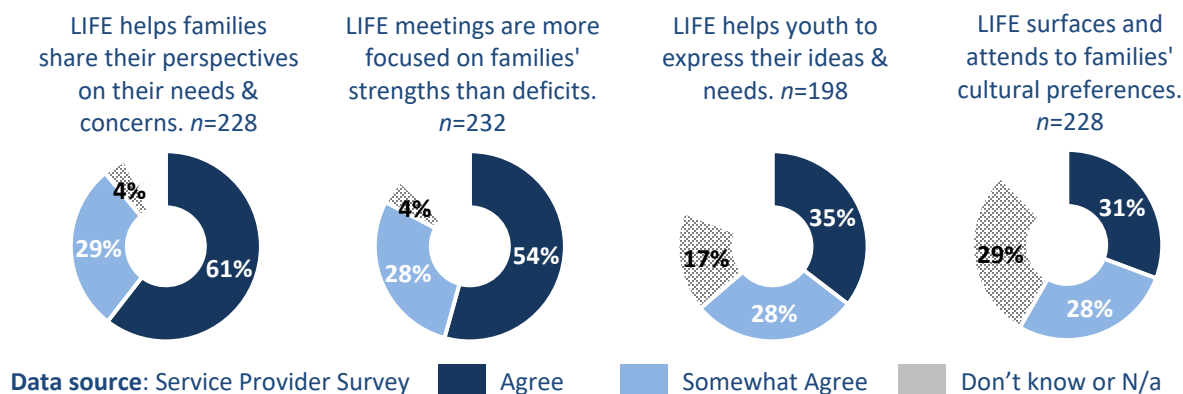
Based on LIFE Meeting observations (see Methods Appendix N and Tools Appendix V for details), less frequent meeting facilitation practices (less than 50% of meetings) centered around culturally responsive practices (e.g., modeling flexibility and openness toward differences in cultural norms, identity, language, values, understanding; incorporating family preferences, environment, artifacts, etc. during LIFE Meetings), as well as trauma-informed and strengths-based practices (e.g., flexibility about meeting logistics/location based on family’s needs, identifying functional strengths and link to case planning process).

<sup>5</sup> A description of how the composite scores were calculated can be found in **P4. Integrity of Implementation – Meeting Preparation**.

## Caseworker and Service Provider Perspective: LIFE Values

Findings from the Service Provider Survey (see Methods Appendix C for details) offer insight into caseworker and service provider experiences of LIFE values: strengths-based, parent-directed, youth-guided, trauma informed, and culturally responsive (see Figure 17).

**Figure 17. LIFE Values: Caseworker & Service Provider Perspective**



**Parent-directed.** As shown in Figure 17, 90% of caseworkers and service providers at least somewhat agreed that LIFE helped families share their perspectives. One of the most common “best things about LIFE” was that parents and families were centered, and space was intentionally made for them to voice their concerns, preferences, and needs. In contrast, some caseworkers and service providers thought that meetings focused too much on the parents and not enough on youth or making progress.

*“The meetings I attended began with a bio parent/child focus instead of a DHS worker agenda. You could get a clear picture of what the parents wanted to address at the meeting, what their needs are and as though it was actually their meeting.”*

*“A chance to speak to caseworker face to face and to give bio parents an update and clear any misunderstandings up. I really like the clear rules of respectful talking...”*

*“Sometimes it feels like the needs of the parents (drug counseling, mentors, housing etc) are placed above the needs of the neglected, abused children.”*

**Strengths-based.** Many caseworkers and service providers recognized the importance of being strengths-based, especially with regard to parent engagement (illustrated in Figure 17), with 82% of respondents at least somewhat agreeing). On the other hand, some caseworkers and service providers thought that the focus on strengths, or the way in which the strengths-based value was being practiced, prevented having difficult conversations about their concerns for families.

*“In addition, I appreciate the strength-based perspective in working with families--even when it can be hard to see the strengths. It's refreshing and a needed perspective.”*

*“Although I am very appreciative of the level to which this program is strength based, I sometimes wonder if it is so heavily focused on this that the concerns are not adequately addressed.”*

*"[LIFE could be improved] by supporting the youth and family by actually identifying functional strengths that can help them feel more nurtured rather than shamed."*

**Youth-guided.** Efforts to center youth experience and voice at LIFE Meetings were described and appreciated by many caseworkers and service providers (Figure 17 shows 63% of survey respondents agreed or somewhat agreed). At times the youth-guided value was perceived as conflicting with being trauma-informed – respondents voiced concerns about the potential to harm children as an unintended consequence of their inclusion in meetings. In some cases, caseworkers and service providers did not recognize youth-guided efforts and asked for more youth representation and involvement. This may also be reflected by the smaller number of respondents answering the item about youth ( $n=198$ ) and 17% answered "Don't Know or Not Applicable."

*"[LIFE] works to be child-centered and to ensure comfort of child present including allowing for child to leave if not comfortable. Facilitator has worked to provide a platform where child can be heard, focusing adults' attention to positive areas to address."*

*"[Child] is highly encouraged to provide agenda and direct the movement of the meeting. Their challenges and/or successes are highlighted and are the main focus."*

*"Concerns over how the youth ability to handle some of the more intense conversation such as permanency hearings and guardianships. Also if more than one youth, hearing what others are doing or not doing can be upsetting for a youth in a BRS [residential] program."*

*"Children need representation in the LIFE meetings so that when decisions are being made regarding changes to the case plan, transition date or visitation no one is put in the position of having to step out of their role."*

**Trauma-informed.** Preparation, transparency, and fostering a sense of control and consistency are key aspects of trauma-informed practice that have been surfaced as salient aspects of LIFE services. Most caseworkers and providers did not mention trauma-informed practices; however, a small number pointed out ways in which the meetings they attended could have been more trauma-informed.

*"LIFE could work on goals...and support the clinical point of view for the youth such as not having the perpetrator at the meeting by being MORE trauma informed. Do not post number of days in care, and number of placements for family and youth to see. Making sure that youth are of age to be exposed to inappropriate conversations due to their age."*

### **A Focus on Cultural Responsiveness**

As reported previously, the culturally responsive value was perhaps the most challenging in terms of developing a common vision and set of operationalized practices and implementation. Although more than half of caseworkers and service providers at least somewhat agreed that LIFE Meetings surfaced and attended to families' cultural preferences (see Figure 17), only one respondent named something related to cultural responsiveness as the best thing about LIFE and another recognized the need for prioritizing cultural needs:

*"I also really appreciated that the meetings were held in Spanish because it was the client's native language and translated to English for the legal parties."*



*“Not strengths based, uncooperative, shaming of family, does not prioritize importance of cultural needs.”*

The National Association of Social Workers (NASW, 2013) standards for social work practice in child welfare advise that workers “ensure that families are provided services within the context of cultural understanding and competence,” (p.18). NASW’s indicators for cultural competence relate to cross-cultural knowledge (of history, traditions, values, family systems, etc. of various cultural groups), language and communication, and services (e.g., culturally appropriate or specific). These indicators were similar to those included the Meeting Preparation Checklist (see Methods Appendix J and Tools Appendix II for details). According to FEFs, there was relatively inconsistent culturally responsive meeting preparation (based on data from 311 cases). For example:

- Ever spent time learning about what was important to the family as it relates to CPM planning (e.g., culture, religion, language, traditions, preferences) for **59% of cases**;
- Ever identified, reviewed, or expanded understanding of how family’s cultural preferences relate to CPM planning for **44% of cases**; and
- Ever planned something unique for this meeting that will meet family’s preferences or cultural needs for **12% of cases**.

Findings suggest FEFs were comfortable building knowledge of what might be important to the family, but less sure about how to use the information (e.g., planning something to honor a family’s cultural preferences). When FEFs reported doing something unique to meet families’ preferences or cultural needs on the Meeting Preparation Checklist, the most commonly provided answers (in order of frequency) were celebrating holidays, food, opening meetings with religious/spiritual practices (e.g., prayer or smudging by Native American families), and interpretation services for non-English speaking families or professionals (when FEFs conducted meetings in Spanish). Interviews with LIFE staff provide additional evidence:

*“We had the meetings at the [relative’s] house, who is the foster mother. She would make food because that is what she did for family gatherings, she makes food...She has the kid’s family come to her house and she makes the meal and we do the meeting, and everybody eats together and it is amazing.”*

*“I think the culture piece with LIFE, the part that has been awesome is giving families the opportunity to make the meeting their own, really, especially opening meetings the way that they would want. Usually, in most of the meetings I’ve had, it has been a prayer.”*

*“I have heard people pray before meetings and stuff like that...One of the parents I worked with wanted to smudge before meetings...So, we would meet earlier, before the meetings, smudge and then go into the meeting. That is the most culturally responsive and accepted, or acceptable, whatever, [thing] that I have seen.”*

Spending time learning about family’s cultures, religions, traditions, and preferences, addressing their language needs, opening meetings with prayers or spiritual practices, holding meetings at non-DHS locations, and incorporating holiday celebrations communicates inclusion and respect for what is important to the family. Honoring and incorporating cultural practices can be deeply meaningful to families. However, NASW suggests cultural competence “requires heightened self-awareness, cultural



humility and the commitment to understanding and embracing culture as central to effective practice,” (NASW, 2015, p. 4-5). A celebrating diversity approach does less to encompass these deeper dimensions of cultural responsiveness. Findings from the FOC Sub-study expand on this idea (see Methods Appendix Q for details). As a PM described:

*“As far as Hispanic cultures are concerned, I think language is the biggest barrier, and that is not really a culture, that is more of a linguistic thing. I don't see culture being brought into those, only the language piece [interpreter], and maybe religion...But nothing like changing how the agency views certain cultures and how they raise their children and stuff like that. I haven't seen that in that specific culture community.”*

The understanding of cultural responsiveness varied by LIFE practitioner. Some LIFE staff expressed notions of self-examination or centering the family's culture:

*“Who do I have in front of me and how do I serve them best? I think when we are willing as professionals to really take a step back and ask ourselves that question, to kind of shift our practice--I think that in itself is really helping us serve those who are different from us...”*

*“...the one meeting where I facilitated in Spanish. Really what I wanted to do was not only make the family heard and comfortable and empower them, but also to kind of send the message to others that this is their family. They are at the forefront of this. So let's hear them speak and you will wait until it is interpreted to you. So it was really nice in that sense...we always cater to the professionals and we always cater to the dominant culture.”*

The LIFE model was developed with cultural responsiveness as a foundational value. As LIFE staff endeavored to define, operationalize, and practice that value, they were met with myriad challenges such as experiencing discomfort when talking to families about race and culture, centering cultural concerns during meetings when the focus is on moving forward, and managing meeting dynamics when colleagues believed parents' cultural concerns were being used as intentional distractions to avoid responsibility. It seems that the missing dimension of cultural responsiveness as originally conceptualized by the LIFE model, as suggested by NASW, is the practitioner's own self-awareness and understanding of culture as “central to effective practice.”

## Discussion of Process Evaluation Findings

Overall, the development of the LIFE model and its implementation was successful. Previous IV-E Waivers in Oregon struggled due to a lack of support for **implementation**, something that LIFE went some ways towards addressing. LIFE staff included a statewide Waiver Program Manager and three half-time LIFE Consultants assigned to the participating districts; the program also had visibility and support from DHS Central Office that had not been present during earlier Waiver demonstrations. All-day LIFE Quarterly trainings brought together LIFE staff from across the state and included formal training components and CQI activities, which promoted consistency and helped to refine the program. Turnover and delays in hiring replacement staff were significant problems in at least a couple of districts, and substantial variations in practice between the branches persisted throughout the project. The evaluation underscores the importance of attending to a range of implementation drivers (and potential barriers) throughout the system.

The predictive algorithm identified initially **eligible youth**, and DHS and LIFE staff determined which of those youth and their families would receive LIFE services. The official criterion was that youth would remain in foster care for at least 30 more days after their initial eligibility date. Over time, some cases were also determined ineligible if youth were having regular Wraparound meetings or in custody (Oregon Youth Authority), if the family was waitlisted due to LIFE staff turnover, or if the youth had a permanent placement by the time LIFE staff were able to do the eligibility determination. A number of cases opened for LIFE services but then closed after having one or no documented LIFE Meetings for various reasons (e.g., youth placed in residential care). In the end, 56% of initially eligible cases went on to have at least two LIFE Meetings (minimally served).

**Integrity of implementation** means that the LIFE model core components were being practiced according to each family's needs to the extent possible given local conditions and contexts. There is a great deal of evidence suggesting that on the whole, practice was consistent with the LIFE model. It is also evident that at times LIFE staff struggled to deliver services due to high workloads; staff turnover; insufficient training, supervision, and coaching opportunities; and when LIFE practices did not align with branch practice (e.g., enhanced family finding, working with a meeting facilitator). The evaluation design (which included both a developmental and formative phase) and the "integrity of implementation" approach facilitated the development of detailed, concrete models of practice that connected LIFE values to the needs, conditions, and circumstances of families in a meaningful way. Operationalizing the practices using a participatory was useful for training efforts, and enabled a certain degree of assessment, which highlighted some of the complexity associated with individualized and values-based practice.

**Values-based practice** was new to both program staff and the Evaluation Team, and as such presented a variety of challenges for LIFE staff to navigate, including the potential for them to be in conflict (e.g., parents and youth want different outcomes). Findings also surfaced some skepticism on the part of caseworkers and providers about values-based practice (e.g., using strengths-based language with parents who were not making progress). Cultural responsiveness and youth-guided were perhaps the least well-understood and operationalized values. These two values may have been most directly challenged by institutionalized racism and oppression that exists within the child welfare system, as detailed in **Nature of the Child Welfare System**, making them more difficult to practice.

Evaluation results suggest that the **LIFE components worked together** to facilitate engagement and support case progress in a variety of ways that are largely consistent with the LIFE logic model. However,

of key importance are two features that are not necessarily made explicit in the LIFE model but that emerged as crucial to its effectiveness:

First is the idea that case planning **meetings were ongoing and occurred relatively frequently**. The evaluation strongly suggests that many of the positive impacts of meetings would not result from one-off or a small number of even high-quality meetings. This is worth noting in part because the extensive literature on family team or family group meetings contains very little information related to the purpose or the value of holding multiple meetings. In this way, the results signal an important area for further research.

Second, the findings highlight the **importance of the team**, and provide guidance regarding its structure, formation and functioning. For example, meeting regularly fostered the development of relationships and built momentum for forward progress. Of particular interest is the notion that LIFE facilitated the engagement of caseworkers and other providers, and not merely (or primarily) parents and extended family as suggested by the LIFE logic model.

Findings also expand our understanding of the ways in which family meetings are useful to parents. Much of the literature on family meetings emphasizes the degree to which meetings facilitate parent and family voice and their involvement in decision-making about their case. As described above, while parents appreciated the opportunity to have a say, they identified other ways in which meetings were beneficial. These included the opportunity to receive feedback, information, encouragement and support, improved communication and coordination, and increased accountability for caseworkers and other providers. Together, these benefits functioned to promote engagement for parents, but also for the LIFE Team as a whole.

The findings also **echo the existing literature on family meetings** – for example, the importance of a skilled and non-case carrying facilitator. FEFs prepared participants for meetings by reaching out about logistics and topics for the agenda and ensured that team members understood what would be discussed and felt ready to address sensitive or challenging subjects. They kept meetings focused on forward progress and solutions and adhered to the agenda. They also ensured that parents and youth had the opportunity to speak, and helped the team navigate a variety of potentially difficult conversations that accompany child welfare system involvement.

Findings related to caseworkers' experiences with LIFE are also similar to the what other studies have reported. For example, **caseworkers appreciated the information and insight** provided by the team, especially related to the needs of the family and how to address them. In the main, they felt like meetings supported parent and youth voice and enabled families to have a role in decision-making. They also liked that LIFE staff took care of scheduling and preparing participants for meetings.

Finally, the process evaluation highlighted some of the ways in which the **program's impact went beyond the families** who were the direct recipients of LIFE services. For example, caseworkers received significant support related to the Oregon Safety Model, knowledge which they undoubtedly utilized in their work with non-LIFE cases. As noted above, FEFs modeled strengths-based, trauma-informed, parent-directed/youth-guided, and culturally-responsive practice for caseworkers and providers alike. Then, too, meetings provided foster parents as well as a range of community partners a much more detailed understanding of DHS decision-making including the constraints and challenges facing caseworkers. As described by foster parents, this improved the care they provide to foster youth and

had a positive impact on their experience with the agency more generally. These findings point to a more expansive view of the impact of the program than is captured by the foster care outcomes.

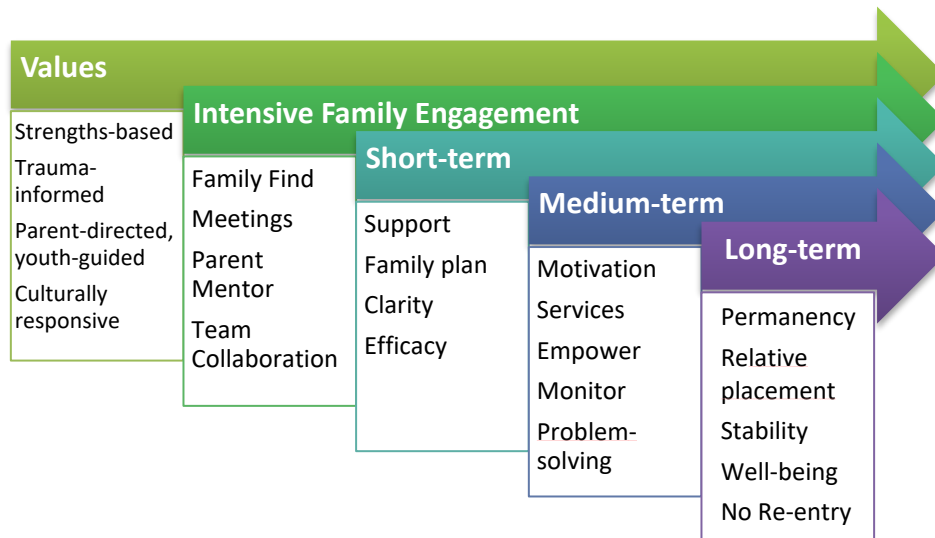
### **Limitations**

Certain data collection strategies likely did not capture the breadth of LIFE Team experiences (see Methods Appendices for limitations associated with each type of data collection method). The Evaluation Team was not able to contact parents and youth without their consent. Thus, FEFs and caseworkers were responsible for inviting parents and youth to give consent for the Evaluation Team to contact them. It is likely that differences in FEF and caseworker buy-in for the evaluation, workload, relationship with parents and youth, availability of parents and youth, and other factors influenced who we are able to contact, and who agreed to participate.

Fidelity forms were changed in July 2017 at the time of the LIFE Refresh. Findings could reflect undercounts of actual service. Timely data entry and missing forms could have introduced bias in the data to the extent that this is systematic (e.g., more missing data from certain FEFs or PMs). In general, branches (or FEFs) with higher caseloads or without LCs at any given time had more missing data. Although there was not strong evidence of systematic bias, results should be interpreted with this limitation in mind.

# OUTCOME EVALUATION

The purpose of the Outcome Evaluation was to assess the effectiveness of a program in producing change for families. Ultimately, the purpose of LIFE services was to reduce time youth spend in foster care, provide more stable placements, reduce re-removals, and improve child well-being. The Evaluation Team also examined a set of short-term, medium- and long-term outcomes included in the LIFE logic model (see **Theoretic Framework and Logic Model** and Figure 18).



**Figure 18. LIFE Logic Model in Brief**

The Evaluation Team designed a mixed-methods study of short- and longer-term outcomes. Phase 4 employed a triangulation mixed-methods design, with qualitative and quantitative data collected concurrently and used to confirm, validate, and explain each other (Creswell & Plano Clark, 2007). The key outcome evaluation questions are listed below.

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## Outcome Evaluation Questions

01. How do LIFE components support or undermine parent engagement, progress on case plan, other short-term outcomes, and well-being?
  02. How do LIFE components support or undermine youth engagement, progress on case plan, other short-term outcomes, and well-being?
  03. How and under what conditions do LIFE services promote positive child welfare outcomes?
-

# **O1: How do LIFE components support or undermine parent engagement, progress on case plan, other short-term outcomes, and well-being?**

LIFE services promoted parents' engagement in decision making, services, and other activities related to their case. Regular meetings that were strengths-based and productive, and involved family and caseworkers, engendered confidence and hope. Parent Mentors were supportive resources for many parents. With the opportunity to express needs and participate in planning, parents developed a sense of ownership and investment in their case plan. Despite the best efforts of LIFE staff, child welfare system power dynamics impinged on LIFE services in a number of ways. Parent engagement was also profoundly complicated by institutionalized racism and the marginalization of families of color

## **Parent Perceptions of Support and Engagement: Parent Survey**

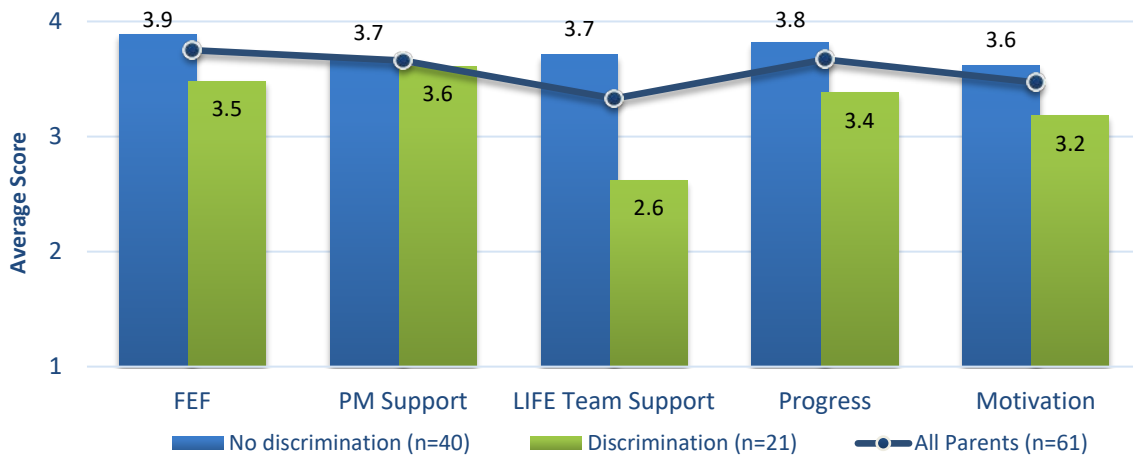
The Parent Short-term Outcome Survey was used to learn about parent experiences of LIFE services, particularly as they related to engagement (see Methods Appendix R and Tools Appendix VI for details). Factor analysis was used to combine items on the survey to create five composite scores (ranged from 1 to 4, with higher scores = more positive perceptions). On average, parents surveyed ( $n=61$ ) had positive perceptions (3.3 out of 4 or higher) of their LIFE Teams, felt motivated to participate in meetings, and thought that they were making progress on their cases:

1. **FEF** - Perceptions of their meeting facilitator: **avg score = 3.8**
2. **PM** - Experiences of support from their Parent Mentor: **avg score = 3.7**
3. **LIFE Team Support** - Experiences of support and needs met by their LIFE Team: **avg score = 3.3**
4. **Progress** - Sense of progress being made on their case: **avg score = 3.7**
5. **Motivation** - Feelings of motivation to participate in meetings and services: **avg score = 3.5**

The survey also asked parents whether they experienced discrimination or were treated poorly during their LIFE Meetings for different reasons:

- **34%** ( $n=21$ ) of parents reported that they experienced some type of discrimination (Yes or Sometimes).
- Parents reported experiencing discrimination or were treated poorly due to:
  1. Disability (ex: physical, intellectual, mental health): **23%** ( $n=14$ )
  2. Economic status or social class: **23%** ( $n=14$ )
  3. Other reasons (ex: religion, sexual orientation): **13%** ( $n=8$ )
  4. Race/ethnicity/culture: **8%** ( $n=5$ )
  5. Gender: **8%** ( $n=5$ )

**Figure 19. Parent Experience of Support from LIFE Team and Discrimination**



**Data Source:** Parent Short-term Outcome Survey (see Methods Appendix R and Tools Appendix VI for details)

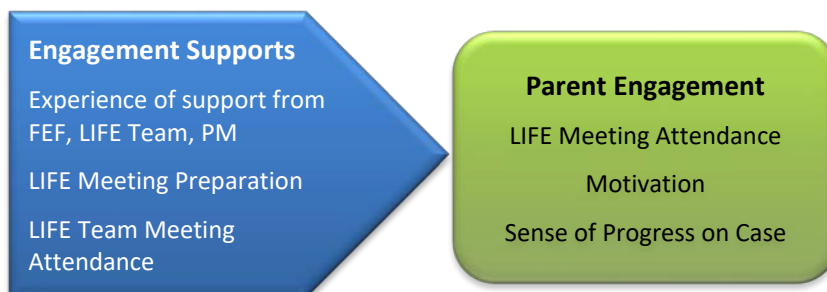
**Note:** n=61; No Discrimination n=40, Discrimination n=21. Only 36 respondents had a Parent Mentor and completed items pertaining to PM Support (No discrimination, n=25; Discrimination, n=11).

Figure 19 shows average composite scores from the Parent Short-term Outcome Survey (FEF, PM Support, LIFE Team Support, Progress, and Motivation) for all parents (line), and broken out for parents who did and did not experience discrimination (bars). All of the composite scores except for PM Support were statistically significantly lower for parents who experienced discrimination ( $p < .10$ ). This suggests that **parents who experienced discrimination felt less supported** by their FEF and their LIFE Team, felt less motivated, and thought they were making less progress on their case.

### LIFE Core Elements Associated with Parent Engagement

In this section, we examined links in the LIFE logic model suggesting that core elements of LIFE services would promote parent engagement (see Figure 20). Three **LIFE core elements** were used: (1) parents' experience of support from LIFE Teams (using composite scores reported above: FEF, LIFE Team and PM), (2) meeting preparation (based on Meeting Preparation Checklists), and (3) meeting attendance by LIFE Team members (based on LIFE Meeting Notes).<sup>6</sup>

**Figure 20. Logic Model Testing: Core Elements and Parent Engagement**



<sup>6</sup> We used a number of different variables calculated to assess integrity of implementation for meeting preparation (see **P4. Integrity in Implementation – Meeting Preparation**). Meeting attendance was broken out into early (1<sup>st</sup> – 3<sup>rd</sup>), mid-range (4<sup>th</sup> – 7<sup>th</sup>), and later (8<sup>th</sup> and beyond) meetings. Thus, we present a range of statistically significant correlations ( $p < .05$ ) to capture patterns of association.

**Parent engagement** was defined as (1) parents' LIFE Meeting attendance (based on LIFE Meeting Notes), and (2) whether parents felt motivated and like they were making progress on their case (using composite scores described above for Motivation and Progress). See Methods Appendix R and Tools Appendix VI for Parent Short-term Outcome Survey; Methods Appendix M and Tools Appendix IV for Meeting Agenda Notes; and Methods Appendix J and Tools Appendix II for Meeting Preparation Checklist.

### **Parents' Experience of Support and Engagement**

Measures of association (Pearson's  $r$  correlation) between pairs of variables were calculated to examine whether parents' experience of support was related to their engagement.<sup>7</sup> Patterns of correlations suggest that parents who perceived more support from FEFs, LIFE Teams, and PMs attended mid-range and later meetings (4<sup>th</sup> meeting and beyond) more often. The moderate correlations ranged from  $r=0.29$  to 0.49. Thus, **parent meeting attendance was related to experiencing more support from their FEFs, LIFE Teams, and PMs.**

### **LIFE Team Meeting Attendance and Parent Engagement**

We calculated a second set of correlations to examine associations between LIFE Team members' meeting attendance and parent engagement (again, defined as parents' LIFE Meeting attendance, motivation, and progress). Associations for each marker of parent engagement are described below.

#### **Parents attended meetings more consistently when:**

- **PMs, attorneys/legal representatives, and service providers** attended meetings more consistently, especially the 4<sup>th</sup> meeting and beyond; and when
- **youth, family/support people, and foster parents** attended *less* consistently.

Correlations ranged from  $r=0.14$  to 0.45 (absolute values). Most of the associations were relatively weak ( $<0.25$ ) but they were stronger for later meeting attendance (8<sup>th</sup> and beyond). It seems that when parents attended meetings less often (perhaps because they were not involved or the permanency plan was independent living or guardianship), then youth, family/support people, and foster parents more actively attended. The combination of PMs, attorneys, service providers and parents in attendance may signal more parent-focused meetings, which youth or other family members did not (or need to) attend.

#### **Parents felt more motivated when:**

- **family/support people and foster parents** attended meetings more often.

Again, associations were relatively weak (correlations ranged from  $r=0.22$  to 0.27). Although they were less likely to attend meetings when parents were consistently attending, family/support people and foster parents' attendance was related to parent motivation.

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<sup>7</sup> The measure of association used was a Pearson's  $r$  correlation, and it can range from -1.0 to 1.0. The strongest positive correlation = 1.0, which means that when one variable increases, the other increases. The strongest negative correlation = -1.0, which means that when one variable increases, the other *decreases*. A correlation close to 0 means there is no association between the two variables.



### **Parents felt like progress was being made when:**

- **youth and family/support people** attended meetings more often, and when
- **attorneys/legal representatives** attended meetings *less* often.

Correlations were weak to moderate (absolute values of correlations ranged from  $r=0.23$  to  $0.32$ ), but they indicate that meeting attendance by youth and family/support people was related to parents feeling like progress was being made on their case.

Taken together, these findings suggest that meeting attendance patterns reflected case dynamics (i.e., perhaps not all LIFE Team members needed to attend every meeting). They also point to the importance of youth and family/support person attendance, either because their presence at meetings meant that progress was being made on the case, or that their presence encouraged parents to make progress.

### **Meeting Preparation and Parent Engagement**

The third set of correlations calculated were used to examine whether meeting preparation was associated with parent engagement. Meeting preparation practice to some degree mirrored meeting attendance, but it was also related to parents' motivation and feelings of progress. Specific findings:

#### **Parents attended meetings more consistently when:**

- **parents** helped decide who would attend the meeting (moderately strong correlations ranged from  $r=0.40$  to  $0.53$ );
- **parents** identified what would be on the agenda (moderate correlations ranged from  $r=0.32$  to  $0.44$ );
- **parents** worked with FEFs to plan and receive coaching around concerns and sharing information during the meeting (moderate correlations ranged from  $r=0.23$  to  $0.46$ );
- **parents** were asked to identify their own support people (weak correlations ranged from  $r=0.19$  to  $0.34$ );
- **PMs** were prepared for meetings, especially for mid-range and later meetings (4<sup>th</sup> and beyond) (weak correlations ranged from  $r=0.15$  to  $0.31$ );
- **FEFs worked with family** to explore their strengths and how they related to case planning (weak correlations ranged from  $r=0.14$  to  $0.16$ ); and when
- **FEFs worked with family** to explore their culture, traditions, and preferences and how they related to case planning (weak correlations ranged from  $r=0.11$  to  $0.13$ ).

These findings highlight the importance of parent-directed and “in-depth” meeting preparation practices (e.g., strengths and culture exploration, planning and coaching), as well as the need for PMs to be prepared for meetings to encourage parent participation.

#### **Parents felt more motivated when:**

- **caseworkers** decided who would attend meetings (moderate correlation  $r=0.40$ );
- **family/support people** worked with FEFs to plan, receive coaching around concerns and sharing information during the meeting (moderate correlations ranged from  $r=0.26$  to  $0.31$ );

- **FEFs less often worked with family** to explore their trauma history and how they related to case planning (moderate *negative* correlations ranged from  $r=-0.23$  to  $-0.30$ ); and when
- **FEFs less often worked with parents** to plan, receive coaching around concerns and sharing information during the meeting (weak *negative* correlation  $r=-0.23$ ).

This pattern of findings suggests that when caseworkers more often directed who would attend meetings and when relatives received more “in-depth” preparation, parents felt more motivated. These preparation activities might signal that case planning was proceeding without as much parent involvement, and that parents felt motivated because they wanted to re-engage. Preparation around the family’s trauma history or planning and coaching for concerns could mean that FEFs were meeting specific needs for parents; thus, it is likely that trauma or having other concerns to bring to the meeting made it harder for parents to feel motivated (e.g., hopeful, ready to make changes in their lives). Similarly, parents who did not receive as much planning and coaching preparation may have had fewer issues that needed to be addressed, and therefore felt more motivated or hopeful about their case.

**Parents felt like progress was being made when:**

- **family/support people and FEF** helped decide what would be on the agenda (moderate correlations ranged from  $r=0.26$  to  $0.43$ );
- **family/support people, FEF, and caseworker** helped decide who would attend the meeting (moderate correlations ranged from  $r=0.25$  to  $0.41$ );
- **FEFs worked with family** to plan and receive coaching around concerns and sharing information during the meeting (moderate correlations ranged from  $r=0.27$  to  $0.33$ );
- **parents and their family** were asked to identify their own support people (moderate correlations ranged from  $r=0.26$  to  $0.30$ );
- **FEFs worked with family** to explore their culture, traditions, and preferences and how they related to case planning (weak correlation  $r=0.23$ ); and when
- **parents did not** work with FEFs to plan, receive coaching around concerns and sharing information during the meeting (weak *negative* correlation  $r=-0.23$ ).

These findings indicate that meeting preparation with family/support people and DHS staff (FEFs, caseworkers) was associated with parents feeling like progress was being made on their case. It seems that both familial support systems and agency staff meeting preparation were a sign of involvement in the case and therefore progress being made. Again, less planning and coaching preparation could be associated with feelings of progress if parents had fewer issues they needed to address.

**PM Meeting Preparation and Parent Engagement**

The last set of correlations measured associations between PM meeting preparation with parents and parent engagement (see Methods Appendix H for details about Parent Mentor Casebooks).

**Parents attended mid-range and later meetings more consistently when:**

- **PMs** had more contact hours with parents (weak to moderate correlations ranged from  $r=0.13$  to  $0.40$ );

- **PMs** more consistently prepared parents for LIFE Meetings (weak to moderate correlations ranged from  $r=0.17$  to  $0.38$ );
- **PMs** worked with parents on their action items or Individual Action Plans (weak correlations ranged from  $r=0.15$  to  $0.36$ );
- **PMs** more consistently provided service navigation (weak correlations ranged from  $r=0.15$  to  $0.27$ ); and when
- **PMs** reviewed informed consent with parents (weak correlation  $r=0.27$ ).

**Parents felt more motivated when:**

- **PMs** more consistently provided service navigation (weak correlation  $r=0.24$ ).

PMs spending time with parents, especially preparing them for LIFE Meetings, working on goals, and providing service navigation, was associated with parent meeting attendance. Service navigation that addressed parents’ needs for alcohol and drug treatment/recovery, education/vocational school, and short- and long-term housing were significantly correlated with parents’ motivation (moderate correlations ranged from  $r=0.22$  to  $0.39$ ).

**How LIFE Works to Facilitate Parent Engagement**

Findings from the Realist Evaluation (see Methods Appendix P for details and all data sources used) confirm, expand upon, and add to the results reported above. LIFE promoted parent **engagement** in services and other activities, and parent involvement in **decision making** about their case, which often resulted in perceptions of progress on case plans. In particular, when parents had a team providing emotional support and encouragement, clear and understandable information about DHS concerns and requirements, and an opportunity to talk and be heard, parents often overcame their challenges and were reunited with their children. Many of the key themes presented in this section were also discussed in **P5. How Do LIFE Components Work?** but incorporating them here helps paint a full picture of all that was learned about parent engagement.

**Parent Engagement**

The following aspects of LIFE services supported parent engagement:

**A welcoming, supportive team.** Results reported above suggest that support from LIFE Team members, including PMs, was associated with parent engagement. Indeed, LIFE Teams provided encouragement, positive regard and offers of support to parents in a strengths-based environment. This was most powerful when the whole team took a welcoming, supportive stance, but even one or two people was often enough for parents to be willing to come to meetings. Vigorous outreach from FEFs and PMs seemed especially effective in conveying support.

*“I am really thankful for the team that we have there...I think having the environment that we have, I think it is comforting. It makes me feel comfortable to express myself, even when I am feeling like it is a vulnerable question.” (Parent)*

**Opportunities for voice.** Findings reported above highlighted the importance of parent-directed meeting preparation from FEFs and PMs. LIFE meetings provided parents the opportunity to express their concerns, needs, and wishes for themselves and their children on a regular basis. FEFs and PMs

prepared parents for meetings which was often important to their ability to participate in a meaningful way. For example, when parents knew the agenda ahead of time, they were able to formulate questions and answers and prepare themselves emotionally for difficult topics. PMs helped parents to process frustrations and fears beforehand so that they were better able to communicate during meetings. In some cases, separate meetings were held for parents to ensure that both were able to speak freely.

*“It is really nice to have a say-so, have a voice... You are more apt to be very positive and very optimistic about things when you have your say-so, and you feel like you have contributed. You feel like you are part of the process, instead of the person that is being persecuted.” (Parent)*

**Relevant information provided in an accessible manner.** Monthly, structured meetings that included discussion of service agreements and conditions for return helped parents understand the steps they needed to take to achieve reunification. FEFs, caseworkers, and PMs provided relevant information multiple times and in different ways, and broke the complex process of meeting DHS requirements into small, manageable steps. FEFs regularly checked in with parents to be sure they understood and invited them to ask questions. Team members also shared their expertise regarding resources and parents’ rights in cases where reunification was no longer the plan.

**Parent Mentors.** PMs deserve special mention as they consistently played a crucial role in these aspects of LIFE. Findings reported above suggested that parents attended meetings more often when PMs helped them prepare, and they felt progress when PMs helped them navigate needed services. They prepared with parents beforehand so parents were more able to manage their emotions during meetings. During meetings, they asked clarifying questions and explained things in a way that parents could understand, they helped ensure that parents had a chance to express themselves or would raise issues on the parent’s behalf if they weren’t yet ready to speak in front of the team. They were often central early in a case in getting parents to attend meetings by providing encouragement as well as transportation.

## **Decision Making**

LIFE promoted parents’ engagement in decision making as well as in services and other activities related to their case in the following ways:

**Strength-based and focused,** productive meetings plus the provision of encouragement and support engendered confidence and hope in parents, increasing their motivation and ability to engage in services and other activities. The findings reported above similarly suggest that exploring a family’s strengths and culture as part of meeting preparation was associated with parent meeting attendance.

*“When you are being portrayed as something, it is hard not to fall under what it is that people are projecting about you. Nobody believes me anyway, so why try. We didn't get that. We got positive praise for the good things that we have done.” (Parent)*

Meetings provided parents with an **opportunity to express their needs,** wishes, and concerns and to participate in planning, so parents felt heard and had a sense of ownership and investment in their case plan, and thus made greater efforts towards engaging in services and other activities.

Monthly meetings provided **clear and timely information** as well as frequent check-ins and timely problem solving. As a result, parents understood what they needed to do and how to get it done and were better able to make progress on their case plans.

### **Specific Groups of Parents**

LIFE was particularly impactful for specific groups of parents:

**Parents facing significant challenges.** For many parents who faced on-going challenges (such as housing instability) or experienced setbacks (such as relapse) meetings were a familiar and often comfortable space so they continued to attend even when they had failed to make significant progress on their case plans. As a result, team members were able to maintain communication and share information, and problem solve and ask questions; accordingly, cases were less likely to stall or drift and parents were less likely to disappear or disengage for long periods of time.

**Parents who were incarcerated.** LIFE meetings were held for some of the parents who were incarcerated; these parents participated over the phone. While due to incarceration, some parents were unavailable for reunification, they were able to stay updated regarding the case and their children and could provide input and participate in decision-making. At times, release dates were such that parents were able to serve as a placement resource and because of LIFE they made significant progress towards conditions for return prior to leaving prison, thereby decreasing the length of time the children spent in substitute care.

*"Incarcerated parents] definitely benefit from the help that the program offers, and so please, do not give up on those [of us] incarcerated... because we all deserve a chance"*  
(Parent)

**Parents who were unlikely to be reunified.** LIFE meetings continued in some cases even after the case switched to the concurrent plan. Some parents were part of the decision to switch to the concurrent plan; acknowledging their own needs and abilities as well as their child's. Parents who felt respected by the team often continued to attend meetings. When they were made aware of their on-going rights regarding the case, they were able to provide input about the needs of their children and have a role in decision-making. Meetings also promoted constructive communication between parents and caregivers and enhanced the possibility of on-going contact between parents and children.

### **Barriers to Parent Engagement**

Promoting parent engagement in case progress and decision making can be difficult. When parents had a team providing emotional support and encouragement, clear and understandable information about DHS concerns and requirements, and an opportunity to talk and be heard, parents often overcame their challenges and succeeded at having their children returned. However, LIFE services sometimes fell short. For example:

- Meetings were not always particularly strengths-based and parents experienced them as "firing squads."
- Caseworkers sometimes made it very difficult for parents to have meaningful input such as when meetings were used primarily as a forum to inform or confront the parent rather than for dialogue and soliciting their input.

- Caseworkers sometimes withheld information by refusing to discuss certain topics or answer questions even when encouraged or promoted to do so by FEFs or PMs.

*“I still feel that the program is good. However...there were a lot of things that were kept from me, that weren't told right up front...I found out later. There should have been a lot more transparency... Why would you keep something from me, in a meeting, in a LIFE meeting, where we are supposed to be working on this stuff?” (Parent)*

- Practice varied and LIFE meetings didn't always attend to parents' circumstances or needs. Some meetings focused primarily on planning and coordination related to the children; at times few providers or supports for parents were invited or attended. Some parents' cultural preferences and needs were not met.

Parents were not likely to continue attending meetings under these circumstances, and if they did, they felt silenced, powerless, and often hopeless, angry and distrustful.

*“I felt so defeated. It really made me mistrust...You know, I think that their [FEFs] power is really limited...All [FEF] can do is point certain things out...The whole time I was treated like I was this evil villain, when I truly believed that I was a [parent] that just needed some help. I needed help.” (Parent)*

Even with LIFE services implemented as intended parents sometimes did not engage in services and/or make sufficient progress on their case plans. For example:

- Necessary services and resources (e.g., therapeutic visitation, parent-child therapy, housing, culturally-specific) were sometimes limited or unavailable, meaning parents were unable to comply with court-ordered services or receive the support needed to address the safety threats that brought their children into care.
- Parent characteristics such as severe SUD, cognitive and developmental challenges, mental health issues, or trauma history (consistent with correlational findings above) and lack of trust in the system sometimes hindered meaningful participation in meetings and/or engagement in services.
- Parents, especially those with significant or multiple challenges, sometimes did not make sufficient progress within ASFA timelines, or another parent (often non-custodial) was deemed able to adequately care for the children first and the children were returned to them.
- Parents, especially those with cognitive challenges or severe mental illness, were sometimes not able to adequately care for children with significant behavioral issues or other needs, even after completing available services.
- The agency/court sometimes supported the desire of a youth who did not want to be reunified with their parent(s).

