EVALUATION OF THE ANCHOR-SITE PHASE OF FAMILY TO FAMILY

Submitted to:
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PREFACE

This evaluation was conducted by a group of researchers from several organizations. Daniel Webster of the Center for Social Services Research (CSSR) at the University of California at Berkeley served as a Co-Investigator. He fully participated in the conceptualization and execution of all aspects of the evaluation, and was responsible for file development and analysis of data from sites in California. Stephanie Alamin, a Senior Research Associate at CSSR, conducted analyses involving data extracted from the California Team Decisionmaking database and placement records. Judith Wildfire of Wildfire Associates, Inc., served as Co-Principal Investigator and directed the child-level outcome analysis presented in the report for sites outside of California. She was joined by Jeremy Wildfire, a statistician working with Wildfire Associates, in conducting this analysis. David Crampton of Case Western Reserve University served as Co-Investigator. He and Traci Wike of the University of North Carolina at Chapel Hill (UNC) compiled information related to implementation of the Building Community Partnerships (BCP) strategy and prepared portions of the site profiles related to BCP. Professor Crampton also prepared the BCP implementation analysis section of the report and contributed material for the background sections of site profiles based on surveys of local Family to Family coordinators he conducted in 2008 and 2009. Lynn Usher of UNC served as Principal Investigator and had overall responsibility for the evaluation. Joining him on the UNC team were Harlene Gogan, lead programmer for the development of data files from sites outside California, and Rebecca Green who carried out a variety of analyses related to both implementation issues and outcomes. Rea Gibson designed and formatted the site profiles and executive summary as well as the cover for the final report. We also wish to acknowledge earlier contributions to the evaluation by Eleanor Brown and Thomas Crea, former members of the UNC evaluation team.

The evaluation team appreciates the cooperation it received from Family to Family participants in each site and from state child welfare officials who provided the data on which this evaluation is based. We also wish to acknowledge the direct and indirect support and assistance of colleagues on the Family to Family technical assistance team. Careful review of a draft report by the lead strategy consultants was particularly helpful, including: Terri Ali, Building Community Partnerships; Dr. Denise Goodman, Resource Family Recruitment, Development, and Support; and Patricia Rideout, Team Decisionmaking. We also appreciate the efforts of Regional Operations Managers and Site Team Leaders in coordinating the review of draft site profiles, including: Suzanne Barnard; Bill Bettencourt; Fred Harris; Lisa Paine-Wells; Jana Rickerson; Sheila Spydell; and Kate Welty. Diane DeLeonardo played very helpful roles in interviewing technical assistants who had been involved in work with Shelby County, Tennessee, and in providing a written summary of factors related to that site's decision to withdraw from the initiative.

We could not have undertaken this work without financial support from the Annie E. Casey Foundation, for which we are very appreciative. Of course, the opinions and conclusions presented in this report are those of the evaluation team and are not necessarily shared by the Foundation's board of directors, managers, or staff.

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1. INTRODUCTION

In 1992, the Annie E. Casey Foundation issued a framework paper to describe the goals, objectives, and philosophical underpinnings of a new initiative, *Family to Family: Reconstructing Family Foster Care.* It was described as (p. 13):

> . . . an opportunity for states to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:
>
> 1. To meet the needs of many more of the children currently served in institutional or congregate settings--hospitals, psychiatric centers, correctional facilities, residential treatment programs and group homes--in family foster care.
>
> 2. To reduce the lengths of stay of children in out-of-home care.
>
> 3. To increase the number and quality of foster families to meet projected needs.
>
> 4. To reunify children with their families as soon as that can safely be accomplished, based on the family's and children's needs--not simply the system's timeframes.
>
> 5. To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which the children live.
>
> 6. To assure that scarce family foster home resources are provided to all those children (but to only those children) who in fact must be removed from their homes.
>
> 7. To decrease the overall number of children coming into out-of-home care.

The paper went on to state that grantees would "be asked to develop family-centered, neighborhood-based family foster care service systems" and that target communities "should be those which have had a history of placing large numbers of children out of their homes." (p. 14)

The orientation of this initiative stood in contrast to the prevailing emphasis on family preservation and early intervention services in that it embraced out-of-home care as an essential component of the continuum of child welfare services. It was rooted in the belief that while many children could be served safely in their own homes, those who had to be removed to ensure their safety were often placed in overly restrictive settings rather than with foster families or their kin. Many local systems, especially those in large urban areas, relied on congregate and institutional care providers because it was increasingly difficult to recruit and retain sufficient numbers of foster families. From the Foundation's perspective, however, systems that operated in such a fashion added to the trauma experienced by children and made it difficult for those children to be reunited with their families.

Urban child welfare systems in five states—Alabama, Maryland, New Mexico, Ohio, and Pennsylvania—applied for and were awarded grants to participate in Family to Family. Although changes in elected state leaders cut short the efforts in some states, state and local agencies and their community partners learned valuable lessons from their efforts to reshape child welfare policy and practice. A team from the University of North Carolina at Chapel Hill (UNC) and the Research Triangle Institute (now RTI International) conducted an evaluation of the first phase of Family to Family and presented its findings in 1998.[1] The report described changes in policy and practice in the five states and tracked outcomes for all children who entered out-of-home care in demonstration and comparison counties in each state for a period preceding implementation and extending into 1996. It added additional perspective to an earlier report describing the challenges participants faced in attempting to create child welfare systems that conformed to the values and operating principles set forth by the Foundation.[2]

In the eight years following publication of the first evaluation, the Foundation supported efforts to implement Family to Family in 14 additional states, including some, such as California, that made commitments to statewide implementation. Work in these sites was different from earlier efforts in that it revolved around four core practice strategies that participants in the first phase identified as integral to the initiative. Although the values, principles of operation, and outcomes emphasized by

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[1] A copy of the report is available at http://www.unc.edu/~lynnu/f2feval.htm.

[2] See Family to Family Evaluation Team. (1997); a copy of the report is available at: http://www.aecf.org/initiatives/familytofamily/pdf/implement.pdf

the Foundation had not changed, the identification of the core strategies helped define the specific changes in policy and practice associated with Family to Family. It also provided a rationale for the Foundation's continuing commitment to the initiative and for the recruitment of a much larger team of technical assistants.

In spite of the level of investment in Family to Family, the effort to support so many states and localities stretched technical assistance resources and prompted a self-assessment by the Foundation that began in 2005. This process ultimately led to the identification of a smaller number of "anchor sites" that would be priority targets for technical assistance beginning in 2007. One component of the self-assessment was a series of interviews with prominent individuals in the field of child welfare, including administrators, persons representing advocacy and professional organizations, and researchers. Under contract with the Foundation, interviewers solicited opinions about the visibility of the initiative, its impact on child welfare policy and practice, and how its influence could be enhanced. One of the themes that emerged from the interviews, particularly among researchers, was the need for an updated evaluation. Respondents believed that such information would help establish an evidence base that states and localities could use in deciding whether the improvements in outcomes produced by Family to Family would justify the changes in policy and practice that it entailed.

This report outlines seeks to respond to this need for information. We begin by providing some historical perspective that explains how Family to Family has evolved since 1992 and describes the theory of change that helped shape the work done by anchor sites. The theory of change also provided focus for the evaluation by describing how Family to Family core strategies should be integrated and, further, how effective practice was expected to improve outcomes for families and children. These topics are discussed in subsequent chapters.

2. BACKGROUND

The framework paper announcing the establishment of Family to Family included a specific statement of values that the Foundation espoused and to which it was seeking commitments from grantees (p. 17):

> In summary, the Family to Family Initiative is founded on a few key value judgments: Reforms in family foster care must be directed to producing a service that is less disruptive to the lives of the people it affects, more community-based and culturally-sensitive, more individualized to the needs of the child and family, more available as an alternative to institutiona1 p1acement, and in general more family-centered.

These and other values are an enduring part of the philosophy on which the initiative rests. Yet, at a time when the capabilities of states to measure outcomes were quite limited, the Foundation was explicit in insisting that grantees pursue specific outcomes for families and children and measure their progress toward improving them. The following outcomes continue to be emphasized in current self-evaluation efforts in Family to Family (pp. 16-17):

1. A reduction in the number of children served in institutional and congregate settings.

2. A shift of resources from congregate and institutional care to family foster care and family-centered services across all child and family-serving systems.

3. A decrease in the length of stay in out-of-home placements.

4. An increase in the number of planned reunifications.

5. A decrease in the number of unplanned re-entries into care.

6. A decrease in the number of placement disruptions.

7. A reduction in the total number of children served away from their own families.

In the ensuing years, the Foundation's approach to grantmaking under Family to Family and to the delivery of technical assistance has changed in some significant ways, but it is notable that the underlying values and the particular outcomes emphasized in the initiative have remained

constant. Exhibit 2.1 provides an overview of changes in the Foundation's approach to working with sites, organized into distinct evolutionary phases.

Phases of the Initiative

The initial phase of activity, from 1992 to 1997, involved grants of $2.5 million to each of five states. Electoral changes in 1994 and associated changes in child welfare administrators resulted in weakened commitments to the initiative in several states, particularly in Alabama and New Mexico, but also to some degree in Maryland and Pennsylvania. In spite of wavering support in some jurisdictions, the experience provided opportunities for local agencies to explore some new approaches to practice and to make "stroke of the pen" policy changes, such as closing emergency shelters and eliminating barriers to kinship care.[1] Participants' reflections on those experiences provided the basis for work in the next two phases.

The second phase of Family to Family entailed a considerable investment in the development of nearly 20 "tools" to support the effective delivery of foster care services. During this period, technical assistance continued to be provided to some of the grantees from Phase I, but much effort was devoted to developing and disseminating the tools. Although the initiative expanded to Los Angeles and New York City in the second phase, the situations in these sites were somewhat unusual. Los Angeles experienced a series of changes in leadership that prevented continued development. In contrast, the work in New York City took on a life of its own with the creation of the AECF-funded oversight panel, led by the President of the Foundation, Doug Nelson. Consequently, the panel's work with the child welfare system in New York reflected many of the operating principles of Family to Family.

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[1] See the report by Research Triangle Institute and Jordan Institute for Families, Evaluation of Family to Family (Research Triangle Park, NC: 1998) available at: http://www.unc.edu/~lynnu/f2feval.htm.

Exhibit 2.1: The Evolution of Family to Family

Phase I: 1992 - 1997

From its inception and throughout the history of Family to Family, AECF has enunciated a consistent set of values, operating principles, and outcomes to guide the work of state and local partners and technical assistants. The resulting guidelines and expectations provided a common framework for the initial phase of work in Alabama, Maryland, New Mexico, Ohio, and Pennsylvania. Although changes in leadership in some of the original states produced uneven results across time and sites, the lessons and accomplishments from 1992-1997 provided a base of experience for the next phase of development.

Phase II: 1997 - 2000

The focus of Family to Family during this period was on the development of "tools" that reflected lessons about practice strategies from the first phase. Participants from the initial group of states identified four strategies that they defined as integral to the initiative. They deemed these strategies, individually and in concert, to be critical to the initiative's success. Based on this assessment, subsequent phases of development have focused on: 1) building partnerships with the communities most affected by the child welfare system; 2) team decisionmaking at critical junctures in the placement process; 3) recruitment, training, and support for resource families; and 4) building the capacity of child welfare agencies to evaluate their progress in achieving Family to Family outcomes.

Phase III: 2000 - 2005

The third phase of Family to Family, beginning in 2000, entailed broad geographic expansion throughout California and to a number of other states, including Colorado, Illinois, Kentucky, Michigan, North Carolina, Oregon, and Tennessee. Work in this phase was marked by a focus on the four core strategies and the development of teams of technical assistants to help guide work on each strategy. It emphasized results in two realms. First, consistent with the message across all phases, the states and localities involved in the initiative were expected to make improvements in specific outcomes for families and children, and to show that disparities in outcomes by race, age, or gender were being addressed. Second, in addition to tracking outcomes, participating agencies were expected to monitor and report on their progress in implementing each of the four key strategies. Thus, sites that became involved during this period, including Alaska, Arizona, the State of Washington, and under new leadership, New Mexico, sought to develop capabilities to evaluate both outcomes and the delivery of new practices and services.

Phase IV: 2005 – 2009

The expansion of Family to Family to so many sites imposed a heavy demand on Foundation staff and the technical assistance team. As a result, the Foundation decided to conduct a self-assessment beginning in 2005. Work over more than 18 months led to two conclusions: 1) reaffirmation of the initiative's theory of change concerning the synergistic effect of integrated work across the core practice strategies; and 2) a commitment to "go deeper" in fewer sites. This resulted in the Foundation identifying 15 "anchor sites" in which to focus work in the next phase of Family to Family. These sites were judged to offer the most potential for full implementation of the initiative's four core strategies, and therefore, to serve as places in which to assess the collective impact of those strategies on the outcomes the Foundation was seeking to improve. In addition to supporting enhanced technical assistance efforts beginning in 2007, the Foundation sponsored an evaluation that began with an implementation analysis in 2006 and culminated in this report.

Participants in the first phase also influenced subsequent work by identifying what have come to be known as the "core strategies" of the initiative: 1) building community partnerships; 2) team decision-making; 3) recruitment, development, and support for resource families; and 4) self-evaluation. Based on their experiences, they also saw the strategies as inextricably linked—highly interdependent and mutually reinforcing. This perception of the defining characteristics of Family to Family provided the organizing principle for technical assistance in Phases II and III and became the conceptual underpinning of the initiative's theory of change. The premise on which the initiative has operated is essentially that the greatest improvement in outcomes will be observed in sites in which all four strategies are fully implemented and working synergistically to produce optimal results.

Outcomes and Key Elements: The Family to Family Theory of Change[2]

Since its inception, the Family to Family initiative has consistently and strongly emphasized improvements on specific outcomes for families and children, and changes in how child welfare systems operate. Based on their experience of the initial phase of the initiative, participants from the first group of Family to Family sites identified four strategies that collectively defined this new approach to practice. The following discussion describes the theory of change by which the Foundation, its technical assistance team, and anchor sites expected the core strategies to produce changes in the initiative's target outcomes.

Family to Family Outcomes

The outcomes Family to Family seeks to improve reflect: (1) the experiences of children while in out-of-home care; (2) changes in the relationship between children and their families because of their involvement with the child welfare system; and (3) the values and principles on which these systems operate. A comprehensive perspective on child welfare outcomes can be achieved simply by thinking of a child's involvement with the system as a cycle of experiences. As indicated by

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[2] This section draws on Patricia Rideout, Lynn Usher, & Judith Wildfire, J. (2005). *Family to Family Outcomes and Strategies.* Baltimore: The Annie E. Casey Foundation.

Exhibit 2.2, it begins with a report of maltreatment that the system deems to require investigation.[3] When reports are substantiated, agencies must decide whether the safety of children can be assured without removing them from their homes. This complex decision requires balancing risk factors associated with the child, the family, and their circumstances against protective factors that can be enhanced by supporting and serving the family in their own home without having to remove the child.[4] the standpoint of agency performance, we know that the rate of removal varies considerably from locality to locality within given states as well as across states.[5] While some of the variation in the **_likelihood of removal_** is associated with child and family characteristics, it is also the case that some agencies are more inclined to place children into out-of-home care rather than to rely on home-based services that make it possible for children to remain in their homes. Therefore, the cumulative experience of families and children can be indicative of how an agency tends to respond when maltreatment is found.

When it is determined that a child must be placed in out-of-home care, certain characteristics of the initial placement have repercussions for the safety, permanency, and well-being children ultimately experience. The **_restrictiveness of care_** inherent in the initial placement—emergency shelter, assessment center, foster home, kinship care, etc.—can either exacerbate or help diminish the child's sense of disruption and loss of attachment to his or her family. Most worrisome is the tendency of localities to channel children through predefined pathways into out-of-home care. Such an approach (e.g., reliance on emergency shelters) results in the force-fitting of children according to the convenience of the system rather than tailoring the response to the particular needs of each child. Again, the cumulative experiences of cohorts of children entering care for the first time (or, separately, _re-entering_ care), can reveal these tendencies to rely on certain pathways.

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[3] This discussion does not reflect the distinction between "investigations" and "family assessments" now used in a growing number of states that have adopted dual- or multiple-track child protection systems; see Jordan Institute for Families. (2002). "North Carolina adopts new approach to child protective services: Multiple response," _Children's Services Practice Notes, 7_(4). In such systems, a large segment of reports, particularly those currently labeled "neglect," follow an assessment track that does not reach a conclusion about whether the reported maltreatment can be substantiated or not. Instead, the assessment determines the family's need for services, possibly including out-of-home care for the child.

[4] M.W. Fraser, "The Ecology of Childhood: A Multisystems Perspective," in M. W. Fraser (Ed.), _Risk and Resilience in Childhood: An Ecological Perspective_, Washington, DC: NASW Press, 1997.

[5] C.L. Usher, & J.B. Wildfire, J. B. , _The risk of out-of-home placement at first substantiation._ Paper presented at the 13th National Conference on Child Abuse and Neglect, Albuquerque, NM, 2002.

Exhibit 2.2: The Cycle of Experiences in the Child Welfare System
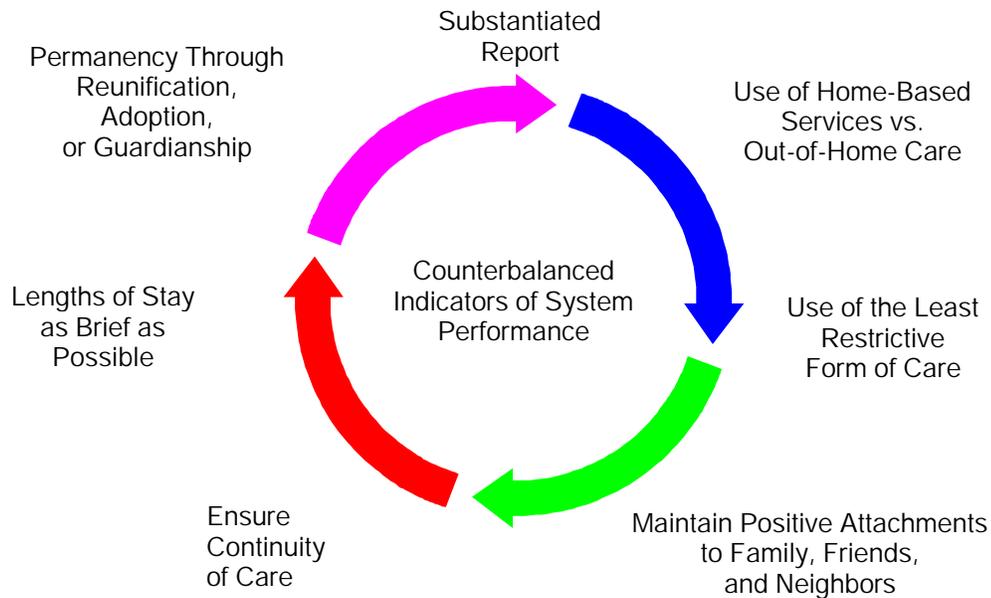
The nature and location of the initial placement also has consequences for the child's safety and permanency outcomes. This is reflected in the efforts of federal Child and Family Service Review (CFSR) teams who attempt to determine the proximity of children's placements to their homes and whether they are placed with any siblings who may be already in care or who entered care at the same time.[6] The Family to Family outcome measurement strategy acknowledges that placement decisions are made even more complex by the tension between different outcomes. For example, should priority be given to placing a child in a neighborhood foster home or with a foster home that will take all the siblings in family, even if that placement is not located in the neighborhood? Or, is placement with a relative not located in the child's neighborhood always preferable to a placement with a foster parent who is not related to the child, but who lives in the child's neighborhood?

Another outcome addressed in the CFSR is the number of times children undergo a change in placement. The concern, of course, is that *stability of care* is especially important to children who

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[6] Unfortunately, this part of the CFSR review process is restricted to a cross-sectional sample of 50 cases. A longitudinal follow-up of successive cohorts of children entering care shows more reliably the extent to which these important family attachments were being preserved.

have experienced the trauma of abuse or neglect, followed by being removed from their home and placed into out-of-home care. If a child's needs dictate initial placement in a higher level of care, however, the performance indicator in this area should not discourage movement to a less restrictive setting. Therefore, since a simple count of placements does not provide a complete picture of placement stability and could discourage a step down in care to a more appropriate placement setting, some effort should be made to distinguish moves that involve a move to a less restrictive placement setting.

Foster care is intended to be a *temporary* living arrangement for children, therefore, ***length of stay*** among children in foster care has always been a focus of policymakers, child advocates, and child welfare administrators. A continuing concern has been long lengths of stay, but a short length of stay is often indicative of problems in how child welfare systems operate. Short average lengths of stay, typically involving large numbers of children and youth coming into care for less than a month, are often found in systems that use out-of-home care when home-based services may be more appropriate. Such systems frequently rely on emergency shelters as initial placement settings and law enforcement agencies bring many children and youth to the shelter. In such cases, short length of stay is not indicative of good performance.

A separate and distinct aspect of a child's experience in foster care is whether they ever achieve a permanent placement, and if so, the ***type of permanent placement***—reunification, adoption, or guardianship with a relative or other adult. The CFSR process attempts to combine length of stay and the type of permanent placement by measuring the time to reunification or adoption among exit cohorts of children experiencing these outcomes. This approach misses important distinctions concerning, first, whether a permanent placement is ever achieved, and second, changes in the type of permanent placements—reunification, adoption, or guardianship—that children in a given jurisdiction tend to achieve.

Statisticians, demographers, epidemiologists, and other experts in the field recognize that survival analysis methods should be used to measure length of stay. This is because lengths of stay among a cohort of children will vary and shorter follow-up periods will always include some children who remain in care, thereby producing "censored" measures of length of stay for them. In addition, some children and youth will leave care without ever achieving a permanent placement (e.g., youth who run away or children who die while in care). To obtain valid and reliable estimates of length

of stay, therefore, it is necessary to use survival analysis methods that take censoring into account. This is why states and localities participating in Family to Family receive technical assistance in building and updating longitudinal databases to use in measuring this and other outcomes.

Once children in foster care achieve a permanent placement, the child welfare system has an ongoing responsibility to monitor the recurrence of maltreatment among this group and to measure the rate at which they return to out-of-home care. This monitoring responsibility persists until such children reach the age of majority. Also, given the relatively low rates of repeat maltreatment and reentry to out-of-home care, it is important that state and local agencies acknowledge these events as exceptional and treat them as such. The vast majority of children who achieve a permanent placement after an initial spell of out-of-home care do *not* subsequently experience maltreatment and even fewer return to out-of-home care, but this is not the commonly held perspective among child welfare managers and staff and the public. Two factors contribute to this misperception. First, these cases often entail the greatest challenges for caseworkers, and as a result, consume much of their time. Second, the use of caseload profiles that include a disproportionate number of children who have reentered care results in an overestimation of the rate of reentry. This is another case in which unreliable measurement of an important performance indicator produces a misalignment of agency resources with perceived needs.

A crucial lesson to be taken from the cycle depicted above concerns the interdependence of various outcome indicators. No indicator can be viewed in isolation from the others because changes in how the system operates at one stage of the cycle have significant consequences for outcomes at later stages. For example, a number of sites involved in child welfare reform initiatives have been successful in reducing the number of children entering out-of-home care through more careful assessments and by identifying home-based supports and services that keep children safe without removing them from their homes. As a consequence of this change at the front door of the child welfare system, the average length of stay among the later (and smaller) group of children is often longer than the average for the larger group of children who entered care prior to the changes in practice.[7] Similarly, a narrowly focused effort to reduce length of stay to meet a fixed target could result in inappropriate permanent placements that lead to increased rates of repeat maltreatment and reentry to care.

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[7] C.L. Usher, J.B. Wildfire, & D.A. Gibbs, (1999) "Measuring performance in child welfare: Secondary effects of success," *Child Welfare, 78*(1), 31-51.

If it is grounded in longitudinal data that systematically track the experiences of all children who are subjects of reports of maltreatment and the subset who enter out-of-home care, the cycle perspective can afford insights regarding the quality of children's experiences, but also how the system works at different stages. By valuing each child's experience equally--no more and no less than each deserves--longitudinal data can accurately capture the performance of the systems that serve them.

Key Elements of Family to Family

Anchor sites committed to making systemic changes to the child welfare system relying on a variety of mutually reinforcing strategies to accomplish this objective. After the initial phase of Family to Family, the technical assistance team developed more than twenty "tools" to assist partner sites in implementing systemic changes; however, the key elements deemed integral to the initiative grow out of four particular strategies . These four "core strategies" are:

- *Building Community Partnerships*, which entails building relationships with a wide range of community organizations in neighborhoods in which child protection referral rate are high and collaborating to create an environment that is supportive of families involved with the child welfare system.

- *Team Decision Making*, which seeks to involve not just foster parents and caseworkers, but also birth families and community members in all placement decisions to ensure a network of support for children and the adults who care for them.

- *Resource Family Recruitment, Development, and Support*, which involves finding and maintaining foster and kinship homes who can support children and families in their own neighborhoods.

- *Self-Evaluation* in which teams of analysts, data managers, frontline managers and staff, and community partners collect, analyze, and interpret data about key Family to Family outcomes to assess whether we are making progress and to determine how policy and practice needs to be changed to bring about further improvement.

Although it is tempting to consider each strategy as good practice on its own, Exhibit 2.3 demonstrates that each of these four strategies contribute important elements necessary to moving the system towards full implementation of the new system goals. Implemented as one initiative, these strategies provide the key elements that comprise Family to Family, a vehicle for practice changes that seek to achieve the outcomes emphasized in Family to Family.

Exhibit 2.3: Key Elements of Four Strategies and Systemic Goals for the Child Welfare System

Goals for the Child Welfare System	TDM	CP	RDS	SE
Developing a network of family foster care that is neighborhood-based, culturally sensitive and located primarily in communities in which children currently live		❖	❖	
Ensuring that all children who come into foster care, including teens and brothers and sisters are routinely placed together	❖	❖	❖	
Increasing the number and quality of resource families to meet projected needs		❖	❖	
Providing the services birth families and children need in a timely way so that reunification can occur as soon as possible	❖	❖	❖	
Involving birth parents, foster parents and kinship families as team members with our agency and with one another	❖	❖	❖	❖
Reducing disparities in outcomes for African American children and children of other races no longer exist	❖	❖		❖
Understanding an agency's performance on outcomes and sharing data with all partners on regular basis		❖		❖
Understanding how changes in agency practice and policy are linked to changes in outcomes	❖	❖	❖	❖

Exhibit 2.4 illustrates how the strategies overlap. The following discussion describes how full implementation of each strategy is dependent on implementation of the other strategies .

Exhibit 2.4: Key Elements of Family to Family
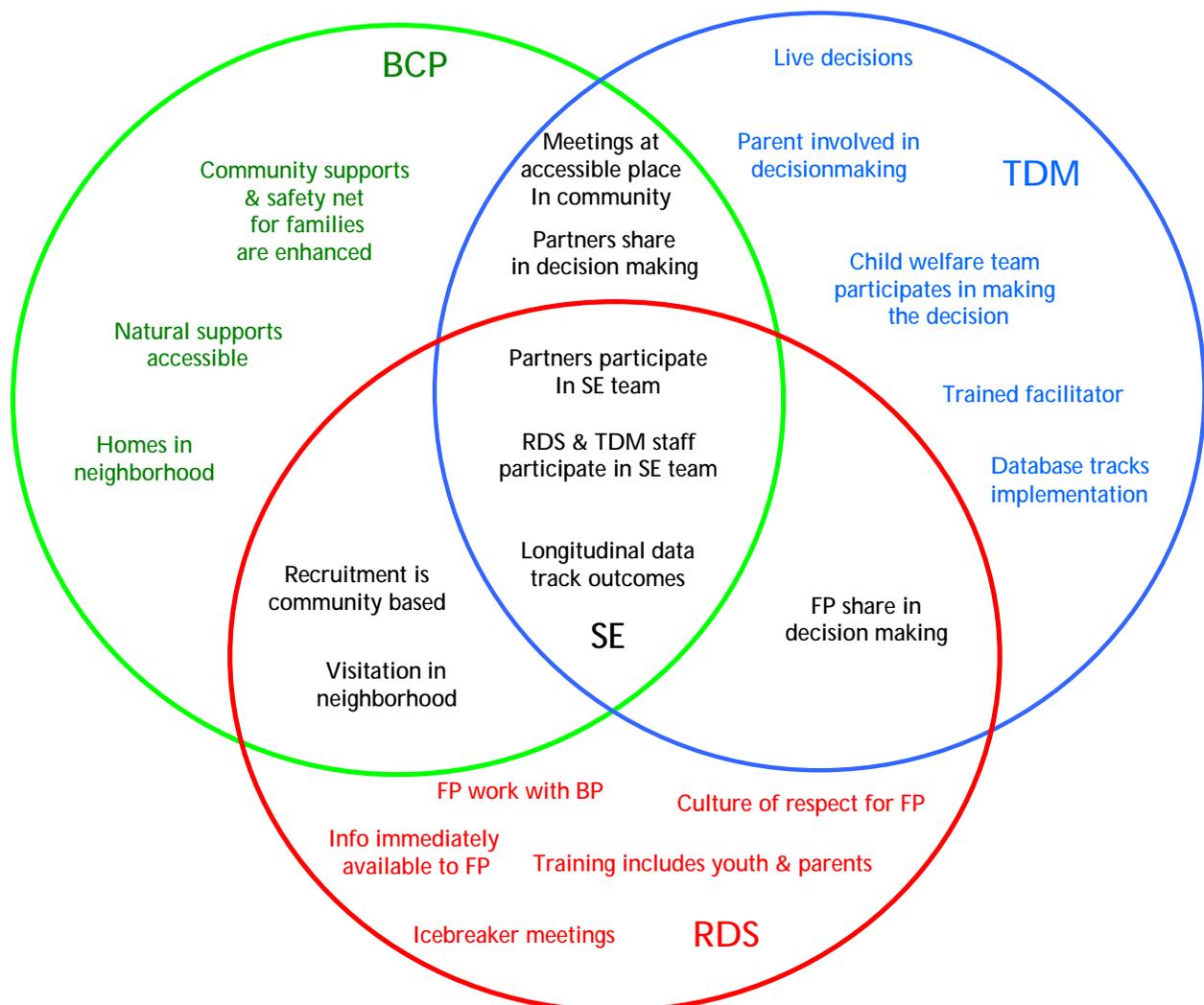
Building Community Partnerships (BCP) supports the implementation of Recruitment, Development and Support of Resource Families (RDS) in several ways, including:

- Once they are engaged as partners in the work of child welfare, neighborhood residents are often effective recruiters of new resource families in the communities from which many children are removed; and

- Neighborhood residents and providers of community-based services can provide new and valuable support networks, both to resource families caring for children in out of home care, and as a community safety net for birth families after children are reunified.

Community Partnerships key elements overlap with the Team Decision Making (TDM) strategy in the following ways:

- TDM meetings offer community partners a literal "place at the table" when decisions are being made with families about the need to remove, re-place, or reunify neighborhood children;

- The participation of community partners at TDM offers the opportunity for other members of the team to learn about natural supports in the community which have typically been unknown to the child welfare system; and

- TDM provides an opportunity for families to connect with previously unknown neighborhood support systems, which can become the "eyes and ears" of the neighborhood in a protective way once the child welfare agency closes its case.

Self-Evaluation supports the implementation of Community Partnerships by providing neighborhood-level data that is relevant to the interests of individual partners:

- By disaggregating data and sharing neighborhood-specific child welfare information, such as the frequency of abuse & neglect referrals and child removals, the agency can stimulate stronger community interest and enhance the motivation to become involved;

- As partnerships evolve and reform strategies begin to have an impact, community-specific outcomes can be tracked; allowing for continuing self-evaluation at the local level – and celebration or strategy adjustment as a result.

In addition to its reliance on Community Partnerships, Team Decision Making also overlaps with Recruitment, Development, and Support of Resource Families:

- Family to Family views resource families as full partners; TDM provides a visible forum in which this role is demonstrated, since resource families are included in all decisions involving placement or permanency for the children in their care;

- TDM promises that no child will be moved from one placement to another without a meeting of everyone concerned, including the resource family, whose concerns are given a full airing. In this way, many threatened placement disruptions are avoided.

TDM is intertwined with Self Evaluation (SE) in ways such as these:

- Each meeting results in the recording of key process and outcome information, including who participated, in what location, and what recommendations were made by the team. This allows quick analysis of the impact of process variables on the team's ultimate recommendations about children's placements;

- Over time, data describing the team's recommendations for a particular child/family can be linked to permanency and well-being outcomes, providing a picture of the long term impact that this form of child welfare decision making can have on families .

The key elements of the Recruitment, Development and Support of Resource Families strategy to Community Partnerships and TDM has been described above; it is interdependent with Self-Evaluation in a variety of ways, including:

- Tracking resource families' experiences from their first telephone inquiry, through their experiences with training and home study, and eventual placement of children, provides a rich source of information about the system's strengths and shortfalls. It also suggests strategies for needed adjustment and offers the promise of future success.

- The geographic mapping of a child's birth family home, contrasted with the location of the resource family home into which s/he is placed upon removal, can provide a powerful visual message about foster care placement systems and the need for neighborhood-based care.

These examples illustrate how full implementation of any one of the four strategies depends on at least partial implementation of every other strategy. Taken as a whole the key elements of TDM, Community Partnerships, Resource Development and Support, and Self-Evaluation comprise Family to Family. The strategies overlap and combine to create an opportunity for sites to better align their practice with their values, and to achieve the outcomes for children and families that are emphasized in the initiative.

Phases of the Evaluation

The evaluation actually began with a self-assessment that Foundation staff and the technical assistance team undertook in 2005. As earlier discussion indicated, this assessment confirmed the commitment to the basic theory of change outlined above, but with a recommendation to the Foundation's leadership and board that technical assistance resources be targeted to a smaller number of sites. This section describes relevant aspects of the self-assessment process, the resulting implementation analysis that is currently being conducted, and proposed stages of activity related to a comprehensive process and outcome evaluation. We discuss each of the sets of activities outlined in the following schedule:

Table 3: Stages in the Anchor-Site Phase of Family to Family	
Period	**Activities**
2005-06	Self-assessment
2006	Implementation analysis and selection of anchor sites
2007	Analysis of baseline outcomes and development of workplan for each anchor site; implement process evaluation monitoring mechanisms to measure impact of enhanced TA on work in anchor sites
2008	Ongoing process and outcome analysis; focus groups and/or surveys of participants—staff, resource families, birth families
2009	Process and outcome analyses for final report

As a preface to this overview of evaluation activities, it is important to emphasize that the evaluation approach presented in this plan remains faithful to Family to Family's commitment to building and enriching the capacity for self-evaluation in participating states and localities. All existing data resources as well as new resources developed in the course of the evaluation will be shared with participants. In addition, the evaluation team will help each site develop capabilities to

generate process and outcome data on an ongoing basis, either by relying on their own human resources or through external resources such as the State Center for Adoption and Foster Care Data.

Self-Assessment

The broad expansion of Family to Family to new states and localities in Phase III in conjunction with "flat funding" for the initiative in recent years created made it difficult for the technical assistance team to respond effectively to the needs of participating sites. Discussion of concerns related to this situation led to a consensus that better results might be achieved by concentrating available technical and financial assistance on a smaller number of sites.

An early and important phase of the self-assessment was a qualitative rating of each site's progress in implementing the key elements of Family to Family, organized around these four strategies: TDM, Community Partnerships, Resource Development and Support, and Self-Evaluation. The TA team in each strategy area developed an "anchored scale" on which to base a rating ranging from 1 (minimal implementation) to 5 (full implementation). [8] An important basis for each scale was a description of "key ingredients" the TA team in each strategy area had developed as a technical assistance tool. Members of the TA team and site team leaders used the listing of key ingredients to outline the phases of development site partners might follow in building stronger capacity in each strategy area. By describing the different dimensions of work in each area, it encouraged sites to give attention to the full range of activities and not to concentrate all their efforts in a few particular areas.

Using the key ingredients as a point of departure, five-point scales were constructed to assess progress in implementing each strategy. Associated with each point on the scale for a given strategy is a set of benchmark activities and accomplishments that justifies a particular rating (a copy of the scales is provided in the appendix). Using these benchmarks as a guide, the TA providers and site team leader for each site developed initial ratings in September 2004 for each strategy in each site. Exhibit 2.5 provides the ratings for sites outside California and Exhibit 2.6 shows the ratings for sites in California.

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[8] A copy of the rating scales is appended.

The process of identifying benchmarks for the scales and developing the actual ratings provided new cross-site perspective for TA providers and site team leaders. By developing a common frame of reference, each TA provider and site team leader gained a better sense of how work was progressing in the individual sites in which he or she was involved. It also provided a stronger basis on which to assert expectations about increasing the pace of implementation or developing a broader array of capabilities in particular areas. As such, the initial ratings and subsequent updating proved to be very helpful in the TA process.

The results of the ratings raised a number of issues for further attention in the self-assessment. For example, the initial ratings suggested:

- First, as might be expected, more mature sites generally received higher ratings, although longer involvement in Family to Family has not always produced higher levels of performance. While progress in implementing TDM and self-evaluation appeared to be more consistently strong among sites with more experience, a few of the newer sites exhibited particular strengths in RDS and community partnerships. In contrast, a few of the longer term sites continued to be challenged by RDS and community partnerships.

- Second, implementation progress was not entirely consistent across the four strategies, with most sites demonstrating strength in one or two areas while lagging a bit in the other areas. Across all the sites outside California, however, it was noteworthy that the median rating across all sites for each strategy was 3, the midpoint of each scale. The ratings among sites in California indicated greater variability, ranging from a median of 4 in self-evaluation to 2 in TDM and community partnerships.

- Third, it was clear that some sites had not attained full implementation, even though they were in the late stages of their implementation grants. While most sites had been able to reach nearly full implementation of one or two strategies, most still had not reached a moderate degree of implementation in one or two areas. This indicated that it is a real challenge for even highly motivated communities to achieve full implementation of Family to Family during the grant period as it was defined in Phase III.

Exhibit 2.5: Progress in Implementing Core Strategies by Year Implementation Began (Sites Outside California, September 2005)

Implementation Began	Site	TDM	SE	RDS	CP	Site Average
1993	State 1	4.0	4.5	4.0	4.0	4.13
2000	State 2, Site 1	3.0	2.5	2.0	3.0	2.63
2000	State 2, Site 2	3.0	3.5	3.0	3.5	3.25
2000	State 3	4.0	4.0	4.0	3.5	3.88
2001	State 4, Site 1	3.5	3.0	3.0	0.5	2.50
2001	State 4, Site 2	3.5	3.0	3.0	3.0	3.13
2001	State 4, Site 3	3.5	3.0	3.0	3.0	3.13
2001	State 4, Site 4	3.5	3.0	3.0	2.0	2.88
2001	State 5, Site 1	4.5	4.0	4.0	4.5	4.25
2001	State 5, Site 2	2.5	2.5	2.5	3.0	2.63
2001	State 5, Site 3	3.5	4.0	3.5	4.5	3.88
2001	State 5, Site 4	3.5	4.0	3.5	2.5	3.38
2001	State 5, Site 5	3.5	3.0	2.5	3.0	3.00
2001	State 6, Site 1	3.5	4.0	4.0	3.0	3.63
2001	State 6, Site 2	1.0	4.0	1.0	2.0	2.00
2001	State 7, Site 1	3.5	3.0	2.0	2.0	2.63
2001	State 7, Site 2	4.0	4.0	3.0	3.5	3.63
2002	State 8, Site 1	2.0	2.0	3.0	1.5	2.13
2002	State 8, Site 2	2.0	3.5	3.0	2.5	2.75
2002	State 8, Site 3	1.5	3.5	2.0	2.5	2.38
2002	State 9	3.0	2.0	2.5	2.0	2.38
2004	State 10	2.0	1.5	2.5	1.5	1.88
2004	State 11	2.0	2.0	2.0	2.0	2.00
2004	State 12	2.0	1.0	2.0	1.0	1.50
2004	State 13	2.0	2.5	2.0	2.0	2.13
--	State 14	2.0	1.0	3.0	2.5	2.13
	Median:	3.3	3.0	3.0	2.5	2.69

- **Fourth, it is likely that some reporter bias existed in the assessment of sites. Although the same anchored scales were used by all site teams, team members may have varied in how strictly they applied the rating scales, resulting in higher or lower ratings for sites. Given the relative lack of precision in these qualitative ratings, the evaluation needs to develop more reliable quantitative measures to assess progress towards full implementation.**

Exhibit 2.6: Progress in Implementing Core Strategies by Year Implementation Began
(California Counties, September 2005)

Implementation Began	Site	TDM	SE	RDS	CP	Site Average
2000	County 1	3.5	4.5	3.5	3.5	3.75
2000	County 2	3.5	4.5	3.5	3.0	3.63
2001	County 3	4.0	5.0	3.5	3.5	4.00
2001	County 4	2.0	3.0	2.0	2.0	2.25
2001	County 5	3.0	4.5	3.0	3.0	3.38
2001	County 6	4.0	5.0	4.0	3.0	4.00
2001	County 7	3.0	4.0	3.0	4.0	3.50
2003	County 8	1.5	4.5	3.0	2.5	2.88
2003	County 9	4.0	5.0	3.5	3.5	4.00
2003	County 10	3.0	5.0	3.5	3.5	3.75
2003	County 11	3.5	5.0	3.5	3.5	3.88
2003	County 12	3.5	4.5	2.0	2.0	3.00
2003	County 13	1.0	4.5	3.0	2.0	2.63
2004	County 14	2.5	4.5	3.0	3.0	3.25
2004	County 15	2.5	4.5	3.0	2.5	3.13
2004	County 16	1.0	4.5	3.5	2.5	2.88
2004	County 17	2.0	4.5	2.5	3.0	3.00
2004	County 18	1.5	5.0	3.0	2.5	3.00
2004	County 19	3.0	4.5	3.0	3.5	3.50
2004	County 20	3.0	5.0	2.0	2.0	3.00
2004	County 21	3.0	4.5	3.0	3.0	3.38
2004	County 22	3.0	4.5	3.0	3.5	3.50
2005	County 23	1.0	4.5	1.5	2.5	2.38
2005	County 24	1.0	4.5	2.0	2.0	2.38
	Median:	3.0	4.5	3.0	3.0	3.31

The pattern of findings of this assessment of sites' implementation progress was seen as having several implications. First, it reinforced a growing consensus that concentrating technical assistance efforts on fewer sites would be appropriate in light of the small number of sites that had fully implemented Family to Family. Second, since few sites had achieved full implementation of all strategies, it seemed inappropriate to proceed with an outcome evaluation if it was not possible to observe the theory of change actually in practice. These circumstances provided the rationale for a phase of activity focused on a more specific theory of change, enhanced technical assistance to

reinforce that theory of change, and finally, assessing the impact of an integrated practice model on outcomes for families and children.

Implementing Family to Family: A Focused Analysis in Five Sites

In many of the communities that have participated in Family to Family, some evidence indicates that important and enduring changes in agency operations have been made, and more important, that safety and permanency outcomes have improved. Based on the 2005 site-by-site assessment described above, however, technical assistants concluded that few communities had fully implemented the practice changes of Family to Family. Thus, even though many sites had successfully achieved partial implementation, it was not yet possible in most sites to observe the hypothesized synergy and mutual reinforcement of effort envisioned in the initiative's theory of change.

This finding of the self-assessment led to a plan to conduct an implementation analysis to learn about and describe the challenges of fully implementing the organizational and practice changes associated with Family to Family. The analysis focused, first, on systemic challenges (e.g., reliance on an emergency shelter) that required changes in structure and process to bring agencies into compliance with the values and operating principles on which the initiative is based. The second broad area of focus was an analysis of efforts to implement organized around the four strategies. The objective was to learn about the challenges of implementation and strategies for overcoming those challenges from agency managers and staff, their community partners, and the families they serve.

Beginning in May 2006 and continuing through September, members of the Family to Family evaluation team, selected technical assistants, and a small number of collaborating child welfare researchers focused attention on five sites, beginning with Louisville and continuing with Denver, Cleveland, and Orange County and San Francisco, California. In consultation with the site team leader and TA team in each site, the team identified current and former agency managers and staff, community partners, and families who had been involved in work related to Family to Family. One member of the team focused on interviews and focus groups related to systemic implementation issues that arose prior to or concurrent with efforts to implement the four core strategies. Within

each strategy area, another team member or small group concentrated on issues in that particular area. The team reported their findings in early 2007.

Among the obstacles site participants had encountered in their efforts to adopt and implement Family to Family, the following were described most consistently (pp. 67-68):

> Respondents described . . . challenges in their efforts to implement specific aspects of Family to Family . . . that seem endemic to contemporary child welfare practice. These challenges often relate to limited resources that make full implementation difficult to achieve quickly. For example, frontline workers and supervisors implementing TDM voiced concerns over time constraints and having to attend "another meeting," although many saw how TDMs could save time later in the case process by producing better decisions up front.

> A consistent theme emerged from every site: the biggest challenge to TDM implementation involved gaining buy-in from frontline workers, especially investigative and ongoing workers, as well as supervisors.

> Another consistent challenge across sites proved to be the relationship between the child welfare agency and the court system. Many sites reported having difficult relationships with juvenile court judges.

> Respondents from most sites expressed some frustration in their agency's ability to integrate the four core strategies successfully.

> Some of the biggest challenges identified by community partners involved the frequency of agency staff turnover, and confusion over who was the agency's designated staff or lead contact for community partners.

In the face of the continuing challenges site participants perceived in 2005, they identified crucial aspects of their approach to implementing Family to Family that had helped them overcome obstacles and make progress:

> Family to Family implementation represents a holistic change in "the way we do business," rather than simply a trendy program added to existing agency practices. For such an extensive change to be successful, leaders must understand and embrace the initiative, know how to apply these values, principles, and strategies in the context of their communities, and maintain interest and focus on child welfare reform over the long term. At the same time, these leaders must actively build relationships within the administrative tiers of their agencies, as well as with stakeholders in the community, and model this type of relationship-building activity for agency staff.

In every site, the decision to pursue Family to Family led to widespread changes in certain agency policies, practices, and procedures . . . Not only did participation in Family to Family result in substantial changes in direct practice associated with the adoption of core strategies, but leaders advocated broad changes in policy and programming such as curtailing the use of shelters that created political and public relations challenges.

One of the essential components of Family to Family is a strong focus on developing and maintaining relationships among stakeholders. Both the CP and RDS strategies stress the importance of agency staff members' respecting community members and resource families.

Based on our interviews, agencies are more successful in implementing Family to Family when they are able to use data to communicate positive results to a variety of audiences. When stakeholders understand these data, they are better able to advocate for the initiative and attract other stakeholders

The Implementation Analysis concluded with the following recommendation for the technical assistance team and site participants (pp. 71-72):

As Family to Family "goes deeper" with anchor sites in 2007, these sites will receive renewed support to ensure that any loss of momentum can be addressed . . . One aspect of going deeper is integrating work between and among the core strategies. A new awareness has emerged that further progress on implementing any single strategy probably hinges on effectively linking work across strategies. Consistent with the initiative's theory of change related to the core strategies, full and effective implementation cannot occur until these linkages are established . . . At this stage of maturity, sites that have attained a moderate degree of implementation of individual strategies should focus effort on integrating strategies, and in turn, on producing the key elements of Family to Family as a whole rather than simply putting into place the key elements of each strategy.

Selection of Anchor Sites

The implementation analysis was conducted while site partners, site team leaders, and Foundation staff were negotiating potential anchor sites' participation in the next phase of Family to Family. The process of identifying anchor sites entailed face-to-face negotiations that culminated in each site's preparation of a workplan that will provide the basis for 2007 grant agreements. Through this process, site partners, the Foundation, the site team leader, and the site's technical assistance team sought a common understanding of mutual expectations (i.e., the Foundation's expectations of the site and the site's expectation of the Foundation and its TA team) and needs that have informed the Foundation's plan for grantmaking and allocation of TA resources in 2007.

The map and related table shown in Exhibit 2.8 identify the 15 sites the Foundation invited to submit workplans to become an anchor site. The final group included five sites located in California and ten from eight other states. The five California counties and the two counties in North Carolina operate in county-administered child welfare systems. The two counties in Michigan are regions in a state-administered system. Among the remaining sites, Cleveland, Denver, and New York City are local agencies operating in county-administered systems. Jefferson County (Louisville), Maricopa County (Phoenix), and Shelby County (Memphis) are regional offices in state-administered systems. To varying degrees, commitments to statewide implementation of Family to Family existed in state policies in Arizona, California, Colorado, Michigan, and Tennessee.[9]

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[9] California is unique in that Family to Family is explicitly identified in legislation as an approach counties are encouraged to follow.

Exhibit 2.8: Anchor and Network Sites
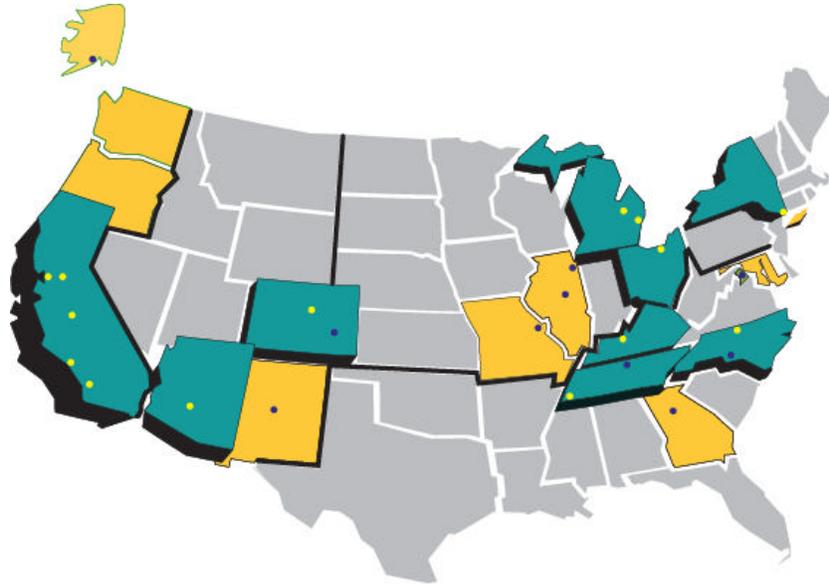
Anchor Sites	Network Sites
Midwest/Northeast	**Midwest/Northeast**
Wayne County (Detroit)	Rock Island/Peoria, IL
Macomb County, MI	Cook County, IL
NYC	Michigan rollout counties (37)
Cuyahoga County (Cleveland)	Maryland counties (3)
	DC
Southeast	**Southeast**
Shelby County (Memphis)	Fulton County (Atlanta)
Wake County (Raleigh)	St. Louis City
Guilford County (Greensboro, NC)	Northern Kentucky Region
Jefferson County (Louisville)	Mecklenburg County, NC (Charlotte)
	Durham County, NC
	Davidson County (Nashville)
	Mid-Cumberland Region, TN
Mountain West	**Mountain West**
Denver County	Albuquerque, NM
Maricopa County (Phoenix)	El Paso County, CO
	Colorado rollout counties (14)
	Arizona rollout counties
Pacific	**Pacific**
California counties: Los Angeles, Orange, Fresno, San Francisco, Alameda	Washington (3 regions)
	Oregon (3 regions)
	Anchorage
	Other California counties (20)
	Additional California counties

Exhibit 2.9 shows the range of ratings among anchor sites. The group included most of the mature sites indicated to have made the greatest progress toward full implementation. The median ratings for each strategy and for the overall site averages are higher than those for the groups of Phase-III sites from which they were selected (both the 24 counties in the California group and the group of 26 sites from other states). At the same time, the group also included less mature sites (e.g., Phoenix) and two of the nation's largest local child welfare systems, New York City and Los Angeles.[10] Thus, in contrast to initial plans to focus the evaluation exclusively on mature sites with all strategies fully implemented, the final set of sites was more diverse in terms of their development as Family to Family sites.

Exhibit 2.9: Rating of Anchor Sites' Progress in Implementing Core Strategies
(September 2005)

Implementation Began	Site	TDM	SE	RDS	CP	Site Average
2001	State 1, Site 1	4.5	4.0	4.0	4.5	4.25
1993	State 4	4.0	4.5	4.0	4.0	4.13
2003	State 2, Site 1	4.0	5.0	3.5	3.5	4.00
2001	State 1, Site 2	3.5	4.0	3.5	4.5	3.88
2003	State 2, Site 2	3.5	5.0	3.5	3.5	3.88
2000	State 5	4.0	4.0	4.0	3.5	3.88
2000	State 2, Site 3	3.5	4.5	3.5	3.0	3.63
2001	State 6	4.0	4.0	3.0	3.5	3.63
2000	State 3, Site 1	3.0	3.5	3.0	3.5	3.25
2003	State 2, Site 4	3.5	4.5	2.0	2.0	3.00
2004	State 2, Site 5	3.0	5.0	2.0	2.0	3.00
2002	State 7	2.0	3.5	3.0	2.5	2.75
2000	State 3, Site 2	3.0	2.5	2.0	3.0	2.63
2004	State 8	2.0	1.0	2.0	1.0	1.50
	Median:	3.5	4.0	3.25	3.5	3.625

The mix of sites had wide-ranging ramifications for the evaluation approach described in the next chapter.

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[10] New York City is not included in the ranking because it was in the earliest planning stage and had not begun formal implementation.