## Complicating Parent Engagement: FOC Sub-study

The purpose of the Families of Color (FOC) Sub-study (see Methods Appendix Q for details) was to examine and elevate the experiences of families of color. Foundational to our approach was acceptance of the following concepts:

- **Racism** is “a system of structuring opportunity and assigning value based on phenotype that unfairly *disadvantages* some individuals and communities and unfairly advantages other individuals and communities,” (Jones, 2018, p. 231). Oppression is the experience of repeated, widespread, systemic injustice (Deutsch, 2006).
- **Institutionalized racism** is defined as “the structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by ‘race’”, which are “normative, sometimes legalized, and often manifests as inherited disadvantage,” and “structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator,” (Jones, 2002, p.10).
- **Whiteness** is defined as the aspects of racism that elevate White people over people of color— “encompassing economic, political, social, and cultural structures, actions and beliefs that systematize and perpetuate an unequal distribution of privileges, resources and power,” (DiAngelo, 2011, p. 56). Whiteness affords a dominant status that centers White individuals’ experiences, values, and perspectives (Hitchcock & Flint, 2015) and results in cultural imperialism, or “the universalization of a dominant group’s experience and culture and establishing it as the norm,” (Young, 1990, p.59).
- **Implicit bias** means that “actors do not always have conscious, intentional control over the processes of social perception, impression formation, and judgment that motivate their actions” (Greenwald & Krieger, 2006, p. 946). Implicit bias refers to the attitudes or stereotypes accrued over time through exposure to both direct and indirect messages (e.g. from media, authority figures, etc.) that affect our understanding, actions, and decisions in an unconscious manner. Everyone has implicit biases (Staats et al., 2015; Dasgupta, 2013).

As well, we used tenets of Critical Race Theory as a lens through which we viewed and interpreted data collected. Specifically:

- Race and **racial categories are social inventions**, culturally determined and changeable, that manifest from social thought and relations, not out of fixed biological realities (Delgado & Stefancic, 2012; Smedley & Smedley, 2005; Rockquemore & Arend, 2002).
- **Intersectionality** is “the idea that we all live our lives at the intersections of numerous identities, many of which may be oppressed or privileged to different degrees” (Hanna et al., 2017, p. 67). Such identities include dimensions like gender, race, class, sexual orientation, religion, ability, etc., and people can only be understood in terms of all their identities (Delgado & Stefancic, 2012).
- **Anti-essentialism** means “we cannot predict an individual’s identity, beliefs, or values based on categories like race, gender, sexuality, religion, nationality, etc; instead, we must recognize that individuals are capable of claiming membership to a variety of different (and oftentimes seemingly contradictory) categories and belief systems regardless of the identities outsiders attempt to impose upon them,” (OWL, Purdue University, 2018).

- **Racism is “ordinary”** or the “norm”, simply the way that society operates. Racism is enacted by majority individuals, often in subtle and overlooked ways. Most people of color experience racism as an ordinary part of their everyday experience in the U.S. (Delgado & Stefancic, 2012; Hanna et al., 2017).

The framework developed by the FOC Team for evaluating cultural responsiveness in LIFE practice also utilized concepts of rupture and repair (Safran et al., 2011) as it relates to ‘therapeutic alliance’ in psychotherapy. A therapeutic alliance is a cooperative working relationship between client and therapist, and is considered essential to successful therapy. Safran et al. (2011) suggest,

Rupture in the therapeutic alliance can be defined as a tension or breakdown in the collaborative relationship between patient and therapist. ...ruptures vary in intensity from relatively minor tensions, which one or both of the participants may be only vaguely aware of, to major breakdowns in collaboration, understanding, or communication (p. 80).

Alliance ruptures are inevitable, and restorative repairs are necessary. Safran et al. (2011) suggest alliance ruptures and repairs can be measured from client, practitioner, and observer perspectives and focus on discrete, in-session events, as well as over the course of treatment. For the FOC Sub-study, concepts of rupture and repair that could apply in the context of LIFE monthly case planning meetings and service experiences were developed:

- **Ruptures** – seemingly neutral, unresponsive, or oppressive actions that create tension
- **Repairs** – actions that mitigate a rupture
- **Pre-repair** –actions that minimize or prevent a rupture (in the context of LIFE, these actions largely relate to preparation activities)
- **Interruptions** – actions that stop (or attempt to halt) a rupture

Because the FOC Sub-study examined the experience of families of color in a racialized context where implicit bias, whiteness, and institutionalized racism were at play, the FOC Team conceived of ruptures experienced by people of color primarily in terms of microaggressions and oppressive experiences such as “othering.” It is important to note that while ruptures occur for everyone, ruptures such as microaggressions are especially harmful because they perpetuate and support racism.

- **Othering** “is a process that identifies those that are thought to be different from oneself or the mainstream, and it can reinforce and reproduce positions of domination and subordination,” (Johnson et al., 2004, p. 253). By talking about individuals or groups in a way that establishes a sense of ‘us’ vs. ‘other,’ “persons treated as ‘other’ often experience marginalization, decreased opportunities, and exclusion,” (p. 254).
- **Racial microaggressions** “are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group,” (Sue et al., 2007, p.273).
- **Microinvalidations** are “characterized by communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color,” (Sue et al., 2007, p.274).



- **Microinsults** are “characterized by communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity. Microinsults represent subtle snubs, frequently unknown to the perpetrator, but clearly convey a hidden insulting message to the recipient of color,” (Sue et al., 2007, p.274).

Using this framework and associated concepts, informally known as the RRIP (Ruptures, Repairs, Interruptions, and Pre-repair), the FOC Team explored areas of rupture for families. We identified four related sites of rupture that particularly impacted engagement of parents of color: (1) institutional, (2) cultural identity and beliefs, (3) language and communication, and (4) services.

### **Institutional Rupture**

The first site of rupture is institutional. This macro rupture is beyond the control of LIFE practitioners, but is important context to understand. When families of color enter the child welfare system, they experience all the burdens and fears that White families do combined with the possibility that biased assumptions will be made about them based on their race. A LIFE staff explained:

*[for families of color] “...just coming into a room full of professionals and already feeling intimidated by everything else that child welfare customers experience, they have the language barrier and looking different.”*

Early experiences, such as those with court, may heighten and exacerbate these concerns. Two people shared their negative experiences with court after becoming involved with child welfare:

*But we never know...The reason I say that is because the first time when we went to court...somebody asked how they live and my daughter told me maybe they are thinking because we are [race/ethnicity] people that we are ghetto or something...I believe the judge also said, ‘What do they do for a living?’...What did they mean by that?...My daughter was kind of upset, and she said, so maybe [judge] was thinking that we are ghetto people and [dependent] on the government, too, or whatever...We are not going to change anybody's mind.”*

*“Not one [person of color]. Every time I go into the courtroom, I am the darkest one in there. None. It is crazy, huh? I noticed that, too -- damned, you ain't got a chance, dude. You are done. I kind of knew it. I try to put it out of my mind, but really, I kind of knew it. I kind of knew it was happening like that.”*

As the interviewee stated, “*We never know.*” This can create distrust, and fears of being judged unfairly. Miller et al. (2012) found that lack of trust was one of the dynamics contributing to disproportionality and disparity in Oregon’s child welfare system—for families, this mistrust was often related to community-level historical legacies with child welfare or to negative experiences with governmental helping systems (e.g., law enforcement.) Families are often very conscious of the power of child welfare as an institution, and have a desire to control how they will be perceived. Two people shared:

*“I have [# of kids] who have been in trouble. But they probably already know, because through the system they know everything...But...because I have kids that do something wrong [doesn’t mean] that my whole family does.”*

*"So, when I present myself, I present myself as an individual, not [like] I'm this downtrodden [race & gender] that has nothing."*

### **Dishonoring Cultural Identity & Beliefs Ruptures**

Cultural identity is complex, dynamic, unique and individual as well as collective. Parents participating in this study tended to self-identify in complex ways, often describing multi-racial/ethnic identities, as well as characterizing themselves and their families in other ways, such as religion, gender or socioeconomic class. For example:

*"I identify as Native American. My family -- I found the Red Road... but I've always known that my family is obviously [non-White race/ethnicity] and obviously some Native. That is something that I picked up on my own, and I would like to bring that to my children. Because that be my preference as far as spirituality."*

*"I am [non-White racial category]...It is interesting to be tagged as a person of color. I have never identified as such, but...I identified as a Christian male, and that we could pray before the meeting if that was what everybody wanted to do."*

The ways these parents describe themselves illustrate the need to recognize identity as intersectional, and to take care not to essentialize parents (i.e., make assumptions based on stereotypes or incomplete information). Since cultural identity is unique and multifaceted, many families will not neatly fit into a single "checkbox," or even into the box(es) one might expect.

LIFE Team members sometimes caused ruptures by not acknowledging, understanding, or valuing cultural identity, beliefs, norms, practices, and ways of being. In some cases, especially (but not exclusively) cases involving Native American families, professionals acted as arbiters of cultural identity, expressing a degree of skepticism regarding the parent's stated identity. In these cases, microinvalidation of identity caused a rupture.

*"Like I said, okay, the ICWA form. Okay, you identify as Native descendent, but you are not registered, or you are not whatever, so it means you aren't 'really' Native, it just doesn't matter." (Parent)*

*[The caseworker talked] "...with somewhat flippancy around this father's identification with [race/ethnicity] culture, in that this is one of many different hats he has worn over his lifetime and this is the kind of the newest iteration of who he is as a person and what he identifies with, but that it is not a 'true' thing." (LIFE staff)*

Those who deny or question identity caused ruptures by invalidating the parent's experience and not making full use of information important to the parent. By imposing their idea of what a parent's identity 'should' be, they decreased their ability to join with the parent to foster change.

A similar dynamic occurred related to cultural beliefs. Hair cutting is an example of how cultural beliefs, norms and practices are dishonored by child welfare professionals, leading to ruptures. Below, a parent shared why hair is important for Native Americans culturally, and then a LIFE staff expressed an opposing perspective, demonstrating a reluctance to adopt the parent's view of this issue:

*"...there are certain ceremonies and spiritual beliefs that go with the hair. For them [foster parents] to do that was really not okay. Some tribes, their hair is cut when there is a grief, or loss or something like that. For some it is a rite of passage. For some -- you see what I'm saying, there are different reasons why. They were told before. This is not the first time that it has happened, and it was a lot." (Parent)*

*"So that is something that they have said all along that is part of their culture... What was really tough...I think for me to take it seriously, is just that I know that is not part of their culture..." (LIFE staff)*

Despite a family *"saying all along"* this is part of their culture, the LIFE staff found it difficult to *"take it seriously"* when objections were raised. Hair cutting experiences are so common, and so often dismissed by agents of the child welfare system, that a PM acknowledged:

*"I've had the hair cutting come up in more than one parent and I think that the policies and procedures of the agency get in the way...they, I guess, acknowledge that it happened...and say a blanket statement -- 'We'll talk to them [foster parents] again.' And then that's it. It is kind of sidestepped. I don't know why."*

As with identity, there may have been skepticism regarding the validity of parent's concerns about cultural beliefs or values. If professionals dismiss parental concerns about hair cutting while a child is in care, perhaps justifying the dismissal by the need to retain foster parents, it sends a strong message to parents. A PM recognized a hair cutting event as a bigger rupture for a parent than other professionals may have realized:

*"I can think of one specific...a Native American child's hair being cut, and it is, 'Well, we told the foster parents and that is all we can do.' I think that, in itself, is a rupture, not acknowledging the culture of having hair cut on a Native American child, and not bringing that, at least empathizing with the parent about that topic, and at the same time, it seems that DHS is not doing enough to be culturally responsive. I think that is -- it is a subtle rupture but it is talked about later, so obviously it is a bigger rupture than what it looks like in a meeting."*

The PM suggested that professionals should have validated the parent's distress at having their cultural beliefs violated, disparaged, or ignored by foster parents. This is an example of a microinvalidation, or negating or nullifying painful feelings experienced by parents of color while their children are in care. Microinvalidations can lead to feelings of marginalization, with negative consequences for engagement. A family member said:

*"... sometimes, like they don't understand me because of a different culture, or they don't really know how we feel, how we are."*

## **Language & Communication Ruptures**

Language and communication ruptures commonly occur when two different cultures interface. Mixon-Mitchell and Hanna (2017) found that racial dynamics emerge during communication encounters in child welfare in ways that impact worker perceptions and interpretations of parent behavior, usually in negative ways. Often the communication styles of parents of color are viewed as disrespectful to authority figures and labeled inappropriate by dominant culture standards. In the example below, a

communication rupture occurred when someone in a position of power communicated in a way that a parent viewed as disrespectful:

*"...there were remarks made to me by the DHS worker that I found offensive, racist. Such as we were driving down the road, and we see this beautiful '66 Impala, classic. It wasn't a low rider or anything. He turns to me and says, 'your people' like that kind of car. That wasn't the only comment...Even in jest, that is not cool...I started to not wanting to get a ride with him anymore because I knew he could say anything he wanted and he could get away with it."*

At one point in a LIFE Meeting, the caseworker was observed "joking" to the group about remaining silent while giving a parent a ride:

*"He is not allowed to talk to me before 8 am. Only two rides and I've got him trained."*

These examples illustrate how disrespectful communication is othering. The caseworker's use of "your people" in the comment to the parent established a sense of 'us' vs. 'other,' such that the parent experienced marginalization. Also, the White caseworker's remark about having "trained" the client of color was a microinsult, likely unseen by the caseworker, conveying an insulting message to the parent.

Another version of othering is when families of color are pathologized or discredited if they present as "less cooperative" and/or are characterized as "angry." Mitchell and Hanna (2017) discuss how essentialized stereotypes impact perceptions of African American people involved in child welfare such that they are seen as angry and dangerous. This may be a cultural difference in communication style, rather than an actual threat to the professional (especially when it comes to men of color). The example below illuminates the expectations and contrasts for what is considered "appropriate" communication from families of color, but especially for African American men interacting with a White system:

*"African American dads that I have worked with are -- one specific case in mind, there is an obvious systemic racism that is going on in that case...I've gone a couple of different rounds through a few different caseworkers, all who are middle class White caseworkers and unit supervisors...Unfortunately, even the service providers, therapeutic service providers for his children were middle class White women, and so I don't think that the communication style that [parent] had -- I think it clashed with the communication style or the comfortability of the people that dad was working with...That doesn't mean that dad is a bad dad. It doesn't mean that he doesn't love his children. That is just how he communicates, and it is not a safety threat, so let's just move forward and keep going...There is a level of racism that was going on... I tried to fight to prevent things from happening that would cause ruptures in the meeting or in the case in general and it didn't work out..."*

*The other [Black dad] is more quiet and intimidated. I think that matches more of what people consider as being appropriate or calm and respectful and that kind of stuff. I think that plays into the box that DHS tries to put people in. I think that he already fits into that categorization or what is expected of a parent sitting in front of the agency as far as demeanor. (LIFE related, anonymous)*

This scenario illustrates the pressure reported by many people of color to behave a certain way in order to conform with dominant culture expectations. In effect, it suggests that there is a "right way" (and

thus a wrong way) to be a parent in the child welfare system. When there is not space for authentic expression of negative and/or distressed affect, it is less likely parents will engage.

Another kind of communication rupture observed related to interpretation services. Sometimes, interpretation services are declined even though refusal might limit expression and create discomfort. As one person explained:

*"I understand, but I can't say everything I want to. I feel a little bit uncomfortable, but I'm okay... I think [FEF] told me if I want somebody, like an interpreter, and I said, I'll let you know, but I feel like, like I said, I feel that I understand. I'm okay with that. The only thing is there are some things I want to say and it is in my head, but it doesn't come out from my mouth... So far, whatever they are talking about, I understand perfect. It is just sometimes I want to express more, take more of me from my inside."*

Just as professionals should not assume all Latinx families speak Spanish, assuming that asking about language needs once (often before relationships have been built with a family) is insufficient and can create a rupture.

Families may request interpretation services when they absolutely need them. However, family's choices to accept such services cannot be abstracted from social and political contexts. Studies have shown Latinx people are often viewed as perpetual foreigners (Weng & Gray, 2020), regardless of immigration status or citizenship, and political discourses are rife with rhetoric about Latinx people's entitlement (or lack thereof) to state resources. Professionals may assume refusal of interpretation is always based in lack of need, rather than considering how such choices may be constrained by concerns that taking advantage of language services will further "other" and/or result in negative consequences (e.g., discrimination, acts of unconscious bias) (Weng & Gray, 2020; Johnson et al., 2004). Again, engagement becomes more challenging when spaces do not feel open enough for people to express themselves in the way (and language) most comfortable for them.

### **Services Ruptures**

Parents are often pushed to participate in a specific service or fulfill a service requirement in a certain way, without recognition of cultural issues, preferences, or concerns. NASW's indicators for cultural competence include standards related to understanding service needs and challenges of specific cultural groups. Regarding services, NASW suggests:

Social workers...shall be able to make culturally appropriate referrals within both formal and informal networks and shall be cognizant of, and work to address, service gaps affecting specific cultural groups, (NASW, 2015, p. 4-5).

Reflecting the NASW standard, the LIFE Meeting Preparation checklist asked FEFs to report whether they "Prepared family for asking to access needed services from preferred cultural group." FEFs reported *ever* doing so for only 4% of cases ( $n=311$ ). However, many people of color talked about how much they appreciated when they were referred to culturally specific services:

*"You are right, because I feel they [same race therapist] understand me a little more, and I can say certain things without offending and they get where I am coming from. Right, they just get it. So, yes, I did choose all -- almost my whole team is [same race/ethnicity], to be honest with you."*

*"I think those classes help me a little bit because I am not really a person -- I go to work and my house...But no friends, no family. For me, when I go to those meetings and the classes, they help me a little bit, to talk more, a little bit at least. The class is in Spanish, so I feel more comfortable to explain everything. Also talking to people who are there, meeting somebody to be friend."*

Service requirements can be a stipulation for reunification. Team planning around services creates many opportunities for both ruptures and repairs. Resistance and participation can both depend on the LIFE Team's consideration of culture. When services are a poor fit, it creates a rupture. This example shows a service-related rupture that occurred during a LIFE Meeting:

*"The therapist is...talking about the kids in therapy and the kids going to court and as they come out, they see an officer and they retreat. They are afraid of the officer. The therapist is saying, 'Well, that is so inappropriate. Who taught them to be afraid of the police? It is so inappropriate that they are taught to be that way.' I am thinking, Are you serious?...Do you watch the news? It is a survival mechanism for African American people and other people of color."*

Despite the potential for culturally unaligned services to create a rupture, preparing families to ask to access needed services from their preferred cultural group seemed to be an area of discomfort. A parent shared:

*"About my cultural preferences and stuff? I think there is always room for change, or room for improvement. Yeah, they could bring it up or talk about it."*

Perhaps there was a lack of knowledge about culturally appropriate referrals or LIFE Team members were uncomfortable with the idea of culturally specific services. The notion of "culturally-specific" services may evoke deep-seated biases; professionals may view such services as lower quality, have prejudices against anything reminiscent of "affirmative action" (policies perceived by many Whites as unfairly privileging people of color), or view such requests as separatist (representing a failure to assimilate or a rejection of desegregation values) (Curry-Stevens et al., 2019). However, parents of color may respond with less reactance and participate when services are culturally specific. A LIFE practitioner suggested:

*"We need to try harder...you know, when I was in social work school, one of my teachers told me that there is no bad client. There is a bad service. If the service doesn't meet the needs of the client, then we look for other services, to try to find the right fit."*

In sum, findings from the FOC Sub-study suggest that parent engagement is profoundly complicated by institutionalized racism and power dynamics within the child welfare system that work to marginalize families of color. LIFE staff striving to provide culturally responsive services to families are operating within an existing system of oppression that largely represents the dominant White culture. It is unlikely that LIFE services, even at their best, are powerful enough to address the structural inequalities that create the disparities that families of color experience.



## O2: How do LIFE components support or undermine youth engagement, progress on case plan, other short-term outcomes, and well-being?

LIFE staff worked to engage youth in their own case planning through LIFE Meetings, but the nature, extent, and results of those efforts were mixed. Many youth reported experiencing support, engagement, and a sense of well-being related to LIFE services. Adult service providers also thought that LIFE services provided space for youth voice in service and permanency planning. Despite the focus on promoting youth voice, however, many youth continued to feel disempowered, marginalized, and silenced by the child welfare system.

### Youth Perceptions of Support and Engagement: Youth Short-term Outcome Survey

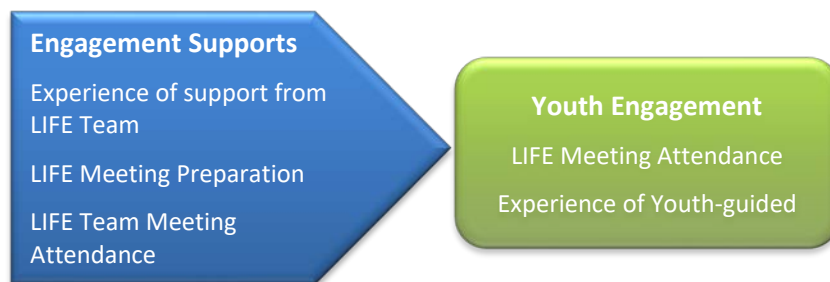
Youth completed a Youth Short-term Outcome Survey and rate their experiences of support from their LIFE Team and during LIFE Meetings (see Methods Appendix S and Tools Appendix VII for details). Factor analysis was used to create two composite measures (ranged from 1 to 4, with higher scores = more positive perceptions). On average, youth surveyed ( $n=60$ ) had positive perceptions:

1. **LIFE Team Support** - Experiences of support and needs met by their LIFE Team: **avg score = 3.6**
2. **Youth-guided** – Experienced LIFE Meetings as youth-guided: **avg score = 3.4**

### LIFE Core Elements Associated with Youth Engagement

In this section, we examined a link in the LIFE logic model suggesting that core elements of LIFE services would promote youth engagement (see Figure 21). Three LIFE core elements were used: (1) youths' experience of support from LIFE Teams (using LIFE Team Support composite score reported above), (2) meeting preparation (based on Meeting Preparation Checklists), and (3) meeting attendance by LIFE Team members (based on LIFE Meeting Notes).<sup>8</sup>

**Figure 21. Logic Model Testing: Core Elements and Youth Engagement**



<sup>8</sup> We used a number of different variables calculated to assess integrity of implementation for meeting preparation (see **P4. Integrity in Implementation – Meeting Preparation**). Meeting attendance was broken out into early (1<sup>st</sup> – 3<sup>rd</sup>), mid-range (4<sup>th</sup> – 7<sup>th</sup>), and later (8<sup>th</sup> and beyond) meetings. Thus, we present a range of statistically significant correlations ( $p<.05$ ) to capture patterns of association.

Youth engagement was defined as (1) youth LIFE Meeting attendance (based on LIFE Meeting Notes), and (2) whether youth experienced LIFE Meetings as youth-guided (using Youth-guided composite scores described above). See Methods Appendix S and Tools Appendix VII for Youth Short-term Outcome Survey; Methods Appendix M and Tools Appendix IV for Meeting Agenda Notes; and Methods Appendix J and Tools Appendix II for Meeting Preparation Checklist.

### **Youths' Experience of Support and Youth Engagement**

The first set of correlations were calculated to examine the associations between youths' experience of support from their LIFE Teams and youth engagement in terms of meeting attendance and the experience of youth-guided LIFE Meetings.

#### **Youth attended meetings more consistently when:**

- **Foster parents** attended LIFE Meetings more regularly (weak correlations ranged from  $r=0.13$  to  $0.28$ ); and
- **Parents, PMs, attorneys/legal representatives, and service providers** attended LIFE Meetings *less* often (weak to moderate *negative* correlations ranged from  $r=-0.15$  to  $-0.60$ ).

#### **Youth experienced meetings as more youth-guided when:**

- **Non-relative foster parents** attended LIFE Meetings *less* often (weak *negative* correlation  $r=-0.27$ ).

Youth LIFE Meeting attendance was not associated with support from the LIFE Team or the experience of youth-guided meetings. When foster parents attended meetings, youth more often attended, but this also made meetings feel less youth-guided (non-relative foster parents in particular). These findings suggest that youth meeting attendance was mostly independent from youth experiencing support from their LIFE Teams. Moreover, it seems that youth were less likely to attend when LIFE Meetings were more parent-focused (parents, PMs, attorneys, etc. attended).

### **Meeting Preparation and Youth Engagement**

Next, we calculated correlations between meeting preparation and youth engagement (youth meeting attendance and experience of youth-guided meeting). Results included the following:

#### **Youth attended meetings more consistently when:**

- **youth** worked with FEFs to plan and receive coaching for concerns and sharing information during the meeting (weak to moderate correlations ranged from  $r=0.17$  to  $0.59$ );
- **youth and FEF** decided what would be on the agenda (weak to moderate correlations ranged from  $r=0.17$  to  $0.57$ );
- **youth** were asked to identify their support people (weak to moderate correlations ranged from  $r=0.19$  to  $0.55$ );
- **youth, family/support people, and FEFs** decided who would attend their meetings (weak to moderate correlations ranged from  $r=0.13$  to  $0.57$ );
- **FEFs worked with family** to explore their strengths and how they related to case planning (weak correlations ranged from  $r=0.12$  to  $0.21$ );



- **FEFs worked with family** to explore their culture, traditions, and preferences and how they related to case planning (weak correlation  $r=0.15$ ); and when
- **parents** were being prepared for LIFE Meeting *less* often (weak to moderate *negative* correlations ranged from  $r=-0.12$  to  $-0.46$ ).

These findings point to the strong association between youth attendance and preparation. Youth attendance was also associated with FEFs taking time to learn about their family’s strengths and culture, preferences, and traditions. Interestingly, youth meeting attendance was also more consistent when FEFs helped decide who would attend meetings and what would be on the agenda. Once again, youth attendance was lower when parents were receiving more consistent meeting preparation (and presumably attending meetings more regularly).

**Youth experienced meetings as more youth-guided when:**

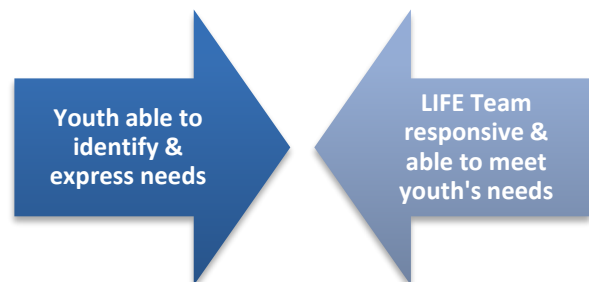
- **youth and family/support people** worked with FEFs to plan and receive coaching for concerns and sharing information during the meeting (moderate correlations ranged from  $r=0.31$  to  $0.37$ );
- **FEFs worked with family** to explore their strengths and how they related to case planning (moderate correlation  $r=0.35$ ); and when
- **FEFs worked with family** to explore their culture, traditions, and preferences and how they related to case planning (moderate correlations ranged from  $r=0.30$  to  $0.33$ ).

Although based on a small sample of youth who completed a Youth Short-term Outcome Survey and had meeting preparation documentation ( $n=33$ ), youths’ experience of a youth-guided LIFE Meeting was associated with “deeper” preparation focused on the youth and their larger support network, including planning and coaching for concerns and issues and learning about families’ strengths and culture.

**Supporting Youth Engagement**

The correlational data presented above provide hints that attending LIFE Meetings for youth was not a way that they experienced support from the LIFE Team or voice. Furthermore, having a voice in preparation activities and “in-depth” preparation, in which FEFs spent more time understanding their families, was associated with youth engagement. There also seemed to be a trend for more active youth participation when parents were less active.

Interviews with youth confirm and expand on these findings (see Methods Appendix T for details). Youth reported a wide range of opinions about, experiences with, and levels and quality of participation in, LIFE services. **Of key importance was the extent to which youth felt able to identify and express their needs, and their team’s responsiveness and ability to meet the needs.**



**Supports for Youth Engagement**

Consistent with the findings presented above, three factors were related to engagement: (1) relationship/connection, (2) meeting informational needs, and (3) youth voice/youth-guidance.

**Relationship/Connection.** Youth were more likely to participate in LIFE Meetings if they had a connection or relationship with one or more people attending. **At least one trusted individual** (e.g., relative, caseworker, FEF, foster parent) could encourage youth to attend, describe what happens at meetings, and generally help the youth feel more comfortable. Counselors, therapists, and CASAs were often mentioned as people who were advocates or allies (“*on my side*”) for youth.

*“I just have a group of people that I know personally, that I have known for some time now. So I don’t mind. It is not just a complete group of strangers that I barely know...but I feel comfortable with them so I don’t really mind talking about stuff with them.”*

*“We had this one meeting, because I did something stupid and [FEF] asked if anyone would want to share anything they did similar in their teenage years. And all of them did. It just made me feel more close to them, and okay, they did something like me, so...they opened up to me so I thought I might as well open up to them, too.”*

*“She (CASA) is just there for me, kind of. She is there and to be there for the meeting and if I’m uncomfortable saying something, she offers to say it for me.”*

*“My therapist was more on my side, because she said it was normal for teenagers to do this, because it was a teenager thing...she understands. Other people did, too.”*

**Preparation** provided a unique opportunity for FEFs to reach out, and try to connect with and get to know youth. As part of preparation, FEFs gave information about the meeting agenda and gave youth choices regarding topics to be discussed and who would attend the meeting, and provided opportunities for asking questions, requesting information, and expressing needs. Moreover, LIFE meetings were a chance for youth to **see their siblings or other family members**. Some youth also suggested that **meeting with a team** was helpful.

*“I feel that they actually listen. Especially when we are all in the meetings. So actually hearing what we have to say, they can put it into action. It is easier for them.”*

*“It is nice to get with everybody, especially when I need something. Everyone is there and I can tell them all straight up that I need that so they all work on it. That is pretty helpful.”*

Youth did not universally experience quality connections with others involved in their family’s LIFE meetings. Some youth felt **hostility towards DHS or neglected** or disliked by their caseworker. Others said that they avoided meetings because they **didn’t want to see their parents** or someone else who would be attending the meeting, or wanted to **avoid seeing conflict between family members**. Last, some youth had negative experiences with LIFE meetings because they were not prepared and had no contact with their FEF outside of meetings.

In addition to being shy and not liking to speak in front of a group, several youth were reluctant to speak due to anxiety, confusion or fear of making things worse. An exceptional LIFE Team, at times, seemed to be able to help youth overcome shyness or nervousness. Unfortunately, in the interviews conducted, when a youth was anxious, confused or fearful, it tended to be accompanied by an adverse or unsatisfactory relationship with the caseworker and a deep distrust of DHS.

**Meeting Information Needs.** Some youth had a **strong interest in knowing** what was going on in their case. As one youth put it, *“I like knowing what’s happening so I like being there.”* Meeting youth’s need for information encouraged their participation in LIFE meetings.

*“I want to be there because I am the child that is in foster care and I want to know what’s going on, instead of just being outside of the box and not knowing what is going on. I want to be inside of the box and know.”*

Youth found it **helpful to meet with a team** – it was easier to have everyone together face-to-face, where information and ideas were shared, resulting in better problem solving and more timely decision making.

*“[LIFE meetings are] very useful. It gets you on a plan, makes you more aware of what’s happening, gets everyone together so they are in the room discussing stuff. It just feels better to have everyone at once instead of going individually to talk to people. Everyone gets the picture and the idea all at once.”*

When information needs were not met, youth experienced LIFE meetings as tedious, repetitive, uninformative, and pointless. Some youth described meetings as **too parent-focused**; they felt the meeting was not relevant to them.

*“So, I don’t go anymore because...the meetings were very parent-centered. ...and on top of that it was the same thing every time. It was all about Mom and it was super irritating. I am being dragged out of school, where I want to be. My grades started to drop because I had to leave the same class every month...We would go and it would be mom, mom, mom. OK, now let’s talk about the kids for the last 15 minutes. I was, ‘I don’t care about what she’s doing.’ I thought it was going to center around us and how we were feeling. And what we need. It is more revolving around my mom.”*

Not all youth had strong informational needs. Some youth **didn’t want to hear about the “bad stuff”** going on because it led to a loss of hope, apathy, and helplessness, especially if youth had a long history with DHS. As one youth said, *“I don’t really like to go to the meetings. It is just I don’t really like talking about some of the stuff that is going on.”* Some youth experienced their **LIFE Team as wanting too much information** from them, asking lots of questions or wanting explanations for behavior that the youth didn’t have.

*“When we talked about me running away I felt a lot like people did get really needy. That is what I felt like. They needed to just know everything about why, when I don’t know.”*

**Youth Voice, Youth-guided.** With the expressed value of being youth-guided, LIFE services focused on creating space for youth to have voice, input, or, at the very least, the opportunity to talk. Again, youth reported a wide range of experience.

The **presence of the LIFE Team** facilitated youth voice, either by the team witnessing what a youth had to say, for instance to a parent, or by assisting with communication between a youth and a caseworker.

*"I got to actually in front of people inform my mom that I want her to get better...It is cool because I got to say it to her face, instead of over the phone or text message, or going through somebody else. It is more impactful."*

*"In my opinion, they just help communicate with my caseworker, what I actually want to do. Because sometimes my caseworker doesn't really understand when I talk to her just by myself."*

In addition, an area in which LIFE seemed to support youth quite effectively was in providing **choice related to permanency options** after their permanency goal shifted away from reunification to the concurrent plan. Youth who were at this point in their case often reported having a positive experience with LIFE staff and in meetings where they could explore options, receive information, and have a say about their future. One exception was for younger youth who had no identified resources for satisfactory long-term permanency and were still too young for independent living (ILP) services. These youth felt the system had no viable options for them, and sometimes ran away in an attempt to retain some sense of control over their life.

Some youth felt their LIFE Team was unresponsive or even went against their wishes and was **judgmental or critical** at times. In these cases, youth described being interrupted when they spoke, and felt a lack of support for goals, choices, and desires.

*"I just feel when I ask to know something, people say they are going to find out but they don't really do it that much."*

*"All the meetings, nobody ever listened to me on any of my opinions on things. They would ask how I felt about certain things that happened in the case and I said I don't really like it, but they would do it anyway."*

Having meetings at a youth's school was also often described as uncomfortable, or a hindrance to being able to participate and talk openly. **Lack of privacy in school settings**, with meetings being held in areas where others were coming and going and passing through (e.g., counselor's office), or where the principal and other school staff may have been able to hear what was being said, was noted as being stressful, uncomfortable, and anxiety-producing.

*"I think they need to make a more comfortable environment. When we did it at my school it was really uncomfortable because we do it in the counseling office and kids would just come in and out."*

*"We did a lot of the meetings at school so that added more pressure because I felt like the principal and other people there would hear and so I would feel anxious or nervous or whatever."*

## **Complicating Our Understanding of Youth Interview Findings**

As a particularly vulnerable research population, the Evaluation Team's ability to fully represent the voices of child welfare-involved youth is limited. Incorporating voice, by interviewing youth, does not automatically empower them; rather, there has to be an acknowledgement and analysis of how power dynamics shape, distort, or mute what youth in foster care say and their abilities to express themselves

(Nybell, 2013). As Spyrou (2011) stated, “The social, political and historical contexts that shape life in general also shape the entire research process from start to finish. What gets researched, when, how and why are all key questions that need to be asked of every piece of produced research by reflexive researchers who seek to challenge the taken-for-granted in the production of knowledge about children and childhood.”

In an effort to better understand youth experiences with LIFE services and the child welfare system more generally, five Youth Advisory Board members re-analyzed 16 of the youth interviews (discussed above) with the powerful lens of lived experience. Interviews were chosen for re-analysis if there was an initial and follow-up interview with the youth, and based on diversity (race, gender, age, location) and interviewer suggestion (e.g., more content-rich). The YAB Researchers met with members of the Evaluation Team weekly for five months to share and discuss insights. It should be kept in mind that the YAB Researchers never received LIFE services; however, the findings offer experience-laden interpretations of behaviors, responses, and needs of youth navigating the unstable and often disempowering child welfare system.

As described previously, many youth interviewed had positive experiences with LIFE services, e.g., feeling supported and heard by members of their LIFE Team. The YAB Researchers recognized these positives:

*“Their caseworker actually called them?!”*

*“I also thought it was amazing how they brought up ILP and all these other resources”*

*“I particularly liked the quote about them feeling comfortable because they knew the people in the room, this is so important. The more comfortable the youth, the more open they will be.”*

However, the YAB Researchers also pointed out the consequences of feeling disempowered, including an inability to share real feelings and needs, particularly with anyone perceived as having power over you. Four key themes came up in our discussions:

1. Foster youth are good at adapting to their surroundings
2. Interpreting behavior needs to be done thoughtfully and with empathy
3. Relationships are key
4. One approach to engaging youth is not enough

**Complicating Theme 1: Youth are good at adapting to their surroundings.** According to YAB Researchers, youth in foster care learn how to adapt to their surroundings at an early age. This is something they learn to do with their parents (who may be unpredictable), their foster families (whose values and mores foster youth are expected to assimilate to), and even their caseworkers (sometimes having multiple of these powerful people who can both provide reassurance and take it away). Navigating such instability and being expected to meet the needs of everyone around you adds to the confusion of such formative years, leaving them to question what they really want and instead focusing on what they think those around them want. YAB Researchers identified this dynamic as code-switching, in that youth might say what they think is the correct thing to say, or what they think someone wants to hear, rather than what they really want or how they feel in order to present themselves “correctly.” Importantly, this can happen without anyone being aware they are doing so.

This concept was exemplified in an interview with a youth, “Lorna,” who shared a positive experience early in their child welfare case, but in their follow-up interview 14 months later, they had given up on the service and gone on the run. In Lorna’s first interview, they described the FEF putting the responsibility of case movement on them and their mother. One YAB Researcher pointed out that putting the youth in a position of having to act like an adult created an environment where the youth would feel the need to code-switch, or act like an adult. In turn, the YAB Researcher explained, this limited the youth’s ability to express—or maybe even recognize – what they really wanted. Consequently, when Lorna was asked in the second interview if there was anything LIFE staff could have done to keep them from going on the run, they responded:

*“No, because they didn't know everything that was going on. So there was no way to prevent what was happening, especially when it didn't have nothing to do with y'all...”*

In another example from their first interview, the exchange between interviewer and Lorna was:

**Interviewer: Was your mom there, your biological mom?**

*“Yes, ma'am.”*

**Interviewer: You said a lot was accomplished.**

*“Yeah, so I wanted to talk about certain things like boundaries, rules, where is my case was going, how are we doing on my case.”*

A YAB Researcher explained that Lorna was transforming into “*the good youth*” that the system wants to see and that this may not have been a full presentation of them. Another YAB Researcher, who is Latinx, further explained that Lorna, who is African American, may not have wanted to be seen as an “*angry black girl.*” By Lorna’s second interview, they were no longer willing to code-switch:

*“I was rolling with what they wanted at first, doing the foster homes, trying to do good in school and all of that. But that didn't work, not for me...Not for what they had in mind.”*

This necessarily complicates the understanding of youth voice for practitioners and researchers alike. As one YAB Researcher explained, “...they might have answered differently if the interviewer had been someone they trusted.” Separately, another YAB Researcher shared, “I wouldn’t have been honest with someone I barely knew—especially someone who knew my caseworker.”

In another interview, code-switching was identified by another YAB Researcher when a youth described getting “*ambushed*” in a LIFE meeting for a particular behavior. When the interviewer asked if they felt that was a good way for their LIFE Team to handle the issue, the youth interviewee said yes, and explained that they had learned their lesson. However, the YAB Researchers questioned the youth’s response:

*“[They] might be afraid someone will tell [their] caseworker and they’ll get moved. If you’re a foster youth that hasn’t been moved around a lot, then you really fear that instability.”*

**Complicating Theme 2: Adults focus on behavior rather than working to understand the underlying unmet need.** According to YAB Researchers, youth in foster care struggle with identifying and sharing their true wants and needs because adults focus on, appraise, and react to youth behavior rather than trying to discover the unmet needs driving the behavior. As one YAB Researcher put it, “*Don’t judge the*



*behavior, find out the need that is causing the behavior.” Another YAB Researcher stated, “We’re angry. We’re not very good at controlling that anger. But adults are not very good at seeing beyond that anger.”*

It’s relatively easy to understand how unmet needs can lead a youth to run away or disengage from school or social activities. For example, when asked if they were okay with some decisions that had been made on their case without their input, one youth interviewee responded:

*“I don’t know. I don’t care...even when we say stuff, they just choose what they want. It is like, no point.”*

Or as Lorna, the youth who was on the run, explained how they tried things child welfare’s way and it wasn’t working:

*“...what they had for me wasn’t what I wanted and I was ready to do my own thing and branch off. I had been in their care, some good, some bad... I wasn’t interested anymore, honestly.”*

A more complex story may exist for youth who are engaged and participating in services. The YAB Researchers explained that what looks like engagement can also be the youth’s way of organizing the system around them, an act of self-preservation. In one interview, a youth switched between using “Mom” to refer to both their biological mom and their foster mom. One might interpret this youth’s behavior as loving their foster mom like their biological mom when, in reality, the youth’s behavior could be about surviving in foster care and pleasing their foster mom. One of the YAB Researchers explained that the yearn for stability is so strong that foster youth quickly figure out ways to pull in those around them (i.e., it may have pleased the foster parent to be called “Mom”). YAB Researchers describe this as a way to regain some control and ensure they will have support when they need it, thereby creating a space for hope and comfort.

Focusing on the behavior without an understanding of the needs behind the behavior can lead adults to the wrong conclusion. As seen with Lorna, the consequence can be a team of supporters that do not understand what the youth wants or needs and, in turn, an inability to anticipate or prevent an attempt to take back control such as running away. As shared previously, Lorna’s LIFE Team didn’t know what was going on and Lorna didn’t want to be mean by telling them how they really felt:

*“...I didn’t just want to come in here and say it to them, because that is kind of mean, but over time, you understand.”*

As another example, youth who often attended LIFE meetings said they did so because they wanted to know what was going on with their case. However, youth who did not attend meetings *also* shared wanting to know what was going on with their case. YAB Researchers pointed out that youth may not demonstrate or have an interest in participating in their family’s child welfare case, especially early on when they may be experiencing “*their first opportunity to focus on themselves.*” Youth rejecting the opportunity to participate in case planning meetings because they “*just want to be a kid*” and may “*still have hope [their] parents will get it together*” may, to many adults, appear as disengagement. YAB Researchers insisted that despite the seeming disinterest, youth should still be informed about what’s going on and asked for input. In fact, early in the case is a good time for caseworkers to begin building

their relationship with the youth and demonstrating their interest. As one YAB Researcher explained, “‘I don’t care’ can actually mean, ‘Do I really have a choice?’”

**Complicating Theme 3: Understanding is co-created and relationships are required.** The YAB Researchers made it clear that relationships are key to creating a shared understanding of what youth want and need. YAB Researchers noted that lacking an understanding of the youth as an individual can lead people to “blame all misbehavior on trauma when most of it’s normal.” Foster youth get labeled as “broken” and treated like someone who needs to be fixed when what they yearn for is normalcy. YAB Researchers identified a good example of how to respond to behavior described by one youth. The interviewee shared getting called out during a meeting for something they had done wrong. Their FEF then asked everyone in the room to share if they had done something similar in their youth and everyone responded with similar stories of teenage misbehavior. The youth said:

*“It just made me feel more close to them, and okay, they did something like me, so...they opened up to me so I thought I might as well open up to them, too.”*

The YAB Researchers explained that rather than focusing solely on the behavior, the FEF was able to focus on the youth’s needs. To do this well, a relationship is required. This takes time which, YAB Researchers keenly understood, is a scarce resource for caseworkers. Coupled with an unrelenting push for permanency and case closure, relationships that develop between youth and their caseworkers can feel contrived and ineffective, if not non-existent or downright bad. Without a meaningful connection, caseworkers can misinterpret behavior and approach youth in a manner that doesn’t align with the youth’s needs. For example, YAB Researchers pointed this out as another complicating factor for Lorna’s experience. Lorna, who presented as a very independent youth (whether code-switching or not), described frustration in not getting her questions answered:

*“I hear it all. I hear whatever, ‘come work with me’. Well, ‘what do you want to do [Lorna]’? That is the question I get, but the answers you are giving me are not—I’m not going to say up to my standards as if I am up there or something, but you are not answering my question to the full extent of my understanding. No.”*

YAB Researchers interpreted this as Lorna’s LIFE Team seeing their independent behavior and assuming they didn’t need support. YAB Researchers explained that youth don’t always have a clear idea of the questions they want to ask because they don’t know what’s possible. Relationships with youth can help prevent misunderstandings that impede the team’s ability to meet the youth’s needs.