3. EVALUATION APPROACH

In the parlance of the Casey Foundation, Family to Family is a "service and system reform" initiative that is rooted in an explicit set of values and operating principles. The premise of such initiatives is that achieving change in human services requires the momentum developed through a reform movement. Only by overcoming the inertia of systems that have come to rely on longstanding, but ineffective practices, can new approaches to service be successfully implemented:

> System reform is a signature Casey investment area and a major emphasis of our work. We demonstrate, replicate, and advocate for changes to public human services and systems that can help them do a better job of providing effective, efficient assistance to the children and families they were designed to support. Casey's investments are driven by our belief that systems change is critical to bringing effective programs to scale and sustaining them over time. Our work seeks to develop, implement, and sustain reforms that enable public services and systems to:
>
> > •Reflect the needs, hopes, and dreams of families;
> >
> > •Deliver services that are close to home and culturally appropriate;
> >
> > •Track and be held accountable for measurable results;
> >
> > •Maintain adequate staff levels; and
> >
> > •Promote and support self-sufficiency.
>
> Over the years, we've accumulated powerful evidence from many of our own initiatives that the right interventions can make a difference. We also know that systems change is critical to the success of our efforts to deliver exemplary services, transform neighborhoods, strengthen families, and build economic security by bringing proven programs to scale and sustaining them over time.[1]

This has a number of crucial implications for how the Foundation has approached the implementation of Family to Family, for expectations regarding its impact, and for an approach to evaluating its impact. To a great extent, this perspective incorporates an expectation that changes in policy and practice can be taken to scale within a timeframe that should permit the effects of the initiative to be discerned at the system level. Thus, the objective is not to test "pilot projects," but to transform systems and change the way child welfare agencies do business. If this transformation is

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[1] The Annie E. Casey Foundation, *Reforming Public Systems.* Retrieved July 15, 2009 from http://www.aecf.org/Home/OurApproach/ReformingPublicSystems.aspx.

successful, the impact should be apparent in system-level data describing how the system is operating and what outcomes it is achieving for the families and children it serves.

Achieving a valid and reliable assessment of the impact of a system-reform initiative depends on the nature of the interventions the initiative incorporates. Generally, the interventions promoted in Family to Family fall into two categories: (1) "stroke-of-the-pen" policy changes that have a clear and rapid impact on site-level indicators; and (2) changes in practice with individual families and children that are reflected in the core strategies of Family to Family and entail gradual implementation over years. The clearest examples of stroke-of-the-pen changes are found in sites that closed shelters and increased emphasis on kinship care and family foster care. Data produced for self-evaluation in Family to Family sites documented substantial reductions in initial entries to out-of-home care and dramatic shifts in patterns of initial placements in sites that include the cities of Cleveland, Denver, Louisville, and San Francisco. While most anchor sites shifted from reliance on congregate care to placements with families as a result of early Family to Family work, this transition had generally occurred prior to the selection of anchor sites. Indeed, although some sites (e.g., Phoenix) were in the early stages of involvement in Family to Family, progress on this front was a factor that influenced the choice of other sites. Given the variation in when sites had became engaged in the initiative, case studies are needed to explain the context and history underlying changes in each site. As a result, an appendix provides a profile of changes in system-level indicators for each anchor site from 2005 through 2008 as well as a brief overview of changes associated with Family to Family that occurred prior to 2005.

In contrast to these stroke-of-the-pen policy changes, the implementation of practices related to Team Decisionmaking (TDM), Resource Family Recruitment, Development, and Support (RDS), and Building Community Partnerships (BCP) requires much more time before they can affect the experiences of enough families and children encountering the child welfare system to result in measurable system-level changes. Given different implementation schedules across sites and sometimes across neighborhoods within individual sites, the impact is often ambiguous at the system level and comparisons across sites must account for the different schedules. As a result, it would be easy to conclude, often inappropriately, that changes in practice were not having the intended effects or, conversely, to incorrectly attribute changes seen at the system level to practice changes that did not occur uniformly across all children.

These complex realities of system reform demand a multi-faceted evaluation approach that includes a description of site-level changes for each anchor site as well as analysis of child-level outcomes across all anchor sites. In comparing outcomes for children across time in the anchor sites, we must acknowledge that all children are affected to some degree by the values and principles promoted by Family to Family. In the early stages of reform, these values and principles are primarily reflected in the rhetoric of local leaders and in the stroke-of-the-pen changes in policy and practice that they achieve. After this initial stage, changes become apparent to more and more families and children through changes in practices that directly affect their experiences with the child welfare system. Depending on the site's progress in implementing the core practice strategies and in integrating work across the strategies, some children enter out-of-home care following a Team Decisionmaking (TDM) meeting while other families do not have the opportunity to participate in such a meeting. Similarly, once the principles of Resource Family Recruitment, Development, and Support (RDS) practice in Family to Family have been established, the foster parents and relative caregivers are seen more as partners in the care and decisionmaking for children in foster care. Evidence of this partnership is seen in the participation of caregivers in change-of-placement TDM meetings, but this does not occur for children prior to the implementation of both practices. Finally, BCP seeks to identify community resources that can offer support to families in their own neighborhoods and lend assistance in key child welfare practices such as visitation and decisionmaking meetings. For example, one indicator of progress in BCP is the degree to which partners external to the public child welfare agency (e.g. community representatives and service providers) participate in making key child welfare decisions. Although the practice has grown across sites and across time within sites, community representatives invited by the child welfare agency are less likely to participate in TDM meetings if progress has not been made in Building Community Partnerships (BCP). As a result, individual children vary in their exposure to Family to Family values, principles, and practices, both across time and across sites.

Ideally, variation in the exposure of families and children to key elements of Family to Family would be controlled through random assignment, either by site or by individual; however, implicit in the Casey Foundation's approach to system reform and the implementation of new practices are two features that rule out randomization of either type. First, experiences clearly indicate that only a relatively small number of local child welfare agencies are willing to adopt the stated values and operating principles enunciated by Family to Family and to undertake the realignment of agency resources required to implement its core practice strategies. This undermines site-level

randomization. The second feature is the saturation effect on the entire child welfare agency and community associated with the initial reform commitment and early stroke-of-the-pen changes that occur soon after a site adopts Family to Family. The effort to realign the basic values and principles on which the agency operates is deemed to be necessary groundwork for the subsequent implementation of changes in day-to-day practice. As a result, it is not possible to identify and randomize individual families and children who have not experienced some exposure to Family to Family as a result of this reorientation of the child welfare agency.

Within the context of Family to Family as a reform initiative promoting a sequenced bundle of interventions, the evaluation approach attempts to capitalize on children's varying levels of exposure to key elements of Family to Family across sites and across time during the anchor-site phase. Fortunately, the jurisdictions participating in the initiative made substantial efforts to collect child-level data that make it possible to measure the exposure of individual children to many of the values, principles, and practices promoted in the initiative. Most significantly, the evaluation team developed a longitudinal database for each site to capture safety and permanency outcomes and other aspects of the experience of children in out-of-home care or reported for maltreatment. In addition, a database developed to capture data on key elements of TDM, as well as some elements of BCP and RDS, was implemented by each site. These data provide the basis for assessing the presence of key elements for individual children and their families.

Outcome Domains

Key interdependencies among the nine Family to Family outcomes required a re-specification of measures to fit within a few broad outcome "domains." These domains reflect the experience of sites involved in Family to Family. Self-evaluation monitoring has shown how sets of outcomes interact and exhibit patterns of interdependence. Thus, both site-level and case-level analysis focus on the following outcome domains:

- Safety
- Permanency
- Family and community connections
- Quality of care

The following discussion identifies the set of outcome indicators included in each domain.

Safety

Safety pertains to accountability for decisions about removing children from their birth parent(s) as well as decisions about exits to permanent living arrangements for children in foster care. For example, if the recommendation of a Team Decisionmaking (TDM) meeting is not to remove a child that has experienced maltreatment, the team and the agency should be accountable for the safety of children who remain in their homes. Similarly, a decision to reunify a family by returning children who are in foster care carries a responsibility to monitor future reports of maltreatment and re-entries to care among those children. We have to recognize that both types of decisions are subject to influence by campaigns to reduce admissions or to shorten lengths of stay. Therefore, it is necessary to monitor successive cohorts so that changes in a child's likelihood of repeat maltreatment in either situation is viewed in the broader context of changes in rates of removal or reunification by the agency as a whole.

Permanency

The concern for permanency begins by ensuring that only children who must be removed from their families are, in fact, taken into care. As the preceding discussion suggests, however, this can only be assessed in terms of the risk this creates for children who remain at home after experiencing maltreatment. When it is deemed necessary to remove children, the first question is whether relatives are appropriate caregivers who can keep children safe. If this alternative does not exist, can foster families, preferably located in the child's neighborhood, provide safe and stable care that includes regular contact with birth parents when appropriate? Finally, after as short a length of stay as possible, what is the probability that children will be reunified or, if that outcome is not possible, that they will enter guardianship arrangements with a relative or be adopted?

The resulting pattern of exits to permanent living arrangements is affected to a great degree by an agency's approach to removals and the approach to foster care that it follows. For example, agencies that are able to identify relatives and make more extensive use of kinship care are more likely to place children in guardianship arrangements. Changes in the probability of this type of permanent placement must be viewed, therefore, in the context of its impact on the overall rate of permanent placements and the associated likelihood of reunification for children and their families.

Family and Community Connections

In addition to being concerned about unnecessary removals, Family to Family seeks to promote family and community connections in other ways. This extends to out-of-home care in its efforts to promote the placement of siblings together, placement of all children with a relative and if the placement is with a family not related to the children, in a home located in the child's neighborhood (this latter outcome being facilitated by targeted foster parent recruitment efforts in areas of highest need). It also includes providing opportunities for children to maintain ongoing contact with their birth families through ice-breaker meetings and the foster family's efforts to work with birth parents to promote reunification.

Quality of Care

Issues of quality of care are varied. They begin with the likelihood that children in foster care will live with relatives or other families rather than in group homes or institutional settings. It continues by ensuring that children receive stable out-of-home care that minimizes changes in placement settings. It also involves ongoing monitoring of the progress children and their families are making toward reunification so that lengths of stay will be as brief as possible.

Exhibit 3.2 describes the specific measures within each domain that are used in the site profiles (system-level analysis) and in the case-level models of individual outcomes using the data set pooled across sites. Site-level and case-level analyses are described in more detail in the sections that follow.

Exhibit 3.2: Outcome Measures in F2F Evaluation

Level of Analysis	Outcome Domains			
	Safety	Permanency	Family and Community Connections	Quality of Care
Phase 1 - System-Level: Anchor Sites by Year of Implementation	Rate of reabuse (CFSR) Rates of reentry to care within one year following permanent placement (reunification or placement with a relative)	Changes in numbers of initial entries to out-of-home care Rates of permanency by type within 6, 12, and 24 months of initial entry to care Percentage of children in care for 2 years who exit to permanency	Initial rates of sibling group placements Initial placement rates of children "near" home neighborhoods Initial placement with a relative caregiver	Shift away from congregate care to family-based settings (foster families and relatives) relative to total entries Enhanced placement stability (moves within 12, and 24 months of entry to care
Phase 3 - Child-Level: Outcomes for Individual Children Relying on Matched Referral, Placement, and TDM Data	Likelihood of subsequent substantiated report of maltreatment among children who were not recommended for removal or were returned home as a result of a removal TDM (non-CA sites) Likelihood of subsequent substantiated report of maltreatment within 6 months following an initial substantiated report during a 6 month base period (CA sites only)	Rate of reunification/exit to relative within 12 months	Likelihood of placement with a sibling (selected sites outside CA) Likelihood of placement in home neighborhood (selected sites outside CA) Likelihood of placement with a relative (sites outside CA) Initial placement maintains family connections (i.e., siblings placed together, or placed within one mile of removal address, or placement with a relative) (CA sites only & 2)	Likelihood of placement in a family setting (i.e., foster home or relative home) (non-CA sites only) Probability of second placement within one year (non-CA sites) Days between first and second placement

Evaluation Questions

The preceding discussion indicates the complexity and variety of issues that must be addressed by this evaluation. Given the Foundation's objective of taking changes in policy and practice to scale and observing impact at the site level, one component of the evaluation is a set of case studies of the anchor sites, each of which examines changes in the full set of outcomes across a baseline period and through a phased implementation period that culminates (for at least some sites) in full implementation. This approach is faithful to the principles of performance assessment promoted in Family to Family, however, using these analyses alone it is difficult to synthesize the findings in a way that yields broad lessons about the impact of the initiative's values, operating principles, and core strategies. In spite of this challenge, we report on the experience of each site, along with site-level summary outcome data in the profiles provided in the appendix. As expected, the profiles provide some indication of changes over time in key Family to Family outcomes, but the patterns of change are not uniform across all sites.

In spite of potential problems in cross-site analysis, it is plausible that aspects of Family to Family practice and impact transcend individual sites and could be discernible in the experience of individual children and families across all anchor sites. It is also apparent that the challenge of adopting and implementing the initiative is such that implementation should be addressed distinct from outcomes and impact. Child-level analysis informs both of these areas. Therefore, given the range of issues that require attention, the evaluation team used the series of questions shown in Exhibit 3.1 to organize data collection and analysis efforts.

Exhibit 3.1: Key Questions in a Multi-Phased, Multi-Level Evaluation Approach

Phase 1: Site-Level Changes in Outcomes	Are there positive changes in outcome domains in each site as Family to Family implementation progresses over time?
Phase 2: Child-Level Exposure to Family to Family	Do children in Family to Family sites experience consistent levels of exposure to key elements of Family to Family?
Phase 3: Child-Level Safety and Permanency Outcomes	Do children with different exposure levels to key elements of Family to Family have different safety and permanency outcomes?

Each question is discussed further in the following sections.

Phase 1: Site-Level Changes in Outcomes

Since the inception of Family to Family, the Foundation has been very forthright in asserting its expectation that state and local child welfare agencies participating in the initiative will improve their performance with regard to the specific set of safety and permanency outcomes described in the first two chapters. Consistent with this expectation, the focus of self-evaluation technical assistance (TA) efforts has largely been on describing the rates at which succeeding cohorts of children experience certain outcomes and using changes in those rates to gauge improvements or declines in performance over time. For example, among children who experience a substantiated incident of maltreatment during a base time period, a child welfare agency can measure the proportion who are the subject of a subsequent report within six months or a year. This is the approach that has generally been followed in Family to Family, whether through websites in California or North Carolina[2] or in the semi-annual outcome reports required of anchor sites. It is also a basic approach used in a number of individual CFSR outcome indicators that comprise the composite measures used for some national standards.

The first level of analysis is at the site level. An examination of longitudinal data for successive cohorts of children entering out-of-home placement for the first time provides the first glimpse of outcome changes for Family to Family sites. Outcome measures for each domain for entry cohort groups 2005 through 2008 are presented with an assessment of whether the observed changes are substantive. These analyses are summarized for each site in Appendix XXX. An assessment of site-level changes across all sites is provided in Chapter 5.

One of the challenges of interpreting site-level data is to capture changes in context as implementation moved ahead. This includes variations in policies and programs, the perceived maturity of Family to Family implementation, and a range of other factors such as agency structure (state- or county-administered, reliance on private placement providers, etc.). To obtain some contextual data, the evaluation team conducted a survey that asked local Family to Family coordinators to obtain information from other agency staff and community partners to complete the survey. Local coordinators received a questionnaire outlining the types of information needed

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[2] Refer to the websites for California: http://cssr.berkeley.edu/ucb_childwelfare/ and for North Carolina: http://ssw.unc.edu/ma/.

about the implementation of each core strategy and other aspects of implementation of the initiative. This was followed by a telephone contact that provided an opportunity for further clarification of the situation in each site to assess progress in implementing the core strategies and to obtain other information (e.g., geographic assignment of caseworkers and other broad changes in organization and structure). The initial survey of coordinators began in March 2008 and a follow-up was administered in March 2009. This type of implementation analysis at the site-level provides additional context for trend changes in the anchor sites.

Phase 2: Child-Level Exposure to Family to Family

At the beginning of the anchor-site phase in 2006, the sites selected to participate had widely varying levels of experience with Family to Family. For Cuyahoga County, it marked the 14th year since initial implementation, whereas for San Francisco it was year six; however, it was only the second year of involvement for Maricopa County. Sites also developed different approaches to phasing in the implementation of core strategies, including the targeting of Family to Family strategies toward selected geographic areas rather than the entire jurisdiction. Given such wide variation in implementation factors, it was necessary to collect data that measured the exposure of individual children to the key elements of Family to Family.

Given that each anchor site had implemented a system to collect child-level data in conjunction with TDM meetings, it was possible to expand the data elements in the TDM database to capture information about a broader array of key elements indicating aspects of other core strategies. Thus, based on data collected at each TDM meeting related to each practice strategy, the index provides a summary measure of this exposure. Of course, the exposure levels range from no exposure for children prior to the initiation of TDM meetings or children who did not have TDM after implementation began to broader exposure for children whose meetings reflected more key elements, including: presence of parents, relative and friends invited by the family, community partners and service providers invited by the public child welfare agency, multiple child welfare agency staff, and caregivers. In addition, key elements include the timing of the meeting relative to actual removal or change of placement decisions, the location for the meeting and whether an experienced facilitator guided the meeting. The sum of the number of key elements present through meetings comprises the Family to Family index, a proxy for Family to Family exposure at varying points in time throughout the case.

By collecting case-level data about the experience of each family and child with key elements of Family to Family practice (both individually and collectively), it is possible to assess the impact of key elements on individual safety and permanency outcomes. Even if a particular strategy has not been fully implemented, having such data makes it possible to assess the effects of partial implementation on outcomes. For example, in the early stages of BCP work, efforts may be most prominent in particular neighborhoods in which the child welfare agency has contracted with collaboratives to achieve focused effort on community partnerships. In another case, the plan for phasing in TDM may result in meetings not being held for a certain type of placement decision (i.e., removals, placement changes, or permanent placements). As a result, it is typically the case across all anchor sites that some children entering care during the early years of the anchor-site phase were not exposed to the full set of key elements of Family to Family practice. These children can serve as a comparison group for those who entered care later in the anchor-site phase and had broader exposure to key elements.

The next chapter provides a more detailed description of measures used for individual key elements as well as the index developed to assess the extent to which sites were able to bring into play a range of key elements representing a variety of Family to Family values, principles, and practices.

Phase 3: Child-Level Safety and Permanency Outcomes - Assessing the Impact of Family to Family on Outcomes for Individual Children

The analysis of child-level outcomes is accomplished using individual child-level placement data files combined across two strata: CA sites and sites outside CA. These data are linked to implementation data collected in the TDM database. This merged data file provides data on all placement outcomes plus the Family to Family exposure variable. These analyses rely on multivariate statistical models to assess the likelihood that children with varying levels of exposure to the values, principles, and practices of Family to Family experience different outcomes.[3] Using the Family to Family index, children are categorized into three groups: (1) children with no exposure to key elements (i.e. those without a TDM who are assigned an index value equal to 0); (2) children with low exposure (index values between 1 and 4) and (3) high exposure (index values

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[3] Due to Institutional Review Board restrictions on the use of California data, these analyses are implemented in two strata: five California anchor sites and six other anchor sites.

between 5 and 8). This categorized Family to Family exposure variable is included in all multivariate models. Additionally, covariates included in the models included: child age, race and gender, cohort year, indicator variables representing each site. Finally, all analyses are stratified by CA and sites outside CA.

In both strata, the first set of models for each outcome domain is based upon the entire sample of children in four entry cohorts (2005 through 2008). Analysis for sites outside CA also include a second set of models for some domains that include only children who had Family to Family exposure greater than 0. This sample allows a more in-depth assessment of the impact of parental participation at meetings in relationship to the other key elements. It also addresses concerns about potential selection bias in the TDM process and the possibility that children with involved parents might benefit more from Family to Family. By selecting only children who had a TDM meeting for inclusion in these analysis, selection bias becomes a non-issue and modeling provides controls for parental participation in our analysis. The analysis results for Phase 2 are presented in Chapter 4. Chapter 5 summarizes results for Phases 1 and 3.

4. IMPLEMENTATION ANALYSIS

The challenges of implementing Family to Family were the focus of a study of five sites that grew out of the self-assessment process described in Chapter 2.[1] Even among site participants from jurisdictions that were deemed to be among the strongest of prospective anchor sites, it was clear that successful implementation required strong and consistent leadership, broad participation by agency managers and staff and their community partners, and a substantial realignment of staff resources. These challenges were inherent in the jurisdictions' initial commitment to embark on Family to Family and in the ensuing efforts to implement each of the core strategies. While achieving political support for early stroke-of-the-pen changes were often accomplished within a year, it is now apparent that achieving broad implementation of the core strategies requires at least two years of sustained effort in each site. Given this timeframe, continued commitment to implementing Family to Family is vulnerable to changes in agency leadership, electoral changes, and the vagaries of the budget process.

This chapter addresses several aspects of the implementation of Family to Family, from both site-level and case-level perspectives. It begins with a discussion of sites' decisions to adopt and pursue the initiative, and the challenges they faced in the early stages of their efforts. This is followed by a summary of the measurement strategy used to identify and capture the key elements of Family to Family and, then, to measure the presence of these key elements in the experience of individual children and their families. This measurement strategy provided the basis for analyses of the breadth and quality of the implementation of core strategies, both individually and collectively. Finally, the chapter concludes with a brief review of factors that site participants and members of the initiative's technical assistance (TA) team identified as affecting the decision of sites in Tennessee and Michigan to withdraw from Family to Family during the anchor-site phase.

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[1] Marno Batterson, David Crampton, Thomas Crea, Fred Harris, Anne Abramson Madden, Lynn Usher, and Jeffrey Williams. *Implementing Family to Family*. Chapel Hill: Jordan Institute for Families, 2007.

Adoption and Pursuit of the Initiative

The focus of Family to Family always has been on large urban jurisdictions, typically the largest regional office in a state-administered system or the largest county (or independent city) in a county-administered system. While state-level commitment was important, the effect of its presence or absence has varied according to the structure of the system. Generally, state leaders in a state-administered system must approve and participate directly in an individual region's pursuit of the initiative; however, Jefferson County (Louisville), Kentucky, is a site in a state-administered system that did not make a commitment to implement the initiative statewide. In contrast, Maricopa County (Phoenix), Arizona, is viewed as the first region to implement what is expected to become statewide policy and practice in that state. Similarly, the states of California and Colorado provide support and encouragement for individual counties in those county-administered states to adopt Family to Family. Yet, several anchor sites are localities in states that are not promoting statewide in the initiative (New York, North Carolina, and Ohio).

Within the broad context of state or local administration of the child welfare system and state-level support for the initiative, experience indicates that local commitment and leadership are critical to successful implementation. Family to Family was conceived as an effort to forge a neighborhood-based foster care system and, as a result, considerable time and attention must be focused on building relationships between the local public child welfare agency and community partners in the neighborhoods from which the most children are entering agency custody. Absent the sincere commitment of local administrators to reaching out to potential partners, it is highly unlikely that progress will occur. Similarly, without a local point person advocating stroke-of-the-pen policy changes and negotiating the realignment of services with private child-caring agencies operating in the jurisdiction, the initial hurdle in implementing Family to Family is unlikely to be overcome.

As the site profiles in the appendix indicate, many Family to Family anchor sites began work on the initiative by focusing on closing or substantially reducing reliance on emergency shelters as the initial placement for children being removed from their homes. In a number of these communities, the shelter(s) had been established and was operated by private agencies. In Denver, for example, a new facility had recently been constructed with contributions from private benefactors. As a result, the prevailing perspective in such cities was that this is how a caring community provided a ready response to children who had been abused and neglected. This contributed to the political influence

of private agencies providing placement services under contract to the public child welfare agency and increased the challenge of making the "stroke-of-the-pen" policy changes that marked the initial stage of work. While anchor sites generally were successful in making this transition, many sites continued to rely on private agencies to recruit, train, and supervise foster homes and congregate placement settings in accord with the practice models incorporated into Family to Family's core strategies. This has involved a continuing effort by the public child welfare agencies in these sites to encourage what is often a new approach to service by its contractors.

Measuring Family to Family

The initial stage of the initiative was generally geared to laying the groundwork for the implementation of the core strategies. This included the promotion of the specific values and operating principles set forth by the Foundation and its technical assistance (TA) team as well as important changes in policy described above. These values and operating principles are consistently reflected in the practices and procedures associated with each core strategy, so the approach to implementation was to introduce them as logical extensions of the initiative's value base. At this stage, however, each strategy TA team introduced a brief description of the "key elements" of practice in each strategy area (included in the appendix) to summarize aspects of work in the area that are described in detail in manuals and training material.[2]

To capture the presence of values, principles, and practices of Family to Family in each site and in the experience of individual children and families, the evaluation team relied on the description of the key elements of each core strategy to identify crucial aspects of Family to Family implementation. Consistent with the emphasis of the anchor-site phase on the integration of work across strategies, a number of these key elements reflected the intersection of work involving than one core strategy.

The analysis presented in this chapter and elsewhere in the report relies on data that anchor sites compiled to monitor their efforts to implement each practice strategy, as well as data collected specifically for the evaluation through interviews with the Family to Family coordinators in each site. Although data collection activities varied across the strategies, both summary site-level data

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[2] Copies of these materials are available at:
http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family/Resources.aspx .

and individual child-level data are available for at least some of the key elements of each strategy; however, data are not available at the child level for all of the key elements. As a result, two levels of analysis are presented here--child-level and site-level analysis. Child-level analysis relies on measures of Family to Family exposure using a limited set of key elements that are measured for the subset of individual children who participated in a Team Decisionmaking meeting. Site-level analysis summarizes each site's progress in implementing each core strategy and is described in detailed site profiles provided in the appendix. Specific data sources and measures are described in more detail in the paragraphs that follow.

Recruitment, Development and Support (RDS) data summarized site-level information on the numbers of families engaged in the process of becoming a resource family. These data, available in a limited number of sites, track the number and percentage of families participating in each step required to becoming a foster family including: inquired about being foster family, started and completed training, became licensed. Additionally, for children in out of home care, sites collected child-level data that measured the participation of substitute caregivers in the decisionmaking process. This indicator is used as a proxy indicator for the RDS key element on partnering with the resource family. Finally, the survey with the Family to Family coordinators collected information at the site-level on whether Icebreaker meetings were being held and the amount of support that resource families received from the agency.

The information summarizing activities in *Building Community Partnerships (BCP)* work is more qualitative in nature. Many community partner groups submitted regular monthly reports to the child welfare agency summarizing their activities to support not only birth and resource families but also key child welfare agency practices, such as visitation, recruitment of neighborhood resource families and Icebreaker meetings. In almost all sites one of the roles of community partners was to support the agency and the family during the decisionmaking process. To this end child-level data on whether a community partner invited by the agency, family and friends invited by the family and service providers attended a decisionmaking meeting is collected in a database with Team Decisionmaking (TDM) data. Additionally, the coordinators survey captured information for which quantitative measures were not available and included questions about the site's progress in implementing BCP.

Finally, for *Team Decisionmaking (TDM)* all of the anchor sites have databases in place to capture information about key elements present in each meeting. These elements include whether a meeting is held in a timely manner that supports making a 'live' decision, whether a parent and multiple child welfare agency staff attend the meeting and whether there is an experienced facilitator guiding the discussion at the meeting. Additionally, TDM data is linked to child-level data to provide more precise estimates on the timeliness of the TDM for a subsample of children who entered care. Finally, the coordinator's survey asked additional questions about the implementation of TDM for which quantitative data were not collected in the TDM database maintained by each site.