Furthermore, YAB Researchers contrasted Lorna’s experience with another youth, ‘Jay’, who self-described as shy and quiet, but felt all of their questions were answered clearly. In fact, this youth described a number of times how they were asked questions like, How are you doing? What are you struggling with? Is there anything we should know? YAB Researchers wondered if there was a greater attempt to understand this youth because they were shy and perhaps seen as less independent than Lorna, assuming that Jay needed more support.

**Complicating Theme 4: One approach to engaging youth will not work for all youth.** As YAB Researchers pointed out, there is no checklist for working with human beings. In particular, providers working with youth need to have different approaches to engagement and relationship building. As well, YAB Researchers explained that, even though foster youth are good at adapting to their surroundings, youth-centered practice does not mean inviting youth to join adult-centered activities. That is, youth



engagement approaches are not the same as adult engagement approaches. Furthermore, the idea of 'youth voice' is much more complex than just asking them to speak.

A YAB Researcher pointed out that some youth interviewees enjoyed meetings and found them helpful; however, meetings may not support all youth communication styles. Some youth need time and space to respond – sitting in a meeting, being expected to have immediate, well-thought-out, clear answers to questions may leave youth feeling marginalized and judged. Youth can also feel too intimidated to speak in a room full of adults. As one youth interviewee shared:

*"I was going to have a whole big explosion but there were different people there. 'No, I can't do that. They are going to think I'm crazy.'"*

Meetings, to some youth, can feel like one more situation they are forced to navigate and adapt to. For example, this same youth went on to explain that every time they went to speak, others at the meeting would interrupt them— *"and it is really funny, because one of the rules that they have on their stupid board is take turns speaking"*. This youth shared having questions about their placement hearings *"but they don't really answer those"* in the meetings so, instead, the youth would call their attorney to get their questions answered.

Another youth interviewee said they enjoyed meetings when they were getting praised but:

*"When they are just talking about stuff I've done wrong... I feel like I am just in a meeting about people just criticizing me... When I mess up, they are, 'okay, you did this wrong, you did this wrong, you did this wrong.' Cool, people judging me, nice."*

YAB Researchers explained that, rather than forcing youth to adapt to adult-focused environments, practitioners should adapt to the youth by using active listening skills and consistently responding to youth needs. As a YAB Researcher shared, *"this can be as simple as demonstrating care by texting the youth after the meeting to see how it went."*

YAB Researchers often pointed to the issue of inauthentic efforts to engage youth. Many practitioners seem to understand the importance of asking youth what they want but, as one YAB Researcher explained, *"People want youth to have a voice, but not **that** voice."*

For example, two different youth interviewees said they wanted to connect with family members that had been identified but were not supported by the LIFE Team. One of the youth interviewees said:

*"I am going to have to say what I am going to say if I want what I want. I can't really be heard if I'm not talking."*

It seems this youth wouldn't have trouble speaking their mind; however, when asked about visiting their relatives, the youth explained:

*"I asked...they said that they would do something at the LIFE meetings, but it didn't really happen... It kind of happened, but then they tell me to call them. They gave me the numbers of people, and I don't want to just call out of nowhere and start talking with them. That's weird."*

This 13-year old's voice was heard but as a YAB Researcher explained, *"The meeting topics just don't seem to be centered around what the youth want...[and]... the way they are supporting the youth is questionable—like just giving them the [relatives'] number and saying 'call her'—like ?"* In their final overall reflections, a YAB Researcher shared:

*"Many times youth are getting to talk, but their input is overlooked or not taken serious. It's important to treat the youth as an equal in the room, and that what they are saying matters. Just because you're letting the youth talk isn't enough, they need to be taken seriously."*

In a memorandum released in August 2019 (Information Memorandum, ACYF-CB-IM-19-03) by the Administration for Children and Families, the relationship between voice and power is acknowledged. The Children's Bureau describes the importance of getting the youth (and family) voice in case planning in order to:

Empower families and youth involved with the system to determine service needs to expedite reunification or other permanent, family-based solutions.

Our work with YAB Researchers supports this idea but suggests that 'voice' is not as simple as asking youth what they want. As previously stated, the child welfare system as an institution of power impinges on youths' desire and ability to express themselves. This reanalysis of a subset of youth interviews, through the lens of lived experience, sheds light on how power dynamics inherent in the child welfare system fundamentally alter how youth approach relationships with adults.

## Youth Well-being

Youth well-being is another key outcome expected as a result of LIFE services. In this section, we detail findings from a range of data collection strategies (survey, interviews, administrative data) and perspectives (youth, foster parent, caseworker and service provider).

### Youth Perspective

Items from the Youth Short-term Outcome Survey formed a scale measuring youth well-being in terms of connections with family, sense of control and choice, and hope for the future (see Methods Appendix S and Tools Appendix VII for details). On average, youth-reported well-being was rated 3.6 ( $n=60$ ) on a scale from 1 to 4. Well-being was strongly associated with youths' experience of support from their LIFE Team ( $r= 0.70$ ) and moderately associated with their experience of youth-guided LIFE Meetings ( $r=0.40$ ). Self-reported well-being was fairly consistent across DHS branches and it was not statistically different for Youth of Color and White youth. **Thus, youth rated their own well-being positively.**

Youth interviews helped shed light on key indicators of well-being associated with LIFE service involvement (see Methods Appendix T for details). The way in which youth talked about their own well-being was in terms of having a sense of control, emotional support, relationship, and hope for the future.

**Sense of Control.** One facet of well-being associated with LIFE services was a sense of control and choice. As previously mentioned, some youth interviewed reported that they knew what was going on with their case and that they had the opportunity to make choices (e.g., which school they attended, permanency options). Some youth saw problem solving during meetings, and felt their LIFE Team was responsive to their expressed needs.



**Figure 22. Well-being According to Youth**

For some youth, LIFE services did not provide a sense of control and choice. They talked about experiencing confusion and uncertainty – they did not know exactly what they needed, where they wanted to live, or put off making a decision (e.g., feared hurting a relative’s feelings). Or, they felt that the way in which adults provided opportunities for voice and choice felt coercive – they asked too many questions or felt that the LIFE Team was “needy.”

**Emotional Support.** Many of the youth interviewed said they experienced their LIFE Teams as caring and supportive, and/or felt like they were part of the Team. They said they felt heard by the team and were supported to get back on track after a setback rather than being judged. When youth did not experience this type of caring and support, they felt angry and frustrated. Some youth reported that they walked out of meetings, or in a few cases, they ran away from their placement as a way to regain control or get someone to pay attention.

**Relationships.** Once again, relationships emerged as an important aspect of well-being. Some youth said that LIFE Meetings provided an avenue for seeing their parents, siblings, and other family members. They also said they developed new relationships or had healthier relationships with family members and other supportive people in their lives as a result of LIFE services. On the other hand, some youth also reported that they didn’t attend LIFE Meetings so as to avoid seeing certain people or witnessing conflict among family members.

**Hope for the Future.** Through LIFE services, some youth said that they started feeling more hopeful about the future. They gained confidence as they were encouraged to and supported in pursuing their interests (e.g., sports, classes, vocational school). For other youth, LIFE services did not help create a sense of hope. For example, when their families didn’t make progress on their case or the youth saw that nothing was happening, youth talked about experiencing apathy and a loss of hope. Some youth said they felt like they couldn’t depend on anyone, didn’t need anyone, or didn’t care. At times, they said that child welfare had no workable solutions for them (e.g., a youth wanted to be in the Independent Living Program but wasn’t old enough, didn’t see acceptable permanency options).

**Foster Parent Perspective**

During interviews, foster parents reported that LIFE services facilitated a deeper understanding of the family’s circumstances and dynamics and a broader awareness of the case, which helped them care for the children in their home (see Methods Appendix B for details). As one foster parent said:

*“She is not doing that well in school, but when we had the LIFE meetings, all of that stuff was discussed and possible solutions, and what to do. It was really helpful in that respect. We thought they did it with all children.”*

Another foster parent explained how observing the interactions of a large family helped her plan for an adjustment for the children at home with her as the sole caregiver. Awareness of the “big picture” was especially relevant in preparing children for the changes as their case progressed. Foster parents described getting updates on siblings in other foster homes, learning about the status of family members working on becoming relative placements, and understanding the plan for visits, reunification, and transitions from reunification to concurrent plans.

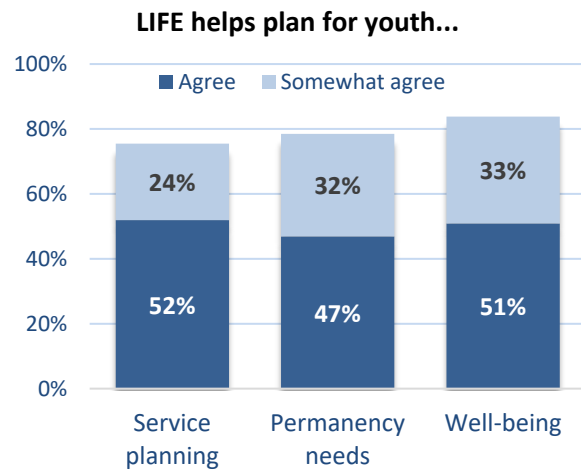
### Caseworker & Service Provider Perspective

Caseworkers and service providers largely agreed (75-84% of those surveyed) that LIFE meetings helped with service planning for youth, as well as planning for their permanency needs and overall well-being (see Figure 23) (see Methods Appendix C for details about the Service Provider Survey). Based on comments, bringing together a team can be an effective way to plan for youth services, permanency, and well-being. Caseworkers and service providers said the best thing about LIFE services was:

*“The opportunity to get everyone involved in a child's case together and the priority placed on the child's needs.”*

*“It brings everyone involved in a youth's life to the table to find permanency for that youth. It educates caseworkers, supervisors, service providers, and families about the OSM.”*

**Figure 23. Planning for Youth: Caseworker and Service Provider Perspective**



Data Source: Service Provider Survey, n=228

A small number of caseworkers and/or service providers did not see enough focus on the youth during LIFE Meetings:

*“It felt like it was WAY more focused on the parents' needs/agenda items than the children...Repeatedly, everyone would struggle with bringing up the children, who are younger so not present, instead it would be 90% about how mom wants to move again...but the hard stuff about actually holding up the question of ‘How is the transition going to affect the children?’ wasn't asked...”*

### Administrative Data: Child and Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths assessment was used as another indicator of child well-being available for youth in both the LIFE and Comparison groups (administrative data from OR-Kids). All of the youth in the current study were assessed using the version for youth ages 6 to 20. Due to changes in CANS assessment protocols in 2017, we used the total CANS score, which ranges from 0 to 3 (higher scores indicate higher needs). Youth typically are assessed within 30 days of being placed in foster care (initial), and again one year later (annual). We found 560 youth with both initial and annual total scores within 90 days of LIFE eligibility dates (19% of the total youth sample, n=2,900), and 219 youth in the matched LIFE 2+ Meetings vs. Comparison sample (19% of n=1,126) (see Methods Appendix U).

Youth in the LIFE 2+ Meetings group (n=106) and the matched Comparison group (n=113) did not have statistically different total CANS scores. Both had similar adjusted average initial CANS scores (1.09 and 1.29, respectively) and adjusted average annual scores (1.09 and 1.37, respectively) ( $F=0.26$ ,  $p=.608$ ). The same analysis was conducted for the matched Youth of Color (YOC) group (see Methods Appendix U for details). Although the findings shown in Table 15 are not statistically significant, it is interesting that YOC in the LIFE 2+ Meetings group had the largest decline, suggesting a reduction in needs over the year corresponding closest to their LIFE eligibility date.

**Table 15. CANS Scores for LIFE 2+ Meetings vs. Comparison Groups by White vs. Youth of Color**

| Group            | Race  | n  | Total CANS Score |        |        |
|------------------|-------|----|------------------|--------|--------|
|                  |       |    | Initial          | Annual | Change |
| LIFE 2+ Meetings | White | 53 | 1.12             | 1.06   | -0.06  |
|                  | YOC   | 38 | 1.33             | 1.09   | -0.24  |
| Comparison       | White | 72 | 1.11             | 1.16   | +0.05  |
|                  | YOC   | 36 | 1.66             | 1.58   | -0.08  |

**Data Source.** Child & Adolescent Needs and Strengths Assessment (OR-Kids data; see Methods Appendix U).

**Note.** Analysis included all youth in the race-matched LIFE 2+ Meetings sample who had an initial and annual CANS scores ( $n=219$ ).

We also calculated a categorical variable indicating whether a youth’s CANS scores showed reduced or stable low needs (0) vs. increased or stable elevated needs (1-3). Fifty percent of youth in both the matched LIFE 2+ Meetings and Comparison groups had reduced or stable low needs. Although sample sizes were small, we also used the matched YOC and Black/AI/AN samples to compare the categorical variable. Indeed, none of these analyses was statistically significant; however, the pattern of findings shown in Table 16 suggest that a larger proportion of YOC in the LIFE 2+ Meetings group had reduced or stable low needs over time. YOC had somewhat higher initial scores and would therefore be more likely to decline over time; however, that does not explain the larger effect for LIFE 2+ Meetings youth.

**Table 16. CANS Reduced or Stable Low Needs by White vs. Youth of Color**

| Group            | Race        | n  | Reduced risk or stable 0 score |
|------------------|-------------|----|--------------------------------|
| LIFE 2+ Meetings | White       | 53 | 43.4%                          |
|                  | YOC         | 38 | 60.5%                          |
|                  | Black/AI/AN | 17 | 70.6%                          |
| Comparison       | White       | 72 | 55.6%                          |
|                  | YOC         | 36 | 47.2%                          |
|                  | Black/AI/AN | 14 | 42.9%                          |

**Data Source.** Child & Adolescent Needs and Strengths Assessment (OR-Kids data; see Methods Appendix U).

**Note.** Analysis included all youth in the race-matched LIFE 2+ Meetings sample who had an initial and annual CANS scores ( $n=219$ ).

Taken as a whole, findings suggest that LIFE services supported youth well-being in terms of a sense of control, emotional support from their LIFE Team, relationships with family and other support people, and hope for the future. Moreover, members of the LIFE Team also shared that LIFE Meetings were youth-centered and created environments conducive for planning for the safety and well-being of children. Administrative CANS data suggested that YOC may have experienced benefits from LIFE services in terms of reduced or stable low needs (e.g., reduced trauma symptoms).

## 03: How and under what conditions do LIFE services promote positive child welfare outcomes?

LIFE services promoted timely case progress and relative placements, but did not decrease time spent in foster care nor positively impact placement stability. Outcomes were mostly similar for White and Youth of Color in the LIFE service group, but there was also evidence of racial disproportionality among Youth of Color more generally.

### Timely Case Progress

As part of the Realist Evaluation, we conducted a Case Progress Tracking study to help understand how LIFE cases moved through the child welfare and court systems in a timely manner (see Methods Appendix V for details). Findings below are based on a systematic review of LIFE Meeting Agenda notes (see Methods Appendix M and Tools Appendix IV for details) for a sample of LIFE cases that had at least four LIFE meetings, were attended by at least one birth parent, and reunification with parent was the plan at the time LIFE services were opened ( $n=60$ ). Caseworker interviews were used to help explain some of the findings (see Methods Appendix D for details). We found that LIFE promoted timely case progress, which can contribute to reducing length of time youth spend in substitute care, in a number of ways: (1) improved decision-making and case planning, (2) increased support for caseworkers, and (3) promoted engagement by caseworkers and other providers.

### Decision-making and Case Planning

LIFE promoted better decision making and timely case planning in the following ways:

**Following the Oregon Safety Model.** LIFE facilitated better decision making and case planning by promoting the use of the safety model by caseworkers and LIFE Teams more generally. FEFs were well versed in OSM practice and had a strong understanding of its implementation. They promoted the use of OSM by caseworkers through encouragement, prompting and offering coaching and advice. Review of conditions for return and expected outcomes were included on LIFE meeting agendas and PMs and other team members frequently asked for clarity regarding DHS's expectations during meetings.

**Creative Decision Making.** Meetings served as a forum for multiple perspectives and ideas to be shared which resulted in outside-the-box plans and more appropriate services and supports. Inviting providers, family, friends, and other community supports to meetings allowed those with varied understandings of the family's needs to offer suggestions and collaborate on ways to provide support. It also brought people with differing expertise and knowledge of resources together to brainstorm in ways they would not normally have the opportunity to do. Caseworkers particularly appreciated the help when working through complex cases with a variety of needs and multiple moving parts.

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#### Example of Creative Decision-Making:

*A caseworker requested an early permanency hearing for a plan that enabled a youth with significant developmental disabilities to remain with specially trained caregivers and for custody to be returned to his parents.*

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**Shared Responsibility.** Caseworkers' ability to rely on information and insights provided by team members often made it possible for cases to progress more quickly. PMs, CASAs, providers and extended family had information that caseworkers aren't usually privy to and that proved crucial to decisions about whether to allow overnights, for example. The team was also able to make available hands-on support and monitoring that is beyond the ability of the agency to provide. In addition, when caseworkers made decisions that strayed from 'business as usual', teams provided support and a sense of shared responsibility which made it easier to justify those decisions to the courts and supervisors.

**Turnover/Transitions Support.** LIFE Teams were often able to keep turnover from slowing case progress as much as it might have otherwise. As new caseworkers joined a case, there was a team of people to explain what had happened so far, answer questions and generally get them up to speed. Meetings were also an efficient way for caseworkers to meet key providers and supports. As one caseworker explained:

*"LIFE made it easier when I took over the case from the other caseworker—we had a meeting right away that helped me catch up on what was going on. The meeting occurred pretty quickly after I got the case and I got to meet the family and talk with the LIFE worker.... The biggest pause in turnover is saying 'who are all these people I have to meet?' and what helps with LIFE is you come in and everyone's there."*

### **Increased Support for Caseworkers**

LIFE provided support for caseworkers in the following ways:

**Mentoring.** An important (and somewhat unintended) impact of LIFE was the mentoring provided to caseworkers by FEFs related to OSM and casework practice more generally. FEFs often helped caseworkers prepare for LIFE meetings by talking through safety plans and conditions for return, for example. Many of the FEFs were seasoned child welfare workers and were able to offer different types of advice and coaching. This was particularly true with newer caseworkers. A caseworker who had been on the job less than a year explained what she appreciated about the FEF:

*"The mentorship has been great. Especially at the beginning...the role modeling, helping to see 'these are your options—what do you think would be best?'"*

**Monitoring, To Do Lists and Documentation.** Monthly LIFE meetings that included regular updates from a range of providers (for both parents and youth) were an efficient and effective way for caseworkers to monitor a range of case-related activities. FEFs often tracked 'who's responsible for doing what' by recording *action items* generated during the meetings and then reviewing them the following month, and for many caseworkers these served as a useful list of 'to dos'. Caseworkers also found the notes produced as part of LIFE meetings very valuable when it came time to generate court reports and in establishing reasonable or active efforts by DHS.

### **Caseworker and Other Provider Engagement**

LIFE promoted the engagement of caseworkers and other providers in the following ways:

**Relationships and positive spirals.** Some caseworkers noted that, because of monthly meetings, they had more robust and positive relationships with parents and/or other members of the team. Meetings were a forum for communication and connection which promoted greater understanding between team members and built trust, regard, and strengthened relationships. Over time and with even a few small

successes, these caseworkers felt more energized about the case and tended to give it more attention and positive support.

**Action items and accountability.** Many meetings included documentation of action items- 'to do' lists for caseworkers and providers as well as parents and their supports. These were then reviewed at subsequent meetings and people provided updates regarding their progress; in this way, members of the team were held accountable for their responsibilities to the case. Caseworkers (and other providers) reported that this encouraged timely follow through even in the face of heavy workloads because they didn't want to let the team down or report that they'd failed to complete their assigned tasks. As one caseworker commented,

*"I had a list of things to do and I made sure I did those things to the best of my ability because it would be embarrassing for me and we obviously decided that this was what we needed to do so it helped me prioritize."*

### **Barriers**

It is important to note that LIFE Meetings were not always sufficient to ensure timely progress. For example, the factors below slowed the movement of cases through the system even when LIFE meetings took place on a regular basis:

- In some instances, when meetings were held pre-adjudication or if criminal charges were pending, attendees were unable to discuss key issues (often on the advice of attorneys).
- Practice varied and in some LIFE cases few if any providers were invited or attended.
- Some caseworkers failed to make use of information, input or other offers of support from team members; some workers claimed they preferred to work on their own, and others seemed to have already decided about the direction of the case and were not open to additional input.
- In some cases, needed services were not available so parents and their teams spent months waiting for wait lists to open up or alternatives to be found.

### **Foster Care Outcomes**

Administrative data extracted from the OR-Kids system were used to evaluate child welfare outcomes for youth and families involved with LIFE services (see Methods Appendix U for details). LIFE case data were provided in the LIFE Eligibility and Tracking Database. In this section, we will routinely disaggregate data by race in non-mutually exclusive categories (African American, American Indian/Alaska Native, and Hispanic) and White (only identified as White) to examine differential patterns for families that have been historically marginalized and oppressed.

### **Case at Time of LIFE Exit**

In total, 519 cases met the secondary eligibility criterion (at least one child on the case had a Waiver score of 12 or higher (13 after February 6, 2017) and were likely to stay in foster care for at least 30 days after the eligibility date) for LIFE services. Eighty-two percent of LIFE cases ( $n=424$ ) had exited LIFE services by the end of the study window (December 26, 2019). LIFE services most often ended because permanency had been achieved (according to FEFs;  $n=302$  or 58% of secondarily eligible cases)

**Length of LIFE Service.** On average, LIFE services were open for 460 days (1.3 years from Waiver eligibility date to exit date), but ranged from 0 to 1,334 days (3.7 years). Length of service differed



according to district (ranged from 316 – 575 days) and cohort (ranged from 349 to 533 days). Length of LIFE service also differed according to race, ranging from an average of 426 days for cases with Hispanic youth to 511 days for cases with Black youth.

### Youth at Time of LIFE Exit

Youth included in these analyses were those who had a Waiver eligibility score and were on a case meeting secondary eligibility criteria ( $n=756$ ). Foster care disposition was extracted from the OR-Kids administrative data system.

**Disposition.** At the youth level, 598 of 756 youth (79%) were part of a case with closed LIFE services and had an exit date entered in the LIFE Tracking Database. The remaining youth were still receiving LIFE services at the end of the study window (December 26, 2019). Of the youth with closed LIFE services, 30% had exited foster care ( $n=180$ ) at the time LIFE services ended (see Table 17). This percentage differed according to the district in which LIFE services were provided (ranged 17% to 41%). If a youth was in a permanent placement at the time of LIFE exit, it was most commonly a reunification with parent(s).

There were also a few notable differences in disposition according to race. Table 17 shows foster care disposition for youth identified as Black, American Indian/Alaska Native (AI/AN), and Hispanic in OR-Kids administrative data. Descriptively, Black youth were overrepresented in the Other dispositions, and Native youth tended to have exited foster care or to have legal custody awarded to a relative.

**Table 17. Foster Care Disposition at LIFE Exit by Race**

| <i>n=598</i>                  | All youth on a case with LIFE exit date | Youth was identified as White ( $n=379$ ) | Youth was identified as Black ( $n=54$ ) | Youth was identified as AI/AN ( $n=45$ ) | Youth was identified as Hispanic ( $n=113$ ) |
|-------------------------------|---|---|--|--|--|
| Still in care                 | 70% (418)                               | 70% (265)                                 | 72% (39)                                 | 62% (28)                                 | 70% (79)                                     |
| Reunified with parent         | 24% (145)                               | 25% (96)                                  | 19% (10)                                 | 20% (9)                                  | 22% (25)                                     |
| Legal custody to relative     | 3% (20)                                 | 2% (9)                                    | 0% (0)                                   | 13% (6)                                  | 5% (6)                                       |
| Legal custody to non-relative | 3% (15) <sup>2</sup>                    | 2% (9) <sup>2</sup>                       | 0% (0)                                   | 4% ( $n<5$ ) <sup>2</sup>                | 3% ( $n<5$ ) <sup>2</sup>                    |
| Other <sup>1</sup>            |   |   | 9% (5)                                   |  |  |

**Notes.** Race categories were not mutually exclusive. AI/AN=American Indian/Alaska Native. This table includes 598 youth who were part of a closed LIFE case and had a valid LIFE exit date (79% of the total LIFE youth sample,  $n=756$ ).

<sup>1</sup> Includes legal custody to non-relative, independent living, emancipation, self-sufficient, adoption, incarceration, or aged out/runaway.

<sup>2</sup> Small samples combined so that  $n \geq 5$ .

### 12 months after LIFE Exit

At the end of the study window, 451 youth had at least 12 months of follow-up time after LIFE exit. This section describes what happened to those youth in terms of foster care outcomes.

**Disposition 12 Months after LIFE Exit.** Of the youth having 12 months of follow-up time after LIFE exit, 74% ( $n=339$ ) were no longer in foster care one year later (see Table 18). Of the youth in a **permanent placement at LIFE exit**, 98% ( $n=134$  of 136) remained in that placement. Of the youth **still in care at LIFE exit** with at least 12 months of follow-up time ( $n=315$ ):

- 40% ( $n=126$ ) went on to reunify with their parent(s);
- 37% ( $n=115$ ) remained in foster care;
- 18% ( $n=58$ ) had legal custody awarded to a relative;
- 4% ( $n=13$ ) had a finalized adoption or custody awarded to a non-relative; and
- 1% ( $n<5$ ) were independently living, incarcerated, in a long-term residential facility, or aged out.

Again, the proportion of youth still in care 12 months after LIFE exit differed according to district (ranged from 18% to 39%) and cohort (ranged from 23% to 32%). A somewhat smaller proportion of Black youth had reunifications, and AI/AN youth tended to be out of foster care or have legal custody awarded to a relative (see Table 18).

**Table 18. Foster Care Disposition 12 Months after LIFE Exit by Race**

|                               | All youth<br>( $n=451$ ) | Youth was<br>identified<br>as White<br>( $n=283$ ) | Youth<br>identified<br>as Black<br>( $n=40$ ) | Youth<br>identified<br>as AI/AN<br>( $n=34$ ) | Youth<br>identified<br>as Hispanic<br>( $n=90$ ) |
|-------------------------------|--------------------------|--|---|---|--|
| Still in care                 | 26% (117)                | 24% (69)   | 35% (14)                                      | 18% (6)                                       | 29% (26)   |
| Reunified with parent         | 52% (236)                | 51% (145)  | 40% (16)                                      | 50% (17)                                      | 54% (49)   |
| Legal custody to relative     | 16% (73)                 | 19% (54)   | 15% (6)                                       | 27% (9)                                       | 11% (10)   |
| Legal custody to non-relative | 2% (8)                   | 3% (7)   | $n<5^2$                                       | $n<5^2$                                       | 6% (5) <sup>2</sup>                              |
| Other <sup>1</sup>            | 4% (16)                  | 3% (8)   |   |   |  |

**Notes.** Race groups were not mutually exclusive. Asian, Native Hawaiian/Pacific Islander, and Other race groups not included here because each sample had fewer than 15 youth. This table includes 451 youth who had at least 12 months of follow-up time after LIFE exit and a valid LIFE exit date.

<sup>1</sup> Includes legal custody to non-relative, independent living, emancipation, self-sufficient, adoption, incarceration, or aged out/runaway.

**Days in Foster Care 12 Months after LIFE Exit.** The average number of days in foster care in the 12 months after LIFE exit, excluding time spent in a trial reunification or on the run, was 118 days (ranged from 0 to 365). Average days in foster care differed according to district (ranged from 82-159 days). Youth identified as Black trended toward more days in foster care (147 days,  $n=40$ ), Hispanic youth were close to the average (124 days,  $n=90$ ), and youth identified as AI/AN tended toward fewer days in foster care (84 days,  $n=34$ ) in the year after LIFE exit.

**Placements 12 Months after LIFE Exit.** Number of placement locations ranged from 0 to 14 (average = 0.6 locations) and number of placement changes ranged from 0 to 15 (average = 0.5 changes). Average number of placements did not vary markedly according to district. Youth identified as AI/AN trended

toward fewer placement locations (average = 0.3 locations) and placement changes (average = 0.2 changes) compared to Black youth (average = 0.6 locations and 0.5 placements,  $n=40$ ) and youth identified as Hispanic (average = 0.8 locations and 0.8 changes,  $n=90$ ).

### Comparison Group Analyses

To estimate impact of LIFE services on child welfare outcomes, we first identified a minimum LIFE service group, which included youth on eligible cases that had at least two LIFE meetings ( $n=633$ ; referred to as the “LIFE 2+ Meetings” group). Using the Waiver eligibility database, which scored all youth statewide using the LIFE algorithm starting July 1, 2015, a comparison group of youth were selected to examine foster care outcomes within three timeframes: 24 and 36 months after LIFE eligibility, and at the end of the study window (December 26, 2019) (see Methods Appendix U for details).

**Outcomes: Two years after LIFE eligibility.** The two-year timeframe included youth and families from all three cohorts and three DHS districts (seven branches) in Oregon. Based on a matched sample of LIFE 2+ Meetings and Comparison youth, findings presented in Table 19 suggest that:

- **Relative/kin foster care.** LIFE 2+ Meetings youth were more likely to have lived with relative foster parents in the two years after LIFE eligibility than Comparison youth (statistically significant,  $p<.05$ ).
- **Return to foster care.** LIFE 2+ Meetings youth were *less* likely to return to a foster care placement after being in a permanent placement in the two years after LIFE eligibility than Comparison youth (statistically significant,  $p<.05$ ).

Youth involved with LIFE services were not statistically different ( $p>=.10$ ) than youth in the matched comparison sample on any other foster care outcomes two years after their LIFE eligibility date.

**Outcomes: Three years post-LIFE eligibility.** Due to staggered implementation, the three-year timeframe included youth and families from the first two cohorts and only two DHS districts (six branches) in Oregon. Based on a matched sample of LIFE and comparison youth, findings presented in Table 20 suggest that within three years of their LIFE eligibility date:

- **Relative/kin foster care.** LIFE 2+ Meetings youth were more likely to live with relative foster parents than Comparison youth in the three years after LIFE eligibility (statistically significant,  $p<.05$ ).
- **Exited foster care.** LIFE 2+ Meetings youth were *less* likely to have been out of foster care three years after LIFE eligibility than Comparison youth (marginally statistically significant,  $p<.10$ ). Descriptive analyses suggest that this finding was in part accounted for by a slightly larger share of LIFE 2+ Meetings youth in a relative foster care placement than Comparison youth (12.4% vs. 9.1%, respectively; not statistically significant).

Youth involved with LIFE services were not statistically different ( $p>=.10$ ) than youth in the matched comparison sample on any other foster care outcomes three years after their LIFE eligibility date.

**Table 19. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Two Years after LIFE Eligibility**

| Outcome  | LIFE 2+ Meetings<br>(n=470) | Comparison<br>(n=490) | Average Difference<br>(95% CI) | Wald Chi <sup>2</sup><br>(p value) |
|--|-----------------------------|-----------------------|--------------------------------|------------------------------------|
| Lived in relative/kin foster care                  | 67.1%*                      | 55.5%                 | 11.6% (2.3% - 20.9%)           | 5.59 (.018)                        |
| Had at least one permanent placement <sup>1</sup>  | 53.5%                       | 58.2%                 | -4.7% (-14.3% - 4.8%)          | 0.95 (.329)                        |
| Exited foster care                                 | 52.3%                       | 54.0%                 | -1.7% (-10.3% - 6.9%)          | 0.15 (.697)                        |
| Reunified with parent(s)                           | 37.4%                       | 34.4%                 | 3.0% (-2.8% - 8.8%)            | 1.00 (.318)                        |
| Days in foster care                                | 525.62                      | 516.76                | 8.86 (-27.23 – 44.95)          | 0.23 (.630)                        |
| Number of placement locations                      | 2.08                        | 2.05                  | 0.03 (-0.26 – 0.32)            | 0.35 (.852)                        |
| Number of placement changes                        | 1.48                        | 1.45                  | 0.02 (-0.47 – 0.53)            | 0.17 (.897)                        |
| <b>Of youth who were in a permanent placement:</b> | <b>(n=250)</b>              | <b>(n=285)</b>        |                                |                                    |
| Return to foster placement <sup>2</sup>            | 2.9%*                       | 8.8%                  | -5.9% (-10.6% - -1.3%)         | 5.75 (0.17)                        |

**Notes.** CI = Confidence Interval. Youth included in these analyses were a subset of those matched using propensity score methods and had at least 24 months of follow-up time after their LIFE eligibility date (n=960, or 85% of the full matched sample, n=1,126). Findings reported are adjusted for branch-level clustering and a set of covariates (see Methods Appendix U for analytic and sample comparison details).

<sup>1</sup> Permanent placement = pre-adoptive home, independent living/self-sufficient/emancipation, adoption, legal custody to relative or non-relative, reunification, trial reunification. Foster care episode had not necessarily ended.

<sup>2</sup> Return to foster placement = was in a permanent placement as defined above and then went back to relative or non-relative foster care, group home, residential facility, hospital, or was incarcerated.

\*statistically significant  $p < .05$

**Table 20. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Three Years after LIFE Eligibility**

| Outcome  | LIFE 2+ Meetings<br>(n=274) | Comparison<br>(n=309) | Average Difference<br>(95% CI) | Wald Chi <sup>2</sup><br>(p value) |
|--|-----------------------------|-----------------------|--------------------------------|------------------------------------|
| Lived in relative/kin foster care                  | 73.4%*                      | 61.5%                 | 11.9% (1.6% - 22.4%)           | 4.91 (.027)                        |
| Had at least one permanent placement <sup>1</sup>  | 76.9%                       | 81.7%                 | -4.8% (-13.0% - 3.5%)          | 1.28 (.258)                        |
| Exited foster care                                 | 73.7%~                      | 80.4%                 | -6.7% (-13.0% - -0.3%)         | 3.86 (.050)                        |
| Reunified with parent(s)                           | 42.3%                       | 40.7%                 | 1.6% (-8.2% - 11.4%)           | 0.10 (.752)                        |
| Days in foster care                                | 655.58                      | 628.82                | 26.76 (-42.98 – 96.50)         | 0.57 (.452)                        |
| Number of placement locations                      | 2.36                        | 2.28                  | 0.08 (-0.48 – 0.64)            | 0.82 (.775)                        |
| Number of placement changes                        | 1.73                        | 1.63                  | 0.10 (-0.92 – 1.10)            | 0.04 (.852)                        |
| <b>Of youth who were in a permanent placement:</b> | <b>(n=202)</b>              | <b>(n=243)</b>        |                                |                                    |
| Returned to foster care <sup>2</sup>               | 6.9%                        | 8.1%                  | -1.2% (-8.2% – 5.8%)           | 0.10 (.750)                        |

**Notes.** CI = Confidence Interval. Youth included in these analyses were a subset of those matched using propensity score methods and had at least 36 months of follow-up time after their LIFE eligibility date (n=583, or 52% of the full matched sample, n=1,126). Findings reported are adjusted for branch-level clustering and a set of covariates (see Methods Appendix U for analytic and sample comparison details).

<sup>1</sup> Permanent placement = pre-adoptive home, independent living/self-sufficient/emancipation, adoption, legal custody to relative or non-relative, reunification, trial reunification. Foster care episode had not necessarily ended.

<sup>2</sup> Return to foster placement = was in a permanent placement as defined above and then went back to relative or non-relative foster care, group home, residential facility, hospital, or was incarcerated.

\*statistically significant  $p < .05$

~ marginally statistically significant  $p < .10$

**Outcomes: End of study window.** The final foster care dataset was extracted from OR-Kids on December 26, 2019, which was considered the end of the study window. The following analyses include all matched youth from all three cohorts and all three DHS districts (seven branches). Consistent with what was reported for the two- and three-year timeframes, we found (see Table 21):

- **Relative/kin foster care.** LIFE 2+ Meetings youth were more likely to have lived with relative foster parents after LIFE eligibility than Comparison youth (statistically significant,  $p < .05$ ).

Youth involved with LIFE services were not statistically different ( $p \geq .10$ ) than youth in the matched comparison sample on any other foster care outcomes by the end of the study window.

**Table 21. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Currently (December 26, 2019)**

| Outcome  | LIFE 2+ Meetings<br>(n=563) | Comparison<br>(n=563) | Average Difference<br>(95% CI) | Wald Chi <sup>2</sup><br>(p value) |
|--|-----------------------------|-----------------------|--------------------------------|------------------------------------|
| Ever lived in relative foster care                 | 67.1%*                      | 56.8%                 | 10.3% (1.8% - 18.8%)           | 5.36 (.021)                        |
| In a permanent placement <sup>1</sup>              | 65.1%                       | 67.0%                 | -1.9% (-11.3 - 7.6%)           | 0.15 (.695)                        |
| Exited foster care                                 | 68.9%                       | 71.1%                 | -2.2% (-6.7% - 11.0%)          | 0.23 (.629)                        |
| Reunified with parent(s)                           | 39.6%                       | 40.2%                 | -0.6% (-7.3% - 6.1%)           | 0.03 (.858)                        |
| Days in foster care                                | 642.42                      | 616.96                | 25.46 (-33.79 - 84.72)         | 0.71 (.400)                        |
| Number of placement locations                      | 2.54                        | 2.41                  | 0.13 (-0.28 - 0.54)            | 0.38 (.536)                        |
| Number of placement changes                        | 1.94                        | 1.71                  | 0.23 (-0.45 - 0.92)            | 0.48 (.487)                        |
| <b>Of youth who were in a permanent placement:</b> | <b>(n=366)</b>              | <b>(n=396)</b>        |                                |                                    |
| Ever returned to foster care <sup>2</sup>          | 6.3%                        | 9.7%                  | -3.4% (-9.0% - 2.2%)           | 1.13 (.289)                        |

**Notes.** CI = Confidence Interval. Youth included in these analyses were matched using propensity score methods and include 26% of the identified comparison pool ( $n=2,144$ ) and 89% of the LIFE minimum service group (2+ LIFE meetings,  $n=633$ ). Findings reported are adjusted for branch-level clustering and a set of covariates (see Methods Appendix U for analytic and sample comparison details).

<sup>1</sup> Permanent placement = pre-adoptive home, independent living/self-sufficient/emancipation, adoption, legal custody to relative or non-relative, reunification, trial reunification. Foster care episode had not necessarily ended.

<sup>2</sup> Return to foster placement = was in a permanent placement as defined above and then went back to relative or non-relative foster care, group home, residential facility, hospital, or was incarcerated.

\*statistically significant  $p < .05$

### **Parent Mentor Comparison Group**

Another service group was created to estimate impact of parent mentoring services on foster care outcomes: LIFE 2+ Meetings + PM. This service group included youth on eligible cases that had at least two LIFE meetings and whose parent(s) accepted services from a PM ( $n=446$ , 70% of youth with Waiver eligibility scores associated with secondarily eligible cases). Using the Waiver eligibility database, a comparison group of youth were selected using propensity score. The resulting matched groups each contained 387 youth (18% of the comparison pool ( $n=2,144$ ) and 61% of the LIFE minimum service group ( $n=633$ )). The pattern of results was nearly identical to the LIFE 2+ Meetings group so the specific results are not reported here.

### **Comparison Group by Race: Youth of Color vs. White**

We did a third comparison of foster care outcomes moderated by race (LIFE 2+ Meetings vs. Comparison). Within-race comparison groups were identified (White and Youth of Color, YOC) to ensure racial groups, as well as the overall LIFE and Comparison groups, were equivalent (LIFE 2+ Meetings and Comparison groups each had 511 youth, 330 White and 181 YOC; total  $n=1,022$ ). Due to smaller sample sizes in the YOC groups having at least three years of follow-up time, foster care outcomes were examined in two timeframes: 24 months after LIFE eligibility and at the end of the study window (December 26, 2019).

Moderation analysis tells us whether foster care outcomes for youth on LIFE cases differed based on race. A statistically significant interaction between LIFE service involvement (LIFE 2+ Mtgs vs. Comparison) and race (White vs. YOC) would provide such evidence. Main effects for race or LIFE suggest that there were differences for youth in LIFE services in both White and YOC groups, or differences for race in both the LIFE and comparison groups, respectively.

**Outcomes: Two years after LIFE eligibility.** In the two years following youths' LIFE eligibility date, we did not find any statistically significant interactions between race and LIFE service involvement. We did, however, find main effects for YOC and LIFE service involvement (see Table 22):

- **Relative/kin foster care.** In the two years following LIFE eligibility, LIFE youth were more likely to have lived with a relative foster parent than Comparison youth, and YOC were *less* likely than White youth (both marginally statistically significant,  $p<.10$ ).
- **Reunified with parent(s).** YOC were more likely to have been reunified with their parent(s) than White youth in the two years following LIFE eligibility (marginally statistically significant,  $p<.10$ ).
- **Days in foster care.** YOC spent fewer days in foster care within two years of their LIFE eligibility date than White youth (statistically significant,  $p<.05$ ).

There were no other statistically significant ( $p>=.10$ ) main effects or interactions for LIFE involvement and race for any other foster outcomes measured at the end of the study window.