In addition to recording data about the TDM meeting itself, the TDM database also captures information directly related to key elements of other core strategies. As a result, it can provide the data necessary for creating a Family to Family exposure indicator for the child-level analysis. Nine key elements of Family to Family, selected in many cases because of overlapping importance to multiple strategies, comprise the child-level Family to Family index. The index ranges from 1 to 8 and is the sum of the number of key elements in place for each child during a decisionmaking meeting (as discussed below, one element pertains only to change of placement meetings). Because the Family to Family index includes data on key elements of each practice strategy, it serves as a proxy indicator for level of overall exposure to of Family to Family. Children who did not have a TDM meeting are assigned an index value equal to 0. The following key elements are included in the index:

TDM key elements:

    (1) the placement decision is "live," meaning that a recommendation on a placement decision (i.e. removal, change of placement, exit from placement) is being made during the meeting [although this is measured only for removal meetings, it is a key element of all meeting types];

    (2) parents participate in the meeting;

    (3) multiple child welfare agency staff participate in the meeting; and

    (4) a trained and experienced facilitator whose position is dedicated to the facilitation of TDM meetings guides the decisionmaking discussion.

BCP key elements:

    (5) community partners representing the community, but invited by the public child welfare agency participate;

(6), family and friends invited by the family and service providers participate in the meeting; and

(7) the meeting is held in a community location away from the public child welfare agency.

(8) service providers participate in the meeting

RDS key elements (included in the index for change of placement and permanency meetings only):

(9) substitute caregivers [foster parents or relative caregivers] partner with the agency, community and family by participating in the decisionmaking process.

Each of the key elements listed above is measured using an indicator that is coded one if the element is present and 0 if it is absent. The measure indicating whether a trained and experienced facilitator guided the meeting is a variable derived the number of meetings previously facilitated by a particular facilitator. For the 100th and all subsequent meetings conducted by each facilitator, the meeting received this designation. In addition to distinguishing meetings facilitated in the early careers of fulltime facilitators, the absence of this designation also has the effect of identifying meetings that were conducted by supervisors or other part-time facilitators, all of whom received training, but whose position is not dedicated solely to facilitating TDM meetings. The measure for whether community partners participate in decisionmaking captures whether someone representing the family's home community attends the meeting. This community representative is seen as a resource to the family and can often provide a connection to services and supports needed by the family. The community representative is always invited by the public child welfare agency and is usually someone who has been trained by the public agency and its community partners to participate in this process. Although the family can refuse to have a community representative at the meeting, anecdotal data from the sites indicates that this rarely occurs. Finally, "live" decision for a removal meeting is operationalized based upon whether a child is already placed at the time of the meeting with a value of one being assigned to children who have not yet entered placement when the meeting is held. Although this indicator is equally important for change of placement decisions, data are not consistently available to measure this so this key element cannot be included in the index for change of placement meetings.

As noted above, the key elements for practice in one core strategy often overlap with those of other core strategies. For example, community partners play important roles in the ongoing recruitment

and support of resource families in target neighborhoods. They also work to encourage the participation of community partners in TDM and to provide neighborhood settings for TDM meetings. Similarly, training developed in RDS prepares foster parents to participate in change of placement TDM meetings and to seek support from community partners in their home neighborhoods. The Family to Family index seeks to capture this overlap of key elements across strategies and measures the exposure of each child and family to the key elements of Family to Family value, principles, and practices.

Presence of Key Elements

The Family to Family index captures the extent to which the eight key elements of Family to Family are reflected in the experience of families and children encountering the child welfare system and, more narrowly, in specific TDM meetings in which they participated. Across the six sites outside California, Exhibit 4.1 shows that the median Family to Family index across sites for removal TDM meetings was higher in 2007 and 2008 than previous years. The medians for sites in California increased consistently over the period from 2005 to 2007, but declined in 2008. Compared with other sites, the medians in California may be consistently lower due to data differences in defining whether the meeting was held prior to placement. Specifically, in sites outside California this variable is tracked directly in the TDM database. In California, however this variable was constructed using placement histories and may be subject to error.

Exhibit 4.1: Median Site-Level Family to Family Index

Type of Meeting	2005	2006	2007	2008
Removal:				
Sites Outside California	4.33	4.29	4.56	4.56
California Sites	3.41	3.78	3.96	3.58
Change of Placement:				
Sites Outside California	3.33	3.60	3.61	3.71
California Sites	3.09	3.50	3.70	3.62

Across all sites, the median Family to Family index reflected in change of placement meetings are lower than those for removal meetings. Generally, the medians for each group of sites rose from 2005 through 2007, but while it continued to increase in 2008 among sites outside California, it

declined slightly across the California sites that year. Since most sites implemented removal TDMs before rolling out change of placement meetings, it might be expected that the change of placement meetings would have been less developed in the early years.

By 2008, the most prevalent key elements in a removal TDM were (Exhibit 4.2):

- the presence of a trained and experienced facilitator: 80% in California sites and 89% in other states

- parental participation: 90% in California sites and 83% in other states, and

- the presence of more than one child welfare agency staff person: 87% in California sites and 73% in other states.

Exhibit 4.2: Percentage of Children from Removal TDM Meetings with Family to Family Key Elements Present

Key Element	2005	2006	2007	2008
Sites Outside California:				
Held before placed ("live" decision)	88%	75%	76%	73%
Experienced facilitator	82%	71%	81%	89%
Parent	79%	82%	84%	83%
More than one CW agency staff	77%	79%	76%	73%
Family / friend	51%	53%	54%	51%
Service provider	23%	25%	35%	35%
Community representative invited by public child welfare agency	17%	18%	18%	14%
Held in community location	5%	4%	8%	8%
Sites in California:				
Held before placed ("live" decision)*	35%	27%	27%	25%
Experienced facilitator	40%	61%	81%	80%
Parent	81%	86%	87%	90%
More than one CW agency staff	77%	81%	85%	87%
Family / friend	50%	46%	45%	45%
Service provider	44%	31%	32%	31%
Community representative invited by public child welfare agency	6%	6%	8%	7%
Held in community location	6%	3%	2%	2%

*Only seven of Los Angeles County's 19 offices (comprising about 36% of entries to care) participated as anchor offices during the study period; unfortunately, it was not feasible to stratify the Los Angeles placement data by office to focus on the children entering care in the seven participating offices.

Among sites outside California, approximately three-fourths of removal meetings occurred prior to removal in 2008. About half of the meetings in 2008 (51%) were attended by a family member or friend in sites outside California and 45% of removal meetings held that year in the California sites had such participants. Approximately one-third of removal meetings in all 11 sites included a service provider from outside the child welfare agency. Fewer than one in five meetings in sites outside California, and one in ten CA meetings, had a community representative.

The site profiles in the appendix provide a summary of the Family to Family key elements present in each site across the years. Since aggregate trends across sites are sometimes dominated by the larger sites, the trends from the site-level data are also instructive and, in this case, provide a slightly different picture of changes over time. To illustrate this perspective, Exhibit 4.3 indicates that at least half the sites were either trending up or were already above 80% in three key elements (parent present, more than one child welfare staff person present, service provider present, and experienced facilitator). Again, as indicated above, the four sites showing declines in the rates of meetings held prior to placement may be subject to error in determining whether this was occurring in California sites.

Exhibit 4.3: Site Trends in Presence of Family to Family Key Elements at Removal Meetings, 2005-2008

Key Elements	Increasing	Decreasing	Always > 80%	No change
		Number of Sites Represented		
Meeting prior to placement	2	4	2	2
Parent present	4	1	4	2
Community member present	4	1	0	6
More than 1 CW staff	1	3	6	1
Service provider present	4	3	0	4
Family / friend present	3	3	0	5
Experienced facilitator	4	2	3	2
Held in community location	1	2	0	7

*Change of 5 percentage points in percentage of meetings reflecting element.

For change of placement (COP) meetings held in 2008, Exhibit 4.4 shows that the most prevalent key elements are the presence of an experienced facilitator, more than one child welfare staff person, a service provider, and a caregiver. The patterns for sites outside California and those

in California show more similarities than differences; however, some differences are noteworthy. For example, meetings held in California are more likely to have more than one child welfare agency staff member in attendance, but less likely to have an experienced facilitator lead the meeting (although nearly eight of ten meetings have such a facilitator in California meetings). Family or friends are more likely to attend meetings in California than in other sites, while meetings are less likely to include a community representative than sites outside California (although only 12% of meetings in those sites have such participants).

Exhibit 4.4: Percentage of Children from Change of Placement TDM Meetings with Family to Family Key Elements Present

Key Element	2005	2006	2007	2008
Sites Outside California:				
Experienced facilitator	73%	85%	87%	92%
More than one CW agency staff	67%	70%	67%	64%
Service provider	46%	49%	54%	51%
Caregiver	44%	49%	49%	52%
Parent	33%	32%	37%	41%
Family/friend	16%	18%	21%	25%
Held in community location	5%	6%	10%	12%
Community representative invited by public child welfare agency	5%	10%	13%	12%
Sites in California:				
Experienced facilitator	52%	67%	82%	78%
More than one CW agency staff	74%	78%	80%	81%
Service provider	59%	53%	53%	55%
Caregiver	57%	59%	60%	55%
Parent	45%	47%	47%	45%
Family/friend	33%	39%	40%	37%
Held in community location	5%	4%	4%	5%
Community representative invited by public child welfare agency	4%	5%	8%	6%

Trends across ten of the anchor sites are shown in Exhibit 4.5. At a site-level, four or more sites showed increases in five of the eight key elements of change of placement meetings and, in fact, see trends towards reduced presence of parents, child welfare staff, family and friends. The discussion in the site profiles in the appendix indicate that many of the negative trends resulted from changes that occurred between 2007 and 2008. Among California sites, as Exhibit 4.5 indicates, only on two indicators (presence of parents and presence of community members) did sites trend downward,

and in each case this occurred in only one large site. Among all other indicators, trends were either increasing, were already above 80%, or were consistent over time.

Exhibit 4.5:   Site Trends in Family to Family Key Elements for Change of Placement Meetings, 2005 to 2008*

| | Number of Sites Represented** | | | |
Key Elements	Increasing	Decreasing	Always > 80%	No change
Parent present	3	1	1	5
Community member present	5	1	0	4
More than 1 CW staff	3	3	3	1
Service provider present	4	2	1	3
Family / friend present	4	3	0	3
Experienced facilitator	4	0	2	4
Held in community location	5	1	0	4
Caregiver present	2	4	1	4

*Change of 5 percentage points in percentage of meetings reflecting element.
**Maricopa County is omitted from the tabulation because it began COP meetings in 2008.

As the analysis in this section indicates, sites made considerable progress in implementing the key elements of Family to Family. While all sites showed increased prevalence over time in at least some of the key elements, no site reached full implementation; however, the data do indicate that significant numbers of children were exposed to Family to Family's values, principles, and practices. The site-level analysis that follows provides additional perspective on strategy implementation.

Implementation of the Core Strategies

The following sections deal with the breadth and quality of implementation of each practice strategy at the site-level. The integrity of the practice models underlying each strategy was promoted by written materials providing detailed practice guidelines. Most of these materials are freely available on the Foundations website and are among the materials used in training sessions conducted by technical assistants.[3]   The training was reinforced by regular on-site technical assistance, including at least two or three progress reviews each year that included the full TA team

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[3] The "tools" of Family to Family are available at:
http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family/Resources.aspx.

and local leader, such as local administrators, the project coordinator, community partners, and strategy team leaders and participants. Within each strategy team, the TA provider and the self-evaluation TA provider for the site worked with the local strategy team to develop databases and other reporting mechanisms to provide a continuing flow of information about the implementation of each practice strategy. Given the level of investment the Foundation made to specify practice guidelines, to provide training and resource materials, and to provide ongoing TA, it would be reasonable to expect site participants to have a clear understanding of the components of each practice model and the general approach to practice that each entailed. This is not to say, however, that implementation would be easy or necessarily straightforward given that many aspects of the various practice models are rooted in a different value base or are significantly different from conventional practice.

The standards for monitoring and assessing progress toward full implementation are found in the statement of key elements of practice in each strategy area, copies of which are appended to this report. These brief documents served as succinct reminders of aspects of practice that should be reflected in the day-to-day practice of frontline staff and in the policies and procedures established by state and local agency leaders, contractors, and community partners. As such, they provide a point of reference for the following assessments of the implementation of Family to Family core strategies and the cumulative key elements of the initiative. The discussion begins with self-evaluation and proceeds to each of the three practice strategies—Resource Family Recruitment, Development and Support (RDS); Building Community Partnerships (BCP); and finally, Team Decisionmaking (TDM).

Self-Evaluation. In the early phases of Family to Family, the work of self-evaluation teams and technical assistants concentrated on developing and using longitudinal placement databases to track outcomes for children entering out-of-home care. In later phases, the focus expanded to include developing measures and mechanisms to track the implementation of the core strategies. Although this work initially focused on TDM and the development of the TDM database, sites seized on this as an opportunity to track key elements from other core strategies as well.. In the past few years, more attention has been given to supporting strategy teams in their efforts to measure the implementation and ongoing operations of the other core practice strategies. In spite of this, monitoring mechanisms for these strategies are not as well-developed and why it was necessary at this juncture to invest time and resources to support the process evaluation.

A site's progress in building capacity for self-evaluation is indicated by the extent to which performance data, both process- and outcome-oriented data, inform decision-making by the local agency management team and their community partners. The following capabilities are assumed to indicate full implementation of self-evaluation:

- Data are readily available to monitor changes in outcomes and performance relative to key strategies.

- Data management and analysis capabilities permit ad hoc analysis of emerging needs and trends that have budgetary or policy implications.

- Agency staff and community partners are aware of key outcomes and agency's performance relative to those outcomes.

- Self-evaluation is integral to or provides a framework for related performance improvement efforts, such as Continuous Quality Improvement, PIP implementation, or consent decree monitoring activities.

These capabilities distinguish sites that actually *use* performance data from those in which performance data are readily available, but are not routinely and consistently used. This is important because a number of the states involved in Family to Family have developed impressive data resources and have ready access to analytic support, either from in-house staff or contractors. In contrast to the first phase of the initiative, access to data and the availability of skilled analysts are less challenging at this stage than developing management structures and processes that promote effective use of performance information.

The emergence of the Child and Family Service Review (CFSR) process created both opportunities and challenges for the self-evaluation process. The CFSR process reinforced the paradigm shift towards measuring outcomes in addition to process, a perspective endorsed by self-evaluation since the mid-1990's. It provided additional incentives for sites to develop the resources needed to do outcome-based performance monitoring and, thus, reinforced Family to Family's call to measure outcomes. Two related challenges, however, also surfaced: (1) CFSR promoted the use of performance indicators in the CFSR process that the Family to Family technical assistance team believed to be imprecise and unreliable; and (2) the focus of limited child welfare agency analytic resources had to be divided between CFSR data compilation and analysis and self-evaluation support. First, many of the CFSR outcome measures, both the original indicators used in round one

and the composite indicators developed for the second round, were based on point-in-time data or exit cohorts. From the inception of Family to Family, self-evaluation technical assistants along with other child welfare experts[4] have argued that such indicators had systematic biases that did not portray accurately the performance of child welfare agencies and could not reliably detect changes in performance across time for a given jurisdiction.[5] It was not possible, therefore, simply to adopt CFSR measures to guide self-evaluation efforts. While the overarching goals of the CFSRs--Safety, Permanency, and Well-Being--are certainly congruent with Family to Family, the challenges lie primarily in the specific indicators used to measures permanency and placement stability.

In addition to the measures used in CFSR, the process also entails a statewide self-assessment process and, in response to specific findings of the CFSR review, the preparation of a Program Improvement Plan (PIP) and monitoring of the implementation of that plan. In conjunction with this need, some states, particularly those that have state-administered child welfare systems, have put in place continuous quality improvement (CQI) or total quality management (TQM) systems to establish such capabilities. The challenge of self-evaluation was to connect these efforts to the ongoing self-evaluation work. Although many sites were able to incorporate Family to Family core strategies into PIP activities, few sites outside CA were able to successfully merge the different measurement approaches.

In California sites, an attempt was made to balance these dual aims. Core elements of the self evaluation process are essentially embedded in the state-mandated (per Assembly Bill 636), Outcomes and Accountability System where all counties track specified performance indicators on a quarterly basis and attempt to modify program policies and practices to improve on the measures. Mandated outcomes consist of the federal CFSR measures—several of which have been enhanced to provide additional important program information—but also include other metrics (e.g., rates of referrals, substantiations, and entries, use of least restrictive placement, and proportions of siblings placed together) not called for by the CFSR which are nonetheless critical for the self evaluation process

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[4] Courtney, M., Needell, B., & Wulczyn, F. (2004). Unintended consequences of the push for accountability: The case of the national child welfare performance standards. *Children and Youth Services Review*, 26(12), 1141-1154.

[5] This argument is described in detail in various self-evaluation technical assistance materials, including the "tool" available on the Foundation's website: http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family/Resources.aspx .

Given the context associated with CFSR, self-evaluation efforts in many Family to Family sites during the anchor site phase often focused on ad hoc issues that addressed specific needs of strategy teams, especially issues that cut across the interests of multiple strategy teams. Considerable time and resources also were devoted to building new data collection and analysis capabilities related to both outcome measurement and tracking implementation of the practice strategies, particularly in RDS and TDM. A standardized reporting form developed by TDM and self-evaluation technical assistants provides aggregate data about the meetings held in each site on a quarterly basis (a copy is appended). Regardless of the particular manner in which TDM data collection systems are implemented, all are capable of generating the raw numbers used to complete this report and providing case-level data on all TDM meetings

Recruitment, Development, and Support (RDS). State child welfare information systems typically contain information about licensed foster parents, although less information is available in child welfare systems that rely on private providers to recruit, train, and supervise foster parents. Unfortunately, the data on currently licensed foster parents often is not up to date, making it difficult to obtain even basic information about the overall supply of foster parents, much less those who serve children with particular characteristics. The most common gap in information about licensed foster parents, regardless of whether they are supervised by the child welfare agency or a contractor, pertains to the period before they are licensed. Between prospective foster parents' initial expressions of interest and the time when they become licensed, the volume and variety of data collected about them varies, but the information is typically minimal and not readily accessible.[6]

A more important constraint is that these data systems often include only those prospects recruited and trained by the public child welfare agency, not foster parents recruited, trained, and later supervised by private child caring agencies. At best, therefore, such information is available for only a segment of prospective foster families. Also, in systems that rely on foster homes recruited and supervised by private agencies, those agencies are generally unwilling to share information

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[6] Technical assistants in RDS and self-evaluation worked with anchor site strategy teams to enhance their ability to track individual foster family prospects from their initial express of interest through licensure. In some cases, such as Jefferson County, these efforts built on an existing data system and essentially involved the construction of a longitudinal database using the dates of critical events in the "pipeline" from initial inquiry to licensure. In the two sites in North Carolina, this involved the development of a new ETO application using data being compiled by foster home recruiters and trainers.

about individual prospects and will only divulge information about the effectiveness of their recruitment and retention efforts if required under the provisions of performance-based contracts. Therefore, to varying degrees depending on their scope of involvement, reliance on private child caring agencies for foster care services makes it difficult to obtain reliable information about the availability of foster homes and improvements in the supply of homes.

Another factor that must be taken into account in assessing anchor sites' effort to recruit and retain resource families is the expanding reliance on relatives, both licensed and unlicensed, to provide care for children who have been removed from their parents' home. As the site profiles in the appendix reveal, many anchor sites have increased their reliance on kinship care; however, the nature of the circumstances surrounding kinship care has undergone important changes in recent years. Key among these changes is the diversion of children from child welfare custody through child protective services (CPS) arranging for the placement of children with relatives, but without the agency taking custody of them. The extent of this practice is difficult to determine because the only record of the agency's involvement is the referral for abuse and neglect, and the agency's ensuing CPS investigation or, under a dual-track CPS system, a family assessment of need for services. The level of support extended to such families varies from no support to a TANF child-only payment, but in nearly every instance it is not possible reliably to track children from the CPS system to these arrangements and, therefore, to determine accurately the extent to which this is occurring. As a result, it is difficult to obtain a complete picture of the role of relatives in caring for children who come to the attention of the child welfare system.

The gaps in data depicting the full range of kinship care arrangements and the number of children involved in different arrangements, result in an inevitable underestimation of the role of kinship care. Nevertheless, it is clear from the data about initial placements of children entering out-of-home care for the first time that Family to Family anchor sites have substantially shifted toward increased reliance on family-based settings. Among children entering child welfare custody for the first time in the six anchor sites outside California, Exhibit 4.6 shows a striking shift toward kinship care and family foster care, and away from other types of placements, most particularly congregate care. The patterns of initial admissions in the five California sites are different in that placements of types were consistently about 10% in each year. Among children placed in family settings, however, a clear shift toward the use of Family Foster Agency homes is apparent, with a concomitant decrease in initial placements into regular foster homes and relative homes. These

shifts in the patterns of initial placements occurred within two distinct contexts, one affecting sites outside California and the other affecting the California sites.

Exhibit 4.6: Percentage of Initial Placements in Family-Based and Other Settings—

Sites Outside California:
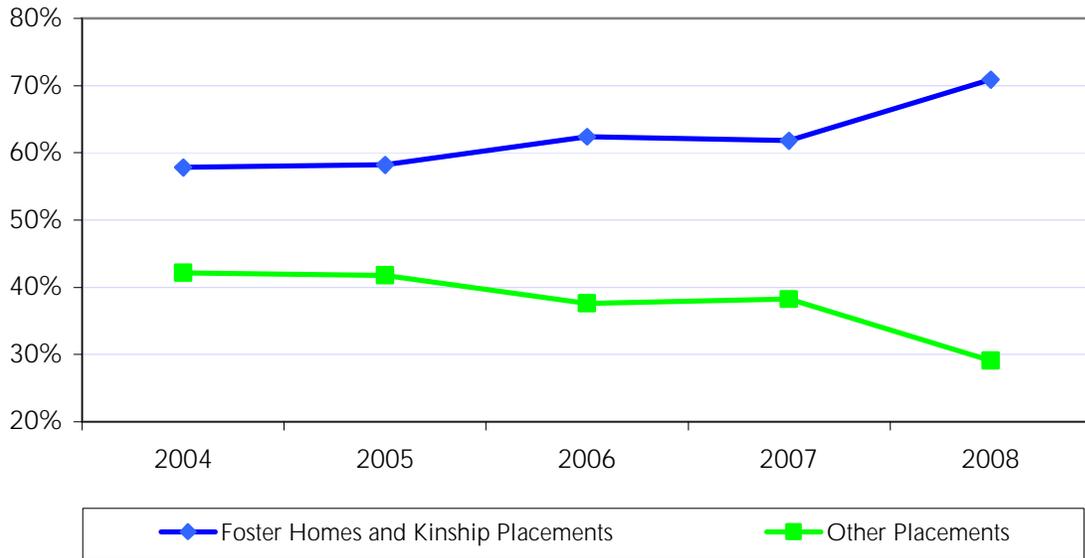
California Sites:
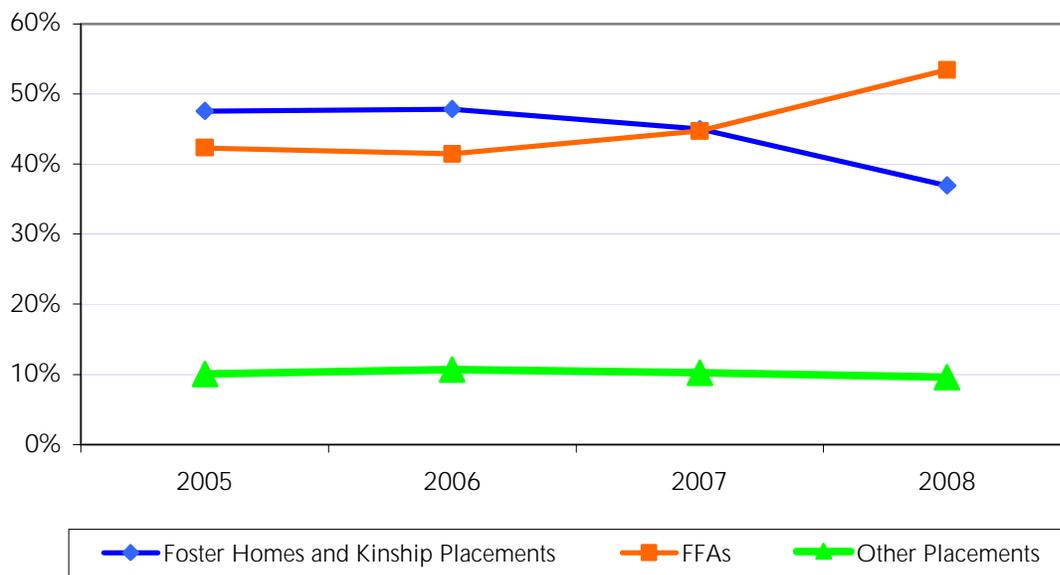
The number of children and youth initially entering out-of-home care across the six anchor sites outside California declined steadily from a peak of 6,391 in 2005 to 4,553 in 2008. Second, in these sites, the number of children and youth initially placed in emergency shelters across the period

declined from 1,463 to 662 while the number initially placed in group homes was reduced from 688 in 2004 to 157 in 2008. Third, the number of initial placements into family foster homes in sites outside California was the fewest since 2004 (2,062), but represented the largest percentage of entries for that year (45.3%). Similarly, the 1,164 children placed with licensed or unlicensed relatives in 2008 was the smallest number from 2004 forward, but constituted one-fourth of all entries (25.6%). Therefore, the RDS challenge was not a substantial expansion of the number of foster homes, but to locate and recruit relatives to provide kinship care and to ensure that available foster parents would be able to care for infants (29% of initial entrants to care in 2008) and adolescents (29.6% of entrants in that year) and help promote their reunification. In addition to identifying relatives, sites moved towards targeted recruitment -locating homes for the very children that need them. These efforts contributed to congregate care reduction across sites.

Initial admissions to out-of-home care in the five California sites did not follow a similar trend. The numbers of initial entries to care in 2005 and 2006 were very similar--10,970 and 10,927. It rose to 11,302 in 2007 before declining to 10,010 in 2008. While placements with families comprise approximately 90% of initial placements in every year, this conceals a distinct shift away from regular foster homes and toward Foster Family Agency (FFA) homes—placements overseen by privatized agencies which offer higher monthly compensation, an agency-provided social worker, and other supports. In these five sites, almost certainly as a consequence of the growth of FFA homes, the number of initial placements into regular foster homes declined from 1,360 in 2005 to 1,295 in 2006 to 1,128 in 2007, and finally, to 856 in 2008. Placements into relative homes remained relatively high from 2005 through 2007, rising from 3,441 to 3,642 during this period before declining to 2,595 in 2008. The most substantial decline in placements with relatives was in Los Angeles County, in which initial placements with relatives went from 2,965 in 2007 to 1,940 in 2008. Among other sites, some increased the number of initial placements with relatives while other had reductions. The growing use of privatized, FFA homes in the anchor sites is an ongoing trend throughout the state (and in other parts of the country) that will ultimately need to be addressed for cost and other reasons. In California, regulations call for these placements to be used for higher-needs children as an alternative to congregate care. This partly underlies the much higher reimbursement rate for an FFA home in relation to a regular foster home; however, in practice they are used just as often in lieu of a county foster home.