**Table 22. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Two Years after LIFE Eligibility by White vs. Youth of Color**

| Outcome  | White                   |                 | YOC                     |                 | Main Effects and Interaction:<br>Average Differences (95% CI) | Wald Chi <sup>2</sup><br>(p value) |             |
|--|-------------------------|-----------------|-------------------------|-----------------|---|------------------------------------|-------------|
|  | LIFE 2+ Mtgs<br>(n=276) | Comp<br>(n=277) | LIFE 2+ Mtgs<br>(n=155) | Comp<br>(n=157) |   |                                    |             |
| Lived in relative/kin foster care                  | 70.5%                   | 58.9%           | 59.1%                   | 55.0%           | LIFE  | 9.0% (-0.6% - 18.6%)~              | 3.17 (.075) |
|  |                         |                 |                         |                 | YOC   | -7.7% (-15.7% - 0.2%)~             | 3.63 (.057) |
| Had at least one permanent placement <sup>1</sup>  | 55.1%                   | 59.0%           | 53.2%                   | 64.0%           | LIFE  | -6.5% (-15.6% - 2.6%)              | 1.99 (.158) |
|  |                         |                 |                         |                 | YOC   | 1.2% (-6.8% - 9.2%)                | 0.09 (.761) |
| Exited foster care                                 | 54.0%                   | 55.3%           | 52.0%                   | 63.1%           | LIFE  | -4.7% (-12.9% - 3.4%)              | 1.30 (.255) |
|  |                         |                 |                         |                 | YOC   | 2.9% (-4.6% - 10.3%)               | 0.57 (.449) |
| Reunified with parent(s)                           | 34.2%                   | 36.7%           | 43.3%                   | 40.9%           | LIFE  | -0.7% (-8.0% - 6.5%)               | 0.40 (.841) |
|  |                         |                 |                         |                 | YOC   | 6.6% (0.9% - 14.1%)~               | 3.02 (.082) |
| Days in foster care                                | 533.23                  | 518.41          | 507.34                  | 477.46          | LIFE  | 20.19 (-13.48 - 53.86)             | 1.38 (.240) |
|  |                         |                 |                         |                 | YOC   | -33.45 (-65.62 - 1.27)*            | 4.15 (.042) |
| Number of placement locations                      | 1.99                    | 2.10            | 2.28                    | 2.07            | LIFE  | <0.01 (-0.31 - 0.30)               | <.01 (.975) |
|  |                         |                 |                         |                 | YOC   | 0.13 (-0.21 - 0.46)                | 0.58 (.447) |
| Number of placement changes                        | 1.27                    | 1.43            | 2.03                    | 1.44            | LIFE  | 0.08 (-0.43 - 0.58)                | 0.09 (.765) |
|  |                         |                 |                         |                 | YOC   | 0.38 (-0.17 - 0.93)                | 2.24 (.134) |
| <b>Of youth who were in a permanent placement:</b> | <b>(n=152)</b>          | <b>(n=164)</b>  | <b>(n=82)</b>           | <b>(n=101)</b>  |   |                                    |             |
| Return to foster placement <sup>2</sup>            | 3.7%                    | 4.6%            | 0.9%                    | 7.1%            | LIFE  | -2.6% (-6.3% - 1.1%)               | 1.83 (.177) |
|  |                         |                 |                         |                 | YOC   | -0.3% (-4.6% - 4.1%)               | 0.02 (.897) |

**Notes.** CI = Confidence Interval. Youth included in these analyses were a subset of those matched using propensity score methods and had at least 24 months of follow-up time after their LIFE eligibility date (n=865, or 85% of the race matched sample, n=1,022). Findings reported are adjusted for branch-level clustering and a set of covariates (see Methods Appendix U for analytic and sample comparison details).

<sup>1</sup> Permanent placement = pre-adoptive home, independent living/self-sufficient/emancipation, adoption, legal custody to relative or non-relative, reunification, trial reunification. Foster care episode had not necessarily ended.

<sup>2</sup> Return to foster placement = was in a permanent placement as defined above and then went back to relative or non-relative foster care, group home, residential facility, hospital, or was incarcerated.

\*statistically significant p<.05

~ marginally statistically significant p<.10



**Outcomes: End of study window.** By the end of the study window, findings looked different for YOC. There was one statistically significant interaction between race and LIFE service involvement in predicting number of placement changes (see Table 23), which suggests that LIFE had differential effects for White vs. YOC:

- **Number of placement changes.** YOC in the LIFE 2+ Meetings group had more placement changes than White youth in the LIFE 2+ Meetings group (statistically significant,  $p < .05$ ) and in the Comparison group (marginally statistically significant,  $p < .10$ ).

There were also several main effects for YOC:

- **Exited foster care.** YOC were less likely to have exited foster care by the end of the study window than White youth (either still in foster care or returned) (marginally statistically significant,  $p < .10$ ).
- **Number of placement locations.** YOC lived in more unique placement locations than White youth (marginally statistically significant,  $p < .10$ ).
- **Return to foster placement.** Among those who had a permanent placement within two years of their LIFE eligibility date, YOC were more likely to return to foster care than White youth (statistically significant,  $p < .05$ ).

In contrast to findings in the two-year timeframe, evidence suggests that YOC had disproportional outcomes by the end of the study window in terms of placements and foster care exits. YOC continued to have foster care involvement beyond the two-year follow-up window – either continued placements or returns to care. Additionally, when data were disaggregated by race, it was evident that relative foster care was more common for White LIFE youth than for LIFE YOC (11 percentage points in the two years following LIFE eligibility, and 5 percentage points by the end of the study window).

The main effects for YOC found at the end of the study window, regardless of whether youth were involved in LIFE services, suggest system-wide disproportionality in foster care outcomes for YOC. YOC were generally more likely to still be in foster care, have more placement locations and changes, and to return to a foster placement after being in a permanent placement. LIFE YOC were especially vulnerable to placement changes. The proportion of LIFE YOC who returned to a foster placement was somewhat lower than Comparison YOC, but the difference was not statistically significant (i.e., no significant interaction). It seems that if YOC youth were more likely to have been reunified with their parents and spent less time in foster care in the two years following LIFE eligibility (see Table 22), by the end of the study window they may have been more likely to return to foster care.

**Table 23. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Currently (December 26, 2019) by White vs. Youth of Color**

| Outcome   | White                   |                   | YOC                     |                 | Main Effects and Interaction:<br>Average Differences (95% CI)                    | Wald Chi <sup>2</sup><br>(p value) |
|---|-------------------------|-------------------|-------------------------|-----------------|--|------------------------------------|
|   | LIFE 2+ Mtgs<br>(n=330) | Comp<br>(n=330)   | LIFE 2+ Mtgs<br>(n=181) | Comp<br>(n=181) |  |                                    |
| Lived in relative/kin foster care                 | 67.6%                   | 62.4%             | 62.7%                   | 55.8%           | LIFE 5.8% (-3.2% - 14.9%)  | 1.56 (.212)                        |
|   |                         |                   |                         |                 | YOC -5.7% (-14.0% - 2.5%)  | 1.87 (.171)                        |
| Had at least one permanent placement <sup>1</sup> | 55.3%                   | 59.4%             | 53.2%                   | 64.0%           | LIFE -6.5% (-15.6% - 2.6%)   | 1.99 (.158)                        |
|   |                         |                   |                         |                 | YOC 1.2% (-6.8% - 9.2%)  | 0.09 (.761)                        |
| Exited foster care                                | 71.7%                   | 73.7%             | 66.0%                   | 68.1%           | LIFE -2.1% (-6.45% - 10.6%)  | 0.23 (.630)                        |
|   |                         |                   |                         |                 | YOC -5.6% (-1.2% - 12.4%)~   | 2.84 (.092)                        |
| Reunified with parent(s)                          | 54.0%                   | 55.3%             | 52.0%                   | 63.1%           | LIFE -4.7% (-12.9% - 3.4%)   | 0.16 (.694)                        |
|   |                         |                   |                         |                 | YOC -1.4% (-8.3% - 5.5%)   | 0.02 (.877)                        |
| Days in foster care                               | 627.77                  | 602.05            | 655.09                  | 589.29          | LIFE 39.76 (-14.67 - 94.19)  | 2.05 (.152)                        |
|   |                         |                   |                         |                 | YOC 7.30 (-35.09 - 49.68)  | 0.11 (.736)                        |
| Number of placement locations                     | 2.34                    | 2.36              | 2.87                    | 2.47            | LIFE 0.12 (-0.26 - 0.49)   | 0.38 (.537)                        |
|   |                         |                   |                         |                 | YOC 0.32 (-0.05 - 0.69)~   | 3.19 (.074)                        |
| Number of placement changes                       | 1.56 <sup>a</sup>       | 1.58 <sup>b</sup> | 2.69 <sup>ab</sup>      | 1.81            | LIFE 0.36 (-0.28 - 1.00)   | 1.38 (.241)                        |
|   |                         |                   |                         |                 | YOC 0.63 (0.10 - 1.17)*  | 7.39 (.007)                        |
|   |                         |                   |                         |                 | LIFE x YOC <sup>a</sup> 1.13 (0.08 - 2.19)*<br><sup>b</sup> 1.11 (-0.14 - 2.36)~ | 2.80 (.094)                        |
| <b>Of youth had a perm placement:</b>             | <b>(n=230)</b>          | <b>(n=231)</b>    | <b>(n=109)</b>          | <b>(n=128)</b>  |  |                                    |
| Return to foster placement                        | 5.6%                    | 5.0%              | 7.5%                    | 12.6%           | LIFE -1.2% (-6.3% - 3.9%)  | 0.20 (.655)                        |
|   |                         |                   |                         |                 | YOC 4.9% (0.2% - 10.0%)*   | 4.32 (.038)                        |

**Notes.** CI = Confidence Interval. Youth included in these analyses were matched with race groups using propensity score methods and include 24% of the identified comparison pool (n=2,144) and 81% of the LIFE minimum service group (2+ LIFE meetings, n=633). Findings reported are adjusted for branch-level clustering and a set of covariates (see Methods Appendix U for analytic and sample comparison details). Superscripts indicate pairs of comparisons associated with statistically significant interactions.

<sup>1</sup> Permanent placement = pre-adoptive home, independent living/self-sufficient/emancipation, adoption, legal custody to relative or non-relative, reunification, trial reunification. Foster care episode had not necessarily ended.

<sup>2</sup> Return to foster placement = was in a permanent placement as defined above and then went back to relative or non-relative foster care, group home, residential facility, hospital, or was incarcerated.

\*statistically significant p<.05, ~ marginally statistically significant p<.10

### Comparison Group by Race: Black & American Indian/Alaska Native vs. White

American Indian and Alaska Native (AI/AN) children are overrepresented in foster care at a rate 2.7 times greater than their proportion in the general population nationally, and at a rate 3.5 times greater than their proportion in the state of Oregon (National Center for Juvenile Justice, 2020). African American youth have also been disproportionately represented in child welfare, nearly double (and historically, higher) their percentage in the U.S. population (National Center for Juvenile Justice, 2020; Mixon-Mitchell & Hanna, 2017). Studies have shown overrepresentation of African American children in Oregon's foster care system (Fuller et al., 2017; Miller et al., 2009; Miller et al., 2012).

Given these findings, we did a fourth comparison of foster care outcomes moderated by race. Within-race comparison groups were identified (White and Black or AI/AN) to ensure racial groups, as well as the LIFE and Comparison groups, were equivalent (LIFE 2+ Meetings and Comparison groups each had 403 youth, 330 White and 73 Black/AI/AN; total  $n=806$ ). Due to smaller sample sizes, foster care outcomes were examined at the end of the study window (December 26, 2019) only. Again, we were interested in whether foster care outcomes for youth on cases that received LIFE services differed based on race (statistically significant interaction between LIFE service involvement (LIFE 2+ Mtgs vs. Comparison) and race (White vs. Black/AI/AN)). Findings indicate:

- **At least one permanent placement.** Black/AI/AN youth were *less* likely to have had at least one permanent placement by the end of the study window than White youth (statistically significant,  $p<.05$ ). Although Black/AI/AN LIFE youth were the *least* likely, the difference was not statistically significant.
- **Exited foster care.** LIFE youth were less likely to have exited foster care by the end of the study window (marginally statistically significant,  $p<.10$ ), but Black/AI/AN LIFE youth were especially vulnerable. The other three groups all had a larger proportion of youth who exited foster care than Black/AI/AN LIFE youth (White LIFE and Black/AI/AN Comparison,  $p<.05$  and White Comparison,  $p<.10$ ). Descriptive statistics for this sample suggest that this finding was truer for Black LIFE youth than AI/AN LIFE youth (46.3%,  $n=41$  vs. 61.8%,  $n=34$ , respectively). Although still in care, a larger share of Black LIFE youth was living in a relative foster placement or pre-adoptive home than Black Comparison youth (Black LIFE: 29.7% vs. Black Comparison: 8.8%).
- **Days in foster care.** LIFE youth spent more days in foster care by the end of the study window, but Black/AI/AN LIFE spent more time in foster care (80 to 140 days) than the other three groups (statistically significant,  $p<.05$ ). Descriptive statistics indicate that Black LIFE youth spent more time in foster care than AI/AN LIFE youth ( $M=776.8$ ,  $n=41$  and  $M=644.9$ ,  $n=34$ , respectively).
- **Number of placement locations.** Black/AI/AN LIFE youth had more foster care placement locations than White LIFE ( $p<.05$ ) and Black/AI/AN Comparison youth ( $p<.10$ ) at the end of the study window. Based on descriptive statistics, Black LIFE youth had more placement locations on average than AI/AN LIFE youth (3.4,  $n=41$  vs. 2.6,  $n=34$ ).
- **Return to foster placement.** Black/AI/AN youth were more likely to return to foster care after being in a permanent placement than White youth (marginally statistically significant,  $p<.10$ ). Although the largest proportion of Black/AI/AN LIFE youth returned to care, the difference was not statistically significant (i.e., no significant interaction). Descriptive statistics suggest that Black LIFE youth had a higher return to foster care rate than AI/AN LIFE youth (23.8%,  $n=21$  vs. 5.6%,  $n=18$ , respectively).

**Table 24. Foster Care Outcomes: LIFE 2+ Meetings vs. Comparison Currently (December 26, 2019) by White vs. Black or American Indian/Alaska Native**

| Outcome                                      | White                |                     | Black/AI/AN           |                     | Main Effects and Interaction:<br>Average Differences (95% CI)   | Wald Chi <sup>2</sup><br>(p value) |
|--|----------------------|---------------------|-----------------------|---------------------|---|------------------------------------|
|  | LIFE 2+ Mtgs (n=330) | Comp (n=330)        | LIFE 2+ Mtgs (n=73)   | Comp (n=73)         |   |                                    |
| Lived in relative/kin foster care            | 66.7%                | 60.8%               | 60.1%                 | 61.1%               | LIFE 4.7% (-6.6% - 16.0%)   | 0.65 (.420)                        |
|  |                      |                     |                       |                     | B/A/A -3.2% (-12.6% - 6.2%)   | 0.46 (.498)                        |
| Had at least one perm placement <sup>1</sup> | 78.3%                | 77.8%               | 63.4%                 | 71.9%               | LIFE -1.3% (-10.1% - 7.5%)  | 0.08 (.776)                        |
|  |                      |                     |                       |                     | B/A/A -11.0% (-21.6% -0.4%)*  | 4.78 (.029)                        |
| Exited foster care                           | 72.1% <sup>b</sup>   | 73.9% <sup>c</sup>  | 57.5% <sup>abc</sup>  | 75.5% <sup>a</sup>  | LIFE -9.5% (-20.3% - 1.2%)~   | 3.02 (.082)                        |
|  |                      |                     |                       |                     | B/A/A 5.9% (-4.6% - 16.3%)  | 1.33 (.248)                        |
|  |                      |                     |                       |                     | LIFE x B/A/A <sup>a</sup> 18.0% (0.5% - 35.6%)*<br><sup>b</sup> 14.6% (0.5% - 28.7%)*<br><sup>c</sup> 16.4% (.02% - 32.9%)~         | 3.16 (.076)                        |
|  |                      |                     |                       |                     |   |                                    |
| Reunified with parent(s)                     | 39.1%                | 41.7%               | 40.3%                 | 39.3%               | LIFE -1.4% (-8.3% - 5.5%)   | 0.16 (.694)                        |
|  |                      |                     |                       |                     | B/A/A -0.6% (-8.5% - 7.3%)  | 0.02 (.877)                        |
| Days in foster care                          | 630.81 <sup>c</sup>  | 604.43 <sup>b</sup> | 710.85 <sup>abc</sup> | 570.92 <sup>a</sup> | LIFE 83.15 (17.19 - 149.12)*  | 6.10 (.013)                        |
|  |                      |                     |                       |                     | B/A/A 23.27 (-25.76 - 72.30)  | 0.87 (.352)                        |
|  |                      |                     |                       |                     | LIFE x B/A/A <sup>a</sup> 139.93 (39.53 - 240.52)*<br><sup>b</sup> 106.42 (31.74 - 101.09)*<br><sup>c</sup> 80.04 (31.24 - 128.84)* | 6.08 (.014)                        |
|  |                      |                     |                       |                     |   |                                    |
| Number of placement locations                | 2.38 <sup>a</sup>    | 2.39                | 2.83 <sup>ab</sup>    | 2.32 <sup>b</sup>   | LIFE 0.24 (-0.13 - 0.61)  | 1.74 (.187)                        |
|  |                      |                     |                       |                     | B/A/A 0.18 (-0.18 - 0.54)   | 0.99 (.321)                        |
|  |                      |                     |                       |                     | LIFE x B/A/A <sup>a</sup> 0.45 (0.04 - 0.87)*<br><sup>b</sup> 0.52 (-0.8 - 1.10)~   | 3.10 (.079)                        |
| Number of placement changes                  | 1.59                 | 1.60                | 2.34                  | 1.64                | LIFE 0.12 (-0.29 - 0.53)  | 0.31 (.578)                        |
|  |                      |                     |                       |                     | B/A/A 0.38 (-0.16 - 0.93)   | 2.11 (.147)                        |
| <b>Of youth who had a perm placement:</b>    | <b>(n=230)</b>       | <b>(n=231)</b>      | <b>(n=39)</b>         | <b>(n=50)</b>       |   |                                    |
| Return to foster placement <sup>2</sup>      | 5.1%                 | 5.1%                | 13.9%                 | 8.8%                | LIFE 1.8% (-5.6% - 9.1%)  | 0.23 (.630)                        |
|  |                      |                     |                       |                     | B/A/A 6.0% (0.2% - 14.0%)~  | 3.78 (.052)                        |

**Notes.** CI = Confidence Interval. Youth included in these analyses were matched using propensity score methods and include 19% of the identified comparison pool (n=2,144) and 64% of the LIFE minimum service group (2+ LIFE meetings, n=633). Findings reported are adjusted for branch-level clustering and a set of covariates (see Methods Appendix U for analytic and sample comparison details). Superscripts indicate pairs of comparisons associated with statistically significant interactions. \*statistically significant p<.05, ~ marginally statistically significant p<.10

<sup>1</sup> Permanent placement = pre-adoptive home, independent living/self-sufficient/emancipation, adoption, legal custody to relative or non-relative, reunification, trial reunification. Foster care episode had not necessarily ended.

<sup>2</sup> Return to foster placement = was in a permanent placement as defined above and then went back to relative or non-relative foster care, group home, residential facility, hospital, or was incarcerated.

## Discussion of Outcome Findings

The evaluation of LIFE services included a range of short-, medium-, and long-term outcomes as specified in the LIFE logic model. Here we describe the impact that LIFE services had on these outcomes and the limitations of our ability to draw conclusions from our data.

### Engagement

In the LIFE theory of change, engagement centered as the driver of longer-term child welfare outcomes. On the whole, the LIFE model, with its underlying practice values, generated engagement for parents and youth. The LIFE evaluation focused heavily on defining engagement, and understanding the contexts and conditions that supported (or undermined) it. In this section, we discuss three key findings related to (1) parent engagement, (2) youth engagement, and (3) undermining engagement.

**Parent engagement.** It was productive to define engagement as a reflection of the extent to which an individual's needs are met – needs as defined by the individual. Often engagement is seen as someone doing what they are supposed to do, which is more about control and coercion than a self-determined course of action. Evidence suggests that meeting a parent's needs creates a context in which they feel ready to make changes, hopeful about the future, and equipped with the necessary resources to move forward. These resources are personal (e.g., positive self-beliefs – “I can do it”), social (e.g., networks of support, relationships with children and family), and basic (e.g., housing, food, adequate income). Engagement is multifaceted – it can look like participating in LIFE Meetings and services, but it is also how parents feel (e.g., hope, enthusiasm) and how they think about the situation (e.g., make plans, persistence). When parents participated in LIFE Meetings and experienced a team coming together to plan and coordinate services, support them, and hold everyone accountable for making progress, they tended to feel engaged and had a qualitatively better experience. In a parallel process, a sense of team engagement emerged when LIFE Teams came together to partner with families over time. Parent engagement and team engagement were likely reciprocal dynamics, with one working to promote the other.

**Youth engagement.** Youth engagement is more complicated than parent engagement in terms of the system's ability to authentically promote it and its role in case planning. Trauma, marginalization, lack of power, and other disadvantages experienced by youth in foster care profoundly constrain their ability to identify and express their needs and wants. If engagement reflects needs fulfillment, it is crucial that youths' needs are understood. Of central importance for youth engagement was the LIFE Team's ability to recognize and authentically respond to youth, and to hold space (which requires time, relationship-building, and redistributing power) for youth with very little control over their lives to discover and articulate what they need. Youth experienced support from their FEFs and LIFE Teams, they were informed about what was happening with their cases, and provided opportunities for voice and choice. However, LIFE Meetings organized around adults and their needs generally did not lead to youth engagement. That is not to say youth shouldn't be invited to meetings or involved in case planning; rather, it suggests that youth engagement requires a commitment to centering youth experiences as essential for effective practice.

**Undermining engagement.** Importantly, when teams did not operate as described above, parents were less likely to experience engagement. In some cases, LIFE Teams did not provide supports that were robust or consistent enough to meet parents' needs. In other cases, engagement was undermined through coercive or controlling tactics by some team members (e.g., deficit-focused, confrontational,

authoritarian, dismissive, evasive). These actions made parents feel silenced, powerless, and often hopeless, angry and distrustful; sometimes parents stopped attending meetings. Despite the best efforts of LIFE Teams, a number of circumstances made it challenging for parents to engage in case planning meetings, such as severe mental health issues or developmental disabilities. Remembering the context in which LIFE services were provided, one of the most potent influences on engagement was the power of the child welfare system to marginalize people. Parent engagement was profoundly complicated by unconscious bias and institutionalized racism for families of color. Indeed, LIFE services helped meet needs and created developmentally supportive contexts for many parents, but LIFE was not powerful enough to disrupt and assuage the oppressive nature of the child welfare system.

### **Youth Well-being**

LIFE services helped many youth experience well-being in terms of feeling a sense of control, emotional support, improved or maintained relationships with siblings and family members, and hope for the future. Youth well-being was tied to their engagement – when youth did not experience engagement, as described above, their well-being was affected. A global quantitative measure of youth well-being (CANS total score) indicated that youth did not have significant changes in their service needs over the course of year, but these findings were beset by a number of methodological issues. It is noteworthy that the YAB discouraged the Evaluation Team from using global or standardized measures of well-being – they warned that such measures are difficult to interpret without knowledge of individual circumstances. Youth well-being also was influenced indirectly through foster parents, according to their own reports. Many foster parents felt better able to meet youths’ needs with the information, resources, and support received when participating in LIFE Meetings. By involving parents in planning for the care of their children, LIFE services helped parents attend to their children’s needs even in the absence of reunification through constructive relationships between parents and the children’s caregivers.

### **Timely Case Progress**

In the LIFE logic model, parent and youth engagement in case planning and services is directly linked to foster care outcomes. Such a theory of change implies that parents and youth determine foster care outcomes in a neutral system that works the same way for all families. The LIFE evaluation points to an important mediating outcome, **timely case progress**, that also places emphasis on how the system responds to families. LIFE services influenced timely case progress through at least three pathways: (1) improved decision-making and case planning, (2) increased support for caseworkers, and (3) engagement of caseworkers and other providers. A particularly important mechanism was that LIFE promoted consistency in the use of the Oregon Safety Model (OSM), which focused the LIFE Team’s efforts, kept cases on track, and facilitated clear communication regarding criteria and expectations. FEFs spent a great deal of time modeling and mentoring caseworkers on the use of the OSM. These findings suggest that LIFE services helped foster an improved system response to parents, youth, and families as their cases progressed.

### **Permanency**

When their LIFE services closed, 30% of youth also had a closed foster care episode; a year later that increased to 74%. Thus, for most youth, LIFE services ended before they “officially” exited foster care (according to administrative records) but they were in a permanent place and presumably no longer needed the program. LIFE practitioners questioned how long to serve cases throughout the course of the demonstration project. These findings suggest that most youth, particularly when their plan involved reunification or relative guardianship, transitioned to permanent homes without additional support through LIFE.

The timeframes we used to examine permanency outcomes for youth provided different snapshots of youth foster care experiences. LIFE exit and the year following is a meaningful timeframe – for the most part, closing LIFE services meant that youth were in a permanent placement regardless of how long it took to get there. Results for LIFE youth in this more meaningful timeframe seem promising in that most youth entered and remained in a family-focused permanent placement.

Youth in the Comparison group did not have a LIFE start or exit date so three other timeframes were used to compare foster care outcomes, and the results suggested different stories.

**Within two years.** LIFE youth were more likely to have lived in a relative foster care placement, and were less likely to return to foster care if they had been in a permanent placement within two years of their LIFE eligibility date. According to the LIFE logic model, these outcomes could have resulted from efforts to find and engage families and timely case planning. LIFE youth did not differ significantly from Comparison youth on the other foster care outcomes. Within the two-year timeframe, these outcomes appear promising for LIFE youth.

Outcomes associated with the two-year timeframe are challenging to interpret because most youth were still in foster care. If still in care, many of the two-year outcomes were artificially cut off at the end of the timeframe and did not represent a full picture of foster care involvement. Return to care required that a permanent placement had been achieved, and therefore this finding is based on a small group of youth who had achieved permanency within two years.

**Within three years.** Again, in this timeframe, LIFE youth were more likely to have lived in a relative foster home than Comparison youth. However, with another year of follow up, Comparison and LIFE youth had similar return to foster care rates – it appeared that LIFE youth “caught up” to Comparison youth. LIFE youth were also marginally less likely to have exited foster care.

It is noteworthy that a larger share of LIFE youth remaining in care were in relative foster placements – although not formally exited from foster care, these may have been potentially permanent placements or at least supportive familial homes. Indeed, a return to care or a longer relative placement may not be negative for youth and families. For example, a youth returned to relative care with the help of their LIFE Team when their parent had a severe mental health crisis. The youth did not realize a “removal” had taken place (they just went to visit their grandmother), but the administrative data does not tell that story.

The three-year timeframe introduced a number of potential biases. Only half of the total matched sample had three years of post-LIFE eligibility follow-up time. Youth in the three-year follow-up LIFE and Comparison groups were “baseline equivalent” but they likely differed in several ways that were not accounted for in the statistical models. Most importantly, due to the staggered rollout, the three-year follow-up group did not include the last site to implement LIFE services. Using statistical techniques to control for cohort and adjust for within-branch variation cannot account for the absence of an entire branch, and propensity score matching methods reduce but do not remove bias in estimates of treatment effects.

**End of study.** Results from this timeframe were similar to the two-year timeframe – no statistical differences between LIFE and Comparison groups with the exception that LIFE youth were more likely to have lived in relative foster care. The end of study timeframe was complicated because youth had mixed follow-up time – the end of the study is only meaningful to the Evaluation Team,

not to the family or what is happening on the case. Controls for cohort and available time (i.e., number of days from LIFE eligibility date to end of study window) were included in the statistical models, but again, this approach reduces but does not remove bias in estimates of treatment effects.

The fact that all three timeframes pointed to LIFE youth being more likely to have lived in a relative foster home provides evidence of an actual phenomenon. The LIFE logic model predicted that a larger share of youth would have relative foster placements as a consequence of enhanced family finding. It is more likely that the collective impact of efforts to bring families to the table for planning purposes, asking parents about their support networks, and organizing a supportive LIFE Team around the family helped drive this outcome. Relative foster care is thought to be less traumatic for youth, helping to preserve their familial ties and connection with their birth parents. Administrative data suggest that LIFE services may be an important way to increase relative foster care placements.

### **Permanency and Youth of Color**

The Evaluation Team's decision to conduct a Families of Color (FOC) Sub-study included a commitment to examining outcomes according to race. We analyzed foster care outcomes for Youth of Color (YOC; aggregated to include all non-White racial groups), as well as for youth identified in administrative data as American Indian/Alaska Native and/or Black (B/AI/AN) in response to patterns of disproportionality and historical overrepresentation of these groups in child welfare. Some findings are encouraging from an equity perspective, while others require pause and consideration.

At LIFE exit and the year following, White youth and YOC had proportionally similar permanent living arrangements, although a larger share of AI/AN youth exited foster care and had legal custody awarded to a relative. Again, proportional results by race are encouraging from an equity perspective. It is important to note, though, that YOC as a whole (LIFE and Comparison) experienced some different foster care outcomes than White youth. After two years, YOC had spent fewer days in foster care and were more likely to have been reunified than White youth. These findings are the opposite of what would be expected given the well-documented disproportionality in foster care outcomes for YOC. By the end of the study window, however, these differences were no longer evident. Despite the two-year findings, YOC continued to have foster care involvement in the form of ongoing stays in, or returns to, care in the following year. At the end of the study window, YOC had disproportional outcomes in terms of more placements and placement changes, higher return to foster care rates, and a lower likelihood of exiting foster care compared to White youth. These findings should be interpreted in light of all of the limitations already described. They also suggest ongoing institutionalized racism in the child welfare system is contributing to disproportional outcomes for YOC.

We also evaluated whether LIFE services had a differential effect on foster care outcomes for YOC. In both the two-year and end-of-study-window timeframes, the effect of LIFE on foster care outcomes was similar for White youth and YOC, with one exception. At the end of the study window, LIFE YOC had an average of one more placement change than LIFE and Comparison White youth. Again, statistical methods that accounted for branch clustering did not adjust for branch-specific practices and culture, staff turnover, county judicial practices, foster parent and placement shortages (e.g., hoteling), and other factors that may have led to an extra placement change. Findings generally suggest that LIFE influenced foster care outcomes similarly for White youth and YOC alike.

However, examining foster care outcomes for AI/AN and/or Black youth showed that at the end of the study window, there were a number of statistically significant moderated effects. With further data



disaggregation, we found that Black LIFE youth (41 youth) in particular had different outcomes: more days in foster care, less likely to exit foster care, and more placement changes. As well, AI/AN and/or Black youth were less likely as a whole to have had at least one permanent placement and more likely to have been returned to care than White youth. These findings should be interpreted in light of the other limitations and issues already discussed (e.g., relative placements, branch-specific issues, methodological challenges including matching small groups, timeframe).

Although we are reluctant to draw conclusions about this specific group of youth, disproportionality for Black youth and the similarity of outcomes for White and AI/AN youth on many indicators warrants serious consideration in terms of LIFE services and the larger child welfare system, especially considering the high level of disproportionality of AI/AN in Oregon (National Center for Juvenile Justice, 2020). It is clear that YOC are a heterogeneous group with different experiences in the child welfare system. YOC and their families face institutionalized racism, implicit bias, marginalization, and microaggressions on a daily basis in the United States. Evidence suggests that for some YOC and their families, LIFE services helped mitigate oppression in the child welfare system, but for others, LIFE services were not enough to neutralize those influences.

### **Key Pathways of Influence**

Evaluation findings provide support for the impact of LIFE on a range of short- and medium-term outcomes including those identified in the LIFE logic model. It is important to note that increasing parent engagement was not the only, and in many cases, not the primary means by which LIFE had a positive impact on outcomes such as timely case progress or family well-being.

#### **LIFE services promoted parent and family well-being:**

- 1. Planning and service coordination → addressed families' needs.** LIFE improved planning and service coordination activities, increasing the likelihood that parents' and families' needs were adequately addressed. Opportunities for family voice, and information-sharing, monitoring and timely problem solving at monthly LIFE Meetings helped ensure that service agreements accurately reflected the challenges and barriers facing families.
- 2. Team engagement → families received needed supports.** LIFE promoted engagement by caseworkers and other providers increasing the likelihood that parents and families received needed supports. Monthly LIFE Meetings often engendered positive relationships and a sense of "teamness" that encouraged busy caseworkers and overburdened providers to prioritize their responsibilities to the case. Making to-do lists and checking in on action items during LIFE Meetings also incentivized team members to follow through on assigned tasks.
- 3. Parent engagement → reduced safety threats.** LIFE promoted parent engagement in services and other activities increasing the likelihood that safety threats were reduced. In LIFE cases, parents were likely to receive information about the agency's expectations and to be provided with a range of support (instrumental, emotional) and opportunities for voice (family plan). As a result, parents felt more hopeful, capable, empowered, and motivated which facilitated their participation in services and other case-related activities.

## **LIFE services promoted youth well-being through:**

- 1. Youth involvement in case planning → youth sense of well-being.** Efforts to involve youth in their own case planning helped many of them experience a sense of control, emotional support, relationships with family and other support people, and hope for the future.
- 2. Parent planning for care of their children → connections with children.** LIFE promoted parents' involvement in planning for the care of their children, even in the absence of reunification, which enhanced the likelihood of long-term positive connections between birth parents and their children. Parents who experienced meetings as relatively 'safe' and who received information about their rights were more likely to participate in decision-making regarding concurrent plans/alternative placements. This often resulted in constructive relationships between parents and caregivers and enhanced the likelihood of on-going connections with their children.
- 3. Resources and information for foster parents → ability to meet youths' needs.** LIFE services provided foster parents with information, resources and other support increasing their ability to meet the needs of the youth in their care. Foster parents who attended LIFE Meetings were able to ask questions, receive updates and coordinate with parents, caseworkers and other providers. This made it easier for them to respond appropriately to the children in their care, access needed services, and plan for important case events.

## **LIFE services promoted timely case progress through:**

**Use of Oregon Safety Model → cases on track and according to policy.** LIFE promoted the use of the Oregon Safety Model which kept cases on track and facilitated placement with parents and/or case closing in accordance with DHS policy. LIFE Meetings included a review of ASFA timelines, conditions for return, and expected outcomes and FEFs supported and encouraged caseworkers' clear communication regarding criteria and expectations. This information focused the team's efforts and provided concrete benchmarks for decisions such as return to parent or shifting to the concurrent plan.

## **Final Note**

The mostly null findings pertaining to foster care outcomes could be interpreted as LIFE services didn't work, or that families had mixed outcomes that averaged out to appear as no treatment effect, or that administrative data tell the story of an "average" youth that doesn't exist rather than stories of real individuals in complicated circumstances. Another interpretation is that the theory of change represented in the LIFE logic model did not fully conceptualize the link between engagement and foster care outcomes. Even when LIFE produced better decision making and case planning, and parents made timely progress, reunification and/or reduced days spent in foster care didn't always result. Sometimes, LIFE played a role in parents deciding that their child's needs exceeded their capacity to care for them. Other times, parents made significant progress but their child was placed with a non-custodial parent prior to their meeting Conditions for Return. Youth also sometimes resisted or refused reunification or were on the run, interrupting efforts to reunify or achieve some other permanent plan. Other dynamics likely contributed to foster care outcomes such as local courts/legal processes and the availability of mandated services. This suggests an area in need of additional research to better understand whether and how parent and youth engagement leads to foster care outcomes.

# COST STUDY

The general cost comparison analyzed the average cost of key services received by youth in the LIFE service group compared to youth in the comparison group. Youth in the LIFE services group did not differ statistically from youth in the comparison group on number of days spent in foster care, so a cost effectiveness analysis was not conducted.

Data were provided by DHS-Child Welfare covering expenditures made between September 1, 2015 through June 30, 2019. In addition to total costs, we calculated costs according to the following categories:

1. Non-relative foster care
2. Relative/kin foster care
3. Residential care
4. Non-relative shelter care
5. Relative shelter care
6. Family support services (e.g., counseling, education, visitation, alcohol & drug support, medical, in-home services)
7. Basic needs (e.g., transportation, housing, clothing vouchers)
8. Independent Living Program services
9. Foster parent support
10. Guardianship assistance
11. Other (e.g., adoption assistance, interstate services, staff travel)

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## Cost Study Questions

- C1. What is the cost of LIFE services compared to business-as-usual?
  - C2. What is the average cost of reducing time spent in foster care with LIFE services?
- 

### Average Cost per Youth: LIFE 2+ Meetings

Based on our LIFE 2+ meetings youth sample ( $n=633$ ), service expenditures averaged \$30,868 per youth (median: \$19,895) between the date they were eligible for LIFE services and June 30, 2019. This ranged from \$0 to \$233,078.<sup>9</sup>

### Average Cost per Youth: LIFE 2+ Meetings vs. Comparison

To compare costs, we used the LIFE 2+ Meetings group ( $n=563$ ) and their matched comparison group sample ( $n=568$ ) (see **Foster Care Outcomes** above) and adjusted costs for a set of covariates, the number of days from Waiver eligibility date to the end of the study window, and child welfare agency branch (see Methods Appendix U for details).

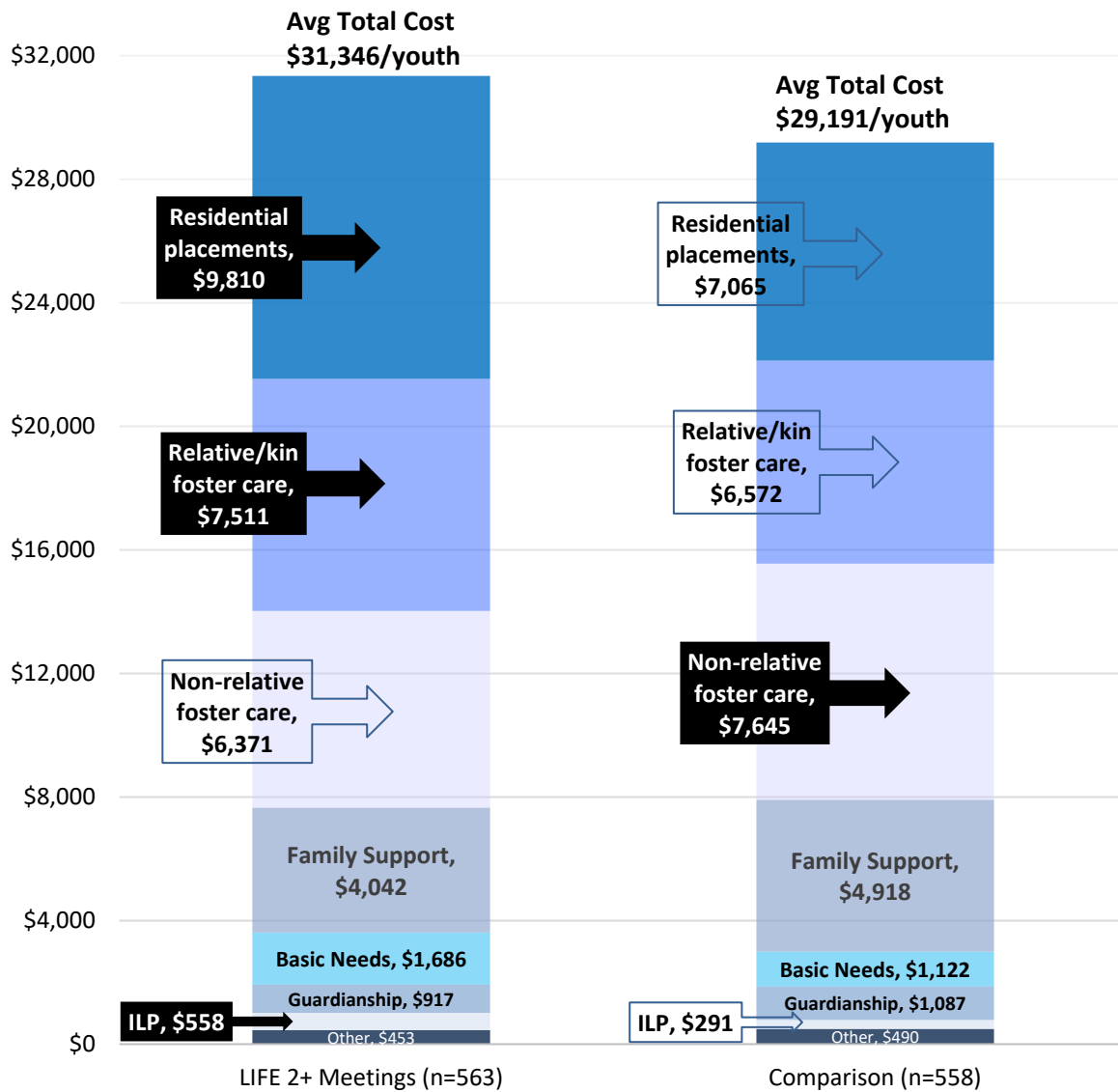
Overall, the average per-youth cost for the LIFE 2+ Meetings group did not differ statistically from the matched comparison group of youth, \$31,346 and \$29,191 respectively (see Figure 24). Although overall adjusted costs were not statistically different, results show differences within cost categories. Specifically, youth in the LIFE 2+ Meetings group had statistically higher adjusted per-youth costs associated with residential placements, relative foster care, and independent living programs (ILP), whereas Comparison youth had statistically higher adjusted non-relative foster care costs. This finding is

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<sup>9</sup> On some cases, it is possible that a youth was returned home before the case was officially determined eligible for LIFE services, which is why some costs were \$0 ( $n=3$ , 0.5%).

not surprising given earlier findings showing that youth in the LIFE 2+ Meetings group were more likely to have been in at least one relative foster care placement.

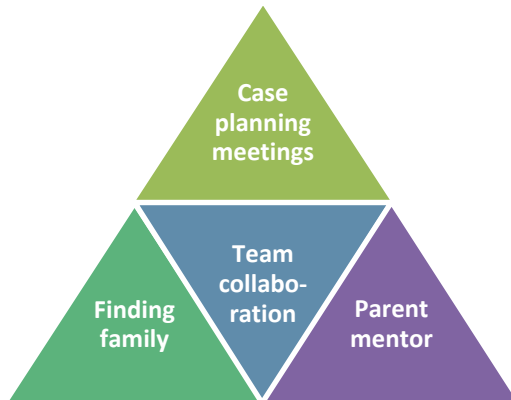
**Figure 24. Service Expenditures for LIFE 2+ Meetings vs. Comparison Youth**



**Notes.** Call-out labels indicate statistically significant differences in adjusted average costs for that category. Black call-out labels indicate statistically higher, and transparent call-out labels indicate statistically lower, costs. ILP = Independent Living Program services. Guardianship = Guardianship assistance services.

# SUMMARY, LESSONS LEARNED, & RECOMMENDATIONS

Oregon Department of Human Services-Child Welfare (DHS-CW) developed an intervention focused on addressing gaps and challenges identified by a variety of stakeholders as being central to reducing the time to permanency for children likely to have long-term stays in foster care. The intervention is known as Leveraging Intensive Family Engagement, or LIFE. LIFE has four components that rest on four practice values (culturally responsive, parent/youth voice, trauma-informed, strengths-based):



- **Family Finding:** identify and engage a broad network of family support and placement resources
- **Case Planning Meetings (LIFE Meetings):** case planning and monitoring informed by child and family voice
- **Peer Parent Mentors (PMs):** help parents engage in LIFE Meetings and services, navigate the child welfare/service systems
- **Collaborative team planning** between DHS-CW, service providers, and family

## Process Evaluation Key Findings

The purpose of the LIFE process evaluation was to examine the factors that could explain *how* outcomes were achieved. To this end, the evaluation examined implementation, the degree to which the target population was identified and offered services, and the integrity of implementation. In addition, a realist approach was utilized to better understand the mechanisms by which LIFE services impacted short-, medium- and long-term outcomes.

### Implementation

Following a 12-month staggered implementation plan, LIFE was fully implemented in all 4 districts/7 DHS-Child Welfare branches. Key implementation findings include:

**Early support for implementation was successful but the effect waned over time.** Efforts by program leadership, Kick-Off events, and the development of DHS branch-specific business protocols, encouraged buy-in by local staff early in the project. As districts started to implement LIFE services, the Waiver Program Manager and LIFE Consultants addressed workload and resource issues, managed contracts and communications, worked with community partners, coached LIFE staff, and promoted the use of the Oregon Safety Model (OSM). Branch-level supervisors did LIFE-specific case consultation and helped align LIFE processes. Over time, DHS staff turnover diminished the impact of these initial efforts and the responsibility for supporting LIFE Teams fell on LIFE Consultants and the Waiver Program Manager.