In light of the general decline in initial admissions to out-of-home care, it is difficult to assess changes in the supply of foster homes among anchor sites relative to the need for additional homes. Sites such as Denver and Maricopa County reported increases in available homes from 2007 to 2008. Denver identified 216 active homes for the July-September 2007, a number that rose steadily to 287 for the same quarter in 2008. Similarly, Maricopa reported 1,380 active homes in the July-September 2007 quarter and 1,471 for the April-June 2008 quarter. In contrast, Guilford and Wake Counties reported relatively small net changes in the number of active homes. Guilford licensed 43 new homes from July 2007 through September 2008, but the net number of active homes declined slightly from 144 to 134 during that period. The supply of active homes in Wake County rose slightly from 257 to 267.

The surveys of Family to Family coordinators in 2008 and 2009 included questions related to RDS and efforts to support resource families in providing care for the children and youth placed in their homes. One of the practices encouraged by Family to Family is hold "icebreaker" meetings soon after children enter out-of-home care so that the child's birth family and foster family to meet. This provides an opportunity to share information that might help the child feel more comfortable in the foster home and is the first step in establishing a relationship between the birth family and foster family that might promote reunification. Unfortunately, the coordinators survey indicated that such meetings were occurring frequently in only two anchor sites and rarely in two others. Icebreaker meetings were in the planning stages in the other seven anchor sites. Therefore, this aspect of RDS practice advocated by Family to Family has not yet been adopted by most sites.

Other findings of the coordinators surveys are somewhat more encouraging. Reports from the survey indicate that efforts are frequently made in five anchor sites to meet the needs of resource families, but only rarely in three other sites. Three sites are making plans to improve their responsiveness to resource family needs. Similarly, six anchor sites report that resource families in their jurisdictions frequently work with community partners, social workers, and birth families to help children in their care achieve reunification or another permanent placement. A proxy indicator for the prevalence of these partnerships is the frequency that substitute caregivers attend TDM meetings. Data on this RDS key element is collected in the TDM database. Because this key element is critical to more than one core strategy it is considered a key element of Family to Family and presented at the beginning of this chapter. Finally, nine of the 11 sites reported that training sessions were culturally appropriate and geographically accessible to resource families, and the

other two sites were making plans to improve these aspects of training opportunities for resource families.

Building Community Partnerships (BCP). A key premise of the Building Community Partnerships (BCP) strategy is that all communities have history, strengths, and traditions that should be acknowledged and respected by public child welfare agencies (PCWAs). A commitment to BCP helps the PCWA draw upon these community assets. The values of BCP include the beliefs that every family needs the support of their community and that PCWAs need community partners to strengthen relationships between families and their communities. Regrettably, child welfare workers are often viewed by the general public as "baby snatchers" while politicians and the media frequently criticize these same workers for not doing enough to protect children. Caught between criticism that they intervene in families' lives both too much and too little, child welfare agencies enter a "bunker" mentality in which they stay in their offices rather than engage the community.[7] BCP provides an approach to overcoming this resistance to community engagement. By developing community partnerships, the PCWA can:

1) Identify and enhance community-based services and supports that are accessible financially, culturally, and geographically for all families where they live.

2) Strengthen the other Family to Family strategies by supporting the development of a strong network of neighborhood based resource families (RDS), ensuring that community representatives are present at every TDM meeting, engaging community members in analyzing and responding to child welfare data (SE) and promoting efforts to reduce the overrepresentation of African American children, other children of color and poor children in the child welfare system (ERDD).

While recognizing that every community is unique, the BCP key elements are presented as a series of necessary steps in the process of developing working partnerships between communities and PCWAs that are based upon successful experiences around the country.[8] The process begins with PCWA leaders sharing their vision of a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live.

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[7] DeMuro, P. (2002). *Building Partnerships with Neighborhoods and Local Communities.* Baltimore, MD: The Annie E. Casey Foundation.

[8] Adapted from Ali, T. (2009). *F2F Building Community Partnerships- What does it take?* Unpublished manuscript and Annie E. Casey Foundation (2005). *Building Community Partnerships, Step by Step.* Baltimore, MD: The Annie E. Casey Foundation.

Strong leadership within the PCWA, usually the director, must invest their time and attention to building these values into their organization. The steps include:

- *Develop an infrastructure within the PCWA for Community Partnerships,* including establishing a Community Partnership Workgroup made up of PCWA staff and community members and hiring a Family to Family Coordinator. Community partners also participate in the workgroups related to RDS, TDM and self evaluation. Most importantly, the PCWA leadership communicates to their staff their intention to partner with the community and dedicate more resources to working with the community.

- *Reach out to the community through community forums.* Credible community-based organizations are asked to host community forums for residents to discuss child safety, family stability and overall concerns with how public systems treat community members. The forums include child welfare data presentations that show how many children are removed from their homes and how many are placed in other communities. The data make it possible for community members, who may or may not have child welfare knowledge, to engage the PCWA in developing solutions. For example, community members have suggested: recruitment of foster parents from the neighborhood, residents helping parents in getting their children reunified earlier, and visitation sites hosted in the neighborhood, not only for parents and children, but also for sibling gatherings, reunification parties, foster teen support groups, parent support groups, and foster parent and kinship support groups. In this stage, PCWA staff are introduced to prioritized neighborhoods through community forums but also by participating in neighborhood tours and community events.

- *Join together and systematically decide how the PCWA and the community will support the activities that will produce the best results.* Both the PCWA and community partners can expect and plan for intensive, consistent, and frequent opportunities to build trust, share values and hope for families in the community. Creating a shared vision for the overall safety and permanency for children in care is the foundation for a sustainable partnership. There must be strategic agendas for these meetings to stay focused on child welfare, and current data on the Family to Family outcomes must always be available to set targets for improvement.

- *Roll out formalized community partnership mechanisms such as contracts with community-based organizations and geographic assignment of child welfare staff.* While community members may initially volunteer to support child welfare activities, realistically those activities may not be sustained without financial support. Geographically assigning cases helps specified communities to connect to a specified unit of workers, which forms smaller and more manageable partnerships. Together the community members and assigned staff learn about each other and the rich resources that each can provide to families. By this point in the partnership, child welfare activities-such as family visits, staff meetings, and reunification celebrations-are occurring in the neighborhoods. Tracking tools are in place for measuring the impact of BCP activities on the Family to Family outcomes.

- *Recognize that 'We are in this Together.'* This final step highlights the need to maintain momentum in the partnerships. At this stage, there is a possibility that the public child welfare agency might become complacent, the mission may stagnate in the community, or that changes in leadership or resource availability might threaten the commitment to the original principles, values, and practices of Family to Family. There is an inherent fragile makeup in the partnership between the PCWA bureaucracy and grass roots communities. Acknowledging setbacks and celebrating success with strengthen the partnerships. Communities will know that the partnerships are working when neighborhood families and their children and youth can access needed resources and services right in their neighborhoods; when foster families and relative caregivers can get those same resources to stabilize children while they are living apart from their parents; and when social workers are known and aided in the neighborhood as they work with families for better outcomes.

Building Community Partnerships in the Anchor Sites. The above description of key elements and necessary steps summarizes some of the most important advice and observations of the BCP Technical Assistants as Family to Family was implemented broadly across the country. The decision to target Family to Family resources in selected anchor sites required new thinking about BCP. The step-by-step approach clearly acknowledges that every community and every public agency is different, thus, each site could develop strategies for implementation that were unique. In presenting the steps, the advice was: "Try the parts that make sense; if they work, keep going in that direction. If they don't work, try a different strategy" (AECF, 2005, p. 18). However, when the Family to Family Initiative developed their 2005 self-assessment they had to create rating of each site's progress in implementing the four core strategies.[9] The TA team in each strategy area developed an "anchored scale" on which to base a rating ranging from 1 (minimal implementation) to 5 (full implementation). One basis for each scale was a description of "key ingredients" the TA team in each strategy area had developed as a technical assistance tool. At this point, a site was not considered to be moving towards full implementation of BCP unless they had neighborhood contracting and collaborative in place, community representatives attending TDM removal meetings, and data provided to community members on a regular basis. Four years later, well into the anchor phase of Family to Family, many of the anchor sites still do not have these key ingredients in place which raises a question as to whether these sites are 'correctly' implementing the BCP strategy.

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[9] Batterson, M., Crampton, D., Crea, T., Harris, F., Madden, A., Usher, L. & Williams, J. (2007). *Implementing Family to Family.* Chapel Hill, NC: The University of North Carolina at Chapel Hill.

The implementation analysis of five of the anchor sites conducted in 2006 provides additional information about BCP challenges (Batterson et al, 2007). That analysis identified some challenges related to contracting with community-based organizations and maintaining partnerships over time, especially when PCWA leadership changes. The authors of that report noted that when community partners were asked if they understood how their efforts contributed to the community having a voice in their child welfare system, the community partners could describe their "contractual role" but not a role that is fully reflective of the key elements of Family to Family community partnerships. More basically, some community-based organizations were providing contractual services to a public agency for the first time and needed help in negotiating that process. Meanwhile, PCWA leaders experienced challenges around identifying the necessary funds to maintain and expand these partnerships. Beyond contracting issues, there were challenges to developing and maintaining the relationships between the communities and the PCWA. For example, community partners described the difficulty of convincing other stakeholders in the community that the child welfare agency sincerely wanted to partner in a mutually beneficial and respectful way and not in a dominant, punitive, or judgmental way. Thus, the agency's image and reputation was a common challenge for community partners. Another frequently mentioned challenge was turnover in the management and staff from the child welfare agency charged with building partnerships. These changes were cited as one of the reasons for delays in progress in building the partnerships and a reality of extensive systemic reform. However, these leadership changes and delays create unique challenges for partnering with communities that already come to the table questioning the intent and sincerity of public government agencies. The implementation analysis noted that: "Professional integrity, speaking truthfully, consistency and follow thru were identified by community partners as being critical to addressing this issue" (Batterson et al., 2007. p. 50).

As part of the self-evaluation process in the evaluation of Family to Family , the BCP Technical Assistants developed three definitions in variations in the anchor sites: collaborative or coalition, network of agencies or individuals, and comparable strategy. Of the eleven sites included in this study, Cuyahoga County, Denver County, Fresno County, Jefferson County, Los Angeles, San Francisco, and Wake County were placed in the first group by the BCP TAs. This would suggest that only seven of the eleven would be rated as a four or better in implementing BCP.

Another departure from BCP as defined in the self-assessment comes from the Family to Family Coordinator survey in which they were asked to rate their site on elements that were included in the anchor scales. Family to Family Coordinators were asked to indicate whether community representatives are frequently invited to TDM removal meetings and whether community partners frequently review the agency's performance in the key outcomes. Here again, most but not all sites reportedly have these key elements in place, but TDM data show low rates of actual participation of community representatives in either removal or change of placement meetings.

A description of the development of BCP in each anchor site is included in the appendices. These summaries highlight how the PCWA developed relationships with communities, the infrastructure that was put in place, the BCP activities that the infrastructure supports and the funding dedicated to BCP. Overall, the summaries suggest ways in which the anchor sites followed the BCP key elements and steps, but also ways in which they followed their own path. First, a number of the PCWAs already had some community relationships based on their participation in other reform initiatives. This history meant that the sites did not need to follow the BCP steps as if they were starting from the beginning, although many held community forums to begin their BCP process. The history of each community necessarily shaped the infrastructure that was developed and the BCP activities that are now supported. Here again there is departure from the BCP steps. Only one anchor site has all agency staff geographically assigned, although most sites have some geographic assignment of cases or staff. Most of the anchor sites contract for some Family to Family activities, but few have coalitions of community-based organizations that collectively contract with the PCWA to provide several of these activities. Most notably, the evaluation team has been unable to identify the funding mechanisms for BCP in many of the anchor sites. Here again, many sites do not have specific BCP contracts, but they have funding from other reform initiatives which is provided to community-based organizations.

Conclusions about Building Community Partnerships in Anchor Sites. The experience of BCP in the anchor sites echoes longstanding themes in the challenges of developing community-based child welfare practice, but also identifies new challenges related to making community partnerships a key part of changing public systems. Employing a neighborhood focus in efforts to support children and their families traces back to the Settlement Houses of the late nineteenth century. Founders of the early settlements located in the neighborhoods with the greatest need so that the settlement would become a local resource for families experiencing severe poverty and isolation. Settlement

workers used data displayed on maps to see why a community-based strategy was needed. This experience highlights the historical roots of using self evaluation data to inform BCP. The Center for Family Life in Sunset Park, Brooklyn is a nationally recognized model for integrating family and community services that builds on the lessons of the Settlement Houses. The Center served as a model in the development of Family to Family. From the Center's experience of providing child maltreatment prevention and family support services, they developed neighborhood-based foster care. They reasoned that close proximity between birth families and foster families would ease visitation, improve coordination of services and help make relationships less adversarial. By being in the neighborhood, the Center and the foster families can remain involved with families after reunification "through the ups and downs."[10]

Many of the challenges of BCP would sound very familiar to the founders of Settlement Houses and the Center for Family Life. What is more unique to Family to Family are the challenges of using BCP as part of reforming public systems. When reform is targeted in a specific neighborhood, the activities can be tailored to the specific needs of that neighborhood, but how does this approach apply to changing entire systems? If every community is unique and every public agency is unique, is it possible to develop a uniform approach to developing community partnerships in all communities? There are at least two areas in which the anchor site experiences point to the challenges of a "one size fits all" approach to BCP. The first is using geography to define communities. Family to Family has always acknowledged the difficulty in determining how to assign service delivery boundaries. On the one hand, child welfare should not draw these lines randomly without some consideration of how communities are defined. On the other hand, endless discussions about where to draw the lines should be avoided; however, some of the anchor sites are growing rapidly and many neighborhoods have large numbers of new arrivals so they may not yet have a sense of neighborhood identity. In these instances, community may need to be defined in other ways.

Another key challenge to using BCP to change systems relates to contracting for BCP services. These contracts can be a real challenge in terms of how the agency and the community groups learn how to work together. For example, Family to Family tools point out that public agencies may want

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[10] Hess, P. M., McGowan, B. G., and Botsko, M. (2003). *Nurturing the one, supporting the many: the Center for Family Life in Sunset Park, Brooklyn*. New York: Columbia University Press.

to contract with neighborhood groups because these groups are able to provide creative and individualized services:

> Unlimited by traditional slot-driven services, the family, neighbors, and local groups can tailor their help to fit the parent and child. For example, if a mother needs to learn how to set consistent limits for her aggressive child, traditional parenting classes may not work. Individuals who spend time, perhaps daily, with the child and mother to coach them as they practice new behaviors might more effectively meet the family's need. This kind of in-home and neighborhood-based support could be provided by a neighbor or church member who has received training and supervision from a community-based organization like Center for Family Life (DeMuro, 2002, p. 20).

However, precisely because they are not "slot-driven," neighborhood groups may resist entering into contracts in which they are paid per client or event.

Some of the challenges of contracting may explain why the evaluation team has not been able to identify all the BCP activities in the anchor sites and how they are funded. The evaluation originally planned to include tracking tools which would measure the involvement of each family and child in BCP activities so that each site could monitor progress toward full implementation of the BCP strategy and link BCP activities to improvements in the Family to Family Outcomes. Unfortunately, none of the anchor sites is able to provide these types of data. This would suggest that no site is contracting for specific services which can be evaluated in terms of whether they are directly improving the nine Family to Family outcome measures.

The challenges related to defining communities geographically and contracting for BCP activities raise a question as to whether the BCP guidelines are too prescriptive for some anchor sites. The Family to Family coordinator surveys include several examples of a perception that sites are expected to implement the core strategies in ways that did not fit their local context. In terms of BCP, some sites were given the impression that they were expected to implement the "Cleveland" model of BCP. This model developed in Cuyahoga County for at least two reasons. First is the PCWA has some discretion in how they allocate their financial resources because they have a significant amount of funding from local tax revenue that does not have the same restrictions and requirements as state and federal funds. They can use their "discretionary" funds to support BCP through contracts offered to an elaborate coalitions of collaborative organizations spread through the county. Two, Cuyahoga County includes several neighborhoods and communities with strong geographic identity. Many of the anchor sites lack one or both of these characteristics so they have developed a different approach to funding and/or indentifying community partners. For example,

some sites have developed partnerships with Faith Communities in addition to or instead of geographic based communities. Some sites have developed contracts with community-based organizations for just one service, such as resource family recruitment, rather than contracting for an array of services and funding staff positions to carry out those functions.

In the anchor-site phase of Family to Family, there was a compelling rationale for focusing on the core strategies and specific key elements for implementing those strategies. This approach helped the anchor sites understand what their commitment to being an anchor site required and it helped establish some model fidelity for the national evaluation. With this phase complete, it may be appropriate to introduce more flexibility into approaches to building community partnerships. Sites could even be given the opportunity to experiment, systematically, with alternative implementation of the BCP strategies. Given the severe budget constraints faced by many sites, they may not be able to maintain some Family to Family activities system-wide, but might be able to provide some Family to Family practices as part of an experiment. The budget concerns also require the development of clear evidence of program effectiveness, which might be accomplished with experimental design evaluation. Sites could, for example, implement a "Cleveland model" approach to BCP in part of their service area and use other BCP strategies in others. Specific contracting strategies for RDS could be developed and implemented in different communities in an agency's service area and then the different contracts could be compared to see which approaches are most effective in resource family recruitment and retention. Some of these ideas are already implemented. Both Cuyahoga County and Denver County have federal diligent recruitment grants which include targeting Family to Family work in some communities while using others for a comparison group. Such innovation and experimentation could be very beneficial to the field and help other communities to determine whether or how they should adopt the Cleveland model of BCP or some of the other key aspects of BCP implementation.

Team Decisionmaking (TDM). Each Family to Family site uses a database that is capable of capturing important characteristics about the meetings held in conjunction with three types of placement decisions: initial removal and placement into out-of-home care; changes in placement; and reunification and other permanent placements. Most sites use a version of an Access database application developed by Metis Associates, either as a standalone system or as a component of a broader state or local child welfare information system. The system in California was originally based on a version of the Microsoft Access® tool which was maintained by each of the respective

sites. As Family to Family expanded to counties across the state, however, it became clear that a centralized system was necessary to ensure consistency in data collection efforts and easier cross-site aggregation for reporting and analysis. As such, over the past three years, the California sites[11] have migrated all data from their Access databases and began using a new TDM tool that is built on the web-based Efforts to Outcomes® (ETO) information system. Regardless of the platform, however, the specific data elements are consistent across states and sites. Generally, the TDM databases capture data on priority key elements of TDM including:

- The meeting is held to make a recommendation concerning a 'live' decision, that is the meeting is held before any placement decision is made;

- A meeting is held every time a placement decision is made including removal, change of placement and exit from the system;

- Parent(s) participate in decisionmaking;

- Multiple child welfare staff participate in decisionmaking; and

- A trained facilitator guides the meeting.

As part of implementing RDS and BCP, sites also sought to enhance TDM meetings by widening the circle of partners involved in making these important decisions. The TDM database, thus, also captured information on whether community partners invited by the agency, families and friends invited by the family and service providers participated in the decisionmaking meeting. Information on whether the meeting is held in a community agency, another proxy for support offered by the community, is also tracked in the database. Each of these elements were discussed in the earlier sections on RDS and BCP and are summarized as part of the Family to Family key elements section at the beginning of this chapter.

Based on an analysis of data from all the anchor sites, it is apparent that the depth and breadth of TDM implementation varies across the Family to Family anchor sites. Since the achievement of full implementation of TDM is dependent on implementation of other core strategies, interpretation of data in this section should be considered within the overall framework of status of other core strategy implementation. In this section, we consider the degree to which all children who experienced a removal or a change of placement had a meeting. The data in this section consider

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[11] Except for Los Angeles which designed, implemented, and maintains its own web-based TDM data collection tool.

the six non-CA anchor sites as a group. Information about the implementation of TDM in each site is available in the site profiles in Appendices A and B.

Implementation of TDM began as early as 1995 in Cuyahoga County and as recently as 2005 in Maricopa County. All other sites began having TDM meetings in 2002 or 2003. With the exception of Wake County, sites began TDM implementation with the rollout of removal meetings; in Wake implementation started with change of placement (COP) meetings. Exhibit 4.7 summarizes the number of removal and change of placement TDM meetings held in 2005 through 2008. The number of removal and change of placement meetings increased steadily during these years. By the end of 2008 more than twice as many removal meetings had been held as COP meetings in sites outside California and the ratio of removal to COP meetings in California was more than 3:1.

Exhibit 4.7 Number of TDM Meetings Across All Anchor Sites by Year

Type of Meeting	Year				Total
	2005	2006	2007	2008	
Removal meetings					
California sites	7,686	18,151	20,122	22,393	68,352
Sites in Other States	3,875	6,259	7,733	8,063	25,930
Change of placement meetings					
California sites	3,095	5,041	5,351	6,257	19,744
Sites in Other States	2,332	2,494	2,962	3,274	11,062

One of the most important key elements of TDM is that a meeting is held for every child for every placement decision. Furthermore, the timing of the meeting must be such that meeting participants are discussing a 'live' decision. The data in Exhibit 4.8 provide another view of implementation status across these sites. These data address the question 'are meetings being held for all children experiencing a placement event?' Coverage rates for removal meetings are based upon the sample of children who are entering care for the first time during these years. This measure looks to see whether children entering placement had a TDM at any time before placement or in the case of an emergency removal immediately after, presumably before the decision is finalized by the court. Under full implementation a large percentage of each annual cohort would have had a removal

TDM.   A notable exception to this assumption is the group of children who enter child welfare custody at the sole direction of the juvenile court and, thus, would likely not have a removal meeting. It is unlikely ever to be the case, therefore, that coverage would reach 100% in any site.

The trends across sites indicate that the percentage of children having a removal TDM at some time before removal increased across the years.   By 2008, the rate ranged from 51% to 90% and with a median level across the 11 anchor sites of 67%.   In only one site was the 2008 percentage rate less than the 2005 rate (see the site profiles in Appendix A for specific changes in coverage year to year.) It is critical to also assess the timing of these meetings in relationship to the removal date. The percentage of children entering care for the first time in 2008 who also had a meeting within 5 days of placement was 70% indicating that about 20% of children had a TDM that was not timely to making a 'live' decision.

Exhibit 4.8:   Site-Level Coverage Rates for Removal and Change of
Placement Meetings by Year

Type of Meeting	Year			
	2005*	2006	2007	2008
Removal TDMs:				
Site-Level Medians	49%	57%	61%	67%
Lowest	12%	34%	46%	51%
Highest	85%	86%	89%	90%
Change of placement TDMs:				
Site-Level Medians	39%	36%	43%	42%
Lowest	3%	10%	11%	13%
Highest	72%	64%	64%	66%

*Does not include Maricopa County

Change of placement coverage rates are consistently lower than removal coverage rates across the period. The sample of children used to calculate these rates includes children initially entering care who have at least one placement move. Under full coverage, a large percentage of these children would be expected to have a change of placement meeting. Although the coverage rates for change of placement meetings are not as high as removal coverage rates, the results in Exhibit 4.8 suggest that progress toward full coverage occurred from 2005 through 2007.   The slight decline in the

median for 2008 is related to reductions in four sites; however, the lowest level of coverage in 2008 (13%) represented an improvement from the previous year (11%). Comparing 2005 rates to 2008 rates revealed increased coverage in every site except Maricopa which was still in the very early phases of rolling out change of placement meetings and San Francisco, in which the rates were equivalent (38%).

Removal meeting coverage by age at initial entry to care, race and year is summarized in Exhibit 4.9. Among sites outside California, the differences in coverage rates by age for every cohort are statistically significant. For these sites the coverage rate for teens is less than that for children of any other age. This is, perhaps, not surprising given that youth entering custody at the sole direction of the juvenile court are not likely to have TDM removal meetings. It should be noted, however, that trends overall were in the direction of full coverage for all age groups. Similarly in California, the trend overall was in the direction of increased coverage for all age groups over time. There were few distinct differences in coverage across age groups with 2008 rates ranging from 54% for infants and tends to 57% for children ages 1-11.

Coverage proportions for California were not as large as in sites outside the state; however this was due, at least in part, to the fact that in Los Angeles only 7 of the county's 19 offices (comprising about 36% of entries to care[12]) participated as anchor offices during the course of the study. It was not feasible to stratify the Los Angeles placement data by office to enable selection of only children entering care in the seven participating offices. As such, the Los Angeles coverage proportions are artificially low as are the combined proportions for all California sites. When the Los Angeles data are excluded (not shown), the 2008 TDM removal meeting coverage was higher (58.2%) but still below the rate of sites outside California.

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[12] Department of Children and Family Services. (2008). Family to Family status report—DCFS (and 7 Anchor Offices): First 6 months of FY 2007-2008—July 1, 2007-December 31, 2007. Los Angeles, CA: Author.

Exhibit 4.9: Coverage of Removal Meetings by Age, Race, and Year

Characteristics		2005[*]	2006[*]	2007[*]	2008[*]
Sites Outside California					
Age at entry	<1 year	44.2%	70.1%	79.4%	78.2%
	1-11 years	37.3%	64.7%	79.4%	80.0%
	12-17 years	30.2%	56.5%	67.1%	70.9%
Race	White	28.5%	62.0%	75.7%	74.6%
	Black	53.2%	66.6%	75.8%	78.0%
	Hispanic	30.9%	63.2%	77.3%	77.2%
	Native American	30.1%	65.7%	61.0%	81.9%
All Children		37%	63%	76%	77%
California Sites					
Age at entry	<1 year	23.4%	43.5%	47.7%	53.8%
	1-11 years	22.8%	46.2%	49.5%	57.0%
	12-17 years	26.4%	44.0%	51.2%	54.1%
Race	White	28.2%	44.5%	49.4%	59.6%
	Black	23.4%	45.6%	48.0%	52.6%
	Hispanic	21.8%	44.6%	50.4%	55.9%
	Asian	31.5%	49.0%	43.4%	55.5%
	Native American	40.6%	67.7%	52.3%	63.9%
	Missing	19.1%	16.7%	33.3%	29.6%
All Children		23.7%	45.1%	49.4%	55.7%

[1] .01 < p <= .05
[2] .001 < p <=.01
[3] p <=.001

Examination of removal coverage rates by race and year among sites outside California reveal consistent trends across the years showing increased coverage for all races. Although there were statistically significant differences in race-specific coverage rates in earlier years, by 2008 these differences had disappeared. In California, although the magnitude of the increase is smaller, generally removal coverage rates by race and year also increase over time. By 2008, coverage rates ranged from 53% to 64% across races (excluding children with missing race).