**Turnover made it challenging to keep up with training, coaching, and supervision.** FEFs and LCs received initial formal training, supervision at their branch, and support from their district LIFE Consultant. PMs received training through their own community agency. LIFE staff also attended

monthly district LIFE Team meetings and cross-district Quarterly Trainings. As LIFE staff turned over, it was difficult to provide ongoing formal training; for many, especially in the LC position, training was largely on-the-job and peer-to-peer. Turnover created gaps in service for families and workload burden for LIFE staff. It took a significant amount of time to hire positions and get new staff onboarded and trained. LIFE leadership created a clearer protocol for onboarding, but there was not always access to more formal training.

**The fit between LIFE and branch processes and caseworker practice was sometimes a challenge.** Each branch adapted LIFE protocols to fit with local practice at the start of the program. This flexibility encouraged implementation but also resulted in some inconsistency in practice, especially around diligent relative search and enhanced family finding. Material supports, such as a dedicated meeting room and a conference phone, were more available in some branches than others. Other challenges were DHS staff concerns that LIFE cases required additional work or weren't productive, and getting accustomed to working in partnership with a meeting facilitator. It is significant that the practice values were specific to LIFE and not to the larger agency; FEFs had to negotiate DHS staff resistance to the LIFE model, and often modeled values-based practice for their colleagues. LIFE Consultants and LIFE staff spent a great deal of time and energy throughout the demonstration building relationships and creating buy-in.

**Community partners were important to the formation of LIFE Teams.** Community partners were part of the LIFE Team, and their presence was often crucial to the team's ability to do successful planning. Many service providers saw the benefits of LIFE services although it could be challenging to schedule meetings when everyone was available. Attorneys in some of the districts only rarely attended meetings; however, this reflected the local bar's decision regarding child welfare meetings more generally and was not specific to LIFE. The Waiver Program Manager and other LIFE staff worked to build relationships with community partners throughout the course of the demonstration.

## **Identified & Served Population**

The process designed to identify and involve families in LIFE services generally worked well. Initially eligible youth were identified using a predictive algorithm; a second level screening happened at the branch. Due to the low threshold for initial eligibility, the number of eligible cases surpassed projections (the threshold was raised in February 2017 to slow case flow). After a case was determined eligible for LIFE services, caseworkers could make a PM referral for parents. Participation was voluntary; nearly 3 in 5 LIFE cases had at least one parent who accepted PM services.

## **Integrity of Implementation**

LIFE, a complex human service intervention, does not lend itself to traditional notions of "fidelity," where every participant reliably gets the same set of services with the same intensity and duration. Integrity in implementation allows for services to be delivered according to essential core elements while being responsive to family needs, conditions, and local contexts. On the whole, practice was consistent with the LIFE model but was also affected by implementation issues and the larger child welfare context.

**LIFE Meetings.** LIFE staff documented 5,144 LIFE Meetings over the course of the demonstration project. On average, families had 11 meetings over 13 months of service. The most consistent LIFE Meeting practices were related to meeting structure (e.g., following agenda), collaboration (e.g., problem solving, getting questions answered), and general meeting facilitation (e.g., reframing, using

clear language). Caseworkers, parents, and service providers attended LIFE Meetings most consistently, and youth and legal representatives attended least consistently. Participants generally agreed that LIFE Meetings created a respectful environment focused on problem solving, and provided space for family voice. During LIFE Meetings, PMs helped clarify things for parents by asking questions and requesting information, provided parents with support and coaching, brought attention to the parent's strengths, and offered insight into a parent's experience for the rest of the team.

**Practice Values.** LIFE staff spent the first two years working to identify and document how to practice the four values included in the LIFE model. Over time, LIFE staff widely regarded practicing the values as more central to their work than some of the structural features of the LIFE model. Values-based practice was key to successful work with families. In addition, LIFE staff noticed how modeling for and practicing the values with other LIFE Team members, co-workers, and colleagues helped build a sense of cohesion and shifted practice. On the whole, LIFE staff were consistently strengths-based and trauma-informed and they endeavored to center parents in the face of competing agency practices (e.g., lack of transparency). Cultural responsiveness and youth-guided were more challenging to implement; indeed, these values are directly in conflict with institutionalized racism, oppression, and youth marginalization in the child welfare system.

**Meeting Preparation.** Parents and caseworkers received the most consistent meeting preparation. For parents, preparation routinely consisted of helping to decide who would be invited; being notified of the agenda, meeting logistics, and who was confirmed to attend; and being asked about preferences or concerns related to the meeting. Less consistent practices, at least in some branches, involved youth preparation (youth were also less likely to attend LIFE Meetings), and efforts toward cultural responsiveness during preparation.

**Parent Mentors.** PM services typically included attending pre-LIFE Meeting staffings, developing Individual Action Plans with parents, and discussing informed consent (an on-going way to promote parent autonomy). Somewhat less consistent were helping parents prepare for LIFE Meetings and following through on action items developed during meetings (these were partially dependent on how often meetings took place and whether parents were assigned action items). PMs also accompanied parents at child welfare meetings and court proceedings; provided transportation; helped find resources for permanent housing, basic needs, and A&D treatment and recovery; and supported visitation.

**Team Collaboration.** Family/support people who attended meetings largely reported that their LIFE Team worked together. Foster parents said they mostly felt included, and that LIFE Meetings were an opportunity for communication and coordination. Most caseworkers and service providers reported that they developed relationships with LIFE Team members and that meetings helped everyone get on the same page. In addition, pre-LIFE Meeting collaboration was most consistent between the FEF and caseworker, but PMs were also included in some pre-meetings.

**Enhanced family finding.** The LIFE model specified that enhanced family finding was to start with diligent relative search, followed by additional database searches and ongoing conversations with parents and youth about their family and other supports. There was a great deal of variation in practice across branches. Not only were business processes different, but also what enhanced family finding entailed was understood differently across different districts/branches. Rising caseloads and turnover, especially at the LC position, often meant that enhanced family finding was deprioritized by LIFE staff, despite the fact that the LIFE Model Refresh in 2017 mandated a renewed focus on the practice.

Overall, LIFE components and underlying practice values worked together to create a supportive, motivationally rich context that not only promoted parent engagement, but also LIFE Team engagement in support of families. Findings suggest that the benefits of having a team are far reaching, not just for families but also for caseworkers and others. Of central importance were monthly meetings, which gave LIFE Teams opportunities over time to develop a sense of cohesion, shared purpose, and efficacy. Meetings were instrumental to parents' ability to make progress on the issues that brought them to the attention of child welfare. The practice values, especially cultural responsiveness and youth-guided, both enabled and complicated this work as they came in conflict with each other and constraints of the child welfare system.

## **Outcome Evaluation Key Findings**

The outcome evaluation assessed program effectiveness in producing change. LIFE services most powerfully influenced family engagement, with longer-term effects on timely case progress and relative foster placements.

### **Parent Engagement and Short-term Outcomes**

Parents generally participated in LIFE Meetings along with their caseworkers and FEFs, while other LIFE Team members attended more sporadically. Although scheduling was often a barrier, service providers attended based on the current needs of the case. Consistent attendance by caseworkers and family/youth was associated with parents feeling motivated and that they were making progress, suggesting the importance of informal and familial support as well as investment from caseworkers. Service navigation from Parent Mentors (meeting parents' needs for A&D treatment/recovery, education/vocational school, and housing) was also associated with parent motivation.

LIFE services promoted parents' engagement in decision making, services, and other activities related to their case. Meetings that were strengths-based and productive engendered confidence and hope. When parents had an opportunity to express their needs and participate in planning, they developed a sense of ownership and investment in their case plan. Monthly meetings also provided clear and timely information as well as frequent check-ins and problem solving; as a result, parents understood what they needed to do and how to get it done. These processes were bolstered by a welcoming, supportive team; regular meeting preparation; and Parent Mentor advocacy. LIFE services were also useful for parents facing significant challenges (e.g., housing instability, relapse), or who were incarcerated or unlikely to be reunified. In these cases, LIFE services gave parents an opportunity to engage when they otherwise may have been left out, or more easily facilitated re-engagement after a setback.

At times LIFE services fell short. Despite the best efforts of LIFE staff, child welfare system power dynamics impinged on LIFE services in a number of ways. Some meetings were not particularly strengths-based. At times, caseworkers used LIFE Meetings as a forum to inform or confront the parent rather than for dialogue and soliciting their input. Caseworkers used coercive tactics like withholding information or refusing to answer certain questions. Parents were not likely to continue attending meetings under these circumstances, and if they did, they felt silenced and powerless, and often hopeless, angry and distrustful. Parent engagement was also profoundly complicated by institutionalized racism and the marginalization of families of color. Although LIFE staff endeavored to provide culturally responsive services, some parents of color experienced ruptures (e.g., racialized experiences of being



othered, microaggressions) related to their cultural identity and beliefs, language and communication, and the provision (or lack thereof) of culturally appropriate services.

## **Youth Engagement and Short-term Outcomes**

LIFE Meetings helped promote engagement in case planning for parents, but engaging youth was significantly more complicated. Overall youth attended 1 in 3 LIFE Meetings. Youth-centered meetings occurred when parents were not actively involved or if the concurrent plan was independent living. Youth wanted to be able to decide whether to attend family meetings, and if not, they wanted other opportunities to be involved. Findings suggest that youth involvement was more likely when FEFs, caseworkers, and service providers invested in and were responsive to youth and their families. Relationships helped youth figure out and articulate what they wanted and needed. When LIFE services afforded opportunities to receive information, provide input, participate in decision-making, and make choices, youth experienced a sense of control, emotional support, and hope for the future. In the child welfare system, adults make decisions in the best interest of youth, which often silences their voices and takes away their power. Involving youth in case planning requires an approach that is different from parents, but involvement is critical for youth well-being.

## **Child Welfare Outcomes**

The purpose of LIFE was to speed case progress in order to shorten the amount of time youth spent in foster care; to partner with families to plan, monitor, and problem solve so that youth placements were stable; and to maintain familial ties through relative foster placements and family meetings. Findings suggest that LIFE services promoted timely case progress and relative placements, but did not decrease time spent in foster care nor positively impact placement stability.

**Timely Case Progress.** Moving cases through the child welfare system is one indicator of how well the system works for families, and plays a key role in foster care outcomes. LIFE services facilitated timely progress by improving decision-making and case planning (e.g., more consistent use of Oregon Safety Model), increasing support for caseworkers, and promoting engagement among caseworkers and other providers. In addition, LIFE services kept cases on track and facilitated clear communication regarding the agency's expectations of parents such as conditions for return.

**Permanency.** Within 12 months of completing LIFE services, nearly 3 in 4 youth had exited foster care and the majority of them had been returned to their parent(s) or legally placed with guardians (mostly relatives). For the most part, LIFE services were closed because permanent plans were in place, but the time it took to do so widely varied (from 1 day to 3.7 years). Results for youth with closed LIFE services were promising in that most youth entered and remained in a family-focused permanent placement. Furthermore, there was a proportional distribution of permanent placements (e.g., reunification, relative guardianship) across racial groups (Hispanic, Black, American Indian/Alaska Native, White).

When comparing LIFE youth to similar youth who had not received LIFE services, LIFE youth (family had at least two LIFE Meetings, or minimum service) were more likely to have lived with a relative at some point during their foster care episode. Subsequent analyses suggested this was even more likely for White LIFE youth.

Within two years of the LIFE eligibility date, LIFE youth were less likely than Comparison youth to return to foster care if they had been in a permanent placement. However, this outcome in the two-year timeframe was challenging to interpret given most youth were still in foster care so outcomes were

artificially cut off at the two-year mark. Similarly, return to care estimates were based on a small number of youth who had achieved a permanent placement and were not necessarily representative of the full sample.

After three years, Comparison and LIFE youth had a similar return to foster care rate – LIFE youth “caught up” to Comparison youth. Another trend was that LIFE youth were less likely to have exited foster care, although LIFE youth still in care were slightly more likely to have been living with relatives. Again, these findings were based on a subset of youth: only half of the total matched sample had three years of follow-up time and the last site was excluded due to the staggered implementation rollout.

**Youth of Color in child welfare.** Youth of Color (YOC) and their families face institutionalized racism, implicit bias, marginalization, and microaggressions on a daily basis in the United States. Consistent with much of the published data on disproportionality for YOC in the child welfare system, findings indicate that YOC (Black youth in particular) had more placements and placement changes, a higher rate of return to foster care, and a lower likelihood of exiting foster care than White youth. On the other hand, YOC had fewer days in foster care and greater likelihood of reunification compared to White youth within two years of LIFE eligibility. Generally speaking, findings suggest that LIFE services were not enough to neutralize the oppressive nature of the child welfare system for many YOC, although they may have played a positive role, especially earlier on in the case, for some. The results also speak to the heterogeneity and complexity of the experiences of YOC.

**Youth of Color with LIFE services.** The effect of LIFE on foster care outcomes was similar for White youth and YOC, with one exception. At the end of the study window, LIFE YOC had an average of one more placement change than White youth. However, Black LIFE youth experienced a number of differences compared to Black Comparison and White LIFE youth: they were less likely to have exited foster care, spent more days in foster care, and had more placements. It is hard to interpret these results with so many confounding factors, but previously documented disproportionality for Black youth in the child welfare system underscores the gravity of these findings. Likewise, it is noteworthy that outcomes for AI/AN LIFE youth were more similar to White LIFE youth.

Defining particular foster care outcomes as “bad” and “good” is an oversimplification of what actually happens for families. It is also important to acknowledge that administrative data is quite limited in what it can tell us about what is good for families. Here, the mostly null findings could be interpreted as the LIFE program didn’t work, or that families had mixed outcomes that averaged out to appear as no treatment effect, or that administrative data tell the story of an “average” youth that doesn’t exist rather than the stories of real individuals in complicated circumstances.

## **Policies and Practices at State and Local Levels**

The LIFE intervention’s influence reached beyond the families who received LIFE services. Caseworkers received support related to the Oregon Safety Model, knowledge which they undoubtedly utilized in their work with non-LIFE cases. FEFs modeled values-based practices for both caseworkers and service providers, and meetings helped foster parents gain a detailed understanding of DHS decision-making including the constraints and challenges facing caseworkers.

There were also impacts at the state level. LIFE Meetings served as the model for the redesign of Child Safety Meetings that were widely considered not particularly conducive to engaging families. The LIFE model was the basis for Oregon’s new statewide transfer protocol, which calls for Child Protective

Services and Permanency workers to co-manage cases in partnership with parents. The transfer protocol also requires the use of a skilled meeting facilitator for the new Family Engagement Meetings, and LIFE staff have trained the meeting facilitators statewide. In addition, the state legislature authorized funding for LIFE services through the 2019-2020 biennium, and a values-based meeting facilitation program is growing statewide. Finally, Parent Mentors continue to support this work with their experiences shaping how DHS staff partner with families.

## **Cost Study Key Findings**

The general cost comparison (average service cost per child for LIFE vs. comparison youth) suggested that there was no overall difference in cost for youth with families who received at least two LIFE Meetings compared to a matched comparison group. Although overall costs were similar, the mix of costs for LIFE youth was different. Specifically, LIFE youth had higher costs associated with residential placements, relative foster care, and independent living programs (ILP), and lower costs associated with non-relative foster care. A cost-effectiveness analysis was not conducted because youth receiving LIFE services did not experience reduced days in foster care.

## **LIFE Model Lessons Learned & Recommendations**

The LIFE model was successful in promoting engagement, facilitating case progress, and encouraging relative placements. The following are key practices and recommendations for sustainment.

### **1. Importance of Value-based Practice**

The importance of identifying, operationalizing, and understanding the dynamics of how to practice the values became increasingly clear over time. In complex human service environments such as child welfare, there is not one “right” answer and participants have multiple, competing objectives. The LIFE values served as guideposts for facilitating family case planning meetings, promoting family engagement, and collaborating with LIFE Teams. Recommendations:

- Continued training, peer-to-peer learning about practicing LIFE values in the context of family meetings.
- Enhance conceptualization of cultural responsiveness to include practitioner self-awareness and an understanding that culture is essential to engagement and case planning.
- Reconceptualize youth-guided as asking for youth voice, but also as relationship building and empowerment, with the goal of youth well-being.

### **2. Importance of a Team**

LIFE services facilitate the engagement of caseworkers and other service providers, and not merely (or primarily) parents and extended family. LCs support FEFs and shape each family’s narrative through meeting notes. PMs can meet parents’ needs with their unique expertise, and bring resources and insights to the team. Caseworkers have a pivotal role, as they hold the power to make decisions that direct the course of a case. Service providers bring their particular perspectives to the team. FEFs offer a structured way to create space for these different voices to come together for a common purpose, with an emphasis on empowering parents and youth. Recommendations:

- Continue to provide support and training for team building, practicing the values in a parallel process.
- Continue to build partnerships with service providers and the legal community.

### **3. Importance of Multiple Meetings**

Many of the positive impacts of LIFE Meetings would not have resulted from one or a small number of even high-quality meetings. Regular structured meetings that are solution-focused and strengths-based foster the development of relationships and build momentum for progress. Meeting preparation helps ensure that team members know what to expect and are ready to participate in a way that is consistent with the practice values. Recommendations:

- Continue the practice of multiple meetings over time without restrictions on number or length of time.
- Continue to fund non-case carrying FEF positions and LCs to support FEFs.

## **Implementation Lessons Learned & Recommendations**

Implementation supports help create local conditions that promote and maintain a program or a practice. Implementation lessons learned and recommendations center around leadership support, workforce development, turnover, and branch alignment.

### **1. Sustained Leadership Support**

Leadership at multiple levels (management, supervisors) must value family meeting practice. With staff turnover and other agency changes, sustained leadership support is important to practice consistently and with integrity. Recommendations:

- Management should establish and communicate expectations for family-centered practice among staff and create accountability.
- Supervisors should promote self-reflective practices related to LIFE values, support FEFs in working with caseworkers, and promote the practice among DHS staff.

### **2. Provide Workforce Development in Multiple Forms**

Workforce development and support for FEFs and LCs is important for sustaining high quality family meeting practice delivered with integrity and staff retention. Recommendations:

- Continue funding Quarterly LIFE Trainings to allow for training on specific topics, peer-to-peer learning, and interactive training (e.g., role playing).
- Branch supervisors should provide feedback and coaching around LIFE-specific practices for FEFs and LCs, and help manage staff dynamics that arise.

### **3. Prepare for Turnover**

Staff turnover was incredibly challenging for LIFE staff (e.g., absorbed caseloads, performed tasks outside of their job description) and for families (e.g., interruptions in meeting schedule, transferred to a new FEF). Recommendations:

- Secure long-term funding for FEF and LC positions to create job stability.
- Develop more robust onboarding processes that are consistent across branches.
- Build capacity to be able to quickly provide initial training for new FEFs and LCs, including written materials, peer-to-peer learning (e.g., job shadow); ensure supervisors are knowledgeable about the LIFE practices and processes to provide additional training support.
- Develop a transfer routine for families and LIFE Teams when there is FEF turnover.

## **Child Welfare Practice & Policy Recommendations**

Findings from the LIFE evaluation point to areas that child welfare as an institution needs to shift in order to more fully realize the vision of family engagement.

### **1. Institute Team-oriented Service Delivery**

A team approach to service delivery has benefits for families and the child welfare workforce. Teams bring multiple perspectives, ideas for problem solving, and resources to more effectively meet a family's needs. Caseworkers are supported when teams provide information for decision making, help paint a fuller picture of the family, and take on some of the work. Recommendations:

- Re-think service delivery models that rely on individuals working in isolation and incorporate team approaches.
- Support the development of teams, and use LIFE practice values to build cohesion and shared purpose.

### **2. Emphasize Social Justice**

LIFE services were constrained by the coercive and oppressive nature of the child welfare system. Recommendations:

- Put in place structures to support the integration of social justice principles into child welfare practice (e.g., adopt anti-racism and anti-bias frameworks, anti-oppressive practice values).
- Hire and support staff with social justice values; provide ongoing training, expectations, and opportunities for self-reflection related to race, equity, and inclusion.

### **3. Do Youth Engagement Work Differently**

Youth deserve to be involved in their case planning, but asking them to attend an adult-focused meeting may silence youth and reinforce oppressive power dynamics that exist in the child welfare system. Recommendations:

- Prioritize and create accountability structures for DHS staff to develop relationships with youth.
- Provide training and supervision to help DHS staff understand power dynamics related to youth in foster care and developmentally appropriate practice approaches.

# Evaluation Lessons Learned

The Evaluation Team learned a number of valuable lessons that could be considered for future evaluation work in child welfare.

## 1. Capturing Complexity with Mixed Methods

The Evaluation Team was intentional about using both quantitative and qualitative methods to build evidence about LIFE services. In this way, we were able to capitalize on the strengths of various approaches and capture the complexity of a human service intervention. Mixed methods approaches are critical if an evaluation aims to surface underlying processes and dynamics – how LIFE services work yields more potent and useful information for the field than the overly simplistic assessment of whether it “works.” The realist evaluation approach was particularly important for developing program theories and testing the LIFE logic model.

## 2. Need for Constituent Involvement

It is critical for constituents to have a role in evaluation activities. The Youth Advisory Board (YAB) guided all youth-related evaluation activities, instrument development, and participated in analyzing interview data. The involvement of youth with lived experience in foster care brought a perspective to the work that the Evaluation Team lacked, affording us the opportunity to “see” power dynamics and complexities in the youths’ experiences that otherwise would have been invisible. Moreover, the YAB contributed to continuous quality improvement efforts by presenting findings from the Youth Sub-study and using their lived experience to offer interpretations and advice to LIFE staff. Another key constituent was LIFE staff, including PMs and their lived experience with child welfare. Through monthly LIFE Team Meetings, Quarterly Trainings, and other meetings, our participatory approach allowed for practice wisdom to inform the development of evaluation tools, interpretation of findings, and recruitment and other evaluation processes.

## 3. Measuring Integrity and Practice Values

The LIFE model was built around concepts that were challenging to measure. LIFE services were intended to be a consistent set of core practices, with a wide range of supporting practices depending on particular circumstances and individual needs over time, delivered with varying intensity and duration. Furthermore, values-based practice is an approach and orientation to child welfare services rather than a list of activities. It was difficult to measure or capture these concepts, especially through quantitative methods. Qualitative methods, especially those that are participatory, longitudinal, and iterative, are particularly important for capturing individualized, responsive practice that unfolds over time.

## 4. Data Collection Burden

LIFE staff turnover and growing caseloads started taking a toll on practice at the start of Year 3, which led to some problems with data quality due to gaps in knowledge of evaluation forms and procedures, and de-prioritizing data collection in order to meet with families. For confidentiality reasons, FEFs had control over recruitment for interviews and surveys. This created additional workload for them, allowed them to decide when and how to approach participants, and created longer time lags in survey administration. Although data were collected for a large number of participants overall, the pool was necessarily shaped by LIFE staff and may not fully represent all experiences.

## **5. Defining Success**

Measures of central tendency tell us whether or not a program works, but they mask the variation in experiences in order to tell the story of an “average family,” which does not exist. In the context of a complex human service intervention, case matching has many limitations in its ability to characterize a counterfactual, or what would have happened in the absence of LIFE. Administrative data can be a useful tool for examining metrics (e.g., racial disproportionality), but it is an inadequate way to determine whether a program works and even more importantly, tells us little about how a program works and for whom.

## **6. Timing of Evaluation Activities vs. Timing of LIFE**

The LIFE evaluation was designed to collect data and provide information to LIFE staff throughout the two-year staggered implementation period, with the goal of arriving at a “final” LIFE model and formal fidelity testing by the start of Phase 3 (Year 3). This resulted in a relatively short post-implementation follow-up period, especially for the last site. It is important to plan enough time for implementation and model development at the front end of an evaluation, but that must be balanced with enough time to collect outcome data.

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# METHODS APPENDICES

- A. LIFE Staff Interviews
- B. Foster Parent Interviews
- C. Service Provider Survey
- D. Caseworker Interviews
- E. Community Provider Interviews
- F. Business Process Mapping
- G. Parent Mentor Program Status Summary
- H. Parent Mentor Casebooks
- I. Family Finding Checklist
- J. Meeting Preparation Checklist
- K. Meeting Feedback Surveys
- L. Case Studies
- M. LIFE Meeting Agenda Notes
- N. Meeting Facilitation Observations
- O. Birth Parent Interviews
- P. Realist Evaluation
- Q. Families of Color Sub-study
- R. Parent Short-term Outcome Survey
- S. Youth Short-term Outcome Survey
- T. Youth Interviews
- U. OR-Kids Administrative Data
- V. Case Progress Tracking



# Methods Appendix A

## LIFE Staff Interviews

### Description

**WHO:** Family Engagement Facilitators (FEFs), Parent Mentors (PMs), Supervisors, LIFE Consultants, and Waiver Program Manager.

**WHAT:** Qualitative semi-structured interviews. **FEF and PM** topics included experiences offering LIFE services, what was working well, successes and challenges, strategies to address challenges, adequacy of training, whether they felt supported and where they needed more support/supervision/training. Implementation-focused interviews included topics related to workforce development, support from leadership, and the alignment of LIFE services with existing agency practices, policies, and procedures.

**Supervisors, LIFE Consultants, and Waiver Program Manager** topics included successes and challenges, leadership and oversight, larger contextual factors affecting implementation, and recommendation for program improvement.

**HOW:** Interviews were conducted in person (a few by phone) at a location of their choosing (e.g., DHS office, PM agency) and lasted 1 to 2 hours.

**WHY:** Understanding LIFE staff and leadership experience in providing LIFE services was critical for refinement of the practice model in the implementation phase, and for identifying ongoing challenges and barriers and understanding mechanisms related to outcomes throughout the project. The interviews afforded LIFE staff the opportunity to share detailed information about their experiences with LIFE service deliver and their theories about how LIFE worked to achieve outcomes.

### Timing of Data Collection

Interviews were conducted on a rolling basis starting in July 2015 through early 2019.

### Sampling Plan & Recruitment

FEFs, PMs, Supervisors, LIFE Consultants, and the Waiver Program Manager were invited to participate in interviews about implementation and practice during each phase of the evaluation. PSU staff contacted them directly or via their supervisor to request their participation and schedule a time and location.

**Participation Numbers:** Every FEF and PM from all 4 of the districts (5 counties) participated in interviews at least once. Total counts:

- FEFs: 22 interviews
- PMs: 25 interviews
- PM Supervisors: 6 interviews
- Supervisors: 5 interviews
- LIFE Consultants: 3 interviews
- Waiver Program Manager: 1 interview

## Data Analysis Plan

The primary analysis approach was content and thematic analysis. Interviews were transcribed and coded by dyads which included the person who had conducted the interview. Subsequent analyses were conducted in a similar fashion with an evolving coding schema as more information regarding the process and impact of LIFE became available and the focus shifted in the different phases of the evaluation.

- **Evaluation Phase 1:** Systematic review with the goal of describing practice, identifying early successes and challenges related to service delivery or implementation.
- **Evaluation Phase 2:** rigorous analysis to provide information about core program components and mechanisms related to the theory of change in the LIFE logic model, as well as how it affected casework and PM practice. Findings were used to refine the LIFE Model and to work with LIFE staff and leadership to develop an initial set of meeting facilitation fidelity indicators in June 2017.
- **Evaluation Phases 3-4:** structured analysis focused on understanding the degree to which practice aligned with LIFE core elements and understanding contextual factors that influenced integrity of service delivery and long-term outcomes.

## Strengths of Approach

The approach to LIFE staff interviews was utilization-focused and participatory, and aligned with evaluation goals at each phase. Interviews were semi-structured, which allowed LIFE staff to talk about what they thought was most important from a practitioner perspective. An ongoing relationship between LIFE staff and the Evaluation Team (resulting from multiple interviews, monthly LIFE Team meetings, and frequent communication) fostered trust, openness, and rapport. This likely meant LIFE staff were more honest and open about challenges and barriers for implementation and the achievement of outcomes.

The ongoing, regular feedback with DHS and LIFE staff and leadership was also valuable for continuous quality improvement and the ongoing development of relevant and meaningful interview guides and quantitative instruments. Interview data contributed to operationalizing LIFE values in practice and facilitated collaboration, especially between FEFs and PMs.

## Limitations of Approach

There may have been hesitation on the part of some staff to share completely openly and honestly about systemic or contextual factors within their agency or about leadership and supervision out of concern for being identified due to the relatively small sample pool especially within each county or district.

# Methods Appendix B

## Foster Parent Interviews

### Description

**WHO:** Non-relative foster parents who provided care for children involved in LIFE services

**WHAT:** Qualitative semi-structured interviews addressing the following topics: experience of LIFE services (helpful/not helpful); the impact of LIFE on being a foster parent (broadly and with regard to specific cases) and on working with DHS more generally; and suggestions for improvement.

**HOW:** Scheduled at a time and place (in-person or via telephone) of foster parent's choosing, recorded with permission, and lasting approximately 60-90 minutes.

**WHY:** Opportunity for foster parents to share detailed information about their experiences with LIFE. Questions were open-ended allowing foster parents to share what they thought most important. The use of purposeful sampling supported in-depth understanding of emergent themes (Patton, 2015).<sup>1</sup>

### Timing of Data Collection

Recruitment began by contacting Family Engagement Facilitators (FEFs) in January 2019 to ask for referrals; interviews took place between January 24, 2019 and May 30, 2019.

### Sampling Plan & Recruitment

FEFs contacted non-relative foster parents who attended at least 4 LIFE Meetings to ascertain interest in participating in an interview. Foster parents could sign a consent to contact so the Evaluation Team could reach out to them, or they were given an Evaluation Team member's information to contact them directly. There was additional snowball sampling when foster parents indicated they knew other foster parents who would be interested in participating. Foster parents received a \$40 gift card in appreciation for their time.

**Participation Numbers:** 21 interviews with 22 foster parents (33 foster parents invited to participate). Ranged from 3-9 foster parents in each of the four LIFE districts.

### Data Analysis Plan

Members of the Evaluation Team who conducted interviews read transcripts, developed a codebook from emergent themes, and coded all transcripts using the coding schema. This was an iterative process of reviewing transcripts and editing the codebook as necessary. Evaluators read each other's transcripts and checked each other's codes for interrater reliability. We examined themes from the foster parent interviews, situated within our broader understanding of LIFE.

<sup>1</sup> Patton, M.Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (Fourth ed.). Thousand Oaks, CA: SAGE Publications.

## **Strengths of Approach**

Interviews with foster parents provided an important opportunity to hear from people directly involved in LIFE services and with the families being served. Because of the semi-structured approach, foster parents were able to raise issues they cared about and provided the most salient details of their experiences.

## **Limitations of Approach**

The primary limitation of this approach was that FEFs were the main source of recruitment, so there could have been selection bias. Evaluators specifically requested that FEFs reach out to foster parents who they believed were both satisfied and unsatisfied with LIFE.

# Methods Appendix C

## Service Provider Survey

### Description

**WHO:** Community partners who worked with families participating in LIFE, including DHS staff, service providers (e.g. therapists, educators, case managers), legal staff, Court Appointed Special Advocates (CASAs), and foster parents.

**WHAT:** Anonymous, brief survey of LIFE experiences such as impact on their work, value of LIFE components (e.g. action items), perceived impact for families. Survey items were customized for particular roles (number of items ranged from 12 for DHS or Tribal Supervisors to 31 for DHS or Tribal Caseworkers).

**HOW:** Qualtrics online survey composed of items with Likert-type responses (Agree, Somewhat Agree, Somewhat Disagree, Disagree, Don't Know), and three open-ended questions about the best and worst parts of LIFE and ideas for improvement.

**WHY:** Learn about how a broad range of people in various roles experienced LIFE services and their ideas for improvement. The survey was an opportunity to hear from people who may not have otherwise had a way to share their thoughts.

### Timing of Data Collection

Recruitment began in October 2018 and the final survey was received late December 2018.

### Sampling Plan & Recruitment

The Evaluation Team collected potential participants' email addresses from LIFE staff and LIFE Meeting sign-in sheets. An email invited potential participants to take a brief, anonymous survey and included a link to the Qualtrics survey. The initial page of the survey explained informed consent, which was required to proceed with the survey. Two follow-up emails were sent to potential participants who had not taken the survey.

**Participation Numbers:** The Qualtrics survey link was distributed to 1,025 email addresses; received 269 survey responses, and after removing responses without data and responses from LIFE staff, ended up with a sample of 237 survey responses (24% response rate, although it is difficult to know whether the survey link reached each person if email addresses were incorrect).

| Districts represented | <i>n</i> | Roles represented        | <i>n</i> |
|-----------------------|----------|--------------------------|----------|
| D2                    | 69       | Child welfare            | 70       |
| D3                    | 51       | Youth service providers  | 44       |
| D8                    | 62       | Parent service providers | 16       |
| D15                   | 47       | CASA                     | 44       |
| Multiple              | 7        | Foster Parents           | 38       |
| Unknown               | 1        | Legal staff              | 25       |

## **Data Analysis Plan**

Survey responses were analyzed using basic frequencies and examined separately by district and role. Qualitative responses were content analyzed and organized by key themes.

## **Strengths of Approach**

The anonymous nature of the survey promoted open and honest communication about participants' thoughts about the program. The brief survey allowed people to participate their perspectives quickly, and the survey was widely distributed to bring in a variety of perspectives.

## **Limitations of Approach**

The majority of the survey was Likert-type ratings and so participants could not provide detailed information about the reasoning behind their responses. Most email addresses were provided by LIFE staff and so the Evaluation Team could have missed people who did not have email address or did not provide their email addresses to LIFE staff. The response rate was somewhat low so it was difficult to compare responses according to both district and role. There could have been selection bias in the sample of services providers who completed the survey, although responses did represent a range of experiences (both positive and negative).

# Methods Appendix D

## Caseworker Interviews

### Description

**WHO:** Caseworkers with families on their caseload who were receiving LIFE services

**WHAT:** Caseworkers were invited to talk about their experiences with LIFE services, what worked and what wasn't helpful, what difference it made in their cases and their practice, any suggestions for improvement.

**HOW:** Interviews were semi-structured and lasted between 30 and 90 minutes. Interviews were typically conducted in person at the caseworker's DHS branch but a handful were conducted over the phone.

**WHY:** Understanding caseworkers' experience is critical to efforts to design effective, workable services. The interviews afforded caseworkers the opportunity to share detailed information about what was useful about LIFE and what they found challenging. Questions were open-ended which allowed caseworkers to talk about what they thought it was important for us to learn.

### Timing of Data Collection

The first interviews were conducted during year two of the project and the last during Fall of 2018.

### Sampling Plan & Recruitment

Family Engagement Facilitators (FEFs) were asked to provide names of caseworkers who had LIFE cases and participated in LIFE Meetings; they were encouraged to include caseworkers who were happy with LIFE as well as those who were skeptical or resistant. The Evaluation Team then contacted caseworkers and invited them to participate in interviews. Caseworkers from all 4 LIFE districts participated in interviews and the vast majority were permanency workers. The sample included both relatively new and experienced caseworkers.

**Participation Numbers:** 40 caseworkers and 5 supervisors participated in interviews as part of the implementation and process evaluations.

### Data Analysis Plan

An initial coding scheme was developed using information gathered during Year 1 of the evaluation. Transcripts were initially coded by dyads which included the person who had conducted the interview; once inter-coder reliability had been achieved, coding was done by the interviewer and any questions were brought to the team for resolution. Subsequent rounds of interviews were conducted and these transcripts were coded in a similar fashion, although the schema evolved over time to match the stage of the evaluation and the research questions.

### Strengths of Approach

Interviews allowed caseworkers to provide first person and detailed information about their experiences, and to express their opinions about its effectiveness and workability.

## **Limitations of Approach**

Caseworkers were only interviewed once; the Evaluation Team was mindful of imposing on their very busy schedules and heavy caseloads. It is thus likely that some of the caseworkers who were most unhappy with LIFE services were unresponsive to invitations to participate in an interview. Also, since FEFs were their work colleagues and the sample of caseworkers in each branch small, some caseworkers may have been reluctant to talk about negative experiences during interviews.



# Methods Appendix E

## Community Provider Interviews

### Description

**WHO:** Community providers, including attorneys, therapists, and Court Appointed Special Advocates (CASAs), who attended LIFE Meetings in their role serving child welfare-involved families receiving LIFE services.

**WHAT:** Semi-structured qualitative interviews. Community provider interview topics included their experiences of LIFE services and LIFE Meetings, what was and was not helpful for their clients, how it affected their work and their relationship with DHS, and suggestions for improvement.

**HOW:** Interviews were conducted in person at a location of the provider's choosing or over the phone and lasted 30 to 60 minutes.

**WHY:** Understanding community providers' experience was important to inform the design and improvement of effective, workable services. Interviews afforded community providers the opportunity to share detailed information about what was useful about LIFE and what they found challenging. Questions were open-ended which allowed providers to talk about what they thought it was most important.

### Timing of Data Collection

Interviews were conducted between September 2016 and October 2018.

### Sampling Plan & Recruitment

Family Engagement Facilitators (FEFs) were asked to provide names of community providers who were attending LIFE Meetings. They were encouraged to include community providers who were happy with LIFE as well as those who were skeptical or resistant. Evaluation Team members contacted community providers and invited them to participate in interviews.

**Participation Numbers:** Twenty interviews were conducted with attorneys, CASAs, therapists, and a juvenile court counselor, and included community providers from all 4 LIFE districts.

### Data Analysis Plan

An initial coding scheme was developed using information gathered during Year 1 of the evaluation. Transcripts were initially coded by dyads which included the person who had conducted the interview; once inter-coder reliability had been achieved, coding was done by the interviewer and any questions were brought to the team for resolution. Subsequent rounds of interviews were conducted and these transcripts were coded in a similar fashion although the schema evolved over time to match the stage of the evaluation and the research questions.

### Strengths of Approach

Interviews allowed community providers to share detailed information about their experiences, and to express their opinions about the effectiveness and workability of LIFE services. Community providers also brought a unique perspective about LIFE services as someone outside of DHS.

## **Limitations of Approach**

Community providers were only interviewed once; the Evaluation Team was mindful of the fact that data collection imposes on their busy schedules and time “off the clock.” It is thus likely that there was selection bias if community providers who were most unhappy with LIFE services were unresponsive to invitations to participate in an interview.

# METHODS APPENDIX F

## Business Process Mapping

### Description

**WHO:** LIFE Coordinators (LCs), Family Meeting Facilitators (FEFs), Parent Mentors (PMs), and LIFE Consultants

**WHAT:** In advance of implementation, the LIFE Program Design Committee developed three business protocol maps (process flow charts): pre-screening process; front-end eligibility determinations and key administrative processes; and enhanced family finding. These maps standardized processes, but each site adapted them to align with branch-specific structures.

**HOW:** A number of data collection strategies were used, including:

- Brief (15 to 25 minutes) “check in” interviews every 2-3 weeks over several months with FEFs and LCs in the first two districts to implement LIFE services, followed by a 2-hour focus group to member check assumptions
- Longer one-time interviews with LIFE consultants in the first two districts to implement LIFE services
- Brief (15 to 25 minutes) “check in” interviews every 2-3 weeks over several weeks with LCs in the next two districts to implement LIFE services, with an email follow-up to member check assumptions
- A 1-hour interview with the LC in the third district to implement LIFE services, with an email to member check assumptions

**WHY:** The business process mapping data collection was intended to determine to what extent actual business processes reflected the standardized processes, and to provide information for continuous quality improvement. It also identified what was working well, as well as areas in need of additional implementation supports.

### Timing of Data Collection

Business process data were gathered according to implementation rollout: D2/15, D8, and then D3. Data were collected between November 2015 and May 2017.

### Sampling Plan & Recruitment

LIFE staff were invited and all agreed to participate in the interviews and focus groups.

#### Participation numbers in D2/15:

- 25 “check in” interviews (6 with an LC, 16 with four FEFs, and 3 with a PM)
- 2 longer interviews with two LIFE Consultants
- 1 focus group with four LCs

**Participation numbers in D8:**

- 6 “check in” interviews with four LCs
- Four LCs corresponded in follow-up emails

**Participation numbers in D3:**

- 1 longer interview with the LC
- One LC corresponded in follow-up emails

**Data Analysis Plan**

Interview and focus group data were analyzed to discern whether differences from original protocols were common across sites or more idiosyncratic to each branch. Common efficiencies and challenges were also noted. Each protocol map was then re-drawn to reflect practices in the branches. These individualized protocol maps were shared with LIFE staff at each branch for feedback and confirmation. Feedback was incorporated and the process repeated until participants felt maps were accurate.

**Strengths of Approach**

More frequent check-ins allow for greater accuracy when assessing behavior and adherence to business processes. Multiple short interviews allowed LIFE staff to report actual rather than desired practices, and provided an opportunity to capture practice variability closer to real time (rather than asking retrospectively). The focus group with LCs, who were most often involved in business process tasks, helped to check the accuracy of data synthesized over many interviews from multiple perspectives. The interviews with the LIFE Consultants provided context to understand information gathered.

**Limitations of Approach**

Business process mapping was conducted at the start of LIFE services in each district, and therefore captured practice at a particular point in time. With turnover and rising caseloads, adherence to business processes likely changed over time but those changes and adaptations were not formally captured. Moreover, the initial methodology was quite exhaustive. Over time, methods were streamlined for efficiency. For example, evaluators learned LCs were able to provide all necessary information, and with fewer individuals involved, follow-up and member checking was less arduous. With only one LC in D3, it was sufficient to conduct a single interview rather than multiple check-ins over time.

## Methods Appendix G

### Parent Mentor Program Status Summary

#### Description

**WHO:** Parent Mentors (PMs) and their clients (parents)

**WHAT:** Tracking referrals, service acceptance, dates of service, and closure information for each parent involved in PM services. Excel spreadsheet.

**HOW:** On the 15<sup>th</sup> of each month, PM agencies were asked to submit a copy of their most recently updated Program Status Summary (PSS) to the Evaluation Team using the HIPAA-compliant Qualtrics survey platform.

**WHY:** PSS information was used to monitor PM services for parents involved in LIFE services. Data were used to compile Quarterly Data Collection Support Reports to help PM agencies monitor and improve their own tracking and data collection as part of LIFE's Continuous Quality Improvement (CQI) efforts.

#### Timing of Data Collection

February 2016 through October 2019. Due to the staggered rollout, PM agencies started collecting data using their PSS on different dates: D2/15 February 2016, D8 April 2016, and D3 February 2017.

#### Sampling Plan & Recruitment

A designated person at each PM agency recorded service tracking information for all referred parents.

**Participation Numbers:** 463 parents were referred for PM services and tracked in the PSS

#### Data Analysis Plan

The Evaluation Team used descriptive statistics for reporting.

#### Strengths of Approach

Asking agencies to submit tracking data on a monthly basis enabled the Evaluation Team to provide feedback on incorrect IDs and ask questions about inconsistent dates and participation decisions in close to real time, resulting in more accurate data. Providing Quarterly Data Collection Support Reports supported program CQI efforts and problem solve when necessary. Agencies without dedicated data entry specialists enlisted PMs to track clients in their PSS, supporting PM professional development (e.g., Excel proficiency) outside of direct practice.

#### Limitations of Approach

Agencies specializing in direct practice without easily accessible data entry specialists sometimes struggled with staying up-to-date with their PSS tracking.

# Methods Appendix H

## Parent Mentor Casebooks

### Description

**WHO:** Parent Mentors (PMs) and their clients (parents)

**WHAT:** Tracking case activities including types of service navigation, monthly contacts and time spent with parents, progress at case closure, and LIFE core elements related to parent mentoring. A Parent Mentor Casebook was a parent-specific Excel Workbooks with a summary tab (included a Termination Summary completed at case closure) and service activity tabs for each month (tracked monthly service navigation [MSN] activities).