Exhibit 4.10 displays 2008 coverage rates for removal meetings by age and race. For sites outside California, except for Native Americans, the coverage rate for teenagers in every racial or ethnic group represented in the 2008 cohort is less than that for infants, with the biggest disparity seen for Hispanic teens (Exhibit 4.5). The coverage rate for teens ranges from a low of 66.8% for Hispanic teens to a high of 78.6% for Native American teens while the coverage rate for infants is approximately the same across all race groups.

Exhibit 4.10: 2008 Coverage Rates for Removal Meetings by Age and Race

Sites Outside California

All Sites	White[2]	Black[1]	Hispanic[3]	Native American	Total
<1 year	77.9%	77.7%	77.8%	76.2%	78.2%
1-11 years	76.6%	80.9%	82.6%	86.5%	80.0%
12-17 years	69.0%	74.6%	66.8%	78.6%	70.9%
Total	74.6%	78.0%	77.2%	81.9%	

California Sites

All Sites	White	Black	Hispanic[3]	Asian	Native American	Missing	Total
<1 year	59.4%	51.5%	52.1%	62.2%	73.9%	44.4%	53.8%
1-11 years	61.4%	52.9%	57.8%	54.7%	57.7%	22.2%	57.0%
12-17 years	55.8%	52.9%	54.3%	52.5%	66.7%	22.2%	54.1%
Total	59.6%	52.6%	55.9%	55.5%	63.9%	29.6%	

[1] $.01 < p <= .05$
[2] $.001 < p <= .01$
[3] $p <= .001$

Among the California sites, rates of coverage were lower for Black and Hispanic infants than for infants from other races. Specifically, 52% for Black and Hispanic infants compared with 59% for White infants, 62% for Asian, and 74% for Native American infants. These racial differences diminished among other age groups.

Exhibit 4.11 displays 2008 coverage rates for change of placement meetings by age and race. For the sites outside California the differences in coverage rates for change of placement meetings by age for 2005, 2006, and 2007 are statistically significant. For these sites, across all years, the coverage rate for teens is greater than the rates for other age groups. Race-specific coverage rates follow no consistent patterns. The coverage rate for black children in 2008 is greater than that of both Hispanic and White children with no consistent patterns of increased coverage seen for any age group.

Similarly, for California sites, across all years, the coverage rate for teens is consistently greater than the rates for other age groups. Generally, the coverage rates for Black and Hispanic children were slightly lower than for children of other race groups. For instance in 2008, 19% of White and Hispanic children and 32% of Native American children who experienced a placement move had a change of placement TDM compared to 12% of Black children and 15% of Hispanic children. Coverage proportions for California change of placement meetings were not as large as in non-California sites. When the Los Angeles data are excluded (not shown), the 2008 coverage was higher (20%) but still well below the rate of sites outside California.

Although anchor sites differed in their levels of experience with TDM in 2005, the data presented in this section and in site profiles provided in the appendix indicate that all sites steadily moved toward more complete implementation of removal and change of placement meetings during the anchor site phase of the initiative. Furthermore, it is clear from their patterns of progress that TDM implementation is a multi-year process and that the realignment of human and other agency resources cannot be accomplished in a year or less. Also, it should be noted that all sites also began implementation of permanency TDM meetings during this time period. However, since many sites had not undertaken permanency TDMs until late in the anchor period, the data are insufficient to complete an analysis of these meetings.

Exhibit 4.11: Coverage of Change of Placement Meetings by Age, Race, and Year

Sites Outside California

		2005[*]	2006[*]	2007[*]	2008
Sites Outside California					
Age at entry	<1 year	24.5%	32.7%	46.2%	44.9%
	1-11 years	53.8%	59.8%	60.0%	54.4%
	12-17 years	68.9%	68.4%	67.2%	54.4%
Race	White	50.7%	49.1%	57.8%	43.2%
	Black	52.4%	55.2%	58.9%	58.5%
	Hispanic	43.8%	65.1%	57.9%	54.3%
All Children		51%	54%	59%	53%
California Sites					
Age at entry	<1 year	4.8%	9.7%	10.2%[3]	10.0%
	1-11 years	6.8%	12.7%	12.8%[3]	14.5%
	12-17 years	9.3%	15.6%	16.7%[3]	21.0%
Race	White	9.6%	11.9%	14.4%	18.7%
	Black	6.3%	11.7%	13.8%	11.8%
	Hispanic	6.3%	12.7%	12.5%	14.8%
	Asian	12.9%	19.9%	17.5%	19.2%
	Native American	1.9%	22.7%	5.2%	32.4%
All Children		7.0%	12.7%	13.1%	15.0%

[1] .01 < p <= .05
[2] .001 < p <=.01
[3] p <=.001

Maintaining a Commitment to Family to Family

Maintaining a commitment to Family to Family has entailed several common challenges for anchor sites, including:

- *Achieving ongoing commitment of middle managers, frontline supervisors, and staff* to F2F values and principles;

- Normal *staff turnover* in public child welfare agency, which is typically quite high. Demands continuing effort to promote F2F values and principles in orientation and training, which may conflict with education and training new staff bring to their new positions;

- *Changes in leadership* due to: (1) routine changes in personnel due to retirement and managers taking positions of higher responsibility or in new locations; and (2) changes in leadership growing out of changes in elected officials who appoint administrators; and

- *Budgetary stress* that raises questions about whether Family to Family practices are components of "core" child welfare services.

Many of the values and operating principles of Family to Family conflict with those that prevail in many child welfare systems, especially among managers, staff, foster families, and community partners whose experiences are rooted in traditional "rescue the child" approaches. Achieving a shift in perspective and practice entails a deliberate and continuing organizational change process led by the director of child welfare and that person's management team.[13] Part of this change process is being sure to provide an orientation to Family to Family values and practices into the orientation and training of new staff, particularly given the high rate of staff turnover that prevails in child welfare agencies. To make them aware of neighborhood-based resources, for example, Cuyahoga County has included tours of communities to introduce new staff to community partners and the organizations from which they operate.

Given their central role in leading the effort to implement Family to Family, the loss of a key state or local child welfare administrator can threaten continuing commitment to the initiative. These transitions can be related to personal career decisions, but are often the consequence of electoral

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[13] The Foundation has supported recent supervisory and staff surveys in Jefferson County and Fresno to assess receptivity to the initiative. Led by Dr. Thomas Crea of Boston College, the study team will be releasing results of these surveys later in 2009.

changes that lead to the appointment of new agency directors. While most sites have successfully maintained their commitment to Family to Family during leadership transitions, the uncertainty and obvious challenges that arise during such periods are further evidence of the crucial role that leaders play in implementing the initiative.

Implementing Family to Family usually requires a significant realignment of staff resources and, where geographic assignment of workers has been adopted, of offices and other agency assets. This includes the establishment of new positions (facilitators for TDM meetings and analysts to support self-evaluation) and the adjustment of work schedules to accommodate TDM meetings that make it possible to make decisions on a timely basis. It requires ongoing effort to provide timely and respectful responses to resource families' needs, and to learn about and get to know community partners in the neighborhoods in which staff are working. All of these activities entail costs and maintaining the commitment in each of these areas can be especially challenging when budgets are being reduced. Inevitably, such crises raise questions about whether certain practices promoted by Family to Family are essential components of basic child welfare practice.

Three of the original group of 15 anchor sites withdrew from further participation during the anchor-site phase. This included Wayne County (Detroit) and Macomb County, Michigan, and Shelby County (Memphis), Tennessee. These states are similar in that each was forced to negotiate a settlement agreement with plaintiffs who sued the state child welfare agency in their respective state and forced the negotiation of a settlement agreement. State officials in Tennessee decided to adopt Family to Family after having reached a settlement in 2001 with plaintiffs in the Brian A. v. Bredesen class action lawsuit. In contrast, officials in Michigan had been involved with Family to Family for several years prior to signing a settlement agreement in 2008 that grew out of the Dwayne B. v. Granholm lawsuit filed by Children's Rights, Inc. in 2006.[14]

The circumstances in the two states differ in that state officials in Tennessee initially saw Family to Family as an approach that advocated principles and practices that were consistent with those expressed in the Brian A. settlement agreement. In contrast, state leaders in Michigan decided not to explicitly incorporate provisions of Family to Family in the settlement agreement that was negotiated in that state. Further, these officials also decided that it would not be appropriate for

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[14]An overview of the suit and agreement is available at http://www.childrensrights.org/reform-campaigns/legal-cases/michigan-dwayne-b-v-granholm/.

the two counties to continue their participation. Therefore, although consent decrees were part of the context in which the child welfare systems in Tennessee and Michigan operated, the withdrawal of these sites from Family to Family cannot be traced directly to these lawsuits and the associated settlement agreements.

One aspect of the implementation of Family to Family that may relate indirectly to the consent decrees in these states is that the Foundation and its TA team set forth very specific expectations of anchor sites in terms of:

- conformance with practices specified in implementation guidelines developed by the TA team for each of the core strategies,

- close monitoring of implementation through regular on-site reviews by the TA team, and

- installation of data collection systems to monitor the implementation of core strategies and to assess changes the achievement of target outcomes.

While many sites expressed appreciation for the access to technical assistance afforded by their participation in Family to Family, the practice models associated with the core strategies involved concrete components and specific approaches to work. As the developers and proponents of those practice models, members of the TA team focus on helping site participants understand the underlying logic of these models. In addition, they actively encourage adherence to the models in an effort to establish and maintain the integrity of each practice model. It would not be surprising, therefore, if some officials, especially those involved in a consent decree, experienced "consultant fatigue" and come to view assertive TA efforts as yet another demand on their time and attention.

Finally, in a number of Family to Family sites, certain practices were in place or being put into place that were similar to the core strategies. This was especially the case with regard to family team meetings of various types (e.g., family group conferences), but also applied to different training curricula for resource families or alternative approaches to building community partnerships. In each instance, the resolution of differences in values, practice philosophy, and actual practices entailed discussions among the Foundation, local leaders, site partners, and the TA team. This sometimes resulted in concessions by site partners that led to the adoption of Family to Family practices, but also resulted in "agreements to disagree" that resulted in anchor sites following an approach that deviated from statewide practices in state-administered systems. This was the case,

for example, in Tennessee with regard to TDM meetings and in Kentucky with regard to self-evaluation data. In both cases, the level of disagreement reached the stage at which state officials and leaders of the initiative representing the Foundation finally met to decide whether it was appropriate to continue. Officials in Tennessee decided to withdraw while Kentucky officials decided to continue, but without making a commitment to statewide adoption of Family to Family or necessarily to continuing work related to the core strategies beyond the anchor-site phase.

5. CHILD-LEVEL OUTCOMES

The outcome evaluation focuses on safety and permanency outcomes for children who come to the attention of the child welfare systems in Family to Family anchor sites. Also, as described in Chapter 3, the analysis assesses (1) the quality of placement experiences in terms of using the least restrictive form of out-of-home care that is appropriate and providing continuity in care; and (2) the extent to which placement experiences help children maintain appropriate connections with birth families and home communities. Thus, the analysis in this chapter encompasses a range of results, most of which are not "outcomes" from the standpoint of child and adolescent development. Nevertheless, all of the results examined in this chapter are directly related to "outcomes" or desired results that have been described in federal policy, even if approaches to measuring them do not adhere strictly to methods prescribed by the Child and Family Service Review (CFSR) process.

Across this range of outcomes, the analysis presents findings on two levels - the system level and the child level. Given that Family to Family is a service and system reform initiative, it is appropriate to provide a summary of changes in outcomes across the 11 anchor sites. This summary draws on the profiles of individual sites and targets key outcome indicators that can be measured similarly across all sites. These indicators describe changes in systems in terms of:

- reliance on out-of-home care because the child welfare agency determines that children cannot remain safely in their own homes;

- reliance on family-based care settings rather than congregate care;

- use of placements that make it possible for children in out-of-home care to maintain connections with their families and home communities;

- placement stability;

- exit to permanent living arrangements and

- recurrence of abuse and reentry to care.

The system-level analysis compares outcome indicators based on longitudinal data that track annual cohorts of children who entered placement for the first time during 2005 through 2008 for individual Family to Family anchor sites. It is apparent in the analysis presented below that the results of this assessment are ambiguous. This is attributable to the following circumstances:

- the jurisdictions chosen to be anchor sites had widely varying levels of experience with Family to Family at the start of this phase of the initiative;

- progress in implementing Family to Family core strategies varies, both across sites and between strategies within sites; and

- each site exists in a unique socioeconomic and policy context.

As a result, while the analysis of system-level changes is appropriate and may be useful to jurisdictions that share particular characteristics of certain anchor sites, it does not provide a satisfactory basis for assessing the impact of Family to Family on the outcomes the initiative targets. Therefore, using child-level data pooled across all anchor sites, we compare the outcomes of groups of children with varying levels of exposure to the values, principles, and practices of Family to Family.

In light of these considerations, the outcome analysis presented in the next chapter relies on longitudinal data about the placement experiences of children rather than simply accepting the recommendations developed in TDM meetings as the most appropriate indicator of children's outcomes.

System-Level Changes

The aim of child welfare reform initiatives is to change policy, practice, and procedures, and ultimately, to improve outcomes for all children and families within a jurisdiction. The discussion in Chapter 3 describes the underlying premises of the Casey Foundation's service and system reform initiatives, and the dual components of "stroke of the pen" changes and changes in practice. Implicit in this distinction is the fact that one reform component can be taken to the scale of the system very quickly and it can have an immediate and readily discernible impact. The other component, however, requires much longer to implement and its impact at the system level will only become apparent over a longer span of time. Allowing sufficient time for full implementation of both reform components, it should be possible to discern differences in system-level outcomes between Family to Family anchor sites and jurisdictions not involved in the initiative.

To begin the analysis of changes in system-level outcomes across the anchor sites, we present trends for key outcomes for individual sites[1]. These site-level outcome analyses should be viewed as primarily descriptive and represent an effort to summarize the individual experiences of the anchor sites. Additionally they provide helpful context for interpreting the child-level analyses that follow.

The interpretation of site-level outcomes must be done with the overall context of trends in the numbers of children entering placement for the first time. That is, as noted by others (Wulczyn et al., 2001[2]), and often stressed in Family to Family sites working with data, changes in the number and characteristics of children entering foster care can affect outcomes independent of how well a system is performing (e.g., infants tend to remain in care longer than older children, and so an increase in the proportion of infant entries could increase the length of stay of an overall foster care population). Exhibit 5.1 shows that five of the six anchor sites outside California consistently reduced the number of children entering care for the first time from 2005 to 2007; however, only two sites, Louisville and Cleveland, saw the decreases continue into 2008. Only one site, Denver, experienced consistent increases in the numbers of children entering care during this time period. In Maricopa County, there were consistent decreases until 2008 when a substantial increase occurred. As context for these changes, it is informative to examine state trends after excluding the anchor site numbers. The Colorado state trend was decreasing during these years; in North Carolina the trend mirrors the anchor site trends until 2008 when the statewide numbers decreased significantly; in Arizona, the number of children entering for the first time began increasing in 2007.

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[1] Outcome data for each of the respective anchor sites are provided in the indices to this report.

[2] Wulczyn, F., Kogan, J., & Dilts, J. (2001). The effect of population dynamics on performance measurement. Social Service Review, 75(2), 292-317.

Exhibit 5.1: Initial Admissions to Out-of-Home Care—Sites Outside California
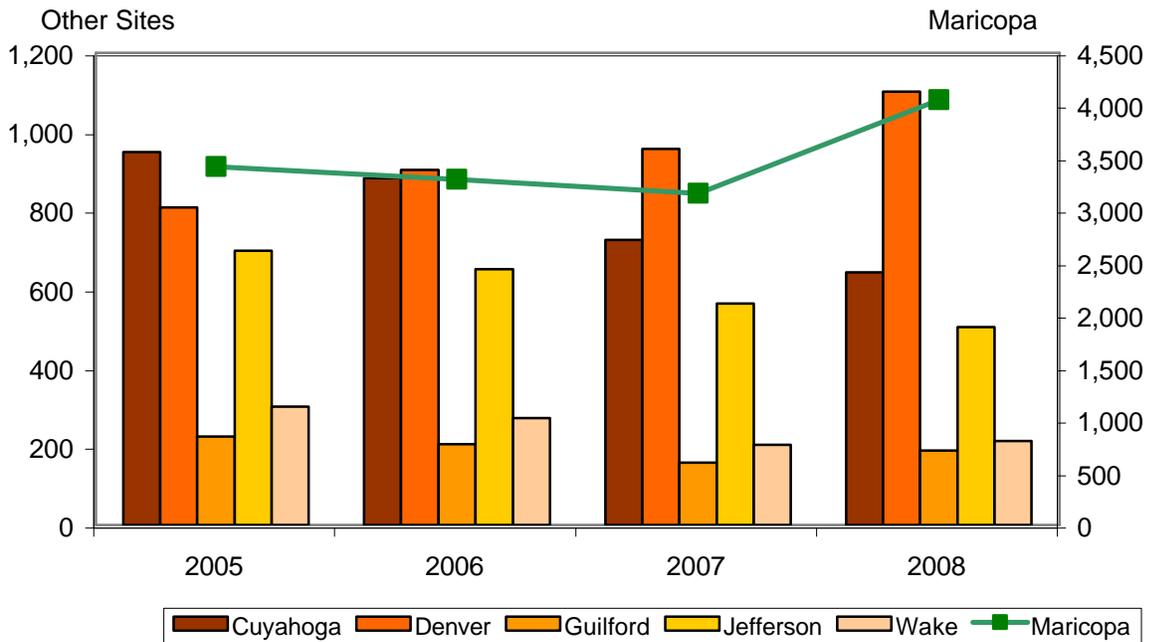
Similar to the primary trend observed in the other anchor sites, first entries decreased over the study period for all but one of the California anchor sites (Exhibit 5.2). Fresno first entries fluctuated across the four years and were higher in 2008 than they had been in 2005. The other four sites experienced declines in entries across this same span, and all five anchor sites saw a drop in entries from 2007 to 2008. State trends after excluding the five anchor site numbers also showed decreases in first entries for this time period. However, it bears noting that, in addition to the five AECF anchor sites, another 20 counties (four of which receive implementation support from the Stuart Foundation) out of 58 counties in California, are in the process of implementing Family to Family. Over 88% of children in the state's foster care system on a given day reside in one of these 25 counties. Such widespread implementation of Family to Family across the state makes it is difficult to compare and differentiate site level trends for the AECF anchor sites in relation to all other counties in California[3].

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[3] There is further complexity related to Los Angeles data. There were seven "anchor site" offices with focused implementation during the study period (Lakewood, Lancaster, Metro North, Palmdale, Pomona, Santa Clarita, Torrance) and twelve non-anchor site offices which had some Family to Family activity. The Anchor offices comprise about 36% of all entries to care, and about 35% of children in the foster care caseload

Exhibit 5.2: Initial Admissions to Out-of-Home Care—California Sites

Other Sites   **Los Angeles**

Legend: Alameda, Fresno, Orange, San Francisco, Los Angeles
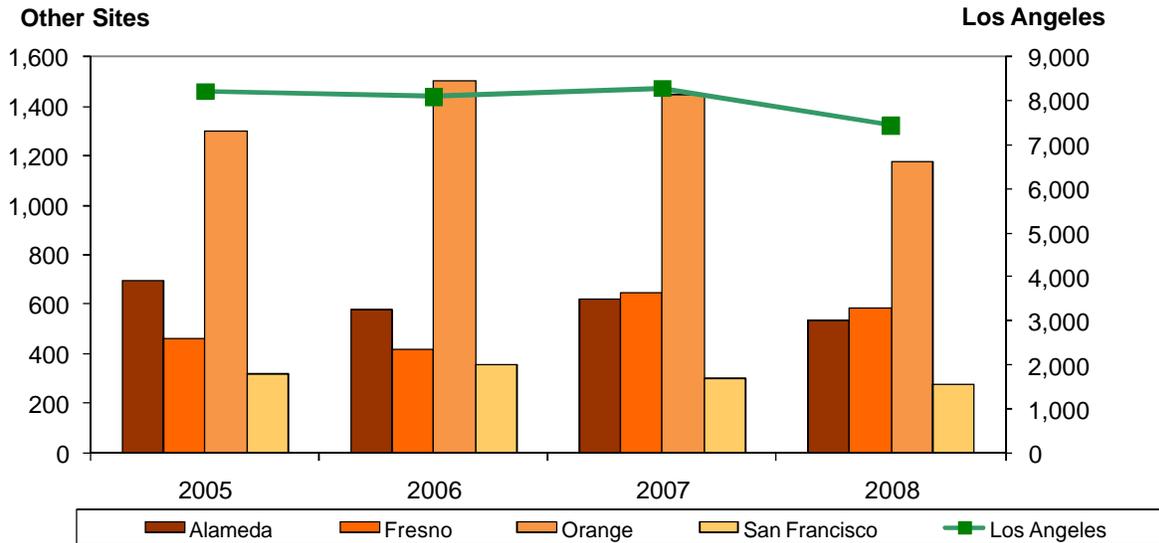
Patterns of outcome changes across sites are depicted in Exhibits 5.3, 5.4 and 5.5. As a result of years of previous system reform efforts, many anchor sites were already placing children in family settings at high rates in 2005, ranging from 68% to 86% of children entering care for the first time in sites outside of California, and from 78% to 98% in California sites. The exceptions to this trend were Orange and Maricopa counties. Orange County placed a little less than half of first entries into a family setting, and Maricopa, the newest Family to Family site, was still in the early stages of system reform during this year. Except for Maricopa, in which the percentage of children initially placed in a family setting increased by nearly half, site-level changes over time for this outcome appear insignificant. Setting these patterns within the context of the trends in numbers of children entering care (Exhibit 5.1) a slightly different interpretation emerges. For example, as Cuyahoga served more and more children in their own home avoiding out of home placement altogether, the number of children entering placement in Cuyahoga decreased very substantially. It is conceivable that the remaining children entering care did so because of more significant needs for themselves or their families that could not be met within the context of in-home services. Under these circumstances, it is perhaps not surprising that the percentage of children who were initially placed in family settings (i.e., non-congregate facilities) slightly decreased as children with more significant needs were placed in more therapeutic settings. Conversely, in Denver the numbers of children entering care increased by about one-third over these years and in Maricopa there was a large increase in numbers of children entering care in 2008. Even under the strain of these

increasing numbers, both sites were able to maintain and increase the use of family settings. Further, in California, Alameda, Los Angeles, and San Francisco consistently placed over 90% of first entries into a family setting, and despite these very high levels actually increased their proportions slightly from 2005 through 2008. Fresno also consistently placed more than three-quarters of all first entries into a family setting, though the number of entries did increase over this time period. This steady focus on maintaining children in a family setting is quite noteworthy in light of the potentially greater needs of the smaller number of children who were taken into care over these years. The results from child-level analysis that controls for some of the changing characteristics of children entering care and more precisely measures the exposure of children to Family to Family key elements are presented in sections below.

In sites outside of California, most of the children who entered placement for first time in the baseline year of 2005 and remained in care for less than one year had only one or two placements suggesting high levels of stability in the anchor sites and, perhaps, little room for improvement. A different picture emerges, however, when considering children who remained in care for over one year. In almost all sites the percentages of these "long stay" children who have only one or two placements is significantly smaller ranging from 86% to 57%. Three sites saw increases in stability for this group of children during these years. The placement move analysis for sites in California took a slightly different longitudinal approach than was applied elsewhere. The analysis tracked first entries for 12 months, and examined those children who remained in care at the 1-year mark to determine the proportion who were still in their first or second placement. By selecting only those children still in care at 12 months, the California proportions in placement one or two are smaller than those for other sites. Nonetheless, results of this longitudinal analysis showed that all five California sites increased placement stability between 2005 and 2008.

Exhibit 5.3: Site-Level Outcomes for Sites Outside California--Group 1
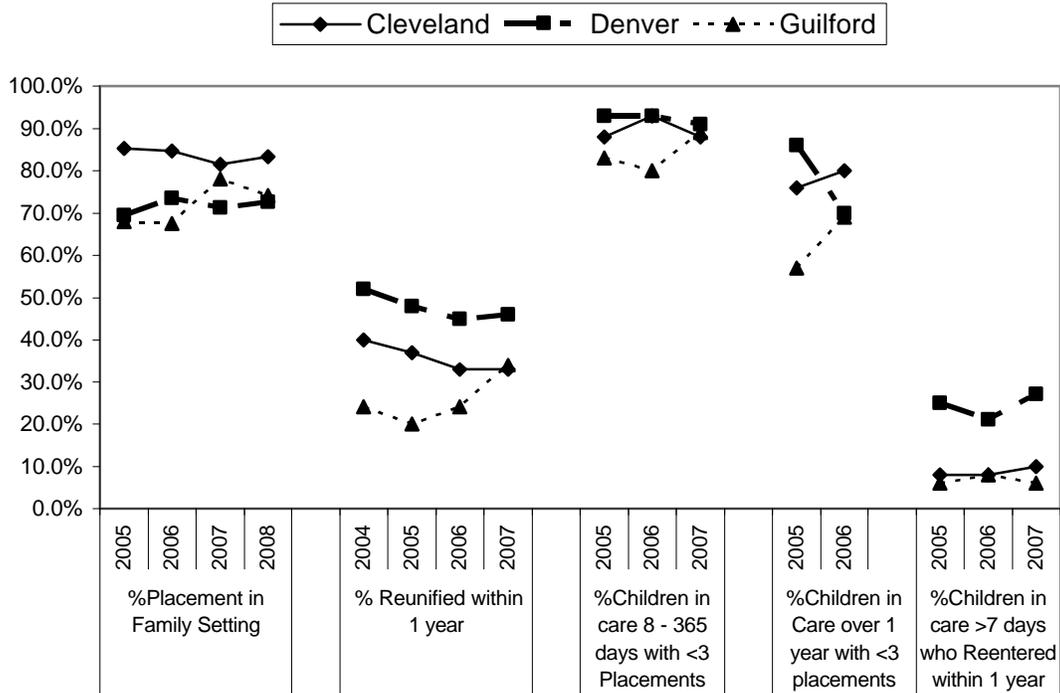
Exhibit 5.4: Site-Level Outcomes for Sites Outside California--Group 2
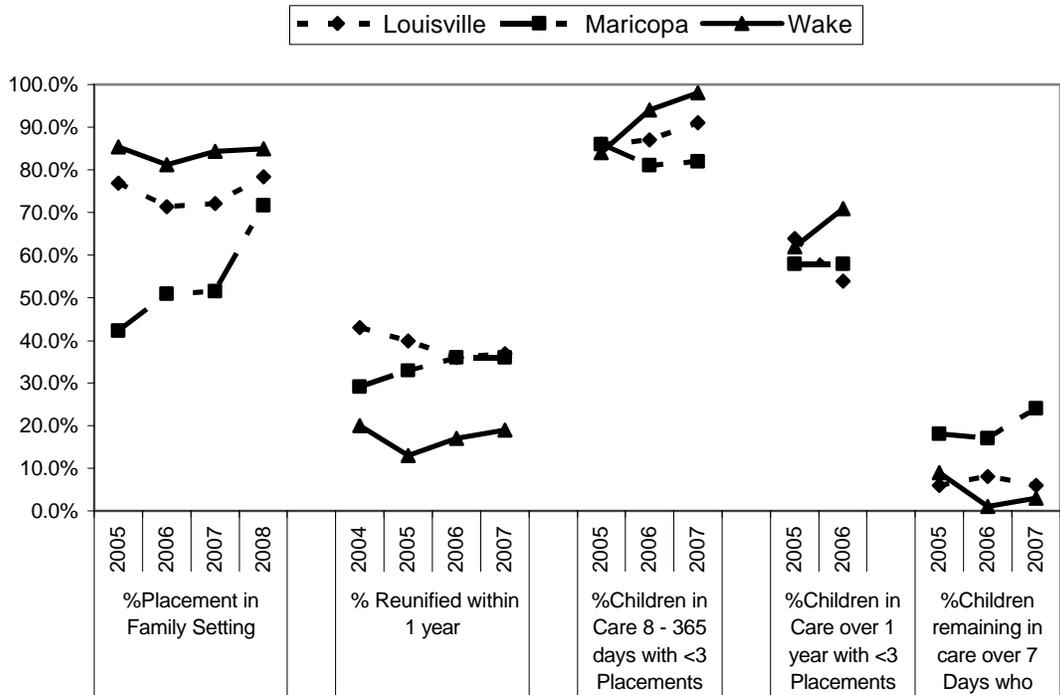
Exhibit 5.5: Site-Level Outcomes for California
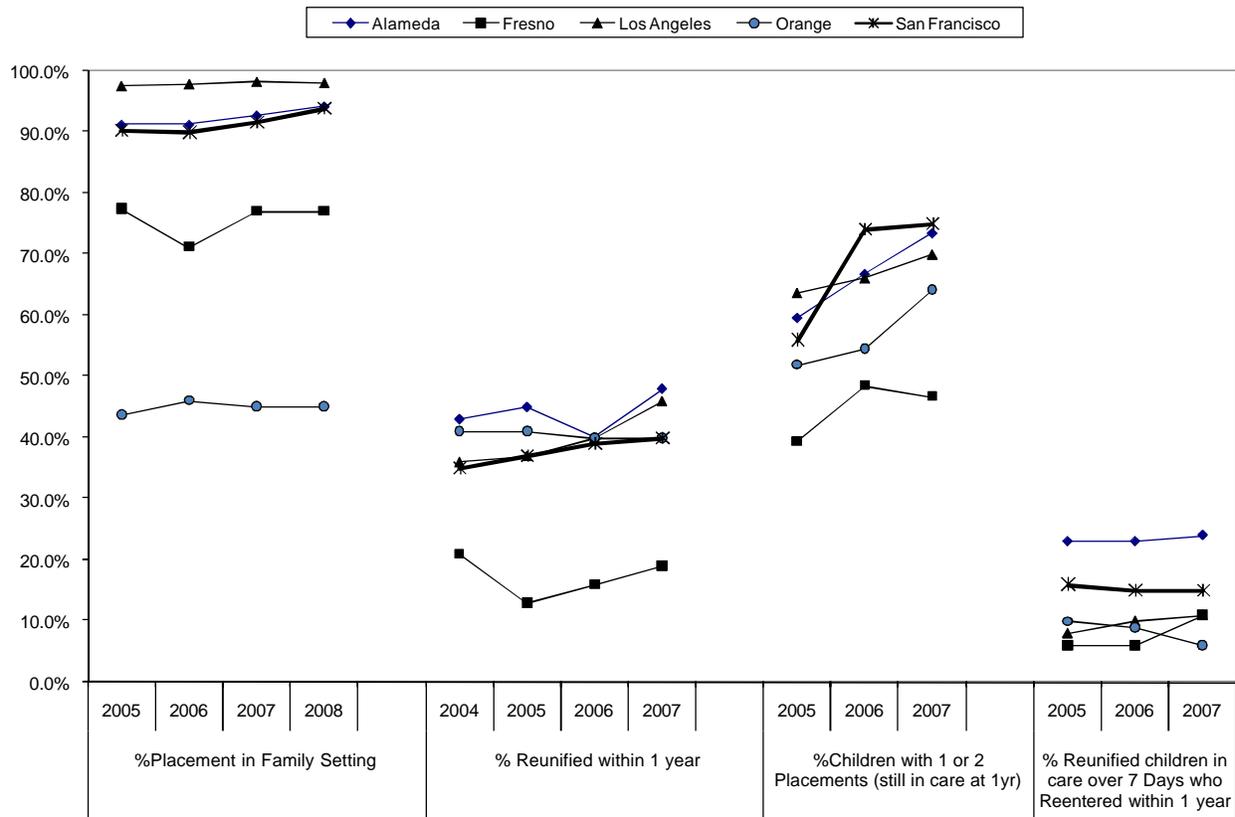
Reunification rates within one year among all children initially entering care (with spells of at least eight days) in each year of the anchor-site phase, were less than 50% for all eleven sites. It is important to note that this measure of reunification is different in two ways than is often measured. First, it considers all children initially entering placement during a period of time as opposed to examining those children who exit. Second, for the non-California sites, it only includes children reunified to birth parents. Others measures of reunification are examined in the child-level analysis.

In three of the six sites outside of California, and three of the five California anchors, site-level trends suggest slight improvement in reunification rates during this time period; and in the three most recent years, the proportion reunified for all California anchors increased (except for Orange which remained virtually unchanged). This trend was also evident for the balance of the state not including the anchor sites. State trends for AZ and NC, though, suggest that other jurisdictions within these states are not experiencing the same increases in reunification rates.[4] For the most

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[4] State-level data for North Carolina obtained from Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., and Weigensberg, E.C. (2009). *NC Child Welfare Program*. Retrieved June 23, 2009, from University of North Carolina at Chapel Hill Jordan Institute for Families website: http://ssw.unc.edu/ma/

part, increased reunification occurred within the context of low and mostly unchanging reentry rates. However, Orange county, which had relatively low reentry in 2005 continued to decrease the rate notably in 2006 and 2007—underscoring perhaps their chosen focus to improve permanency in light of the relatively unchanged reunification rate during this time.   Fresno and Los Angeles were exceptions in California where reentry increased somewhat. However, the recent rates (11% for both in 2008) were only high when considered in relation to the longstanding trend in both these sites of very low reentry. Another exception is Maricopa County which saw an increase in reentry rates for the 2007 cohort. It is unlikely that the increase in reentry is related to increased reunification, though, because of the timing of the changes. Maricopa reunification rates flattened in 2007 which is the year that reentry increased. To be sure this change calls for monitoring to determine if a trend develops, this one-year increase, however, should not be given broader significance than it might deserve. Each of these instances warrants closer examination by local self-evaluation teams.

This examination of site-level changes is presented as context for the child-level analysis that follows. At this level, it would be inappropriate to assume that the observed trends are attributable solely to Family to Family. Given the wide variation in implementation status of Family to Family across these years, not all children in the sites were equally exposed to the key elements of Family to Family. This variation in implementation as well as other circumstances makes it difficult to discern a clear impact of Family to Family at the site level. Additionally, the lack of comparison data at the site level makes it impossible to control for the impact of other factors related to these outcomes. The consistency of findings across and within the two strata, however, suggests a positive relationship between Family and Family and improved outcomes. This relationship will be explored in-depth in the children-level analysis that follows. The child-level analysis presented below incorporates statistical controls for differences in exposure to key elements of Family to Family for individual children and compares outcomes for children with varying levels of exposure.

Child-Level Outcomes: Impact in Four Outcome Domains

Consistent with the site-level analysis, child-level analysis focuses on four outcome domains including safety, permanency, family connections and quality of care. Restrictions imposed by the Institutional Review Board for the California Department of Social Services preclude merging data

for all 11 anchor sites. As a result, all analyses are stratified according to whether the site was located in California or another state.

The child-level analyses are supported by longitudinal referral and foster care placement data created from record extracts obtained from the state child welfare information systems of each site. The referral data track all records of allegations of maltreatment and the resulting dispositions for children over time. The placement data files track all foster care placement experiences of children from the time of initial entry until exit and reentry, if those events occur. Merged with the referral and placement files are TDM data. The TDM data track key elements of Family to Family reflected in meetings that make recommendations concerning removals or changes in placement for individual children. Together these linked data sets provide information on most Family to Family outcomes and exposure to key elements of Family to Family for each child in the two samples.

The data set for the six sites outside California includes 22,905 children who entered out-of-home placement for the first time between January 1, 2005, and December 31, 2008.[5] Among this group are 16,073 children exposed to Family to Family key elements as measured through having a Family to Family index value greater than 0 . The remaining 6,832 children with no exposure to Family to Family key elements (i.e., those who were not involved in a TDM meeting), serve as the comparison group to assess the counterfactual of what might have happened without Family to Family.

The evaluation data set for the five California sites includes 115,655 children and youth who experienced at least one substantiated referral and 43,246 children who entered out-of-home care for the first time (and remained in care for more than 7 days) from January 1, 2005, through December 31, 2008. For children with a substantiated referral, 19 percent (N = 22,328) were exposed to the key elements of Family to Family by experiencing a TDM, and 81 percent (N = 93,327) did not have a TDM meeting and thus no exposure. And, among children entering care,

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[5] Data for some children who entered care later in 2008 are not available for Cuyahoga County and Maricopa County. The transition to a new statewide child welfare information system in Ohio made it infeasible to develop entirely new data extraction and file creation procedures for the final quarter of the 2008. Arizona has a subscription to the State Foster Care and Adoption Data Center based at the Chapin Hall Center for Children under which it obtains updates to its longitudinal database. The update schedule for the latter part of 2008 did not permit the evaluation team to incorporate the data for the latter part of 2008.

about 59 percent (N = 25,550) were exposed to key element through in a TDM meeting, and 41 percent (N = 17,696) comprise the comparison group with no exposure.

Data obtained from the respective state child welfare information systems provide a common set of information describing basic demographic characteristics of children and their placement experiences; it is possible to compare characteristics of children in the Family to Family group to those in the comparison group. Given that Family to Family was not targeted to particular children according to personal characteristics, few differences should exist between the two groups. As Exhibit 5.6 shows for the sites outside California, however, the groups are different, but the differences are rooted in the schedule of implementation of Family to Family. Specifically, children and youth from Maricopa County constitute a larger proportion of the comparison group, partly because of its size, but also because it implemented Family to Family later than other anchor sites. Conversely, children and youth from Cleveland and other anchor sites that embarked on Family to Family earlier comprise a larger segment of the Family to Family group. As a consequence, the groups differ in ways that reflect the higher representation of Maricopa children and youth in the comparison group (e.g., more children who are white or Hispanic and more youth aged 15-17). Exhibit 5.7 shows data for California sites. As dependents of the largest child welfare system in the country, children from Los Angeles constitute the largest proportion of the sample for both the Family to Family and comparison groups, with a higher proportion in the comparison group than in the Family to Family group. The opposite trend was the case for Alameda, and Orange. There were not large differences between the two groups with respect to gender, age group, or ethnic group. However children in more recent years constitute smaller proportions of children in the comparison group.

Since the Family to Family and comparison groups differ on some characteristics, the multivariate models described below include those characteristics as covariates. Also, for selected outcomes we only use the population of children who had a TDM meeting, providing a more homogeneous subsample. Within this subsample we use the variability in the presence of specific key elements across meetings to more closely examine the relationship of the key elements to outcomes of interest. Additionally, we assess the relationship between parental presence, other key elements and the outcomes.

Exhibit 5.6: Characteristics of Family to Family Group and Comparison Group, Sites in AZ, CO, KY, OH
and NC

	Family to Family Group	Comparison Group	Family to Family Group	Comparison Group
Site				
Cleveland	2,927	268	18.2%	3.9%
Denver	3,011	755	18.7%	11.1%
Guilford	698	81	4.3%	1.2%
Louisville	1,662	740	10.3%	10.8%
Maricopa	6,995	4,778	43.5%	69.9%
Wake	780	210	4.9%	3.1%
Age at entry				
Birth - 1 year	4,921	1,801	30.6%	26.4%
2-5 years	3,304	1,347	20.6%	19.7%
6-11 years	3,336	1,356	20.8%	19.8%
12-14 years	2,159	873	13.4%	12.8%
15-17 years	2,290	1,408	14.2%	20.6%
Gender				
Male	8,053	3,613	50.1%	52.9%
Female	7,962	3,177	49.5%	46.5%
Race				
White, non-Hispanic	5,231	2,692	32.5%	39.4%
Black, non-Hispanic	5,169	1,345	32.2%	19.7%
Hispanic	4,700	2,272	29.2%	33.3%
Native American	263	179	1.6%	2.6%
Asian American/PI	142	39	0.9%	0.6%
Other	84	40	0.5%	0.6%
Entry cohort group				
2005	2,968	3,418	18.5%	50.0%
2006	4,521	1,706	28.1%	25.0%
2007	4,821	931	30.0%	13.6%
2008	3,763	777	23.4%	11.4%
	16,073	6,832	100.0%	100.0%

Exhibit 5.7 Characteristics of Family to Family and Comparison Group, California Sites

	Family to Family Group	Comparison Group	Family to Family Group	Comparison Group
Site				
Alameda	1,771	662	6.9%	3.7%
Fresno	1,255	847	4.9%	4.8%
Los Angeles	17,922	14,144	70.1%	79.8%
Orange	3,706	1,721	14.5%	9.7%
San Francisco	896	352	3.5%	2.0%
Age at entry				
Birth - 1 year	7,543	5,975	29.5%	33.8%
2-5 years	6,968	4,018	23.4%	22.7%
6-11 years	6,435	4,115	25.2%	23.3%
12-14 years	3,134	1,799	12.3%	10.2%
15-17 years	2,470	1,789	9.7%	10.1%
Gender				
Male	12,349	8,622	48.3%	48.7%
Female	13,199	9,070	51.7%	51.3%
Missing	2	4	.	.
Race				
White	3,946	2,660	15.4%	15.0%
Black	5,421	4,038	21.2%	22.8%
Hispanic	14,920	10,234	58.4%	57.8%
Native American	264	138	1.0%	0.8%
Asian American/PI	990	608	3.9%	3.5%
Missing	9	18	.	.
Entry cohort group				
2005	4,789	6,194	18.7%	35.0%
2006	6,888	4,055	27.0%	22.9%
2007	7,442	3,861	29.1%	21.8%
2008	6,431	3,586	25.2%	20.3%
	25,550	17,696	100.0%	100.0%

The sections below are organized around the outcome domains. Each section summarizes the analytic strategy used for the outcome analysis and provides a summary of the findings. Due to data constraints we were unable to complete some analysis in a few sites.

Safety

Repeat Maltreatment. Child-level safety analysis included an analysis of repeat maltreatment in CA sites. The data in sites outside of CA did not support these analyses. For the safety domain, a logistic regression analysis examined the impact of different factors on the likelihood that children with a substantiated maltreatment report in a 6-month base period would experience a subsequent substantiated report within 6 months of the initial report.   The analysis is grounded in one of the two national safety standards mandated by the second round of the Child and Family Safety Reviews (CFSR) and adds child-level TDM information and other child-specific covariates as predictive factors for re-abuse.

A multivariate model was run for this analysis. The model examined the likelihood of recurrence of maltreatment for the <u>subset</u> of children who had a front-end (i.e., imminent risk or emergency placement) TDM within one month of the initial substantiated report (n=22,268). Analyses began with saturated models that contained main effects variables and all combinations of interaction terms between the main effects. In subsequent models, interaction terms that did not contribute significantly to the model were excluded from further consideration. The same process was carried out for main effects terms, though some demographically informative variables (e.g., gender, and ethnic group categories) were retained in the final model even though they were not statistically significant. The non-significant deviance chi-square statistic indicated that the final model did not differ significantly from the saturated model and thus fit the data well. Confidence intervals for "adjusted" odds ratios were computed to reflect the impact of random variation of these estimates (Hosmer & Lemeshow, 1989[6]).

The odds ratio column provides an easily interpreted measure of association between the explanatory variables and the likelihood of recurrence. Any value less than 1.00 indicates a lower likelihood of recurrence for the corresponding factor, while a value higher than 1.00 indicates a greater likelihood of recurrence. Also, when a variable in the model has multiple categories (e.g., age groups or race), the odds ratios are interpreted as likelihood of recurrence between a "reference group" (one of the categories of the variable) and any other category. For example, children twelve to fourteen years old at the time of the initial substantiated referral were 28% more likely to experience recurrence than the reference group, children younger than 2 years of age at the initial substantiated referral.

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[6] Hosmer, D., & Lemeshow, S. (1989). *Applied Logistic Regression.* New York: Wiley.

Exhibit 5.8: Logistic Regression: Recurrence Of Maltreatment Within 6 Months: California Sites—Children With TDM Only; Recurrence: N=1,653 (7.0%); No Recurrence: N=20,675 (93.0%)

Variable	Odds Ratio	Probability
Referral Cohort		
Jan-Dec 2005	*1.00*	
Jan-Dec 2006	.72	<.001
Jan-Dec 2007	.73	<.001
Jan-Jun 2008	.76	<.001
Gender		
Female	*1.00*	.
Male	.93	ns
Ethnicity		
White	*1.00*	.
African American	1.08	ns
Hispanic	.86	<.05
Asian/Pacific Islander	.84	ns
Native American	1.02	ns
Age at Referral		
0- 1 year	*1.00*	.
2-5 years	1.16	<.05
6-11 years	1.25	<.01
12-14 years	1.26	<.01
15-17 years	1.11	ns
Allegation Type		
Neglect	*1.00*	.
Physical Abuse	.85	<.05
Sexual Abuse	1.07	ns
Other Maltreatment	.89	<.05
Family to Family Site		
Los Angeles	*1.00*	.
Alameda	1.45	<.001
Fresno	1.01	ns
Orange	1.41	<.001
San Francisco	1.10	ns
Family to Family index low	*1.00*	.
Family to Family index high	1.10	ns
No TDM within 1 day	*1.00*	.
TDM within 1 day of referral	0.62	<.001
No Prior Substantiated Referral	*1.00*	.
Prior Substantiated Referral	1.27	<.001

The safety model looked specifically at those children who had exposure to Family to Family through a front-end TDM. As Exhibit 5.8 shows, there was a strong effect for the key element of timing of the TDM—with children who had a TDM within one day of the base period substantiated referral significantly less likely (OR=.62) to experience recurrence than those who had a TDM more than one day later. This result lends support to the canonical TDM approach which calls for convening a meeting as soon as possible around a "live" decision. Also controlling for other factors, children with an initial substantiated referral that occurred in later time periods during a site's implementation of Family to Family were less likely than those from the comparison year to experience recurrence.

While timeliness of the meeting and time periods later into Family to Family implementation were strong predictive factors, there was no significant effect for the remaining key elements (e.g., experienced facilitator, community partners present, held in the community, etc.) categorized into high or low Family to Family exposure on the likelihood of recurrence. We would expect under the Family to Family model that the presence of more key elements would indicate a higher quality meeting and increase the likelihood of a positive outcome (in this case, lower recurrence). This could be indication that other key elements could be more predictive for this outcome or that the configuration of the meeting is less impactful than its timing. Further examination of this issue is warranted.

Other results indicated no significant differences based on gender, or ethnic group—except for a lower likelihood for Hispanic children (OR=.86). Children 2-5, 6-11 and 12-14 years old were more likely to experience recurrence than very young children (0-1 year olds). And controlling for other factors in this analysis, children from Alameda and Orange counties were more likely to experience recurrence than children in Los Angeles. The other two sites did not differ significantly from Los Angeles.

Reentry to Care. Using a logistic regression model, this analysis examines the likelihood of reentry among children who entered child welfare supervised foster care for the first time between January 1, 2005, and December 31, 2007, and who exited to reunification within 90 days of initial entry. The analysis focuses on children reunified with their birth families following short stays in care

since they have been identified as the group most likely to reenter.[7] Independent variables in the models included age at removal, gender, race/ethnicity, site, year of entry, last placement type and the categorized key elements index.

Among children and youth from sites outside of California, the analysis found that the key elements index had no impact on reentry for children. The model results presented in Exhibit 5.9 reveal that only age at entry and site are significantly related to likelihood of reentry at 6 months. Children from Denver and Phoenix are more likely to reenter than children in other sites and all age groups with the exception of 12 to 14 year olds are less likely to reenter than infants. Similarly reentry within 12 months of reunification is related to age at entry and site. Additionally, children whose last placement was in group care or a shelter are more likely to reenter than children exiting from other types of placements.

Finally, we should note that these analyses did not include children who remained in placement for less than eight days. Sites with substantial percentages of children entering care for a very short period of time should examine whether children who exit very quickly are more likely to reenter care. If so, it would warrant further analysis and close tracking by self-evaluation teams, to be sure that these children are not bouncing in and out of care.

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[7] Courtney, M. (1995). "Reentry to foster care of children returned to their families." *Social Services Review,* 69: 228-241. Wells, K. & Guo, S. (1999). "Reunification and reentry of foster children." *Children and Youth Services Review,* 21(4): 273-294.

Exhibit 5.9: Logistic Regression Results: Likelihood Of Reentry At 6 Months And 12 Months Following Reunification: Sites Outside California

	Reentry in 6 months		Reentry in 12 months	
	probability	Odds Ratio	probability	Odds Ratio
Age at entry (reference group = less than 1 year)	.02		.03	
2-5 years	.05	.66	.03	.66
6-11 years	.02	.61	.01	.59
12-14 years	ns	1.06	ns	.87
15-17 years	.05	.59	.03	.61
Gender (reference group = male)	ns	.78	ns	.84
Race/ethnicity (reference group = White)	ns		ns	
Black	ns	.79	ns	.83
Hispanic	ns	1.03	ns	1.00
Other	ns	.87	ns	.62
Site (reference group = Cleveland)	.00		.00	
Denver	.00	4.93	.00	3.54
Guilford	ns	2.14	ns	1.05
Louisville	ns	1.58	ns	1.64
Phoenix	.01	3.42	.01	2.51
Wake	ns	2.68	ns	1.44
Entry cohort (reference group = January–June 2005)	ns		ns	
July-December 2005	ns	1.17	ns	1.23
January–June 2006	ns	.84	ns	1.07
July–December 2006	ns	1.13	ns	1.04
January-June 2007	ns	1.25	ns	1.31
July-December 2007	ns	1.59	ns	1.19
Family to Family exposure index (reference group = 0)	ns		ns	
1-4 key elements	ns	.79	ns	.80
5-8 key elements	ns	1.11	ns	1.00
Last placement type (reference group = foster home)	ns		.00	
Relative	ns	.92	ns	.90
Group care or shelter	ns	1.29	.00	1.74

ns: not significant

Results from two logistic regression models involving California cases are shown in Exhibit 5.10. The first model of the likelihood of reentry within 6 months indicates a marginally significant effect

for children in the group with a high number of key elements within the first 7 days of care who were less likely to reenter (OR=.62) than those who did not have a TDM. Children from all age groups (except for 12-14 year olds) older than those in the reference group of infants had a higher likelihood returning to care within 6 months. There were no differences by gender or time period in this model, and while black children had the highest likelihood of reentry, differences across ethnic groups were not significant. Children exiting from kinship care were less likely than those in other settings to reenter within 6 months; and children reunifying from congregate care were almost twice as likely to experience this outcome (OR=1.99). Compared to children from Los Angeles, those from Alameda and San Francisco were more likely, and those from Orange less likely to reenter.

A second model concerning reentry within 12 months yielded very similar results, but the effect of having a TDM was not statistically significant. Age, gender, time period, and site level effects were virtually the same in the 12-month model compared to the 6 month model. Differences by ethnic group were significant in the 12 month model--with black children more likely (OR=1.23) and Asian children less likely (OR=.61) than white children to reenter care. As in the 6-month model, children exiting from kinship care were least likely and those from congregate care were most likely to return to foster care.

Exhibit 5.10: Logistic regression: Likelihood of reentry following reunification: California sites; Reenter in 6 months: n=790 (8.5%); Not Reenter in 6 months: n= 8,457 (91.5%); Reenter in 12 months n=1,149 (12.4%): Not Reenter in 12 months n=8,098 (87.6%)

Variable	6 Months		12 Months	
	OR	Probability	OR	Probability
Cohort				
Jan-Jun 2005	*1.00*		*1.00*	
Jul-Dec 2005	1.27	ns	1.29	ns
Jan-Jun 2006	1.48	ns	1.21	ns
Jul-Dec 2006	1.27	ns	1.12	ns
Jan-Jun 2007	1.26	ns	1.01	ns
Jul-Dec 2007	1.16	ns	1.18	ns
Gender				
Male	*1.00*	.	*1.00*	.
Female	.97	ns	.92	ns
Ethnicity				
White	*1.00*	.	*1.00*	.
African American	1.18	ns	1.23	<.05
Hispanic	.86	ns	.87	ns
Asian/Pacific Islander	.70	ns	.61	<.01
Native American	.62	ns	1.02	ns
Age at Entry				
0- 1 year	*1.00*	.	*1.00*	.
2-5 years	.70	<.01	.74	<.01
6-11 years	.63	<.001	.61	<.001
12-14 years	.84	ns	.89	ns
15-17 years	.56	<.0	.62	<.001
Last Placement Type				
Kin	*1.00*	.	*1.00*	.
Foster	1.42	<.01	1.22	ns
Foster Family Agency	1.28	<.01	1.14	ns
Group/Shelter	1.99	<.001	1.69	<.001
Family to Family Site				
Los Angeles	*1.00*	.	*1.00*	.
Alameda	1.87	<.001	1.77	<.001
Fresno	.91	ns	.88	ns
Orange	.68	<.05	.63	<.01
San Francisco	1.56	<.05	1.0	<.001
No TDM	*1.00*	.	*1.00*	.
F2F index low	.79	ns	.87	ns
F2F index high	.62	.054	.73	ns

Family and Community Connections.

Although defined as separate outcome domains, the quality of placement and maintenance of family connections are inextricably connected as both relate to the child welfare agency's first response to a child entering care. We analyzed the impact of Family to Family on these domains by examining a series of outcomes related to the first placement experience of children in our samples. The models capture the impact of Family to Family through the key elements index. The index measures the exposure to Family to Family as experienced in the TDM meeting closest to the child's initial placement. It is categorized as none, low, and high. All children with valid outcome data were included in the analyses. For selected outcomes, we also analyzed the impact of a specific individual key element and created a modified index for inclusion in the analysis. The modified index did not include the selected element of interest. For example, when analyzing whether a child was placed with a relative we deemed it important to include whether a family member attended the meeting as a separate variable in our analysis.

For the sites outside of California, four types of family connection outcomes are included in this analysis: 1) initial placement in a family setting; 2) placement with siblings; 3) placement in home neighborhoods; and 4) a hybrid measure combining measures 1, 2, and 3. The hybrid measure, called family connection, equals one for children who were placed with a relative or placed in home neighborhood or placed with a sibling. Children who did not experience any of these events had a value of 0 for the family connection variable. Since administrative databases that are used to create the analysis dataset vary from site to site, to insure comparability the analysis population must be modified across these outcomes (Exhibit 5.11). All outcomes are Bernoulli distributed (yes/no), and as such analyses are conducted using logistic regression. Results are presented as odds ratios or predicted probabilities as appropriate.