**HOW:** Using the monthly tabs, PMs entered MSN activities (e.g., housing services, recovery community, transportation), type of activity (e.g., outreach, in-person contact, phone contact), and time spent on the activity. The second week of each month, PMs would click on a link to a Qualtrics survey where they would enter their monthly totals. They would also answer 'yes' or 'no' to six LIFE core elements items, select the types of service navigation completed for the month (if any), and, finally, if they closed the parent's PM case that month, the PM would upload the Termination Summary.

**WHY:** MSN and Termination Summary data were used to summarize and analyze the type of work PMs did with each client and the amount of time spent on cases. The Evaluation Team was also able to collect data and monitor core components of parent mentoring services – these were specified in collaboration with PM Supervisors and LIFE Consultants. Additionally, MSN data were merged with the data from the Program Status Summary (see Appendix F for details about Parent Mentor Program Status Summary) to create a Quarterly Data Collection Support Report as part of Continuous Quality Improvement (CQI) efforts.

### Timing of Data Collection

PMs started submitting data in February 2016 and continued through October 2019. The additional LIFE core elements were added at the time of the LIFE Model refresh in July 2017. With each new parent referral, they submitted MSN data. A Termination Summary was submitted the month PM services were closed.

### Sampling Plan & Recruitment

PMs were asked to submit data for all parents receiving LIFE PM services (even if not actively participating).

**Participation Numbers:** 463 parents were referred for PM services; 452 (98%) had MSN and/or Termination Summary data submitted by a PM

### Data Analysis Plan

A number of variables were calculated using MSN and Termination Summary data by coding items as Yes=1/No=0 and then calculating a proportion of Yes responses across all months with submitted MSN data. The exception was outreach hours, which was aggregated by averaging reported hours over all months with submitted MSN data.

| Core Component         | Indicator  |
|------------------------|--|
| Time spent with parent | Parent received an average of 4 parent contact hours per month   |
| Outreach               | Outreach hours on case per month   |
| Collaboration          | PM participates in monthly pre-CPM meetings with FEF & caseworker  |
| Meeting Preparation    | Meeting with parent in advance to prepare for CPM  |
| Service navigation     | <ul style="list-style-type: none"> <li>• Participate in child welfare planning meetings with parent (parent permission)</li> <li>• Provide service navigation to parent</li> <li>• Work with parent to follow through on action items</li> </ul> |
| Relationship           | Discuss informed consent as part of the beginning of relationship with parent  |
| Parent-directed        | Invite parents to develop a written Individual Action Plan (IAP) to help with goal setting   |
| Supervision            | Receive adequate clinical supervision for each case each month   |

PMs also detailed how much time they spent each month for the following:

- minutes spent on case
- number of parent contacts
- minutes spent doing outreach
- number of face-to-face interactions with parent
- number of parent no-shows

In July 2017, questions were added related to LIFE core components requiring Yes/No answers:

**Over the past month, did you:**

1. ...discuss **informed consent** with this parent?
2. ...have **two-way communication** in-person, by phone, or email with the FEF and/or caseworker on this case (i.e., did you have a **pre-CPM**)?
3. ...work with this parent to **prepare (in advance)** for their LIFE Case Planning Meeting (CPM)?
4. ...work with this parent to follow through on their **Action Items** from their CPM?
5. ...invite this parent to develop or update their **Individual Action Plan (IAP)**?
6. ...receive **enough formal supervision** for your work with this parent?

Additionally, PMs indicated the types of parent- and child-focused service navigation they did with parent in the past month (e.g., legal services, basic needs, LIFE Meetings, employment, housing, parenting services, A&D treatment, transportation, visitation). They also had an opportunity to provide information (open-ended) about barriers families faced in accessing service systems and what they did to help remove those barriers.

Descriptive statistics were used to generate Quarterly Data Collection Support Reports with the following indicators:

- % parents with an average of 2+ hours of parent contact per month
- % parents PM discussed informed consent at least once
- % parents PM participated in pre-LIFE Meeting staffings at least 50% of months reported

- % parents PM helped to prepare them for LIFE Meeting at least 50% of months reported
- % parents PM attended LIFE Meetings at least 50% of months reported
- % parents PM offered to help them develop an Individual Action Plan at least 50% of months reported
- % parents PM helped them work on Action Items from LIFE Meeting at least 50% of months reported
- % parents PM provided system navigation at least 50% of months reported

Chi square and t-tests were used to examine whether PM services differed significantly for groups of parents (e.g., people of color). Correlations were calculated to examine links between PM services, other LIFE core elements, and indicators of parent engagement.

### **Strengths of Approach**

This approach allowed for standardized data collection, basic analysis of Parent Mentor services, monitoring integrity of service delivery, and reporting for continuous quality improvement efforts.

### **Limitations of Approach**

Agencies specializing in direct practice and without available data entry specialists can sometimes struggle with this type of data tracking. Integrity of implementation thresholds were developed in consultation with PMs and their Supervisors, but with an individualized, dynamic service like parent mentoring, it is difficult to know whether they are meaningful for every parent. Quantitative data capture a small piece of the overall impact Parent Mentors have on the lives of parents and their children.



# METHODS APPENDIX I

## Family Finding Checklist

### Description

**WHO:** LIFE Coordinators (LCs) reporting on enhanced family finding activities for each LIFE case

**WHAT:** Measured enhancements to ‘business as usual’ diligent relative search (see Tools Appendix I for a copy of the Family Finding Checklist).

**HOW:** For each new LIFE case, LCs were instructed to indicate whether an enhanced family finding activity occurred by checking relevant boxes on the checklist. LCs used a consistent naming convention and electronic filing system for completed forms. Enhanced family find/relative search fidelity data from forms were entered into an Excel spreadsheet by the Evaluation Team.

**WHY:** To standardize data collection and efficiently collect enhanced relative search information for all cases. In addition, use of checklists has been shown to help practitioners follow consistent protocols.

### Timing of Data Collection

Started at project launch (September 2015); checklists completed as of May 2018 were entered into an Excel spreadsheet by the Evaluation Team. Checklists were updated at the time of the LIFE Refresh July 2017.

### Sampling Plan & Recruitment

Enhanced family finding activities were supposed to be recorded for every LIFE case. A total of 359 cases had at least some data entered on a Family Finding Checklist (out of 519 secondarily eligible cases and 436 cases that went on to have at least two LIFE Meetings; 69-82%).

### Data Analysis Plan

Descriptive statistics were used for reporting the frequency of each enhanced practice and compared by branch. A composite measure was developed as an indicator of LIFE core elements: any type of enhanced search for a case (Yes/No).

### Strengths of Approach

This approach standardized data collection and reporting. The Family Finding Checklist also served as a practice tool to guide enhancement activities.

### Limitations of Approach

Recording information depends on knowledgeable staff performing the task accurately and consistently. When there was turnover or vacancies in LC positions (especially if extended), inconsistent practices resulted in missing data. Moreover, enhanced family finding was often de-prioritized due to heavy workloads, in favor of ensuring meeting notes were available for meeting participants. Family Finding Checklists were not used for most cases after May 2018.

# METHODS APPENDIX J

## Meeting Preparation Checklist

### Description

**WHO:** Family Engagement Facilitators (FEFs) recorded meeting preparation activities for each meeting for each LIFE case.

**WHAT:** Measured the types of preparation activities that took place before each LIFE Meeting (see Tools Appendix II for a copy of the Meeting Preparation Checklist): case review, LIFE staff pre-planning, ongoing relative search, who would be invited and who was going to attend, planning/coaching to share information, determining agenda, values-based activities, and logistics.

**HOW:** FEFs completed the checklist for each LIFE Meeting. They used a consistent naming convention and electronic filing system for completed checklists. Data from completed checklists were entered into an Excel spreadsheet by the Evaluation Team.

**WHY:** To standardize data collection and efficiently collect meeting preparation information for all cases. In addition, use of checklists has been shown to help practitioners follow consistent practice.

### Timing of Data Collection

Started at project launch (September 2015) and continued through the end of the data entry window (September 2019). Checklists were updated at the time of the LIFE Refresh July 2017 to include more specific meeting preparation activities, especially related to LIFE values.

### Sampling Plan & Recruitment

The Meeting Preparation Checklist was supposed to be used to record meeting preparation information for every meeting for every case. LIFE staff completed 1,958 updated meeting Preparation Checklists between July 1, 2017 and September 30, 2019 (approximately half of all LIFE Meetings conducted during that time period). A total of 311 eligible cases had at least one updated preparation checklist submitted (out of 519 secondarily eligible cases and 436 cases that went on to have at least two LIFE Meetings; 60-71%).

### Data Analysis Plan

Descriptive statistics were used for reporting. Preparation data were analyzed overall and by district/branch (chi square and *t*-test). Preparation data was aggregated per LIFE case using three thresholds:

- **Ever:** Ever checked the box for the activity,
- **More than once:** Checked the box for the activity *more than once* (required at least two checklists), and
- **Consistent:** Checked the box for the activity for at least half of the checklists submitted.

In addition, composite measures were created to examine preparation related to values (cultural responsiveness, and strengths based & trauma informed combined) and specific groups, namely parents, youth, and other family. To calculate the measures, the sum of all related meeting preparation items ever performed for a case was divided by the number of times it had the possibility of being performed (composite score=the

total number of category specific items ever marked for case/the number of prep forms submitted for a case). The highest composite “score” possible for any category related to the number of items used to measure the construct on the checklist. Thus, the maximum possible composite “score” for each was:

- 4 for cultural responsiveness
- 2 for strengths based/trauma informed
- 8 for parent preparation
- 8 for youth preparation
- 5 for other family preparation

Composite scores were also used to construct a categorical variable assigning a preparation “level”. After calculating the composite measures above, possible scores were divided into thirds: low (little/none), medium (some), or high (more/often). For some skewed distributions, data categorizations were scaled to better reflect distribution. Composite scores were analyzed for Families of Color vs. White families using *t*-tests, and categories were analyzed using frequencies.

### **Strengths of Approach**

This approach allowed for standardized data collection and reporting of pertinent meeting preparation information. The checklist provided the added benefits of guiding practice and helping practitioners maintain focus on all desired aspects of preparation. Data were also used for continuous quality improvement.

### **Limitations of Approach**

Recording of information depends on facilitators completing the forms. There were sometimes inconsistent practices (due to factors such as high caseloads, or simply lack of prioritization) resulting in missing data. To the extent that these issues were systematic, meeting preparation activities may be under-represented for certain branches. As well, results depend somewhat on the number of checklists that were submitted when calculating the various thresholds. Despite the large number of checklists submitted, only 2 in 3 cases had meeting preparation data and approximately 1 in 2 LIFE Meetings conducted during Years 3 and 4 had documented preparation activities.

# METHODS APPENDIX K

## Meeting Feedback Survey

### Description

**WHO:** Parents/caregivers/youth/family/kin/support people attending LIFE Meetings

**WHAT:** Gather point-in-time measures of meeting satisfaction, fidelity to the LIFE model, and key short-term outcomes: felt prepared, knew who would be at the meeting, felt respected, and thought the meeting was productive (see Tools Appendix III for a copy of the Meeting Feedback Survey).

**HOW:** Anonymous 16-item survey for families and family support persons to complete after attending a LIFE Meeting. LIFE Coordinators (LCs) distributed a survey envelope at the end of LIFE Meetings to all participating family and support persons. Envelopes contained instructions (including a website address with the option to take the survey online), a printed survey, a postage-paid return envelope, and a \$5 bill. Survey respondents could return their survey in a sealed envelope to the Family Engagement Facilitator (FEF) or LC at the end of the meeting; complete and return it to the Evaluation Team using the self-addressed, pre-paid envelope; or use the website to complete the survey online. The survey was available in Spanish, Russian, and English.

**WHY:** The brief survey provided an opportunity for a large number and range of people to offer feedback about LIFE services in a quantifiable and standardized format, without undue burden. Anonymous surveys allowed the Evaluation Team to provide feedback from families to LIFE staff. Data were used for continuous quality improvement; each branch received a final report.

### Timing of Data Collection & Sampling Plan

Data collection took place in September 2016, January, May and September 2017, and January 2018. Surveys were distributed to meeting attendees who had LIFE Meetings during those months. Each branch participated during three of the five months.

**Participation Numbers:** 294 surveys were returned (out of the 639 distributed) for a response rate of 46%. Response rates tended to decline over time (e.g., 55% in September 2016 vs. 39% in September 2017) and varied by branch (34% to 71%). Approximately one-third of the respondents were parents or guardians, one-third were family members, and the remaining third was youth, friend/support persons, or unknown. Of family members, 14% identified themselves as relative foster parents. Of those returning surveys, 14% (42 people) were attending their first LIFE meeting and this was consistent across branches.

### Data Analysis Plan

Descriptive statistics were used for reporting findings; results were broken out by branch, district, and for parents and youth (depending on sample size). Qualitative comments were thematically sorted, and quotes selected to highlight emergent themes.

### Strengths of Approach

As noted above, this brief survey provided an opportunity for a large number and range of people to offer feedback about the program anonymously and in a quantifiable and standardized format, without undue

burden. The \$5 incentive in the envelope likely raised response rates. Obtaining a yearlong snapshot during three different months helped reduce the chances that findings resulted from unique contextual or time-bound anomalies. Having LIFE Coordinators distribute surveys on the spot, directly after the meeting allowed for a proximal appraisal (rather than asking retrospectively).

### **Limitations of Approach**

It is possible that those who completed a Meeting Feedback Survey were not representative of the LIFE parent/caregiver/ youth/family/kin/support person population. Survey responses, for example, could be more positive if those who completed surveys were more satisfied with LIFE services. It is also possible the particular meeting they rated was not representative of all of their LIFE Meetings.

# METHODS APPENDIX L

## Case Studies

### Description

**WHO:** People associated with a particular LIFE case including birth parents, guardians, caseworkers, Family Engagement Facilitators (FEFs), Parent Mentors (PMs), extended family.

**WHAT:** Case study to help understand of the impact of LIFE on parents, youth, and other caregivers as well as on casework practice by engaging multiple perspectives and taking a longitudinal approach.

**HOW:** Meeting observations (typically starting near the beginning of LIFE services through the close of these services) and interviews with people involved in the case. In about one-third of the cases, birth parents participated in 2 or more interviews over time. Interviews were semi-structured and focused on people's experiences with services including successes, challenges, suggestions for improvement and what was different as a result of their participation in LIFE.

**WHY:** The case studies aimed to incorporate a range of perspectives including family members, LIFE staff and caseworkers along with direct observation of meeting practice for a small number of cases. This approach also allowed evaluators to develop rapport with many of the interviewees which enhanced the quality of the data provided. What resulted was a more detailed, comprehensive and nuanced understanding of how LIFE works and its impact on families and the system.

### Timing of Data Collection

Recruitment began in Fall, 2015. Final interviews and observations were conducted in Spring 2019.

### Sampling Plan & Recruitment

FEFs in Districts 2 and 15, the first districts to implement LIFE services, asked parents consent to participate in evaluation activities during Year 1. Evaluation Team members contacted parents and invited them to be a part of a case study. All of the parents who were contacted agreed to participate. Recruitment was done with an eye towards including a diverse range of families; a total of 7 parents of color were included in the sample. Parents received \$40 gift cards for interviews and for allowing Evaluation Team members to observe their meetings.

**Participation Numbers:** 10 cases were included in the case study component, however, two cases had only 2 or 3 meetings so data collection tallies are based on 8 cases with longer-term involvement:

- 13 interviews with parents/guardians (8 mothers, 4 fathers, 1 female guardian)
- 6 interviews with caseworkers
- 10 interviews with FEFs
- 1 interview with great grandma, 1 with a youth
- 7 interviews with service providers including therapists, CASAs, and attorneys
- 100 meeting observations (average of 12.5 per case)

## **Data Analysis Plan**

An initial coding scheme for the interviews was developed based on the first year of data collection. Transcripts were uploaded into ATLAS.ti qualitative data analysis software. Interviews were coded by dyads which included the person who had conducted the interview. This analysis formed the basis for much of the reporting done on implementation during Years 1 and 2 of the evaluation. Subsequent analyses were conducted as more information regarding the process and impact of LIFE became available. Transcripts and observations were coded in a similar fashion.

## **Strengths of Approach**

Due to the inclusion of multiple perspectives, direct observations of a large number of meetings and the fact that cases were followed from near the beginning of LIFE services to the close of services, this approach affords a comprehensive, detailed and nuanced understanding of how LIFE works (or doesn't) and its impact on families and the child welfare system more broadly.

## **Limitations of Approach**

Only 10 cases from 2 of the five districts (D2 and D15) were included, and all of these had parents who consented to the evaluation when it was introduced by their FEFs. Thus, findings may not be representative of the experiences of families and districts with different characteristics or circumstances.

# METHODS APPENDIX M

## LIFE Meeting Agenda Notes

### Description

**WHO:** Every family receiving LIFE services; completed by LIFE Coordinators (LCs) or Family Meeting Facilitators (FEFs) when LCs were not available.

**WHAT:** The LIFE Meeting Agenda, a fillable PDF form, was created by DHS-Child Welfare to support a consistent LIFE Meeting structure and format for recording case planning meeting notes for every meeting for every case. Meeting notes were shared with all participants. The Evaluation Team was focused on data elements related to meeting attendance, length of meeting, and use of family private time (see Tools Appendix IV for a copy of the LIFE Meeting Agenda).

**HOW:** Typically, LCs completed the form during the LIFE Meeting. For a small number of meetings, when LCs were not available, FEFs took their own notes during the meeting and completed the form afterward. They used a consistent naming convention and electronic filing system for forms. When Notes were complete, they were placed in a “Completed Notes” folder on a shared drive accessible by the Evaluation Team. Data from forms were entered into an Excel spreadsheet by the Evaluation Team.

**WHY:** Data collected from Meeting Agenda Notes provided information about how many meetings had been conducted, when meetings started for a family, meeting attendance, how often meetings were taking place, and whether family private time was being used. Data quantified frequency, duration, and consistency of LIFE Meetings along with other fidelity indicators, and were used for continuous quality improvement.

### Timing of Data Collection

Meeting notes were collected throughout the entire project (July 2015 – September 2019), although processes to establish consistency in data recording continued to be refined through June 2016.

### Sampling Plan & Recruitment

The LIFE Meeting Agenda was used for all families involved in LIFE services.

**Participation Numbers:** LIFE staff documented a total of 5,144 meetings between program inception and September 2019. A total of 454 eligible cases had at least one documented LIFE Meeting (out of 519, or 87%).

### Data Analysis Plan

Descriptive statistics were used for reporting. Meeting note data was analyzed to provide information overall and per branch related to numbers of meetings, timing of first and subsequent meetings, the number cases with various types of people (parents, youth, caseworkers, parent mentors, family members, foster parents, service providers, legal representatives) attending. Attendance and other information from LIFE Meeting notes was aggregated per LIFE case. Specifically, variables constructed for fidelity included:

- Average number of LIFE Meetings per case (by September 30, 2019), as well as the number of cases with at least 4 – 7 LIFE Meetings and with 8 or more LIFE Meetings



- Average time from LIFE eligibility date to date of first LIFE Meeting, as well as if this time was  $\leq 30$  days or  $\leq 90$  days
- Average number days between LIFE Meetings
- Avg number people attending LIFE Meetings
- Average number of family/support people attend LIFE Meeting
- Average number of service providers attending LIFE Meetings
- Attendance patterns of various participants over time (meetings 1-3, 4-7, or 8+)
- Average meeting length
- Average length of time families had LIFE Meetings (from first to last meeting).

### **Strengths of Approach**

This approach allowed for standardized data collection and reporting of pertinent meeting information. It also eliminated redundancies by utilizing forms already required by DHS. Data were available for nearly all LIFE cases.

### **Limitations of Approach**

Recording of information depends on knowledgeable staff performing this task accurately and consistently. In cases of turnover, or where there were vacancies in the LIFE coordinator positions (especially extended vacancies), inconsistent practices sometimes resulted in missing data in terms of specific data elements (e.g., meeting attendance) or in rare instances undocumented meetings.

# Methods Appendix N

## Meeting Facilitation Observations

### Description

**WHO:** Families receiving LIFE services and their LIFE Teams

**WHAT:** Meeting Facilitation Observation checklist-style form with 48 items reflecting Family Engagement Facilitator practices during LIFE Meetings, and 6 items reflecting Parent Mentor practices related to LIFE values (family/youth voice, strengths based, trauma informed, and culturally responsive) and meeting facilitation (see Tools Appendix V for a copy of the Meeting Facilitation Observation Tool).

**HOW:** With parent permission, Evaluation Team members attended LIFE Meetings and completed the observation forms, checking off relevant items that occurred during the meeting and making notes as appropriate about what was observed and/or absent.

**WHY:** The Meeting Facilitation Observation form was developed to learn about the meeting practices being consistently implemented during LIFE Meetings. It was used as a measure of LIFE Meeting fidelity, for continuous quality improvement, and to provide a tool for training new FEFs, self-reflection, and/or ongoing workforce development.

### Timing of Data Collection

Meeting observations occurred from July 2017 to May 2018.

### Sampling Plan & Recruitment

FEFs invited all parents eligible for LIFE services to participate in evaluation activities. All parents who consented to be contacted were considered for meeting observation. LIFE Meetings selected for observation were based on a number of things: availability of an Evaluation Team member to attend the scheduled meeting, FEF workload capacity (not overburdening FEFs who obtain the most consents), and family diversity (e.g., families of color, incarcerated parents). Parents received a \$40 gift card in appreciation for allowing an Evaluation Team member observe their meeting.

**Participation Numbers:** A total of 52 meetings were observed using the Meeting Facilitation Observation tool. Meetings were observed in all branches – numbers ranged from 3 to 16.

### Data Analysis Plan

Data were analyzed using descriptive statistics (proportion of meetings with each item “checked” indicating the practice occurred) and qualitatively (thematic analysis of observer notes).

### Strengths of Approach

Meeting observations provided a way for the Evaluation Team to “see” the practice, and the development of an observation tool helped to create a standardized way to collect data and quantify meeting practices. Data were used for continuous quality improvement and the tool is now used to train new FEFs. In terms of approach, the

tool was developed after Evaluation Team members had already observed and taken copious notes during more than 50 observations. FEFs also collaborated with the Evaluation Team on the items included on the tool.

### **Limitations of Approach**

Only one Evaluation Team member observed the LIFE Meeting and completed the form, so it is possible that details were missed and there was no way to determine reliability with another observer. The Evaluation Team often observed meetings about which they had no background, which may have led to a misunderstanding of what they observed during meetings.

# METHODS APPENDIX O

## Birth Parent Interviews

### Description

**WHO:** Parents who participated in LIFE services

**WHAT:** Semi-structured interviews include the following topics: experiences of LIFE services, what worked and what wasn't helpful, the difference it made in their case, any suggestions for improvement.

**HOW:** Interviews were conducted in person at a location of the parents' choosing or over the phone if the parent preferred and they lasted for 1-2 hours. All of the interviews were conducted in English.

**WHY:** Understanding parents' experience is critical to efforts to design effective services. The interviews afforded parents the opportunity to share detailed information about what was useful about LIFE; questions were open-ended which allowed parents to talk about what they thought it was important for us to learn.

### Timing of Data Collection

The first interviews were conducted during Year 2 of the evaluation and the last during Fall of 2019.

### Sampling Plan & Recruitment

Parents were invited by FEFs to participate in the evaluation at the start of LIFE services. As part of the different phases of the evaluation (implementation, process, outcomes) parents who consented to the evaluation were invited to participate in interviews using the contact information they provided as part of the intake process. Parents from all 4 districts participated in interviews and efforts were made to ensure a diverse sample to include people of different races/ethnicities, fathers and mothers, and parents who were and were not reunified with their children. We also conducted interviews with four parents who participated in LIFE services while incarcerated. Parents received a \$40 gift card in exchange for their time.

**Participation Numbers:** A total of 64 interviews were conducted with parents representing 49 unique cases. The number of interviews varied by district, ranging from 6 to 23. More mothers than fathers participated in interviews, 43 and 22, respectively. Approximately one-quarter of the interviews included parents who were people of color or who were parenting children of color.

### Data Analysis Plan

An initial coding scheme was developed using information gathered during Year 1 of the evaluation. Transcripts were uploaded into ATLAS.ti and interviews were coded by dyads which included the person who had conducted the interview. Subsequent analyses were conducted as more information regarding the process and impact of LIFE became available; transcripts were coded in a similar fashion.

### Strengths of Approach

Interviews allowed parents to provide first person and detailed information about their experiences.

## **Limitations of Approach**

Despite efforts by the Evaluation Team to develop rapport with parents, the fact that many of the parents had no prior contact with the interviewers means that parents likely withheld some information that they didn't feel comfortable sharing. In addition, participation was voluntary and parents who were disinclined to talk with the Evaluation Team might also be more likely to have had negative experiences with child welfare, or be different in other ways, from parents who agreed to do the interviews. Finally, our sample is not representative of all parents involved in LIFE services or child welfare in Oregon so generalizations should be made with caution.

# Methods Appendix P

## Realist Evaluation

Part-way through the project, we realized the importance of complimenting the traditional approach to program evaluation with study elements that were better suited to accounting for/identifying the impact of LIFE on different subgroups as well as the mechanisms by which the different elements were able to effect positive outcomes. Initially, we adopted a Qualitative Comparative Analysis (QCA) framework (Ragin, 2009) to help us identify LIFE practices that were correlated with positive outcomes. Over time, however, we decided that a realist approach was likely to be a better fit and produce more useful information than QCA. It is important to note that the realist component was implemented more than halfway through the evaluation which required a certain amount of bootstrapping and we were not able to do all of the analysis that we would have liked. However, we are pleased with the information that was generated and believe it serves as a strong framework for subsequent efforts.

Realist evaluation seeks to answer the question ‘What works for whom, in what respects and to what extent, under what circumstances, and how?’. This type of approach helps inform decisions about whether and when to use particular kinds of interventions, and how to adapt them to local circumstances. It is particularly useful when studying social programs that have multiple parts, are individualized and that target families with complex issues and who are working with multiple systems.

Realist evaluation utilizes realist causal explanation, which asserts that outcomes are caused by underlying mechanisms rather than directly by the programs themselves. This has significant implications for the design of evaluations; instead of comparing outcomes for treatment and comparison groups, realists identify and test program theories or explanations of how and why the program works. Finally, realists use the ‘context-mechanism-outcome’ heuristic (CMO) to capture the basic architecture of program theories.

Realist evaluation proceeds through the following steps as a way of testing program theories and cumulating evidence:

1. Identify candidate program theories or CMOs
2. Collect data relevant to the different CMOs
3. Compile and analyze the evidence
4. Revise CMOs
5. Repeat

Below is a description of the Realist Evaluation (RE) component undertaken as a part of the LIFE evaluation.

### Identifying CMOs

LIFE is a complex intervention operating in a complex system so it was important to narrow the scope of our investigation somewhat and try and test CMOs thought to be primary to a common set of short- and medium-term outcomes that research suggests are related to the longer-term child welfare outcomes. As such, we decided to focus on the semi-structured monthly team meetings, their impact on both parents and caseworkers, and outcomes likely to be connected to prospects for reunification.

We drew on early process evaluation findings as well as the LIFE logic model and program materials to develop an initial set of program theories. These were then shared with LIFE staff and Parent Mentors (PMs) and their input was used to refine the list into a set of candidate CMOs that served as the focus of the data collection and reporting. This process consisted mostly of clarifying the mechanisms, both in regards to resources and the response (both cognitive and behavioral) as well as identifying short- and medium-term outcomes. For example, an initial program theory about how LIFE inspired action on the part of parents by the provision of a range of supports was broken down into three distinct CMO configurations that specified how different types of support could generate a specific shift in thinking on the part of parents that could then lead to increased action on case plans. Each CMO was focused on a particular category of actors (e.g., parents, caseworkers); described both the resources that were made available by the LIFE program as well as the responses made possible by those resources; the immediate as well as more distal outcomes likely to result; and ideas about the contexts that would either facilitate or hinder the mechanisms from ‘firing’. The example below details the CMO related to parents having adequate information about child welfare requirements:

**Actor** – Parents

**Mechanism** – “I Know”

**Resource** – Caseworker provides clear info *Response* -- Parent understands what to do

**Outcome** – Parent able to make significant progress

The final list of CMOs was as follows:

CMO: Births Parents Buy-In

Mechanism: **Buy-in**

How it works: Birth parents are given **opportunities for voice** (resource), and as a result, they’re more likely to **feel like they had a say** and are **more invested** (response) and **therefore do more** (outcome).

CMO: Birth Parents Believe in Themselves

Mechanism: **I can do it!**

How it works: Birth parents are given **encouragement, offers of support, and positive social comparison/hope from PMs**, and as a result, they’re more likely **believe they can accomplish what’s expected** and **therefore do more**.

CMO: Birth Parents Know What to Do and Do It

Mechanism: **Know what to do**

How it works: Birth parents are given clear and timely **information about what is expected, regular check ins and timely problem solving**, and as a result, they’re more likely to **really understand what they need to do and how to get it done** and **therefore do more**.

CMO: Births Parents Re-engage after a Set Back

Mechanism: **Get back up and keep trying**

How it works: Birth parents are given **encouragement, offers of help and told they can do it even after a setback**, and as a result, they’re more likely to **feel like they can do it** and are **more likely to not give up** and **therefore do more**.

CMO: Birth Parents know how to help with Concurrent Planning

Mechanism: **Information**

How it works: Birth parents are provided with **clear information regarding their rights and responsibilities** as well as **opportunities for input** in regards to the concurrent plan; as a result, they **provide input and participate in decision-making** which increases the likelihood that they will have an **on-going relationship with their children**.

CMO: Birth Parents agree to and engage in Concurrent Planning

Mechanism: **Psychological safety**

How it works: Birth parents are provided with **ongoing positive regard** from all or most of the team and **reassurance that agreeing to the concurrent plan is a way of loving their children**. As a result, they are **better able to manage emotions and participate in planning** which increases the likelihood that they will **agree to the concurrent plan and have an on-going relationship with their children**.

CMO: Incarcerated parents get to be involved in the case

Mechanism: **Connect with me and I'll participate**

How it works: FEFs have the time to do outreach with parents who are incarcerated and are able to **build connections, share information and offer opportunities for participation** to parents; as a result, these **parents feel in-the-loop and offer input and participate in decision-making, oftentimes re-establishing relationships with their children**.

CMO: Caseworkers DO the Practice Model

Mechanism: **Doing the OPM**

How it works: Caseworkers receive **support and encouragement (accountability)** for utilizing the OPM, and as a result, they're **more likely to use and follow OPM and timely permanency results (because caseworkers don't sit on cases)**.

CMO: Shared Responsibility for Cases

Mechanism: **Shared responsibility**

How it works: Other providers as well as extended family serve as **additional eyes and ears and provide information as well as resources**, so caseworkers feel like they **don't have to be as conservative/careful in their decision making and timely permanency results**.

CMO: Caseworker/Provider Investment

Mechanism: **I'm into this**

How it works: LIFE facilitates **enhanced (stronger, more positive, fuller, less formal) relationships** between caseworkers and other providers as well as the family, so they enjoy the meetings and casework more and **become more invested in helping the family be successful and timely permanency is the result**.

CMO: Turnover Doesn't Slow Things Down

Mechanism: **Turnover doesn't slow things down**

How it works: Team members have **ample history and information about the case**, so when a different/new caseworker (or attorney, or CASA) joins they can **rely on the team and things can keep moving** while they get up to speed, which results in **timely permanency**.

CMO: Teams do a Different Kind of Decision-Making

Mechanism: **Team decision-making**



How it works: LIFE **gathers together (most of) the key people** on a case including parents, family, providers and informal supports and encourages **information-sharing, monitoring, timely problem solving and planning**, which results in **more responsive and creative decisions** and oftentimes **reunification and/or faster permanency**.

## Data Collection

The RE relied on two primary data collection strategies – case file reviews (originally referred to as case progress tracking; see Methods Appendix V for details) and realist interviews with caseworkers, FEFs, Parent Mentors and parents. The case file reviews consisted of a structured review of all of the LIFE Meeting Agenda notes and Meeting Preparation Checklists associated with a specific case. Documents were reviewed using a structured case review instrument designed in close collaboration with the Waiver Program Manager. The instrument tracked key elements of LIFE and important case characteristics as well as a host of outputs (parent involvement in planning, increase in visitation, completion of action items, parent involved in concurrent planning) and short- and medium-term outcomes (conditions for return met, increase in social supports, permanency achieved).

Realist interviews were developed in accordance with the guidance provided by the RAMESES project (2017). Briefly, candidate CMOs were reviewed with respondents and then they described individual cases with an eye towards whether the CMO was relevant and if so, what evidence was cited. Interviewers asked clarifying questions and prompted respondents to speak to the contexts which either facilitated or hindered mechanisms and outcomes. Parents were interviewed about their own case. Interviews with Family Engagement Facilitators (FEFs), caseworkers, and Parent Mentors (PMs) typically included discussion of between 5 and 10 cases. Interviewers took notes and often recorded interviews for consultation during the write up process described below.

We also drew on information gathered via observations of case planning meetings, interviews with a variety of respondents, and case studies that involved numerous observations and interviews associated with a single case (for details see Methods Appendix A for LIFE Staff Interviews; Methods Appendix D for Caseworker Interviews; Methods Appendix E for Community Provider Interviews; Methods Appendix L for details about Case Studies; and Methods Appendix O for Birth Parent Interviews).

Case file reviews and case studies afforded a longitudinal perspective providing data related to how LIFE works over time and to affect a variety of outcomes. Interviews served a somewhat different purpose. Including a range of perspectives can strengthen the evidence as when multiple people involved in the same case report similar observations, or when caseworkers across the project agree that particular CMOs are significantly responsible for the impact of the program. In addition, a realist approach posits that people are situated differently in terms of the type of information they are best able to provide regarding the program theories. For example, parents are highly credible sources about their experience of services and the impact on their case. PMs, caseworkers, and FEFs offer information about the impact of LIFE across a range of cases, helping identify the conditions and circumstances under which LIFE made a difference and those where it did not (Pawson, 2013).

## Sample Description

Initial case file reviews included approximately 30 cases nominated by the Waiver Program Manager as representing both successes and challenges across two of the four LIFE districts. As time went on, cases from all four districts were selected randomly from among those that met the criteria:

- Met secondary eligibility criteria and opened for LIFE services,

- birth parents participated in a minimum of 4 LIFE meetings, and
- reunification was the plan at the time the LIFE case was opened.

A total of 193 unique cases were included in RE sample. Specifically (not mutually exclusive categories):

- 60 cases included in the file review
- 140 cases covered as part of realist interviews
- Data for 30 cases collected via case studies, interviews with parents and other respondents

In terms of representation of the larger LIFE minimum service group (2+ LIFE Meetings) used for the administrative data comparison group analysis, the RE sample included 144 cases out of the 343 LIFE minimum service cases that were closed as of 12/26/19 (the remaining 49 were still open as of that date), or 42%. The RE included cases and participants from all LIFE districts. Realist interviews were conducted with nearly all of the FEFs and approximately half of the Parent Mentors who worked on the project.

The more intensive **case file reviews** represented:

- 40 case file reviews (24%) of the 169 cases that met the criteria above and were closed by 12/31/18
- 46 case file reviews (19%) of the 241 cases that met the criteria above and were closed by 12/26/19

The total number of **realist interviews** was 81 and included:

- 27 birth parents (including 4 who were incarcerated or who had recently been released and participated in LIFE services while in prison)
- 23 caseworkers (interviews about multiple cases)
- 2 FEFs (interviews about multiple cases)
- 9 parent mentors (interviews about multiple cases)

The data related to **individual CMOs** included the following (ranges mean that number of cases were different for each CMO):

- Parent CMOs: 52-120 unique cases; 15-30% of the cases had more than one data source
- Concurrent planning CMOs: 43-47 unique cases; 10-15% of the cases had more than one data source
- Caseworker CMOs: 31-43 unique cases; 20% of the cases had more than one data source
- Teams CMOs: 63 unique cases; 20% had more than one data source

## Data Compilation

'Case data sheets' were created for each case covered in a realist interview or by a case file review. These listed specific CMOs (context, mechanism, outcome configurations), and the data source, example text unit, and evidence type (positive confirmatory, negative confirmatory, contradictory) that surfaced as relevant to each of the cases:

- Positive confirmatory: resource was provided, the expected response occurred, and the anticipated outcome happened

- Negative confirmatory: resource was not provided and the outcome did not occur
- Contradictory: resource was provided, but the expected response or outcome did not result

Entries on the case data sheets were reviewed by the Evaluation Team until a high degree of inter-rater reliability was achieved. Information was then uploaded to 'CMO sheets' to allow for the compilation of all the data related to a specific CMO into a single spreadsheet.

## Data Analysis

A schematic that included a detailed CMO including examples of positive confirmatory, negative confirmatory, and contradictory cases was generated for each candidate CMO based on an initial review of the data; these were reviewed for logic and accuracy by the Evaluation Team and revised. Once these were finalized, all of the entries were reviewed against the schematic and duplicates and errors were addressed.

Next, counts and percentages related to data sources including the type (realist interview, case study, case file review), the number of different sources, and which district the data came from were generated. Counts and percentages of positive confirmatory, negative confirmatory, and contradictory cases for each candidate CMO were also created.

The entries were then reviewed and information gathered about contexts associated with positive confirmatory, negative confirmatory, and contradictory cases as well as the prevalence of short- and medium-term outcomes for each candidate CMO. Particular attention was paid to whether contexts associated with positive confirmatory cases mirrored or contradicted those associated with negative confirmatory and contradictory cases. Team members drafted 2-3 page write ups summarizing this information; these were reviewed and critiqued by the full team and revised versions created. These then served as the source documents for the write ups included in this report.

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# METHODS APPENDIX Q

## Families of Color Sub-study

Recent studies have shown overrepresentation of children of color in Oregon’s foster care system (NCJJ, 2020; Fuller et al., 2017; Miller et al., 2009) and decades of research suggest systematic bias affects families of color involved with child welfare (Roberts, 2014; Rivaux et al., 2008). Recognizing families of color as a population with differential experiences in child welfare, a directive for culturally competent practice within Oregon, and cultural responsiveness as a LIFE practice value, the Evaluation Team undertook a sub-study to understand experiences of families of color (FOC) receiving LIFE services.

### Description

Initial evaluation efforts for the Families of Color (FOC) Sub-study began with researchers identifying LIFE staff who had conveyed some experience (successes and/or challenges) in operationalizing cultural responsiveness in the LIFE model. A (non-LIFE) expert on culturally responsive meeting practice was also identified. These individuals – Parent Mentors (PMs), Family Engagement Facilitators (FEFs), LIFE Coordinators (LCs), DHS supervisors, and a family meeting facilitation expert – served as key informants for the foundational phase of the FOC Sub-study work, informing instrument development and analytical frameworks. A number of the key stakeholders participating in foundational efforts identified as people of color. LIFE staff identified families eligible for the FOC Sub-study.

The FOC Evaluation Team interviewed key stakeholders/informants and identified three sensitizing concepts:

- **Relationships** – Demonstrating or supporting caring and personal relationships between families and DHS staff; between families and other providers; between families and LIFE staff; and between members within a family
- **Personalization** – How practice or services get modified to meet families’ needs (e.g. offering opportunities to work with culturally congruent providers; conducting LIFE Meetings in a families’ native language (and providing English translation for providers); and
- **Communication** – Both verbal and non-verbal language conveying aptitude/attention to culture or lack thereof.

The FOC Evaluation Team also reviewed theoretical perspectives relevant to understanding the experience of families of color in child welfare related to racism and oppression, whiteness and cultural imperialism, implicit bias, and Critical Race Theory (Delgado & Stefancic, 2012).

Based on key informant feedback and literature review, the FOC Evaluation Team determined concepts of rupture and repair as they relate to ‘therapeutic alliance’ (the cooperative working relationship between client and therapist) could be used as a framework for learning about the experiences of families of color in the LIFE program. Safran et al. (2011) suggest, “...ruptures vary in intensity from relatively minor tensions, which one or both of the participants may be only vaguely aware of, to major breakdowns in collaboration, understanding, or communication (p. 80). Alliance ruptures are inevitable. Safran et al. (2011) suggest alliance ruptures and repairs can be measured from client, practitioner, and observer perspectives and focus on discrete, in-session events, as well as over the course of treatment.

For the FOC sub-study, concepts of rupture and repair that could apply to the context of LIFE monthly case planning meetings and service experiences were developed:

- **Ruptures** – seemingly neutral, unresponsive, or oppressive actions that create tension
- **Repairs** – actions that mitigate a rupture
- **Pre-repair** – actions that minimize or prevent a rupture (in the context of LIFE, these actions largely relate to preparation activities)
- **Interruptions** – actions that stop (or attempt to halt) a rupture.

Because the FOC sub-study examined the experience of FOC in a racialized context where implicit bias, whiteness, and institutional racism were at play, the FOC Evaluation Team conceived of ruptures experienced by people of color primarily in terms of microaggressions (Sue et al., 2007) and other oppressive experiences such as “othering” (Johnson et al., 2004).

Using this framework, informally known as the RRIP, and associated concepts the FOC Evaluation Team sought to explore racialized ruptures/repairs within LIFE services that particularly impacted relationships, personalization, communication, as well as engagement overall.

## Data Collection

**Meeting observations and interviews** were conducted with parents, youth, and family members participating in LIFE Meetings, as well as with LIFE staff and Parent mentors serving families observed.

**Observations.** FOC Evaluation Team members began observing LIFE Meetings as early in a case as possible. Observations allowed researchers to develop familiarity with issues surrounding a case, as well to assess team dynamics in meetings. Additionally, observations allowed families to have regular exposure to FOC Evaluation Team members, offering opportunity to develop familiarity and rapport.

**Interviews.** Once several meetings had been observed, parents, youth, family members, or LIFE staff were approached for interviews. Some cases provided the opportunity for interviews at two time points, once in the first few months after case opening and another at the end of a case. In addition, when possible, interviews were conducted with multiple individuals involved on the same case who could provide perspectives from varying viewpoints. FOC Evaluation Team members used sensitizing concepts to construct semi-structured interview guides, asking open-ended questions about experiences with LIFE generally, as well as RRIP concepts. It was also possible to refer to potential instances of rupture/repair observed during a LIFE Meeting for discussion and interpretation by families.

Because race and ethnicity are often complex and sensitive topics to discuss with strangers, the FOC Evaluation Team chose to invest in building familiarity and rapport with families and LIFE staff by following cases over time. This allowed researchers the greatest opportunity possible to appreciate contextual variables, capture change as a case progressed, and to gather perspectives from multiple vantage points. Due to the unique knowledge base necessary to understand, observe, and interpret rupture experiences for families of color, a smaller subset of the Evaluation Team focused specifically on this work.

## Timing of Data Collection

Foundational interviews with key informants (primarily LIFE staff) began early in 2017. Simultaneously, LIFE staff began indicating if families were candidates for inclusion in the FOC Sub-study when they submitted consents for interviews and observations (a process already initiated for other aspects of the evaluation). The FOC

Evaluation Team approached all families identified by LIFE staff as FOC that consented to be contacted for the evaluation through September 2018.

Observations were ongoing for FOC cases that consented. Once several meetings had been observed and some relationship had been established, youth, parents, and/or family members were approached for interviews. Additional interviews were solicited if cases remained open for more than six months. Thus, FOC interview recruitment with youth, parents, family members, and the LIFE staff serving them was ongoing and continued through September 2019.

## **Participation**

The following data were collected as part of the FOC Sub-study:

- 10 foundational/informational interviews with key informants (14 people interviewed)
- 48 LIFE Meeting observations related to 12 cases of FOC
- 13 interviews with parents of color (10 parents interviewed). More than half of parents interviewed (60%) were mothers.
- 4 interviews with youth of color (3 youth interviewed)
- 2 Interviews with family members of color (2 family members interviewed)
- 5 interviews with LIFE staff working with cases being followed for the FOC Sub-study (FEFs, PM)

## **Data Analysis Plan**

The FOC Evaluation Team began analyzing data in August 2017, using thematic analysis on meeting observation and interview data available to date. The FOC Evaluation Team used the RRIP framework (as described above) to guide analysis, utilizing deductive approaches. For a subset of interviews, interviewers served as the primary coders of their interviews for an initial analysis, then each line of transcript and code was discussed in team meetings. Coding as a team allowed the analysis to apply multiple interpretative lenses and provided opportunities for learning amongst team members, critical to developing more robust coding schema and informing ongoing data collection.

Over time, meeting observations, interviews with youth, parents, and other family members, and interviews with LIFE staff were analyzed using both inductive and deductive approaches. In addition to utilizing the RRIP (Ruptures, Repairs, Interruptions, and Pre-repairs) framework, coding included an overlay of critical race theory concepts and tenets, conceptualization of othering and microaggressions, and anti-oppressive practice. The concept of “de-centering power” was developed to describe working with families of color in a culturally responsive manner. Final analyses were grounded in data demonstrating the difficulty of engaging parents in LIFE services given the oppressive and institutionally racist context of child welfare.

## **Strengths of Approach**

The evaluation team recognized that concepts of power, culture/race/ethnicity, and oppression are challenging for many in the field, not to mention emotionally-charged topics for families involved in child welfare. Race and ethnicity are often complex and sensitive topics to discuss with strangers. By following cases over time, the FOC Evaluation Team developed rapport with families and LIFE staff, creating an environment more conducive to discussing these topics.

In addition, positionality matters in observing and interpreting racialized experiences of families of color; two members of the FOC Evaluation Team were members of racial/ethnic communities included in the study. Finally,

sometimes critiques in racialized contexts can feel threatening to those in the mainstream. The RRIP framework, with its emphasis on the inevitability of ruptures and the possibility for repair, seemed accessible to LIFE practitioners and eased concerns about missteps in practice.

## Limitations of Approach

Selection bias is a limitation. The FOC analysis is based on data obtained from following 12 cases, providing a relatively small sample. Due to the small size of the FOC Evaluation Team and the model of observing meetings over time, those districts in geographic proximity to the Evaluation Team location have greater representation. Further, the Evaluation Team was not able to contact parents and youth without their consent. Thus, FEFs and caseworkers were responsible for inviting parents and youth to give consent for the Evaluation Team to contact them about participating in evaluation activities. It is likely that differences in FEF and caseworker buy-in for the evaluation, workload, relationship with parents and youth, level of trust in DHS and researchers, and other factors influenced who the Evaluation Team is able to contact. At the point of contact, parents and youth could decline participation. Even if they agreed to observations, some parents and youth ultimately did not participate in interviews. Thus, there is bias in the information collected based on who consented to be contacted and who self-selected to participate.

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# METHODS APPENDIX R

## Parent Short-term Outcome Survey

### Description

**WHO:** Legal parents associated with cases that met secondary eligibility criteria and opened for LIFE services during the survey distribution period

**WHAT:** A survey that assessed parent’s perceptions of LIFE services related to their Family Engagement Facilitator (FEF), LIFE Team, Parent Mentor (PM), LIFE Meetings, and feelings of engagement and progress. The Time 1 (T1) survey included 66 items, and the Time 2 (T2) survey was shortened to 41 items. For T2, only parents who had accepted Parent Mentor services were given a survey with questions about working with a PM (see Tools Appendix V for a copy of the T2 Parent Short-term Outcome Survey).

**HOW:** The Evaluation Team sent surveys to LIFE staff to distribute to parents. Prior to each survey distribution, LIFE staff were contacted by the Evaluation Team to determine if any identified parents:

- needed a survey in a language other than English (surveys were submitted for translation into a parent’s language as necessary);
- were incarcerated (some materials and protocols were adapted for incarcerated parents);
- had disabilities that might require accommodation; or
- were not truly eligible to receive a survey (e.g. were deceased, LIFE case had closed).

Survey packets included instructions for completing the survey by mail or online (using a link to the Qualtrics survey platform), a contact information sheet for sending a \$20 gift card incentive, a postage paid return envelope, a copy of the consent form for the parent to keep, and the survey. Each survey included a 4-digit study ID that could be used to link surveys with case information. FEFs also received “talking points” with each survey packet. LIFE staff then had a three-month window to administer the survey, after which time the Evaluation Team requested that FEFs return undistributed surveys.

LIFE staff were trained on survey administration, which involved reviewing talking points with parents (related to purpose of the evaluation, informed consent, incentives, etc.) and going over the informed consent form included with the survey. The Evaluation Team obtained permission from the Department of Corrections in Oregon to include incarcerated parents in the evaluation; training also covered the differences in protocols for incarcerated parents.

**WHY:** A survey is a relatively efficient way to collect information from a large number of parents. The survey was constructed using what was learned from the Developmental Evaluation (case studies, interviews) and input from LIFE staff. It was designed to measure change over time in experiences of team collaboration, engagement, and relationships with LIFE staff, which required distribution at two time points. The Evaluation Team also wanted to be able to link survey information to other data points to quantitatively test links associations between LIFE services, fidelity, and parent engagement.

## Timing of Data Collection

Survey distribution began in August 2017 and closed in June 2019.

## Sampling Plan & Recruitment

Parents were identified from the LIFE Eligibility and Tracking Database on a monthly basis starting in April 2017. Survey packets were prepared and distributed to LIFE staff within four months of the parent’s case being determined eligible, which was considered “baseline” or Time 1 (T1). The survey was distributed again 8 months later (Time 2, or T2). All parents whose cases became eligible for the LIFE program four months prior to the survey month (and cases were still open for LIFE services) were eligible to take the survey, whether or not they were currently active LIFE. In addition, parents did not need to complete the T1 survey to complete the T2 survey. To increase recruitment, a one-time distribution of the T2 survey for parents whose LIFE cases opened prior to the original survey launch window was added mid-way through survey data collection. Parents received a \$20 gift card for completing a survey.

**Participation Numbers:** The Evaluation Team distributed 736 Parent Short-term Outcome Surveys to LIFE staff. Including the parents participating in one-time distributions ( $n=132$ ), 256 parents were unavailable for a T2 follow-up (e.g., they never engaged in LIFE services, LIFE services had closed). The table below shows the timing and type of survey distribution.

| Survey Distribution Period | Surveys Distributed by PSU to LIFE staff |                     |                                | Totals     | T2 Unavailable for follow-up |
|----------------------------|--|---------------------|--------------------------------|------------|------------------------------|
|                            | T1 Survey                                | T2 Follow-up Survey | T2 Expanded Eligibility Survey |            |                              |
| Aug - Dec 2017             | 168                                      | 0                   | 0                              | 168        |                              |
| Jan-Dec 2018               | 196                                      | 146                 | 74                             | 416        | 157                          |
| Jan-June 2019              | 0  | 94                  | 58                             | 152        | 99                           |
| <b>Totals:</b>             | <b>364</b>                               | <b>240</b>          | <b>132</b>                     | <b>736</b> | <b>256</b>                   |

The Evaluation Team received a total of 98 completed parent outcome surveys. Response rates were lower than expected. Overall, surveys were completed by 13% of the parents **identified** as eligible for the survey. LIFE staff distributed about half ( $n=375$ ) of the surveys they received, suggesting that 27% of parents who **received** a survey completed it. Only 14 parents completed the survey at both baseline and follow up. The table below provides more detailed information about response rates.

| Survey Distribution Period | Surveys Distributed by PSU to LIFE staff | Surveys Distributed by LIFE staff to Parents | Returned by Parents | Response Rate (Overall) | Response Rate (Parent Received) |
|----------------------------|--|--|---------------------|-------------------------|---------------------------------|
| Aug - Dec 2017             | 168                                      | 78 (46% of total)                            | 15                  | 9%                      | 19%                             |
| Jan-Dec 2018               | 416                                      | 203 (49% of total)                           | 54                  | 13%                     | 27%                             |
| Jan-Sept 2019              | 152                                      | 84 (55% of total)                            | 29                  | 19%                     | 35%                             |
| <b>Totals Overall:</b>     | <b>736</b>                               | <b>365 (50% of total)</b>                    | <b>98</b>           | <b>13%</b>              | <b>27%</b>                      |

## Data Analysis Plan

Survey responses were analyzed using descriptive statistics, and compared for different groups using contingency tables (chi square), *t*-test, or ANOVA. Qualitative comments were thematically sorted, and quotes were selected to highlight emergent themes.

Items from the survey were conceptually combined into five constructs; principal axis factoring was used to test and confirm reliability (see table below). These constructs measured parents' perceptions of the meeting facilitator (FEF), feelings of motivation (Motivation), sense of progress (Progress), experiences of support and needs fulfillment during LIFE Meetings (LIFE Team), and attitudes towards the parent mentor (PM). Some of the PM items were answered exactly the same by individuals that the covariance matrix was not positive definite and the reliability estimate was 1.00; these items are not shown in the table below.

| Item   | Factor Loadings |           |            |          |
|--|-----------------|-----------|------------|----------|
|  | FEF             | LIFE Team | Motivation | Progress |
| My LIFE Meeting Facilitator asks me what I want to talk about at my LIFE mtgs. | .98             |           |            |          |
| My LIFE Meeting Facilitator asks me who I want to come to my LIFE meetings.    | .86             |           |            |          |
| My LIFE Meeting Facilitator acknowledges the progress I make.                  | .80             |           |            |          |
| My LIFE Meetings focus on finding solutions.                                   |                 | .90       |            |          |
| After my LIFE Meetings, I feel <u>frustrated</u> .                             |                 | -.90      |            |          |
| During my LIFE Meetings, I feel <u>unimportant</u> .                           |                 | -.89      |            |          |
| During my LIFE Meetings, I feel I am taken seriously.                          |                 | .88       |            |          |
| During my LIFE Meetings, I feel that my voice is heard.                        |                 | .88       |            |          |
| During my LIFE Meetings, I feel <u>ignored</u> .                               |                 | -.88      |            |          |
| My LIFE Meetings help me get questions answered about my case.                 |                 | .88       |            |          |
| The people at my LIFE Meetings seem to work <u>against</u> me (not with me).   |                 | -.86      |            |          |
| During my LIFE Meetings, I feel supported.                                     |                 | .85       |            |          |
| I understand what I need to do (to make progress on my case).                  |                 | .82       |            |          |
| After my LIFE Meetings, I feel hopeful.  |                 | .79       |            |          |
| The people at my LIFE Meetings work together as a team.                        |                 | .78       |            |          |
| I feel like my case plan is realistic.   |                 | .76       |            |          |
| After my LIFE Meetings, I feel <u>confused</u> .                               |                 | -.75      |            |          |
| During my LIFE Meetings, I feel like my action items are realistic.            |                 | .66       |            |          |
| The people at my LIFE Meetings judge me <u>unfairly</u> .                      |                 | -.57      |            |          |
| I feel ready to participate in each LIFE Meeting.                              |                 |           | .89        |          |
| I look forward to my LIFE Meetings.  |                 |           | .83        |          |
| During my LIFE Meetings, I feel like I actively participate.                   |                 |           | .82        |          |
| I feel like the services I'm supposed to do will help me.                      |                 |           | .79        |          |
| I feel motivated to do the services I have been asked to do.                   |                 |           | .74        |          |
| After my LIFE Meetings, I feel motivated to work on my action items.           |                 |           | .73        |          |
| Making progress on my case plan will help my family.                           |                 |           |            | .85      |
| I feel ready to make some changes in my life.                                  |                 |           |            | .80      |
| I feel like I am able to do what I need to do (to make progress on my case).   |                 |           |            | .69      |
| Scale Reliability (Cronbach's alpha)   | 0.91            | 0.98      | 0.91       | 0.82     |

Correlations were calculated between the parent survey constructs and indicators of LIFE service. For these case-level analyses, one survey response per family was utilized. When one parent completed the survey at two time points, the first survey response was used. When more than one parent on a case completed the survey, the survey was used from the parent who had attended the most meetings. If meeting attendance was equal,

then the parent with a PM was selected. If all parents had or did not have a PM, then one survey was randomly selected. This resulted in 61 surveys being included in case level analysis; of those surveys, 36 were from parents with PMs.

## **Strengths of Approach**

Surveys offer opportunities for a large number and range of parents to offer feedback about the program without requiring lengthy face-to-face interaction with an Evaluation Team member. The survey was relatively brief and could be completed online or on paper. The surveys provided information in a quantifiable and standardized format. Asking FEFs to distribute surveys also meant parents were provided context for why surveys were being received and could ask questions of someone with whom they were familiar. The approach also allowed for six incarcerated parents to complete a survey.

## **Limitations of Approach**

**Lack of comparison group.** Initially, the evaluation team planned to recruit a comparison sample of parents for the short-term outcome surveys, but decided to drop this piece due to challenges finding non-LIFE branches to participate in recruitment. The Evaluation Team was prohibited from contacting parents without their consent, and did not have access to identifying information for comparison families. Specific comparison cases – those with at least one child who had a predictive score of 12 or higher, would have required DHS-CW branch staff to prepare, distribute, and track person-specific materials within two data collection windows. The Evaluation Team was unable to work out a feasible process that did not over-burden staff in non-intervention branches. The team also decided that DHS-CW staff sending surveys in the mail would yield a highly biased sample of parents (e.g., stable address, willing to open and respond to a letter from a university or child welfare agency) and determined that biased comparison data was not worth the resources it would have taken to distribute and collect the surveys. As well, many of the short-term outcome survey items did not apply to a comparison group because they focused on experiences during meetings and with PMs. It would have been difficult to anchor a comparison parent's experience in a particular meeting or experience with some sort of mentor.

**Selection bias.** Selection bias is an additional limitation. For confidentiality reasons, the Evaluation Team was prohibited from contacting parents without consent. While survey recruitment (with various consent procedures) is not a typical DHS-CW activity, LIFE staff were tasked with distributing surveys and reviewing consent. It is likely that differences in FEF buy-in for the evaluation, workload, relationship with parents, and other factors influenced survey distribution. At the point of contact, parents could decline participation. Even if they had consented to participate, many ultimately do not complete surveys. Thus, there is bias in the information that we collect based on who is offered surveys (by FEFs) and who self-selected to participate.

**Response rate.** It should be noted that all parents identified as legal parties on the case were usually included in T1 survey distributions, whether or not they were participating in the LIFE program at the time of distribution. This was done in an effort to include parents who might engage with the program over time (within the three-month distribution window). However, this practice may have artificially lowered the overall response rate, as parents who never engaged with DHS or the program were included. Anecdotally, the most common reasons given for not distributing surveys at T1 were that parents' whereabouts were unknown or they were not involved/engaging in LIFE services. For T2, common reasons were that parents were not involved/engaging in LIFE services or refused participation. With only 14 parents completing the survey twice, we were unable to examine change over time.

# Methods Appendix S

## Youth Short-term Outcome Survey

### Description

**WHO:** Youth receiving LIFE services, 10-18 years old at the time they were identified for the survey

**WHAT:** Survey consisting of 32 questions assessing youth experiences of voice, support, impact, and other short-term outcomes over time.

**HOW:** The Evaluation Team identified youth 10-18 years old, distributed survey packets to Family Engagement Facilitators (FEFs) each month, and FEFs distributed them to youth.

**WHY:** A survey can potentially reach a larger number of youth. To learn about the youth's perspective of the LIFE program's ability to provide emotional and resource support, incorporate youth voice in case planning, and meet the needs of youth attending meetings.

### Timing of Data Collection

Surveys were distributed to youth between November 2017 and April 2019.

### Sampling Plan & Recruitment

On a monthly basis, the Evaluation Team identified youth 10 and older entered into the LIFE Eligibility and Tracking Database whose LIFE case had opened four months prior. Survey packets were distributed to FEFs, and they distributed them to youth. Survey packets included informed consents for youth 14 and older; for youth ages 10-13, packets included a guardian informed consent as well as an assent form for the youth. Youth were given the option of completing the paper survey handed to them and returning it to the Evaluation Team by mail or taking the survey online using the Qualtrics survey platform (link included with their survey packet).

A Time 1 (T1) survey was distributed to youth approximately four months after their case was opened for LIFE services, and an identical Time 2 (T2) survey was distributed approximately five months later (9 months after LIFE case opening). In order to increase response rates, three additional 'expanded' distributions were sent that included all youth over 10 entered in the LIFE Eligibility and Tracking Database who were still receiving LIFE services but had not been previously sent a survey. This included youth whose LIFE case was opened prior to the onset of survey distributions as well as those who were entered into the database outside of the four-month-from-LIFE-case-open window. Expanded distributions were sent in April 2018, September 2018, and April 2019.

Of the 331 (T1, T2, & Expanded) surveys distributed to FEFs, 148 (45%) were returned undistributed. When FEFs provided reasons for not distributing youth surveys, it was most commonly that the youth's LIFE case was closing and the youth was no longer in care, youth were not directly participating in LIFE services, or the youth declined to participate.

Before distributing surveys to FEFs, the Evaluation Team would check with them to see if any youth should not receive a survey (e.g., if youth was in crisis, if youth was not able to complete a survey due to disability). We would also check to see if the youth needed a survey in a language other than English or additional support completing the survey (e.g., needing someone to read the survey to them). No special accommodations were

requested. 13 surveys were distributed in Spanish, 10 of which were returned as undistributed and no Spanish surveys were completed.

A total of 70 Youth Short-term Outcome Surveys were completed and returned to the Evaluation Team (3 online) by 63 youth (21% of surveys provided to FEFs and 38% of surveys distributed to youth). Only 7 youth completed T1 and T2 surveys, a sample too small for assessing change over time.

### Data Analysis Plan

The Qualtrics online survey platform was used for data management. Descriptive statistics were used for reporting. Subgroup analysis was done using chi square, *t*-test, and ANOVA. Ten youth did not provide consent for their survey responses to be connected to their other data sources; correlation analyses connected youth outcome survey constructs and LIFE service data included 60 youth.

Items on the survey were conceptually grouped to form three constructs: Team (a scale indicating the youth’s experience of support and care from their LIFE team), Meetings (a scale indicating the youth’s experience of meetings as being welcoming and youth guided), and Outcomes (a scale indicating the youth’s experience of impacts related to LIFE services). Principal axis factoring was used to assess the reliability of the factors (see table below for factor loadings).

| Item   | LIFE Team   | LIFE Meetings | Outcomes    |
|--|-------------|---------------|-------------|
| I feel like my LIFE Team supports me.  | .84         |               |             |
| I feel like my LIFE Team respects my backgrounds, beliefs, and values.                     | .79         |               |             |
| I feel like my LIFE Team cares about me.   | .77         |               |             |
| I feel like my LIFE Team tries to help me reach my goals.                                  | .77         |               |             |
| I feel like my LIFE Team understands what I want.  | .74         |               |             |
| I feel like my LIFE Team knows my goals.   | .67         |               |             |
| I feel like my LIFE Team tells me what I am doing well.                                    | .56         |               |             |
| I feel like my LIFE Team knows my background, beliefs, and values.                         | .55         |               |             |
| I feel like my LIFE Team helps me make plans for my future.                                | .51         |               |             |
| At my LIFE Meetings I feel like I help decide where meetings are held.                     |             | .64           |             |
| At my LIFE Meetings I feel like I know who everyone is and why they are there.             |             | .54           |             |
| At my LIFE Meetings I feel like I help decide who is invited.                              |             | .48           |             |
| At my LIFE Meetings I feel like I can share my ideas if I want to.                         |             | .48           |             |
| At my LIFE Meetings I feel like I help decide what we talk about.                          |             | .45           |             |
| At my LIFE Meetings I feel like I can get answers to questions I have about my DHS case.   |             | .45           |             |
| At my LIFE Meetings I feel like my thoughts matter.  |             | .43           |             |
| At my LIFE Meetings I feel like there is a plan to share my ideas whether I attend or not. |             | .43           |             |
| Because of LIFE services, I help make choices about activities I do (ex: sports).          |             |               | .86         |
| Because of LIFE services, I have supportive people in my life.                             |             |               | .74         |
| Because of LIFE services, I help make choices about services I get (ex: treatment).        |             |               | .63         |
| Because of LIFE services, I feel hopeful about the future.                                 |             |               | .61         |
| Because of LIFE services, I have family to turn to for support if I need it.               |             |               | .48         |
| Because of LIFE services, I know what is going on with my DHS case.                        |             |               | .45         |
| <b>Reliability Statistics (Cronbach’s alpha)</b>   | <b>0.90</b> | <b>0.72</b>   | <b>0.76</b> |

## **Strengths of Approach**

Surveys enabled us to collect data from a larger group of youth more evenly distributed across districts than the youth interviews. The LIFE Youth Advisory Board helped develop the survey items and protocols for distribution. Asking FEFs to distribute surveys meant youth would receive them from someone with whom they likely had a trusting relationship, allowing them to ask questions and get support – both instrumental support in completing the survey and returning it to the Evaluation Team, as well as emotional support if any strong feelings came up while answering the survey questions. This also helped ensure youth who may not have otherwise been able to complete the survey were able to get the help they needed in order to share their experiences (e.g., youth with minor developmental disabilities).

## **Limitations of Approach**

As evidenced by the fact that nearly half of the youth identified for the survey did not receive one from their FEF, relying on busy field practitioners for evaluation activities results in a smaller or less diverse sample. This method was chosen because the Evaluation Team was not allowed to contact youth without their consent. The youth responding to the survey likely do not represent all youth involved in LIFE services, especially if they were not actively participating in case planning. Last, the majority of the survey was Likert-type ratings so participants could not provide additional information about the reasons for their responses.

# Methods Appendix T

## Youth Interviews

### Description

**WHO:** Youth aged 10 – 18 whose families were receiving LIFE services

**WHAT:** Semi-structured interviews with broad categories that allowed for flexibility in exploring emerging topics raised by the youth. Youth were invited to talk about their experiences of LIFE services and with DHS in general, what they found helpful and not helpful, and any suggestions for improvement.

**HOW:** Interviews were conducted in person at a location of the youth's choosing and lasted 20 – 60 minutes. Interviews were recorded (with permission) and transcribed. Five youth were interviewed twice with the second interview conducted 5 – 9 months after the first.

**WHY:** Understanding youths' experience is important to design effective services that promote youth well-being while in foster care and after achieving permanency. Interviews focused on youths' experience of control and choice, of feeling informed about what was going on in their case, of being heard and understood regarding their needs, goals and desires, and having a sense of being cared for. Questions were open ended giving youth the opportunity to talk about what they thought it was important for us to learn.

### Timing of Data Collection

Recruitment began in November 2016, with the first interview conducted in January 2017 and the last conducted in November 2018.

### Sampling Plan & Recruitment

Youth were informed about and invited to participate in the evaluation by their Family Engagement Facilitator, usually after they attended their first LIFE Meeting. If they agreed, youth were then contacted by a researcher (via phone) and invited to participate in an interview. Youth under the age of 14 required the consent of the caseworker as well. Youth received a \$40 gift card for their participation.

**Participation Numbers:** 31 interviews were conducted with 28 youth. Two interviews included 2 youth each (siblings). The majority of youth interviewed ( $n=18$ ) were from a particular district; the other districts had 2-5 youth interviewed.

### Data Analysis Plan

Two different analysis processes were conducted, each utilizing a different lens: 1) Evaluation Team, and 2) Youth Advisory Board Research Assistants.

**Evaluation Team.** The Evaluation Team used an initial coding scheme focused on concepts from the LIFE logic model, theory of change, and research questions. Transcripts were uploaded into ATLAS.ti and interviews were coded by dyads which included the person who had conducted the interview. As agreement on the coding scheme and reliability were established, a single researcher coded the final few interviews.



**Youth Advisory Board Research Assistants.** YAB RAs used a coding scheme drawn from LatCrit Theory (described in **Evaluation Framework – Description of Sub-studies**) that focused on the ways in which youth perceive and experience power and oppression in the child welfare system. It also described ways in which youth resist oppression, find and express their own power and voice, and seek to fulfill their needs within the context of LIFE services.

### **Strengths of Approach**

Open-ended interview questions provided flexibility for the interviewer to explore areas of interest and importance to the youth, which afforded a deeper, richer understanding of their experience. Involving the YAB RAs in the second-tier analysis added value by capturing and recording the unique perspectives (and codes) these youth brought based on their lived experience. The RAs reported that they felt empowered when they were heard and had their perspective understood and valued in this way. Often their interpretation and understanding of the youth interviewee's experience was fresh and different from what the Evaluation Team saw, and introduced deeper and broader dimensions of meaning to the existing codes and resulted in the creation of new codes. We believe that this process may parallel the experience of youth in particular aspects of the child welfare system and will emerge as broad lessons for the field to consider as they work to engage youth in their own case planning.

### **Limitations of Approach**

Despite efforts by the Evaluation Team to develop rapport with youth, the fact that they had no prior contact with the interviewers means that youth likely withheld information that they didn't feel comfortable sharing. This was strongly affirmed by the YAB. The fact that interviewees were so unevenly distributed amongst the districts also skews the data and thus most largely represents youths' experience with practice in a particular district. Although the Evaluation Team worked hard to recruit youth with varying levels of engagement in LIFE services, those who were most disengaged, or never engaged and may have had more negative experiences with DHS, are not represented.

# Methods Appendix U

## Administrative Data

### Description

**WHO:** Children who had a score from the LIFE algorithm (placed in out-of-home care for at least 65 days) AND were part of case in which at least one child was eligible (likely to remain in care for at least 30+ days after the LIFE eligibility date) for LIFE services.

**WHAT:** For both LIFE and Comparison groups, we calculated five types of child welfare outcomes for three timeframes (as of December 26, 2019, or end of study window, and 24 and 36 months after LIFE eligibility date):

1. **Number of days in foster care** – includes days in out-of-home placements but not runaway episodes or trial reunification days
2. **Number of placements** – a count of the number of *different* placement locations where the youth lived (i.e., if a youth lived with a relative, then ran away, and then lived with the relative again, that youth would have one placement location)
3. **Number of placement changes** – a count of the number of times a youth changed placement locations (includes moves back to a previous location)
4. **Permanency** – whether the youth lived in a permanent placement including reunified with parent, legal custody to relative, legal custody to non-relative, independent living, or adoption
5. **Re-entry to foster care** – after being in a permanent placement, whether youth returned to foster care (based on placements, not necessarily the end of a foster care episode or a DHS case closure)

For the LIFE service group only, we calculated types of child welfare outcomes:

1. **Number of days in foster care** 12 months post-LIFE exit
2. **Number of placements** 12 months post-LIFE exit
3. **Number of placement changes** 12 months post-LIFE exit
4. **Where youth was living** at LIFE exit and 12 months post-LIFE exit

For both the LIFE and Comparison groups, we also used the **Child and Adolescent Needs and Strengths (CANS)** assessment score as a measure of child well-being. The CANS for youth ages 6 to 20 is typically conducted within 30 days of being placed in foster care (initial), and again one year later (annual), with total scores ranging from 0 to 3 (higher scores indicate higher needs). Using CANS scores, we:

1. Compared the initial CANS taken within 90 days of a child's LIFE eligibility date, and then the corresponding annual CANS.
2. Calculated a categorical variable of whether a youth's CANS scores showed reduced or stable low needs (score 0) vs. increased or stable elevated needs (score 1-3).

**HOW:** Extracted child welfare administrative records from OR-Kids

**WHY:** Administrative records provided child welfare outcome data for both the LIFE and Comparison groups, as well as a number of case characteristics used for child-level matching.

## Timing of Data Collection

July 1, 2015 through December 26, 2019. Also used historical records to calculate indicators of previous child welfare involvement.

## Matched Sample for Average Treatment Effects

- Children who had a score from the LIFE algorithm (placed in out-of-home care for at least 65 days) AND were part of case in which at least one child was eligible (likely to remain in care for at least 30+ days after the LIFE eligibility date) for LIFE services. The LIFE service group came from 7 branches across the state; the Comparison pool was served “business as usual” by the other 39 branches. To increase comparability with the LIFE service group, children were also removed from the Comparison pool if, during the selected timeframe, they were served by Tribal Child Welfare or juvenile justice agencies only. Comparison pool:  $n=2,144$ ; LIFE eligible group:  $n=756$ ).
- A comparison group was selected using child-level propensity score matching. A set of 39 demographic, case characteristic, and family stressor variables extracted from administrative records, along with a set of interactions, were used to calculate the probability of receiving a minimum level of LIFE service (children on eligible cases whose families had at least two LIFE Meetings,  $n=633$ ), or propensity score (Nagelkerke  $R^2=.263$ , or 26.3% of variation accounted for by the model).
- Children were then matched 1:1 without replacement on their propensity score; 70 youth in the LIFE group did not have an adequate comparison match. Quality of match was assessed by establishing baseline equivalence between the LIFE and Comparison groups on all 39 predictors. Once baseline equivalence was satisfied, propensity scores were divided into quintiles and the two groups were assessed for equivalence on each predictor within each quintile (as indicated by a non-significant ( $p>.05$ ) group x quintile interaction associated with each predictor) (Garrido et al., 2014). Four of the quintile tests were statistically significant, suggesting an imbalance on four predictors within one of the five quintiles. These variables were included as covariates in subsequent models: (1) previously IV-E eligible, (2) number of algorithm-scored children on the case, (3) parent had developmental disability, and (4) heavy childcare responsibility. After matching, each group contained 563 youth (26% of Comparison pool, 89% of LIFE eligible minimum service group).
- The same procedure was followed for another minimum LIFE service group, this time for cases with two more LIFE Meetings and at least one parent accepted Parent Mentor services,  $n=446$ . The same model described above predicted 29.5% of variation (Nagelkerke  $R^2$ ) in the LIFE minimum service + Parent Mentor group. Two of the quintile tests were statistically significant, suggesting an imbalance on two predictors within one of the five quintiles. These variables were included as covariates in subsequent models: (1) previously IV-E eligible, and (2) number of algorithm-scored children on the case. After matching, each group contained 387 youth (18% of Comparison pool, 87% of LIFE eligible minimum service + PM group).
- Youth in the follow-up timeframes were also tested for baseline equivalence (2 years,  $n=960$  and 3 years,  $n=583$ ). There were no statistically significant differences between the LIFE minimum service and Comparison groups in these subsamples (not included in the Baseline Equivalence table below).
- The CANS sample (youth with CANS data at initial and annual in matched comparison sample,  $n=219$ ) was also tested for baseline equivalence. There was a statistically larger share of YOC in the LIFE groups, which was included in the models as a covariate. No other baseline differences.

| <b>Baseline Equivalence for LIFE Minimum Service and Comparison Groups</b> |                           |                         |                            |                         |                                    |
|--|---------------------------|-------------------------|----------------------------|-------------------------|------------------------------------|
| <b>Predictor</b> (*included in LIFE eligibility algorithm)                 | <b>LIFE 2+ Mtgs (633)</b> | <b>Match Comp (563)</b> | <b>Match LIFE 2+ (563)</b> | <b>Match Comp (387)</b> | <b>Match LIFE 2+ mtg, PM (387)</b> |
| Previously IV-E eligible*  | 42.0%                     | 43.3%                   | 42.5%                      | 46.5%                   | 48.3%                              |
| Previous reunification   | 32.9%                     | 33.6%                   | 30.9%                      | 36.4%                   | 35.1%                              |
| Previous guardianship  | 2.7%                      | 2.5%                    | 2.3%                       | 1.8%                    | 1.8%                               |
| Gender (1=girl)  | 50.2%                     | 52.6%                   | 51.5%                      | 52.5%                   | 50.6%                              |
| Child had history of developmental disability placement*                   | 4.6%                      | 4.8%                    | 4.3%                       | 1.3%                    | 2.1%                               |
| Child had history of sexual abuse*   | 8.4%                      | 8.5%                    | 8.7%                       | 8.8%                    | 7.0%                               |
| Ever removed due to abandonment*   | 4.4%                      | 4.4%                    | 4.1%                       | 5.2%                    | 3.9%                               |
| Ever removed due to behavioral problems*                                   | 17.4%                     | 17.8%                   | 17.6%                      | 12.4%                   | 12.9%                              |
| Safety threat: Ever severe physical injury*                                | 2.2%                      | 1.2%                    | 1.8%                       | 2.1%                    | 1.8%                               |
| Safety threat: Ever fear of home*  | 15.6%                     | 11.2%                   | 12.3%                      | 10.9%                   | 12.4%                              |
| Ever heavy child care responsibility*                                      | 21.3%                     | 19.9%                   | 19.5%                      | 21.2%                   | 19.1%                              |
| Ever family history of mental illness*                                     | 6.6%                      | 6.4%                    | 5.9%                       | 2.8%                    | 3.6%                               |
| Youth of color (YOC)   | 37.8%                     | 38.0%                   | 37.8%                      | 36.2%                   | 36.4%                              |
| Black  | 7.7%                      | 8.7%                    | 8.3%                       | 6.5%                    | 8.3%                               |
| American Indian/Alaska Native  | 8.1%                      | 7.5%                    | 7.5%                       | 8.8%                    | 7.2%                               |
| Threat of harm allegation (proximal to LIFE eligibility date)              | 39.2%                     | 38.4%                   | 37.7%                      | 40.8%                   | 39.5%                              |
| Mental injury allegation (proximal to LIFE eligibility date)               | 6.5%                      | 6.7%                    | 5.9%                       | 4.9%                    | 4.7%                               |
| Neglect allegation (proximal to LIFE eligibility date)                     | 84.8%                     | 84.9%                   | 85.6%                      | 89.9%                   | 90.2%                              |
| Physical abuse allegation (proximal to LIFE eligibility date)              | 20.9%                     | 21.7%                   | 19.4%                      | 15.5%                   | 16.5%                              |
| Medical neglect allegation (proximal to LIFE eligibility date)             | 1.9%                      | 1.6%                    | 1.4%                       | 1.6%                    | 2.1%                               |
| Parent A&D (proximal to LIFE eligibility date)                             | 58.1%                     | 58.8%                   | 58.1%                      | 69.3%                   | 64.1%                              |
| Child emotional/behavioral disability (prox to LIFE elig date)             | 18.2%                     | 17.4%                   | 16.9%                      | 16.8%                   | 17.6%                              |
| Parent developmental disability (proximal to LIFE elig date)               | 3.2%                      | 2.0%                    | 2.7%                       | 1.8%                    | 3.4%                               |
| Parent mental illness (proximal to LIFE eligibility date)                  | 23.3%                     | 23.1%                   | 22.7%                      | 27.1%                   | 26.4%                              |
| Parent domestic violence (proximal to LIFE eligibility date)               | 27.1%                     | 26.5%                   | 26.1%                      | 32.6%                   | 29.7%                              |
| Heavy childcare responsibility (proximal to LIFE eligibility date)         | 4.4%                      | 3.0%                    | 3.6%                       | 3.6%                    | 4.1%                               |
| Inadequate housing (proximal to LIFE eligibility date)                     | 15.6%                     | 18.7%                   | 16.3%                      | 19.1%                   | 17.3%                              |
| Financial stress (proximal to LIFE eligibility date)                       | 23.4%                     | 22.9%                   | 23.3%                      | 27.6%                   | 25.3%                              |
| Social isolation (proximal to LIFE eligibility date)                       | 3.6%                      | 2.7%                    | 3.0%                       | 2.8%                    | 3.1%                               |
| Head of household unemployed (proximal to LIFE elig date)                  | 14.6%                     | 14.4%                   | 13.7%                      | 17.1%                   | 14.2%                              |
| Child developmental disability (proximal to LIFE eligibility date)         | 4.0%                      | 2.1%                    | 2.3%                       | 3.1%                    | 2.3%                               |
| Child mental illness (proximal to LIFE eligibility date)                   | 2.8%                      | 2.0%                    | 2.3%                       | 1.3%                    | 1.8%                               |
| New baby or pregnancy (proximal to LIFE eligibility date)                  | 3.2%                      | 1.4%                    | 2.1%                       | 2.6%                    | 1.3%                               |
| Parent history of abuse (proximal to LIFE eligibility date)                | 17.1%                     | 16.5%                   | 15.1%                      | 16.5%                   | 14.7%                              |
| Parent law enforcement involved (proximal to LIFE elig date)               | 21.4%                     | 22.4%                   | 21.8%                      | 23.8%                   | 21.4%                              |
| Child age at removal (LIFE-eligible foster care placement)                 | 10.09                     | 10.06                   | 10.04                      | 9.49                    | 9.55                               |
| LIFE algorithm eligibility score   | 21.34                     | 21.38                   | 20.91                      | 20.68                   | 20.47                              |
| Days in foster care before LIFE eligibility date                           | 134.77                    | 143.83                  | 124.91                     | 135.80                  | 137.87                             |
| Number of LIFE-eligible children on case                                   | 1.82                      | 1.71                    | 1.76                       | 1.80                    | 1.82                               |

## Data Analysis Plan

A series of increasingly complex models were calculated to evaluate differences between the comparison and LIFE service groups.

Step 1: t-test, chi-square, or Mann-Whitney U

Step 2: ANOVA, logistic regression, or negative binomial child-level models with covariates

Step 3: General linear model (GLM) for continuous, binary, or count data with covariates corrected for DHS branch-level clustering, robust estimates

A set of covariates were included in the Step 2 and Step 3 models:

- Cohort (annual based on when the child's case was identified for LIFE services)
- LIFE eligibility score, available days
- # days from LIFE eligibility date to December 26, 2019
- Child age when removed
- # LIFE-scored children on the case
- Child gender (M/F)
- Race contrasts (Black vs. Other; AI/AN vs. Other)
- Child had previous placement (Y/N)
- Child previously IV-E eligible (Y/N)
- Child ever had developmental disability placement (Y/N)
- Child ever removed for behavioral problems (Y/N)
- Child's case had a parent A&D stressor most proximal to LIFE eligibility date (Y/N)
- Child's case had a history of mental illness (Y/N)
- Child had an emotional or behavioral disability most proximal to LIFE eligibility date (Y/N)
- Child's case had heavy childcare responsibility most proximal to LIFE eligibility date (Y/N)
- Child's case had a parent with developmental disability most proximal to LIFE eligibility date (Y/N)

## Matched Sample for Moderated Average Treatment Effects

- A comparison group was selected using child-level propensity score matching. This time, matching was done within race (White vs. YOC) (see Green & Stuart, 2014). The same set of 39 demographic, case characteristic, and family stressor variables and a set of interactions were used to calculate the probability of receiving a minimum level of LIFE service for White youth and then for YOC (Nagelkerke  $R^2 = .296$  and  $.420$ , respectively). The same procedure was used to test baseline equivalence and quintile balance. One of the quintile tests was statistically significant, suggesting an imbalance for previous reunification within one of the five quintiles (included as a covariate). After matching, there were 330 White youth and 181 YOC in each group ( $n=511$  in each group; 24% of Comparison pool and 81% of LIFE 2+ meetings sample). The full group was also tested and was found baseline equivalent for Comparison vs. LIFE 2+ Meetings with the exception of (1) LIFE score, (2) heavy childcare responsibility, (3) social isolation, (4) developmental disability placement, and (5) medical neglect, which were included as covariates. The matched sample was also baseline equivalent among those with two years of follow-up time.
- The same procedure was followed for White vs. Black or AI/AN children. The same model described above predicted 70.3% of variation (Nagelkerke  $R^2$ ) in the LIFE minimum service group. None of the quintile tests was statistically significant. The final matched Black/AI/AN sample included 73 youth in each group. The Black/AI/AN youth matched sample was added to the White youth matched sample described above, for a total of 403 youth in each group (19% of Comparison pool, 64% of LIFE eligible minimum service group). The full group was baseline equivalent for Comparison vs. LIFE 2+ Meetings samples. We also tested whether

White vs. Black/AI/AN youth in the LIFE 2+ Meetings group were baseline equivalent and found mismatches on the following variables: (1) LIFE eligibility score, (2) number of LIFE-scored children on case, (3) heavy childcare responsibility, (4) child ever had a developmental disability placement, (5) previous guardianship, (6) medical neglect allegation, (7) mental injury allegation, and (8) physical abuse allegation. All of these were included as covariates in subsequent models.

- The CANS samples for YOC and Black/AI/AN youth ( $n=199$  and  $n=156$ , respectively) were also tested for baseline equivalence. In the YOC-matched CANS sample, parent mental illness was less likely in the LIFE 2+ Meetings group, but there were no other significant differences. In the Black/AI/AN-matched CANS sample, there was the same difference for parent mental illness, as well as a higher likelihood of threat of harm and more days spent in foster care prior to eligibility in the LIFE 2+ Meetings group. All of these variables were included in the models as covariates.

### Data Analysis Plan

We used the same data analytic approach for these analyses but used a slightly different set of covariates based on quintile tests described above and low-incidence predictors:

- Cohort (annual based on when the child’s case was identified for LIFE services)
- LIFE eligibility score, available days
- # days from LIFE eligibility date to December 26, 2019
- Child age when removed
- # LIFE-scored children on the case
- Child gender (M/F)
- Child ever had developmental disability placement (Y/N)
- Child ever removed for behavioral problems (Y/N)
- Child’s case had a parent A&D stressor most proximal to LIFE eligibility date (Y/N)
- Child’s case had a history of mental illness (Y/N)
- Child had an emotional or behavioral disability most proximal to LIFE eligibility date (Y/N)
- Child’s case had heavy childcare responsibility most proximal to LIFE eligibility date (Y/N)
- Child’s case had a parent with developmental disability most proximal to LIFE eligibility date (Y/N)
- Child had medical neglect allegation most proximal to LIFE eligibility date (Y/N)
- Child’s case had social isolation most proximal to LIFE eligibility date (Y/N) – *YOC match only*
- Child had previous reunification (Y/N) – *YOC match only*
- Child had previous guardianship (Y/N) – *Black/AI/AN match only*
- Child had physical abuse allegation most proximal to LIFE eligibility date (Y/N) – *Black/AI/AN match only*
- Child had mental injury allegation most proximal to LIFE eligibility date (Y/N) – *Black AI/AN match only*
- Child had threat of harm allegation most proximal to LIFE eligibility date (Y/N) – *CANS only*
- Child had parent with mental illness most proximal to LIFE eligibility date (Y/N) – *CANS only*
- # days in foster care before LIFE eligibility – *CANS only*

| Baseline Equivalence for Race-matched LIFE Minimum Service and Comparison Groups | LIFE 2+ Mtgs White (330) |       | LIFE 2+ YOC (181) |       | LIFE 2+ B/AI/AN (73) |       |
|--|--------------------------|-------|-------------------|-------|----------------------|-------|
|  | Comp White (330)         |       | Comp YOC (181)    |       | Comp B/AI/AN (73)    |       |
| Predictor (*included in LIFE eligibility algorithm)                              |                          |       |                   |       |                      |       |
| Previously IV-E eligible*  | 41.2%                    | 41.2% | 43.4%             | 42.5% | 41.7%                | 41.9% |

| <b>Baseline Equivalence for Race-matched LIFE Minimum Service and Comparison Groups</b> | <b>Comp White (330)</b> | <b>LIFE 2+ Mtgs White (330)</b> | <b>Comp YOC (181)</b> | <b>LIFE 2+ YOC (181)</b> | <b>Comp B/AI/AN (73)</b> | <b>LIFE 2+ B/AI/AN (73)</b> |
|---|-------------------------|---------------------------------|-----------------------|--------------------------|--------------------------|-----------------------------|
| <b>Predictor</b> (*included in LIFE eligibility algorithm)                              |                         |                                 |                       |                          |                          |                             |
| Previous reunification  | 32.7%                   | 34.5%                           | 30.1%                 | 30.3%                    | 34.2%                    | 34.2%                       |
| Previous guardianship   | 1.5%                    | 1.5%                            | 2.0%                  | 2.0%                     | 2.0%                     | 2.2%                        |
| Gender (1=girl)   | 50.9%                   | 49.7%                           | 52.4%                 | 50.7%                    | 52.1%                    | 50.9%                       |
| Child had history of develop disab placemnt*  | 6.7%                    | 6.1%                            | 4.9%                  | 4.5%                     | 6.0%                     | 5.5%                        |
| Child had history of sexual abuse*  | 8.5%                    | 8.8%                            | 7.2%                  | 8.8%                     | 7.4%                     | 8.2%                        |
| Ever removed due to abandonment*  | 5.8%                    | 5.2%                            | 4.9%                  | 4.5%                     | 5.0%                     | 5.2%                        |
| Ever removed due to behavioral problems*  | 18.2%                   | 19.1%                           | 16.6%                 | 17.4%                    | 17.6%                    | 18.6%                       |
| Safety threat: Ever severe physical injury*   | 1.8%                    | 2.1%                            | 1.6%                  | 1.8%                     | 2.0%                     | 1.7%                        |
| Safety threat: Ever fear of home*   | 12.7%                   | 11.2%                           | 11.5%                 | 11.2%                    | 12.2%                    | 11.4%                       |
| Ever heavy child care responsibility*   | 17.6%                   | 22.1%                           | 17.0%                 | 19.6%                    | 17.1%                    | 19.4%                       |
| Ever family history of mental illness*  | 5.5%                    | 4.8%                            | 5.1%                  | 4.9%                     | 5.0%                     | 5.7%                        |
| Threat of harm allegation (prox LIFE elig date)   | 37.6%                   | 35.5%                           | 38.6%                 | 36.0%                    | 36.5%                    | 36.5%                       |
| Mental injury allegation (prox LIFE elig date)  | 6.1%                    | 5.2%                            | 6.1%                  | 5.7%                     | 5.7%                     | 6.2%                        |
| Neglect allegation (prox LIFE elig date)  | 83.3%                   | 84.8%                           | 84.0%                 | 85.5%                    | 83.6%                    | 84.9%                       |
| Physical abuse allegation (prox LIFE elig date)   | 20.6%                   | 17.9%                           | 20.7%                 | 20.2%                    | 20.8%                    | 19.6%                       |
| Med neglect allegation (prox LIFE elig date)  | 0.3%                    | 0.6%                            | 1.2%                  | 1.2%                     | 1.5%                     | 1.7%                        |
| Parent A&D (prox LIFE elig date)  | 58.8%                   | 59.4%                           | 58.3%                 | 58.3%                    | 58.3%                    | 59.3%                       |
| Child emo/behav disab (prox LIFE elig date)   | 17.3%                   | 18.5%                           | 17.2%                 | 17.2%                    | 16.6%                    | 17.6%                       |
| Parent develop disability (prox LIFE elig date)   | 1.5%                    | 1.2%                            | 1.0%                  | 1.2%                     | 1.2%                     | 1.0%                        |
| Parent mental illness (prox LIFE elig date)   | 23.6%                   | 23.0%                           | 23.7%                 | 22.3%                    | 23.6%                    | 23.1%                       |
| Parent domestic violence (prox LIFE elig date)  | 25.5%                   | 23.9%                           | 25.6%                 | 24.5%                    | 24.3%                    | 24.3%                       |
| Heavy childcare responsib (prox LIFE elig date)   | 1.5%                    | 3.0%                            | 1.6%                  | 3.3%                     | 2.0%                     | 2.7%                        |
| Inadequate housing (prox LIFE elig date)  | 13.3%                   | 17.3%                           | 14.1%                 | 16.6%                    | 13.4%                    | 16.1%                       |
| Financial stress (prox LIFE elig date)  | 21.8%                   | 23.9%                           | 21.1%                 | 22.3%                    | 22.1%                    | 23.8%                       |
| Social isolation (prox LIFE elig date)  | 4.5%                    | 4.2%                            | 3.5%                  | 2.9%                     | 4.0%                     | 3.5%                        |
| Head of househld unempl (prox LIFE elig date)   | 13.6%                   | 14.2%                           | 12.5%                 | 12.5%                    | 13.2%                    | 14.4%                       |
| Child develop disability (prox LIFE elig date)  | 2.7%                    | 2.1%                            | 2.3%                  | 1.6%                     | 3.7%                     | 2.2%                        |
| Child mental illness (prox LIFE elig date)  | 1.8%                    | 2.4%                            | 1.8%                  | 2.2%                     | 2.0%                     | 2.7%                        |
| New baby or pregnancy (prox LIFE elig date)   | 0.9%                    | 1.8%                            | 1.6%                  | 2.0%                     | 1.2%                     | 2.0%                        |
| Parent history of abuse (prox LIFE elig date)   | 14.8%                   | 15.8%                           | 14.7%                 | 14.9%                    | 14.6%                    | 15.9%                       |
| Parent law enforce invlve (prox LIFE elig date)   | 27.6%                   | 23.0%                           | 25.0%                 | 22.5%                    | 26.6%                    | 22.8%                       |
| Child age at removal (prox LIFE elig date)  | 10.04                   | 10.08                           | 9.92                  | 9.98                     | 9.98                     | 10.03                       |
| LIFE algorithm eligibility score  | 22.72                   | 22.24                           | 21.51                 | 21.26                    | 22.11                    | 21.88                       |
| Days in foster care before LIFE eligibility date  | 113.75                  | 135.94                          | 113.53                | 120.49                   | 122.72                   | 136.97                      |
| Number of LIFE-eligible children on case  | 1.69                    | 1.75                            | 1.69                  | 1.70                     | 1.67                     | 1.71                        |

Using administrative data to evaluate outcomes has several strengths:

- Sample sizes were generally large, which provides the power necessary to detect differences between groups.
- Data were available for children in the Comparison group, which is not true for our other data sources.
- There was a large Comparison pool initially identified in the same way in which LIFE children were identified.
- Used specific matching process for moderation analyses for race, which made groups more comparable than “whole group” matching.

## **Limitations of Approach**

DHS and LIFE Staff did a secondary screening to determine eligibility for LIFE services based on whether youth was expected to remain in foster care for at least 30 more days after their initial eligibility date. Over time, some cases were also determined ineligible if they were already had regular Wraparound meetings, if youth were in custody (Oregon Youth Authority), the family was waitlisted due to LIFE staff turnover, or if the youth had a permanent placement by the time LIFE staff were able to do the eligibility determination. Sixteen percent of cases open for LIFE services were closed after having one or no documented LIFE Meetings for various reasons (e.g., youth placed in residential care). In short, DHS and LIFE staff played a role in shaping which cases would receive services outside of the “official” criteria, thereby creating a service group perhaps more “tailored” for LIFE services (e.g., youth less likely to have developmental disability, severe mental health issues, or behavioral/juvenile justice issues).

We used variables extracted from administrative data for propensity score matching. Although the models accounted for a fair amount of variation in predicting youth received at least two LIFE meetings, these variables did not account for all of the factors that went into decisions related to service. Thus, there is uncertainty about the comparability of the Comparison group and the impact of excluding unmatched youth (due to lack of comparability). Statistical models also accounted for branch-level clustering (i.e., youth outcomes are more likely to be similar within branches than between branches), but they did not control for unmeasured influences on child welfare outcomes (e.g., court proceedings, availability of services, child welfare worker characteristics, features of the DHS branch and agency culture). Due to the complexity of nested data and the fact that most cases only had one LIFE-eligible youth, statistical models did not account for case-level clustering. Thus, it is very difficult to draw conclusions about the unique effect of LIFE services when they are completely embedded families, systems, counties, jurisdictions, cities, etc. and historical contexts.

It is also difficult to draw conclusions about “average” differences, which likely obscures positive results for some children. Further, there is some ambiguity in terms of what is a “positive” outcome for any given family. Reducing days in foster care may be a positive outcome from a cost perspective, but it may not be the best thing for individual youth and their families.

## **References**

Garrido, M. M., Kelley, A. S., Paris, J., Roza, K., Meier, D. E., Morrison, R. S., & Aldridge, M. D. (2014). Methods for constructing and assessing propensity scores. *Health Services Research, 49*(5), 1701-20.

Green, K. M., & Stuart, E. A. (2014). Examining moderation analyses in propensity score methods: Application to depression and substance use. *Journal of Consulting Clinical Psychology, 82*(5), 773–783.



# METHODS APPENDIX V

## Case Progress Tracking

### Description

**WHO:** Case progress tracking (CPT) involved a review of LIFE Meeting Agenda notes and Meeting Preparation Checklists for a sample of LIFE cases that included significant participation by at least one birth parent in LIFE meetings.

**WHAT:** Case reviews included information about case characteristics; the conduct, content, and quality of LIFE meetings; and their relationship with various outputs (parent involvement in planning, increase in visitation, completion of action items, parent involved in concurrent planning) and short- and medium-term outcomes (conditions for return met, increase in social supports, permanency achieved).

**HOW:** All of the LIFE Meeting Agenda notes and Meeting Preparation Checklists for a given case were reviewed and information was recorded on a structured data collection tool, the 'Case Progress Tracking' form.

**WHY:** This approach allowed us to collect in-depth information about the content and qualities of LIFE meetings as cases proceeded over time and to investigate their relationship with a variety of outputs and outcomes.

### Sampling Plan & Recruitment

The sampling pool included all LIFE cases that had at least 4 LIFE meetings that were attended by at least one birth parent, reunification with parent was the plan at the time LIFE services were opened, and LIFE Meeting Agenda notes were available for review. We had originally planned to include only cases where LIFE services were closed by December 31<sup>st</sup>, 2018 and the majority of cases did in fact close by this date, however, we eventually eliminated this stipulation.

Our final sample included 60 cases – 40 of those cases met the original eligibility criteria including a closed date on or before 12/31/18, and represent 24% of the pool ( $n=169$ ) that met those criteria. The sample included cases from all 4 LIFE districts (ranged from 10 to 17 cases by district).

Initial reviews were conducted for 30 cases identified by the Waiver Manager and these included both successes and challenges. Subsequent cases were randomly sampled from the pool of eligible cases. Out of 75 cases initially identified as eligible, 15 were deemed ineligible upon the start of the review-- due to meeting notes being unavailable (12) or lack of birth parent involvement (3). We reviewed approximately 720 LIFE Meeting Agenda notes (average of 12 meetings per case).

### Data Analysis Plan

All CPT forms were reviewed for Context-Mechanism-Outcome configurations as part of the Realist Evaluation component of the evaluation (see Methods Appendix P for details about the Realist Evaluation).

## **Strengths of Approach**

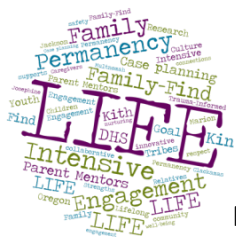
CPT allowed for an examination of the actual content of LIFE Meetings over the life of a case as represented by LIFE Meeting Agenda notes. The approach was also able to account for the presence/involvement of birth parents in meetings and the case more broadly.

## **Limitations of Approach**

The nature of the details included in the LIFE Meeting Agenda notes varied somewhat from case to case, perhaps reflecting differences in note-taking practices by support staff and FEFs. In addition, due to staffing shortages, notes were not produced for a significant proportion of the meetings held in one district so cases from that district are under-represented in the sample.

# TOOLS APPENDICES

- I. Family Finding Checklist
- II. Meeting Preparation Checklist
- III. Meeting Feedback Survey
- IV. LIFE Meeting Agenda
- V. Meeting Facilitation Observation Tool
- VI. Parent Short-term Outcome Survey
- VII. Youth Short-term Outcome Survey



# TOOLS APPENDIX I

## LIFE Enhanced Family Find Fidelity Checklist

Please **highlight** correct answers and enter additional information as appropriate.

|                        |  |
|------------------------|--|
| Date LIFE Case Opened: |  |
| Case #:                |  |
| Case name:             |  |

### DHS Diligent Relative Search – Pre-LIFE Services

| Did the Diligent Relative Search process start with a non-LIFE staff? | YES   |     | NO |
|---|---|-----|----|
| How much of the DRS was completed?                                    | <input type="checkbox"/> None – DRS not started<br><input type="checkbox"/> Some – DRS partially done<br><input type="checkbox"/> All – DRS completed |     |    |
| Did you contact the ICWA Search Coordinator?                          | N/a<br>(not an ICWA case)   | YES | NO |

### Enhancements to Business as Usual

**NOTE:** The activities below are meant to capture things that you did BEYOND what would normally be done for Diligent Relative Search or business as usual.

|  |     |    |
|--|-----|----|
| Did you receive information about family members/support people from the CASEWORKER?   | YES | NO |
| Did you mine the PAPER CASE FILE?  | YES | NO |
| Did you mine the ELECTRONIC CASE FILE?   | YES | NO |
| Did you search ADDITIONAL DATABASES or WEBSITES (Google, Facebook, genealogy, obituaries, other not typically used for business as usual)? | YES | NO |
| Did you request a SENECA SEARCH?   | YES | NO |
| Other enhancements?<br>Please describe:  |     |    |
| Did you document relative contacts in OR-Kids?   | YES | NO |

Please save this document using the following naming convention:

FormName\_DHS Case ID\_Episode Number (E.g., **FFChecklist\_123456\_E1**)

**Questions about Enhanced Family Find Practice?** Please contact your Waiver Program Consultant.  
**Questions about the evaluation or how to complete this form?** Please contact  
 Amanda Cross-Hemmer: [acrossh@pdx.edu](mailto:acrossh@pdx.edu), 503-725-8714 or  
 Christine Cooper: [clcooper@pdx.edu](mailto:clcooper@pdx.edu), 717-404-4969.



## TOOLS APPENDIX II

# LIFE Case Planning Meeting Preparation Checklist

|                              |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| <b>Original Meeting Date</b> |  | <b>Rescheduled Meeting Date(s)<sup>1</sup></b> |  | <b>Case ID</b>                               |  |
| <b>Meeting # (How many?)</b> |  |  |  | <b>Person ID (if applicable)<sup>2</sup></b> |  |

Please place an 'X' in the boxes below to indicate tasks completed for THIS MEETING. DO NOT include tasks you completed for PAST MEETINGS.

### Case Review Activities Completed for THIS Meeting

|  |   |
|--|---|
|  | Discussed LIFE program, roles and division of tasks, information sharing, how to communicate with family about who is who and who does what with Caseworker |
|  | Reviewed safety concerns and conditions for return  |
|  | Reviewed results of family finding with LIFE Coordinator  |
|  | Reviewed results of family finding with Caseworker  |

### LIFE Team Pre-Planning

|  |   |
|--|---|
|  | 2-way communication with Caseworker (in person, phone, email)                           |
|  | 2-way communication with Parent Mentor (in person, phone, email)                        |
|  | 2-way communication with Caseworker & Parent Mentor AT THE SAME TIME (in person, phone) |

### Family Involvement in Relative Search and Meeting Participants

|  |   |
|--|---|
| Talked with the following about identifying members of their support system (kin, non-kin, professionals): |   |
|  | Parents/caregivers  |
|  | Youth   |
|  | Other family members/support people   |
| The following HELPED DECIDE who would be invited to THIS meeting:  |   |
|  | Parents/caregivers <input type="checkbox"/> FEF   |
|  | Youth <input type="checkbox"/> Caseworker   |
|  | Other family members/support people <input type="checkbox"/> Other (please describe):                       |
|  | <u>If youth is 14 y.o. or older:</u> invited at least 2 support people besides foster parent and caseworker |

<sup>1</sup>If the meeting is rescheduled, enter the rescheduled meeting date(s). Even if the meeting is rescheduled, please use only the original meeting date to name the form, using YearMoDay\_FormName\_CaseID\_Episode as the naming format.

<sup>2</sup> The Person ID is only necessary to include if parents on the case are receiving separate Case Planning Meetings.

## Preparation and Agenda Development

|   |  |
|---|--|
| Asked the following about their preferences/concerns for attending/participating in THIS meeting:   |  |
| Parents/caregivers  | Planning/preparation done to address   |
| Youth   | Planning/preparation done to address   |
| Other family/support people   | Planning/preparation done to address   |
| Performed the following LIFE meeting preparation activities with parent(s)/caregivers and/or youth):  |  |
| Informed <u>parents/caregivers</u> IN ADVANCE who was (was not) confirmed to attend meeting   | Informed <u>youth</u> IN ADVANCE who was (was not) confirmed to attend meeting |
| Helped <u>parents/caregivers</u> plan for issues that might be discussed at this meeting  | Helped <u>youth</u> plan for issues that might be discussed at this meeting    |
| Coached <u>parent/caregiver</u> in preparing to share information at this meeting   | Coached <u>youth</u> in preparing to share information at this meeting         |
| Performed the following LIFE values-driven preparation activities:  |  |
| Discussed family private time and how it might be used during the meeting   |  |
| Spent time learning about what is important to the family as it relates to CPM planning (e.g., culture, religion, language, traditions, preferences)                            |  |
| Identified, reviewed, or expanded family strengths and how they relate to CPM planning  |  |
| Identified, reviewed, or expanded understanding of family's trauma history as it relates to CPM planning  |  |
| Identified, reviewed, or expanded understanding of how family's cultural preferences relate to CPM planning   |  |
| Planned something unique for this meeting that will meet family's preferences or cultural needs<br><b>Please describe:</b>  |  |
| Prepared family for asking to access needed services from preferred cultural group  |  |
| The following HELPED DECIDE agenda items:   |  |
| Parents/caregivers  | FEF  |
| Youth   | Caseworker   |
| Other family members/support people   | Other (please describe):   |
| Performed the following LIFE meeting preparation activities (general):  |  |
| Determined agenda items IN ADVANCE of this meeting  |  |
| Notified ALL meeting participants of full agenda, date, location, time, and expected length of meeting IN ADVANCE of this meeting   |  |
| Talked to <b>key</b> participants (parent/caregiver, youth, family members/supports, <sup>3</sup> foster parents) about their role at this meeting and what they can contribute |  |
| Found creative ways to involve participants (e.g., phone, letter, attend portion of meeting).<br><b>Please describe:</b>  |  |

<sup>3</sup> **Key** family members/supports are those who are critical to the agenda, not necessarily ALL family members/support people.  
v. 2017-03-15

## TOOLS APPENDIX III

### What Did You Think about Today's Meeting?

*Check the box under the answer that best fits how you feel about today's meeting. Feel free to write any comments at the bottom or on the back of this page. Remember, you can stop filling out this survey at any time. This survey is ANONYMOUS – no one will know what you shared. When you're done, put this page in the pre-paid envelope addressed to PSU and drop it in the mail. **THANK YOU!***

| PLEASE ANSWER ABOUT TODAY'S MEETING:   | YES,<br>TOTALLY<br>TRUE! | Yeah,<br>pretty<br>much | No,<br>not<br>really | NO,<br>NOT AT<br>ALL! |
|--|--------------------------|-------------------------|----------------------|-----------------------|
| 1. I knew what we were going to talk about.  |                          |                         |                      |                       |
| 2. I knew who would be there.  |                          |                         |                      |                       |
| 3. I was treated respectfully.   |                          |                         |                      |                       |
| 4. It was hard to get a chance to talk.  |                          |                         |                      |                       |
| 5. All of the people needed to move things forward were there (in person or on the phone). |                          |                         |                      |                       |
| 6. We talked more about solving problems than blaming.                                     |                          |                         |                      |                       |
| 7. The family was given a chance to give updates before caseworkers and providers.         |                          |                         |                      |                       |
| 8. The meeting covered what I thought was most important.                                  |                          |                         |                      |                       |
| 9. I felt comfortable asking questions.  |                          |                         |                      |                       |
| 10. Everyone worked together to support the family.  |                          |                         |                      |                       |
| 11. People understood my point of view.  |                          |                         |                      |                       |
| 12. The meeting was a waste of time.   |                          |                         |                      |                       |
| 13. I felt comfortable asking for help.  |                          |                         |                      |                       |
| 14. People completed their action items from the last meeting.                             |                          |                         |                      |                       |
| 15. I feel like we made progress.  |                          |                         |                      |                       |
| 16. This meeting was typical of other meetings I have had while in the LIFE program.       |                          |                         |                      |                       |

What was the best thing about this meeting?

What was the worst thing about this meeting? How could it have been better?

| How would you describe your role at today's meeting? | Parent or guardian | Youth | Family member | Friend/support person | Relative foster parent | Non-relative foster parent |
|--|--------------------|-------|---------------|-----------------------|------------------------|----------------------------|
|  |                    |       |               |                       |                        |                            |

# L.I.F.E. Case Planning Meeting Notes

Meeting date: \_\_\_\_\_

Meeting facilitator: \_\_\_\_\_ Meeting note taker: \_\_\_\_\_

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_

## Attendance

| Name                     | Name                     | Name                     |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 1. Introductions

| Child's name | Number of days in care | Number of placements | Current type of placement |
|--------------|------------------------|----------------------|---------------------------|
|              |                        | Choose               | Choose one                |

## 2. Ground rules

## 3. Review of action items

| Date assigned | Action item | Assigned | Status     |
|---------------|-------------|----------|------------|
|               |             |          | Choose one |

## 4. Parent update

## 5. Well being

- Update from the youth
- Social/emotional
- Education
- Medical/dental
- Attachment
- Placement
- Service/support referral needs

## 6. Safety

## 7. Permanency



8. Relative search

9. Family private time

| Date assigned | Action item | Assigned |
|---------------|-------------|----------|
|               |             |          |

Date of next meeting: \_\_\_\_\_ Time: \_\_\_\_\_

## TOOLS APPENDIX V

### Meeting Facilitation Fidelity Observation Tool

Family of color (Y or N) \_\_\_\_ Parent(s) present (Y or N) \_\_\_\_ Youth present (Y or N) \_\_\_\_

Notes/Context: \_\_\_\_\_

| Yes                      | The FEF does the following during CPM:   | Observer Notes: |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | 1. Develop or review ground rules  |                 |
| <input type="checkbox"/> | 2. Invite parent/caregiver, youth and/or family to participate in creating ground rules  |                 |
| <input type="checkbox"/> | 3. Provide or post written agenda during meeting   |                 |
| <input type="checkbox"/> | 4. Conduct meeting according to negotiated agenda  |                 |
| <input type="checkbox"/> | 5. Remind parent/caregiver, youth, and/or family that they can take breaks when needed   |                 |
| <input type="checkbox"/> | 6. Conduct CPM in family's 1 <sup>st</sup> /preferred language and/or interpreter present  |                 |
| <input type="checkbox"/> | 7. Flexible about meeting content and structure based on parent/caregiver's, youth's, and/or family's needs  |                 |
| <input type="checkbox"/> | 8. Flexible about meeting logistics/location based on parent/caregiver's, youth's, and/or family's needs   |                 |
| <input type="checkbox"/> | 9. Verbally review child/youth days in care  |                 |
| <input type="checkbox"/> | 10. Provide space for someone to give parent update (note if <u>not</u> given by parent); ensure it occurs before other provider updates           |                 |
| <input type="checkbox"/> | 11. Provide space for someone to give child update (any child) (note if <u>not</u> given by youth); ensure it occurs before other provider updates |                 |

| Yes                      | The FEF does the following during CPM:  | Observer Notes: |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | 12. Provide space for Provider/Other family to give update  |                 |
| <input type="checkbox"/> | 13. Review action items from previous meeting   |                 |
| <input type="checkbox"/> | 14. Give parent/caregiver and youth opportunities to talk about their strengths, hopes (structured opportunity; surfaced and named; indicate whether parent or youth) |                 |
| <input type="checkbox"/> | 15. Summarize action items at the end of the CPM  |                 |
| <input type="checkbox"/> | 16. Action items include large and small actions, and have due dates  |                 |
| <input type="checkbox"/> | 17. Incorporate absent participant's feedback/input into meeting (note who was absent)  |                 |

| Yes                      | The FEF acts to make the following happen during CPM:  | Observer Notes: |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | 18. Identify shared goals (parent/youth/family goals; either stated or made explicit or helping to move toward)  |                 |
| <input type="checkbox"/> | 19. Facilitate active support for parent/youth/family goals  |                 |
| <input type="checkbox"/> | 20. Link tasks, supports and services to particular goals  |                 |
| <input type="checkbox"/> | 21. Transparent communication regarding OSM-related issues: protective capacities, safety threats, conditions for return, Action Agreement, case planning, concurrent planning (direct, forthcoming, understandable, explicit) |                 |

| Yes                      | The FEF acts to make the following happen during CPM:  | Observer Notes: |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | 22. Encourage information sharing/updates (from everyone, including family)  |                 |
| <input type="checkbox"/> | 23. Identify or update action items  |                 |
| <input type="checkbox"/> | 24. Ensure questions are answered thoroughly, encourage team to answer questions   |                 |
| <input type="checkbox"/> | 25. Problem solve, work to find solutions  |                 |
| <input type="checkbox"/> | 26. Prioritize family and other key people when scheduling next meeting  |                 |
| <input type="checkbox"/> | 27. Attend to meeting dynamics (intense emotions, verbal aggression, nonverbal communication, conversation domination, etc.)                                   |                 |
| <input type="checkbox"/> | 28. Keep meeting moving forward, focus on agenda/goals   |                 |
| <input type="checkbox"/> | 29. Ask for clarification/specifics, probing   |                 |
| <input type="checkbox"/> | 30. Restate & repeat, simplify language  |                 |
| <input type="checkbox"/> | 31. Use clear language (free of jargon, technical or legal talk, etc.)   |                 |
| <input type="checkbox"/> | 32. Provide opportunities to generate options, ideas, needs, requests, questions and solutions (note whether parent/caregiver, youth, family, and/or advocate) |                 |
| <input type="checkbox"/> | 33. Ensure opinions and requests are attended to by team (note whether parent/caregiver, youth, family and/or advocate)  |                 |

| Yes                      | The FEF acts to make the following happen during CPM:   | Observer Notes: |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | 34. Encourage opportunities to make choices/decisions (note whether parent/caregiver, youth, and/or family)                               |                 |
| <input type="checkbox"/> | 35. Model strengths-based language; reframe or restate what others say as strengths-based   |                 |
| <input type="checkbox"/> | 36. State, surface, acknowledge specific parent/caregiver, youth, and/or family strengths   |                 |
| <input type="checkbox"/> | 37. Focus meeting on present and how to move forward  |                 |
| <input type="checkbox"/> | 38. Interrupt or challenge communication (verbal or nonverbal) that is negative, shaming, stigmatizing or oppressive of parents/caregiver |                 |
| <input type="checkbox"/> | 39. Interrupt or challenge communication (verbal or nonverbal) that is negative, shaming, stigmatizing or oppressive of youth             |                 |
| <input type="checkbox"/> | 40. Refrain from communication (verbal or nonverbal) that is negative, shaming, stigmatizing or otherwise oppressive of parents/caregiver |                 |
| <input type="checkbox"/> | 41. Refrain from communication (verbal or nonverbal) that is negative, shaming, stigmatizing or otherwise oppressive of youth             |                 |
| <input type="checkbox"/> | 42. Acknowledge/highlight progress (indicate whether parent/caregiver or youth)   |                 |
| <input type="checkbox"/> | 43. Identify functional strengths/link strengths to case planning process (indicate whether parent/caregiver, family or youth)            |                 |
| <input type="checkbox"/> | 44. Identify family's culture as functional strengths/link culture to case planning process   |                 |
| <input type="checkbox"/> | 45. Discuss accessing needed services from preferred cultural group   |                 |

| Yes                      | The FEF acts to make the following happen during CPM:  | Observer Notes: |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | 46. Model flexibility and openness toward differences in cultural norms, identity, language, values, understanding (e.g., parenting, attitudes toward service providers) |                 |
| <input type="checkbox"/> | 47. Include artifacts/practice/environment/ambiance specific to family's culture   |                 |
| <input type="checkbox"/> | 48. Check in with parent/caregiver, youth, and/or family during the CPM regarding trauma, overwhelm, etc.  |                 |

If there was a Parent Mentor present, complete Items 49-54. If there was not a Parent Mentor present, check this box:

| Yes                      | The PM does the following during CPM:   | Observer Notes: |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | 49. Bring attention to parent's strengths   |                 |
| <input type="checkbox"/> | 50. Advocate for parent/family's cultural perspective during CPM                              |                 |
| <input type="checkbox"/> | 51. Ask questions, request more information to help parent have clarity                       |                 |
| <input type="checkbox"/> | 52. Support parent speaking for themselves or speaks for parent                               |                 |
| <input type="checkbox"/> | 53. Offer insight into parent's experience for the rest of the team                           |                 |
| <input type="checkbox"/> | 54. Attend to parent's emotional state during the meeting and provide support, coaching, etc. |                 |

Next Meeting Scheduled: \_\_\_\_\_

## TOOLS APPENDIX VI

### What Do You Think about LIFE Services?

#### IMPORTANT!

This survey is CONFIDENTIAL. We **WILL NOT SHARE** your answers with anyone involved with your case. What you say on this survey **WILL NOT AFFECT** your DHS case.

#### Instructions

Please put an 'X' the box under the answer that best fits how TRUE each statement is for you. When you are done, put the survey in the pre-paid envelope addressed to PSU and drop it in the mail. Remember to include your **contact information sheet** so PSU can send you a **\$20 gift card**.

| <b>LIFE Meeting Facilitator</b> = the person who runs the monthly meetings you have as part of your LIFE services | <b>YES, TOTALLY TRUE!</b> | <b>Yeah, pretty much</b> | <b>No, not really</b> | <b>NO, NOT AT ALL!</b> |
|---|---------------------------|--------------------------|-----------------------|------------------------|
| 1. My LIFE Meeting Facilitator acknowledges the progress I make.  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 2. My LIFE Meeting Facilitator asks me who I want to come to my LIFE meetings.                                    | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 3. My LIFE Meeting Facilitator asks me what I want to talk about at my LIFE meetings.                             | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| <b>LIFE Meetings</b> = the meetings you have each month as part of your LIFE services                             | <b>YES, TOTALLY TRUE!</b> | <b>Yeah, pretty much</b> | <b>No, not really</b> | <b>NO, NOT AT ALL!</b> |
| 4. The people at my LIFE Meetings work together as a team.  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 5. The people at my LIFE Meetings judge me <u>unfairly</u> .  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 6. The people at my LIFE Meetings seem to work <u>against</u> me (not with me).                                   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 7. I look forward to my LIFE Meetings.  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 8. I feel ready to participate in each LIFE Meeting.  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 9. During my LIFE Meetings, I feel supported.   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 10. During my LIFE Meetings, I feel I am taken seriously.   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 11. During my LIFE Meetings, I feel that my voice is heard.   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 12. During my LIFE Meetings, I feel like I actively participate.  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 13. During my LIFE Meetings, I feel like my action items are realistic.   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 14. During my LIFE Meetings, I feel <u>unimportant</u> .  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |

*Please go on to the next page!*

| <b>LIFE Meetings</b> = the meetings you have each month as part of your LIFE services | <b>YES, TOTALLY TRUE!</b> | <b>Yeah, pretty much</b> | <b>No, not really</b> | <b>NO, NOT AT ALL!</b> |
|---|---------------------------|--------------------------|-----------------------|------------------------|
| 15. During my LIFE Meetings, I feel <u>ignored</u> .                                  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 16. My LIFE Meetings focus on finding solutions.                                      | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 17. My LIFE Meetings help me get questions answered about my case.                    | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 18. After my LIFE Meetings, I feel motivated to work on my action items.              | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 19. After my LIFE Meetings, I feel hopeful.   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 20. After my LIFE Meetings, I feel <u>confused</u> .                                  | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 21. After my LIFE Meetings, I feel <u>frustrated</u> .                                | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |

| <b>How are you feeling about your case?</b>                                      | <b>YES, TOTALLY TRUE!</b> | <b>Yeah, pretty much</b> | <b>No, not really</b> | <b>NO, NOT AT ALL!</b> |
|--|---------------------------|--------------------------|-----------------------|------------------------|
| 22. I was told the reasons my children were brought into care.                   | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 23. I understand what I need to do (to make progress on my case).                | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 24. I feel like the services I'm supposed to do will help me.                    | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 25. I feel like I am able to do what I need to do (to make progress on my case). | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 26. I feel like my case plan is realistic.                                       | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 27. Making progress on my case plan will help my family.                         | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 28. I feel motivated to do the services I have been asked to do.                 | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |
| 29. I feel ready to make some changes in my life.                                | YES, TOTALLY TRUE!        | Yeah, Pretty much        | No, Not really        | NO, NOT AT ALL!        |

| During LIFE Meetings, have you experienced <b>discrimination or been treated poorly</b> based on:  | <b>YES</b> | <b>Somewhat</b> | <b>NO</b> |
|--|------------|-----------------|-----------|
| 30. ...your gender?  | YES        | Somewhat        | NO        |
| 31. ...your race/ethnicity/culture?  | YES        | Somewhat        | NO        |
| 32. ...your economic status/social class?  | YES        | Somewhat        | NO        |
| 33. ... <u>any</u> disability (ex: physical, learning, intellectual, speech, memory, vision, hearing, autism, chronic illness, mental health)? | YES        | Somewhat        | NO        |
| 34. ...any other reason?   | YES        | Somewhat        | NO        |



| Because of LIFE services: |   | <b>YES,<br/>TOTALLY<br/>TRUE!</b> | <b>Yeah,<br/>pretty<br/>much</b> | <b>No,<br/>not<br/>really</b> | <b>NO,<br/>NOT AT<br/>ALL!</b> |
|---------------------------|---|-----------------------------------|----------------------------------|-------------------------------|--------------------------------|
| 35.                       | I have more (or less intensely supervised) visits with my children. | YES,<br>TOTALLY<br>TRUE!          | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 36.                       | I have ongoing support from my LIFE Team.                           | YES,<br>TOTALLY<br>TRUE!          | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 37.                       | I have connected with community supports.                           | YES,<br>TOTALLY<br>TRUE!          | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 38.                       | I have good relationships with my children.                         | YES,<br>TOTALLY<br>TRUE!          | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 39.                       | I have new or stronger relationships with family or friends.        | YES,<br>TOTALLY<br>TRUE!          | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |

| 40. How satisfied are you with LIFE services? (please circle one response) |                    |                      |                |                     |
|--|--------------------|----------------------|----------------|---------------------|
| Not at all satisfied   | Slightly satisfied | Moderately satisfied | Very satisfied | Extremely satisfied |

|   |     |       |    |
|---|-----|-------|----|
| 41. Do you think LIFE Services would be helpful for other families involved with DHS? | YES | Maybe | NO |
|---|-----|-------|----|

Please explain your answer:

## What Do You Think of Your Parent Mentor?

| 42. Do you have a working relationship with your Parent Mentor?  | YES,<br>TOTALLY!              | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
|--|-------------------------------|----------------------------------|-------------------------------|--------------------------------|
| <b>My Parent Mentor:</b>   | <b>YES,<br/>TOTALLY TRUE!</b> | <b>Yeah,<br/>pretty<br/>much</b> | <b>No,<br/>not<br/>really</b> | <b>NO,<br/>NOT AT<br/>ALL!</b> |
| 43. ...helps me connect with other supportive people.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 44. ...supports me.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 45. ...helps me access services I need (ex: parenting class, treatment, counseling).                     | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 46. ....helps me understand what is going on with my case.   | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 47. ...helps me find resources (ex: food stamps, clothing, bill assistance, housing).                    | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 48. ...explains things to me in a way that I can understand.   | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 49. ...points out what I am doing well.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 50. ...helps me prepare for my LIFE Meetings.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 51. ...helps me work with DHS.   | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 52. ...encourages me to set my own goals.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 53. ...hears what I have to say.   | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 54. ...makes an effort to understand my background (ex: culture, spiritual beliefs, traditions, values). | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 55. ...encourages me to advocate for myself.   | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 56. ...helps me figure out what I need to do next.   | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 57. ...gives me hope.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |
| 58. ...helps me see I can make progress on my case.  | YES,<br>TOTALLY TRUE!         | Yeah,<br>Pretty much             | No,<br>Not really             | NO,<br>NOT AT ALL!             |

## TOOLS APPENDIX VII



## What Do You Think of LIFE Services?

**Your answers are private & will not be shared with anyone.  
Please do not put your name on this survey.**

### What are LIFE services?

Your family is part of the **Leveraging Intensive Family Engagement (LIFE)** program. This means:

- Your family has a Meeting Facilitator.
- Your family's Meeting Facilitator leads monthly meetings.
- Your family, DHS caseworker, and other people who work to support you (called a "LIFE Team") might attend the monthly LIFE meetings.

### Why am I being asked to fill out this survey?

- Portland State University (PSU) is evaluating LIFE services.
- PSU would like to get opinions about LIFE services from youth.
- Your opinions will help PSU know whether LIFE services are helpful.

### What do I need to do?

- Read each statement and circle the answer that best fits how you feel.
- Take as much time as you need.
- If you don't feel comfortable about a statement, skip it.
- You can stop doing the survey at ANY time.

### When you are done...

- Put the survey in the envelope addressed to PSU and seal it.
- Send your survey to PSU the way that you planned with your Meeting Facilitator.
- PSU will send a \$20 gift card as soon as they get the address form you completed with your Meeting Facilitator.

**Turn the page over to get started!**



## SECTION 1: What do YOU think of your LIFE Team?

**INSTRUCTIONS:** Read each statement. Circle the answer that best fits how you feel.

|  |             |            |            |
|--|-------------|------------|------------|
| <p>A. How well do you know your <b><u>LIFE Meeting Facilitator</u></b>?</p> <p><b><u>LIFE Meeting Facilitator</u></b> = the person who runs the monthly meetings you have as part of your LIFE services</p>                                    | Pretty well | Kind of    | Not at all |
| <p>B. Do you know who is on your <b><u>LIFE Team</u></b>?</p> <p><b><u>LIFE Team</u></b> = the people who go to your LIFE meetings, including your family, DHS caseworker, Meeting Facilitator, and/or other people working to support you</p> | Yes         | Not really | Not at all |

| <p><b><u>LIFE Team</u></b> = the people who go to your LIFE meetings, including your family, DHS caseworker, Meeting Facilitator, and/or other people working to support you</p> <p><b>I feel like my <u>LIFE Team</u>...</b></p> | Totally true | Kind of | Not really | Not at all | Don't know |
|---|--------------|---------|------------|------------|------------|
| 1. ...tells me what I am doing well.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 2. ...understands what I want.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 3. ...knows my goals.   | Totally true | Kind of | Not really | Not at all | Don't know |
| 4. ...supports me.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 5. ...cares about me.   | Totally true | Kind of | Not really | Not at all | Don't know |
| 6. ...helps me make plans for my future.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 7. ...tries to help me reach my goals.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 8. ...listens to me.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 9. ... <b><u>knows</u></b> my background, beliefs, and values.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 10. ... <b><u>respects</u></b> my background, beliefs, and values.  | Totally true | Kind of | Not really | Not at all | Don't know |

## SECTION 2: What has happened for YOU because of LIFE services?

INSTRUCTIONS: Read each statement. Circle the answer that best fits how you feel.


| Because of LIFE services...   | Totally true | Kind of | Not really | Not at all | Don't know |
|---|--------------|---------|------------|------------|------------|
| 11. ...I have supportive people in my life.   | Totally true | Kind of | Not really | Not at all | Don't know |
| 12. ...I have <b>family</b> to turn to for support if I need it.<br>( <b>family</b> = whoever you think of as family) | Totally true | Kind of | Not really | Not at all | Don't know |
| 13. ...I help make choices about services I get.<br>(ex: counseling, treatment, skills trainer, mentoring)            | Totally true | Kind of | Not really | Not at all | Don't know |
| 14. ...I help make choices about activities I do.<br>(ex: sports, music, hobbies, clubs)                              | Totally true | Kind of | Not really | Not at all | Don't know |
| 15. ...I know what is going on with my DHS case.  | Totally true | Kind of | Not really | Not at all | Don't know |
| 16. ...I feel hopeful about the future.   | Totally true | Kind of | Not really | Not at all | Don't know |

## SECTION 3: What do YOU think of your LIFE meetings?

INSTRUCTIONS: Read the statement below. Circle the answer that best fits how you feel.

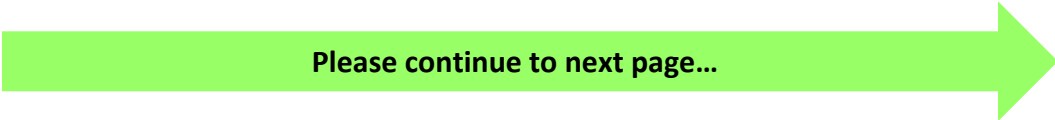
|   |     |    |          |
|---|-----|----|----------|
| C. Have you ever gone to one of your <b>LIFE meetings</b> ?<br><br><b>LIFE meetings</b> = monthly meetings led by your Meeting Facilitator and include people from your LIFE Team | Yes | No | Not sure |
|---|-----|----|----------|

If "NO" please  
answer this  
question



|   |     |    |          |
|---|-----|----|----------|
| D. <b>If not</b> , would you like to attend your <b>LIFE meetings</b> ? | Yes | No | Not sure |
|---|-----|----|----------|

Please continue to next page...



**INSTRUCTIONS: Read the statement below. Circle the answer that best fits how you feel.**

| <u>LIFE Meetings</u> = monthly meetings led by your Meeting Facilitator and include people from your LIFE Team |   | <b>Totally true</b> | <b>Kind of</b> | <b>Not really</b> | <b>Not at all</b> | <b>Don't know</b> |
|--|---|---------------------|----------------|-------------------|-------------------|-------------------|
| <b>At my <u>LIFE meetings</u> I feel like...</b>   |   |                     |                |                   |                   |                   |
| 17.  | ...there is a plan to share my ideas whether I attend or not. | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 18.  | ...I am prepared to attend if I want to.                      | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 19.  | ...I can share my ideas if I want to.                         | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 20.  | ...my thoughts matter.  | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 21.  | ...I help decide where meetings are held.                     | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 22.  | ...I help decide what we talk about.                          | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 23.  | ...I help decide who is invited.                              | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 24.  | ...at least one person is on my side.                         | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 25.  | ...I know who everyone is and why they are there.             | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |
| 26.  | ...I can get answers to questions I have about my DHS case.   | Totally true        | Kind of        | Not really        | Not at all        | Don't know        |

|     |  |            |           |
|-----|--|------------|-----------|
| 27. | Do you think LIFE services would be helpful for other youth involved with DHS? | <b>YES</b> | <b>NO</b> |
|-----|--|------------|-----------|

Is there anything else you would like to tell us about LIFE services? Please write your comments in the space below.