The family connections analysis for California sites applied the approach described in number four above. There were no data comparability difficulties since information for all California sites was drawn from the same administrative data source.

Exhibit 5.11: Family Connection Outcomes And Analysis Populations For Sites Outside CA

Outcome	Population	Strata Sample Sizes
Placed in family-like setting	Cuyahoga, Denver, Guilford, Louisville, Maricopa, Wake	22,140
Placed with at least one sibling	Cuyahoga, Denver, Guilford, Louisville, Wake	2,496
	Foster care placements only	
	Children entering care with a sibling	
Placed in home neighborhood	Denver and Cuyahoga stratified by whether entering care with a sibling	0 Siblings – 3,848 1+ Siblings – 2,881
Placed with Family Connection*	Cuyahoga and Denver stratified by whether entering care with a sibling	0 Siblings –1,305 1+Siblings –1,694

* - A positive response to placed in family-like setting, with at least one sibling and/or in home neighborhood indicates a family connection.

To determine whether demographic characteristics and other covariates might be confounders of the relationship between family connection outcomes and Family to Family, we analyzed the relationship between several covariates (site, race, gender, age and year of entry) and the outcomes and intervention. All of the variables except for gender were highly correlated (p < 0.001) with both the Family to Family index and at least one outcome of interest; as such, they were considered potential confounders and added to the model. Gender was not associated with the Family to Family index (p=0.71) so it is not included in the final models.

Across the 6 sites outside of California, 22,140 participants had valid outcome data. Of those, 8,525 (40%) were assigned a Family to Family index value of 0 because the child was not involved in a TDM meeting at removal. Of the 12,822 participants with Family to Family exposure data, 6,692 (52% of participants with exposure, 31% of all children) had a low index score of 4 or less and the remaining 6,124 (48% with exposure, 29% of all children) had an index of 5 or higher. Unadjusted outcome rates range from 26% placed with relatives to over 60% placed in a family like setting. More detailed, site-specific distribution data are appended.

Exhibit 5.12: Effects of Family to Family Index on Quality of Placement and Family Connections Outcomes

Outcome	Percentage Experiencing Each Outcome				Odds Ratios		
	No Exposure	Low Exposure	High Exposure	p	Low vs. None	High vs. None	High vs. Low
Placed in family setting	72.2%	72.5%	75.4%	0.00	1.02	1.18 *	1.16 *
Maintaining Family Connections Outcomes							
Placed with sibling	81.3%	83.9%	80.8%	0.22	1.20	0.97	0.81
Placed in neighborhood							
-Children entering with one or more siblings	34.7%	29.2%	31.6%	0.06	0.78 *	0.87	1.12
-Children entering with no Siblings	36.2%	30.7%	33.8%	0.02	0.78 *	0.90	1.15
Maintained a family connection (i.e., placed with a relative or in home neighborhood or with a sibling)							
-Children entering with one or more siblings	97.9%	98.3%	98.9%	0.01	1.26	1.91 *	1.51 *
-Children entering without siblings	43.3%	40.2%	51.6%	0.00	0.88	1.39 *	1.59 **

  * indicates p < 0.05
** indicates p < 0.001

Initial Placement Type. **Exhibit 5.12 summarizes the relationships between the Family to Family index and two sets of outcomes, placement in a family setting and maintenance of family connections. First, a high index value is associated with an increased likelihood of placement in a family setting (1.16 and 1.18 for High exposure vs. Low exposure, High vs. None, both p < 0.001). Further, stratified analyses show that the intervention is most effective in higher-risk populations. As Exhibit 5.13 indicates, black children with Family to Family exposure were significantly more likely to be placed in a family-like setting than those without (OR: 1.18). In contrast, the rates of placement for white or Hispanic children (OR: 0.91 and 1.03 respectively) were not different. The intervention was most effective in young children (age: 0-1) and in later study years (2008).**

Exhibit 5.13: Odds Ratios For Family Placement By Family to Family Exposure (none versus > some) By Covariate Strata – Values Adjusted For Race, Age, Site And Year.


Odds Ratios with 95% Confidence Intervals
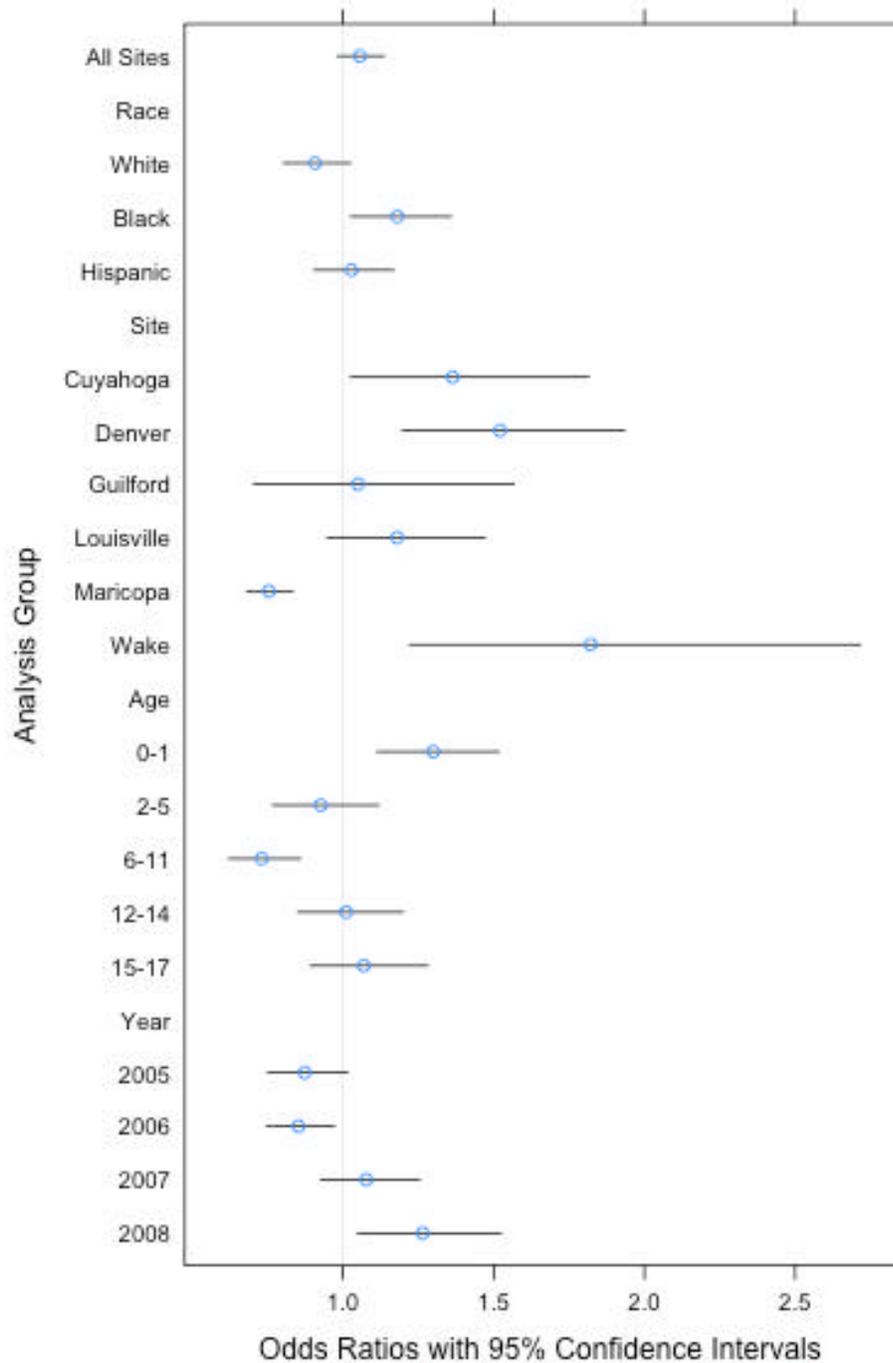
To further examine the relationship between initial placement and the key element index, we reclassified placement in a family setting into two separate outcomes, "placements with relatives"

and "placements in foster homes" The results indicate that participants with a low index (1-4) group are the most likely to be placed in a foster home, more likely than participants with no exposure (OR: 1.58, p < 0.001) and, surprisingly, more likely than participants with high index values (OR: 1.47, p < 0.001). No differences exist between participants with high indices and no exposure; however, this finding is counterbalanced by the result indicating that a child with a low exposure is the least likely to be placed with a relative. A child with a low index is less likely to be placed with a relative than a child with a high index (0.61, p < 0.001) or a child with no exposure at all (OR: 0.71, p < 0.001). The high index group is more likely to be placed with a relative than a child with either a low index or no exposure at all (OR: 1.17, p < 0.001).

Based on the possibility that these findings could be driven by relative attendance at TDM meetings, we conducted exploratory analysis to investigate the relationship between relative placement and relative involvement at meetings using only the sample of children who had a meeting. Only 47% of the low index group had a relative present, compared to 78% of the high index group. Not surprisingly, the analysis revealed a high association between the relative presence and relative placement (OR: 2.7 for relative present vs. none, p < 0.001). In the sub-population of children who had a relative present at their removal meeting, the remaining elements of the index further improved the chances of placement with a relative (OR: 1.23 for 4-7 vs. 0-3 elements, p < 0.001). For children with no relative present, a modified Family to Family index (i.e., not including participation by a family member or friend) was not associated with the chance of relative placement (OR: 0.97, p=0.64).

Other outcomes and covariates. The analysis produced inconsistent or contradictory findings for outcomes involving placement with siblings or placement in home neighborhoods (recall Exhibit 5.12). Analysis of these variables was constrained by much smaller populations and, thus, reduced statistical power compared to the analysis of initial placements reported above. In Cleveland, placement in a family-like setting was more likely for participants with high index values (Exhibit 5.14). No similar effects were seen for Denver (results not shown).

Exhibit 5.14: Rate Of Initial Placement By Family To Family Index – Values Adjusted For Race And Age
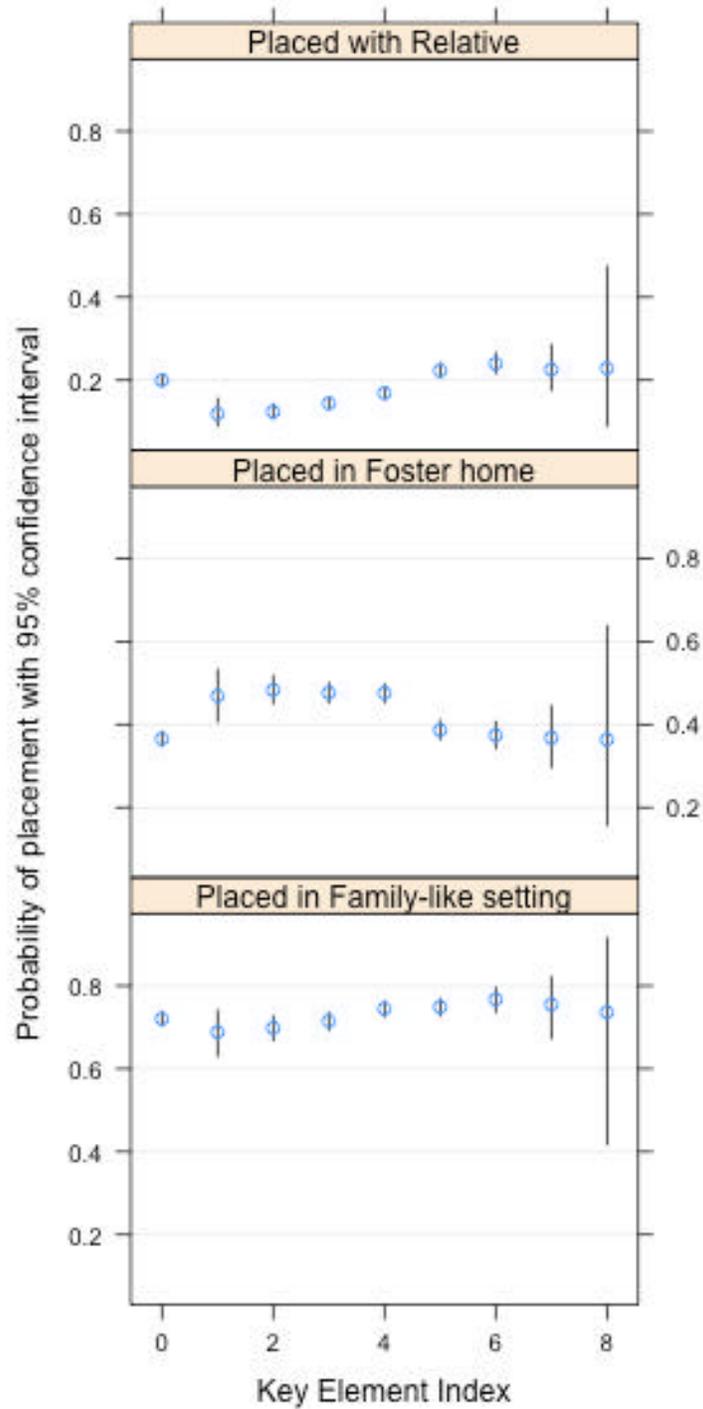
The covariate patterns seen in this analysis are presented in Exhibit 5.15. All covariates were associated with placement in a family-like setting, although, no significant pair-wise differences exist for Race. In general, younger children were more likely to be placed in a family setting, and the rate of placement in a family setting increased as the study progressed. As age increased the likelihood of placement with a sibling decreased. The models for neighborhood placement and the overall family connection outcome are stratified by whether a child is entering care with a sibling. Both groups of children are less likely to be placed in the home neighborhood or to have an overall family connection in recent years. The rest of the results are mixed, perhaps tempered by reduced power due to smaller sample sizes.

Exhibit 5.15 – Covariate Effects in Logistic Regression Models

	Outcome					
Placement Type:	Family Setting	Sibling	Neighborhood 1+ Sibs	0 Sibs	Family Connection 1+ sibs	0 Sibs
Covariate (Ref)						
Age (0-1)	**	**	ns	ns	*	**
12-14	0.10	0.29			0.44	0.49
15-17	0.05	0.23			0.36	0.64
2-5	0.74	ns			Ns	2.18
6-11	0.41	0.70			0.55	ns
Site (Cuyahoga)	**	**	*	*	ns	ns
Denver	0.47	4.81	0.74	0.74		
Guilford	0.34	4.19	na	na	na	na
Louisville	0.76	7.29	na	na	na	na
Maricopa	0.14		na	na	na	na
Wake	NS	4.43	na	na	na	na
Race (White)	*	ns	**	ns	ns	ns
Black	ns		ns			
Hispanic	ns		0.75			
Other	ns		ns			
Year (2005)	**	ns	*	*	*	*
2006	1.25		ns	ns	ns	ns
2007	1.29		0.78	0.77	ns	0.72
2008	1.88		ns	ns	0.59	0.57

"na" indicates that this site not included in this analysis.
"ns" indicates not significant
  * p < 0.05
** p < 0.001

The analysis for the California sites examined the likelihood that children entering care for the first time from 2005 to 2008 (and who remained in care for at least 8 days) would maintain a family connection in their initial foster care placement through either placement—with a relative or guardian, less than one mile from their removal address[8], or with at least one sibling. Two models were run, and the results are displayed in Exhibits 5.16 and 5.17. The first model examined children who did not enter care with a sibling; and the second model examined children who entered care with at least one sibling. For the second model, the analysis used child-specific sibling identifiers to employ general estimating equations (GEE) as part of the logistic regression analysis (Allison, 1999[9]) in order to control for autocorrelation bias--the non-independence of sibling observations (Guo & Wells, 2003[10]).

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[8] Removal and initial placement addresses of children entering foster care were geo-coded using ArcGIS software, and resulting X and Y coordinates were used to calculate distance in miles between removal and placement addresses.

[9] Allison (1999). *Logistic Regression Using the SAS System: Theory and Application.* SAS Press and John Wiley Sons Inc.

[10] Guo, S., & Wells, K. (2003). Research on timing of foster care outcomes: One methodological problem and approaches to its solution. *Social Service Review, 77*(1), 1-24.

Exhibit 5.16: Logistic Regression: Maintaining A Family Connection Versus Not: California Sites—Children Entering With No Sibling; Connection: N=5,822 (33.4%); No Connection: N= 11,620 (66.6%)

Variable	Odds Ratio	Probability
Cohort		
Jan-Dec 2005	*1.00*	
Jan-Dec 2006	1.04	ns
Jan-Dec 2007	1.06	ns
Jan-Jun 2008	0.89	<.05
Gender		
Female	*1.00*	.
Male	1.05	ns
Ethnicity		
White	*1.00*	.
African American	.98	ns
Hispanic	.87	<.01
Asian/Pacific Islander	.88	ns
Native American	.56	<.05
Age at Entry		
0- 1 year	*1.00*	.
2-5 years	1.53	<.001
6-11 years	1.81	<.001
12-14 years	1.11	ns
15-17 years	.86	<.01
Allegation Type		
Neglect	*1.00*	.
Physical Abuse	.81	<.001
Sexual Abuse	1.09	ns
Other Maltreatment	1.00	ns
Family to Family Site		
Los Angeles	*1.00*	.
Alameda	.36	<.001
Fresno	.25	<.001
Orange	.87	<.01
San Francisco	.89	ns
No TDM	*1.00*	.
F2F index low	1.03	ns
F2F index high	1.44	<.01

As Exhibit 5.16 shows, compared to children who did not have a TDM, there was a positive association between children who had a meeting with a high number of key elements and the likelihood of maintaining a family connection. Controlling for other factors, children initially

entering care with no other sibling who were in the high index group were about 40% more likely to maintain a family connection in their first placement in care (OR=1.44). Compared to children less than two, children aged two to five, and six to eleven years old were more likely to maintain a family connection (OR=1.53, and 1.81 respectively), while 15-17 year olds were less likely to do so (OR=.86). Controlling for other factors, Hispanic and Native American children were less likely (OR=.87, and .56 respectively) than Whites to experience this outcome (Blacks and Native Americans were not significantly different from Whites). Children removed for reasons of physical abuse were less likely than neglected children to maintain a family connection, but there were no other differences by removal reason. While other years showed no significant differences compared with the reference year of 2005, there was a slight decrease in likelihood of family connection for children entering in 2008 (OR=.89). This finding warrants further analysis as it runs counter to the cohort effect observed in the sibling model, and is surprising in light of the high and slightly upward trending use of family settings in these sites. San Francisco did not differ from the reference group of Los Angeles for this outcome; however the other sites were all less likely to maintain a family connection in their first placement for children entering with no siblings.

Exhibit 5.17 shows the result of the model for children who entered care with at least one sibling. In this model, there was no significant association between the key elements index with a low or high number of key elements and the likelihood of maintaining a family connection. Not surprisingly, children entering with larger numbers of siblings had a greater chance of being placed with at least one other sibling (and thus a higher likelihood of maintaining a family connection). Similar to the no sibling model, children aged two to five, and six to eleven years old were more likely than children less than two to maintain a family connection (OR=1.47, and 1.54 respectively), though the older age groups 12-14, and 15-17 year olds were also more likely. Taking into account sibling non-independence and controlling for other factors, there were no significant differences by gender or ethnic group. Children removed for reasons of physical and sexual abuse were less likely than neglected children in this model to maintain a family connection. As mentioned above, compared with the reference year of 2005, each successive entry cohort had a greater likelihood of maintaining a family connection. Similar to the no sibling model, Fresno had a lower likelihood than Los Angeles for this outcome, and San Francisco had a higher likelihood, but there were not significant differences at the site level for Alameda or Orange.

Exhibit 5.17: Logistic Regression: Maintaining A Family Connection Versus Not: California Sites—Children Entering With At Least One Sibling; Connection: N=17,894 (71.3%); No Connection: N= 7,214 (28.7%)

Variable	Odds Ratio	Probability
Cohort		
Jan-Dec 2005	*1.00*	
Jan-Dec 2006	1.16	<.05
Jan-Dec 2007	1.14	<.05
Jan-Jun 2008	1.37	<.001
Gender		
Female	*1.00*	.
Male	.94	ns
Ethnicity		
White	*1.00*	.
African American	.97	ns
Hispanic	.80	<.01
Asian/Pacific Islander	.84	ns
Native American	1.07	ns
Age at Entry		
0- 1 year	*1.00*	.
2-5 years	1.47	<.001
6-11 years	1.54	<.001
12-14 years	1.28	<.001
15-17 years	1.17	<.05
Allegation Type		
Neglect	*1.00*	.
Physical Abuse	.86	<.05
Sexual Abuse	.80	<.05
Other Maltreatment	.39	ns
Family to Family Site		
Los Angeles	*1.00*	.
Alameda	1.24	ns
Fresno	.63	<.001
Orange	1.01	ns
San Francisco	1.49	<.05
Sibling Group Size		
2 siblings	*1.00*	.
3 siblings	1.14	<.01
4 siblings	1.20	<.01
5 siblings	1.30	<.01
6 or more siblings	1.26	<.05
No TDM	*1.00*	.
F2F index low	.96	ns
F2F index high	1.05	ns

Quality of Care

Stability of Placement. Since change of placement decision making meetings are restricted to children who are at imminent risk of making a move, the selection of a comparison group must also be restricted to this population. Being unable to identify children in the entry cohort population who are 'at risk' of moving, the selection of a comparison group for these analyses is problematic. Using all children who did not have a change of placement TDM as a comparison group introduces significant selection bias that potentially invalidates the results. In other words, because the only children having a change of placement TDM are those on the verge of moving, it could appear that having a change of placement TDM causes the move. For this reason, in sites outside California (not including Maricopa County), we elected to restrict our analysis to children having a change of placement TDM, thus, they are in either the low or high exposure groups. In these analyses we compare relative risk of making a move for children with meetings having low exposure (defined as 1 to 4 key elements) to those with meetings having high exposure (i.e., five to eight key elements). Because the quality of the move differs depending on the placement a child is leaving, we stratify these analyses by three categories of initial placement (foster home, kinship care, and group care) and define our outcome specific to the originating placement type. For children initially placed in a foster home, the desired outcome is no move or a move to a less restrictive setting (i.e., placement with a relative, adoptive home, or the child's own home); for children in kinship care the preferred outcome is no move or a move to own home or adoptive home; and for children in group care the preferred outcome is no move or a move to a foster home, kinship care, the child's own home, or an adoptive home.

Using a Cox Proportional Hazards Model, this analysis examines rate of movement between first and second placement. Children still in care who did not have a second placement or who moved to a preferred placement were censored from the analysis. Independent variables included age at removal, gender, race/ethnicity, first placement type, site, and the key elements index categorized as one to four key elements versus five to eight key elements. The results presented in Exhibit 5.18 provide risk ratios for children initially placed in a foster home comparing the likelihood of making an undesirable move compared to not moving or making moving to a less restrictive setting by covariates and exposure levels.

Exhibit 5.18: Relative risk of Making an Undesirable Move--Results from Proportional Hazards Models Involving Children Initially Placed in a Foster Home—Sites outside of California (N= 909)

	RR	p-value
High Family to Family exposure (ref = low exposure)	.83	.07
Site (ref=Cuyahoga)		.000
Denver	.53	.000
Jefferson	.61	.01
Guilford		ns
Wake	.55	.00
Age (ref = birth – 1 year)		.000
2-5 years	1.28	.07
6-11 years	1.33	.03
12-14 years	2.33	.00
15-17 years	1.66	.00
Race		ns
Female gender (ref = male)	.81	.02
Year (ref = 2005)		.000
2006	1.26	.08
2007		ns
2008		ns

Although not statistically significant at the .05 level, the results for children initially placed in a foster home who had a change of placement meeting with five to eight key elements are trending in a positive direction. Children in this high-exposure group are about 17% less likely to experience an undesirable move than children in the group with one to four key elements present. Results for covariates suggest that as age increases children are more likely to experience an undesirable move, females are less likely to experience undesirable move, and there is no difference by race. The results also suggest that the likelihood of an undesirable move differs by sites.

The kinship care model identified the presence of the caregiver as the primary influential key element. When the caregiver attended the change of placement meeting children were 25% less likely to move laterally or to a more restrictive placement (RR = .75, p < .05). The modified key elements index was not statistically significant after controlling for caregiver attendance. The

group care model did little to explain the variance in this outcome. The key elements index was not statistically significant possibly due the smaller sample sizes of the subpopulation used for these analyses (439 for relative model and 121 for group care). These small sample sizes are related to other outcome patterns observed for the sites. Sites rarely use group homes and residential treatment as an initial placement thereby reducing the numbers of children who would be having a change of placement meeting during the first placement episode of group care. Future analyses should investigate the relationship between change of placement meetings and group care placements that occur farther into the first spell. For kinship care the situation is different. Children placed with relatives generally experience more stable placements. As sites move to more quickly place children with relatives it is not unexpected that stability would increase, thus, decreasing the need for change of placement meetings.

In CA sites, as seen in Exhibit 5.19, the Cox model on time from placement one to placement two indicated a slightly lower likelihood of this outcome for children who had a TDM (though the relationship did not reach statistical significance). There also appeared to be a decreased likelihood of a placement move for children entering in later stages of Family to Family implementation. Similar to the non-California models, older age groups had a higher likelihood to experience a placement move, females trended toward less likely than males (though the effect was not significant in this model), and ethnic groups were largely not significant, except for Native Americans in this model who were about 15% more likely to move (OR=1.15). Children placed initially in kinship care were less likely than those in other settings to experience a move—with children in all other settings more than two times more likely to do so. Results also showed differences at the site level.

Exhibit 5.19: Cox Regression: Relative Risk Of Movement From Placement One To Placement Two:
California Sites; Move: N=21,409 (92.0%); No Move: N= 1,857 (8.0%)

Variable	Risk Ratio	Probability
Cohort		
Jan-Dec 2005	*1.00*	
Jan-Dec 2006	.89	<.05
Jan-Dec 2007	.90	<.05
Gender		
Male	*1.00*	.
Female	.98	ns
Ethnicity		
White	*1.00*	.
African American	.98	ns
Hispanic	1.02	ns
Asian/Pacific Islander	1.05	ns
Native American	1.15	<.05
Age at Entry		
0- 1 year	*1.00*	.
2-5 years	1.36	<.001
6-11 years	1.49	<.001
12-14 years	1.63	<.001
15-17 years	1.53	<.001
First Placement Type		
Kin	*1.00*	.
Foster	2.46	<.001
Foster Family Agency	2.24	<.001
Group/Shelter	2.72	<.001
Family to Family Site		
Los Angeles	*1.00*	.
Alameda	.84	<.001
Fresno	.85	<.001
Orange	1.08	<.01
San Francisco	.69	<.001
No TDM	*1.00*	.
F2F index low	.99	ns
F2F index high	.97	ns

Permanency

Reunification/Exit to Relative. **The permanency analysis focuses on reunification and exit to a relative. Using survival analysis techniques, we assess the relationship between Family to Family early exposure and reunification within 12 months of entry. To control for differences in**

demographic characteristics, unmeasured site effects and year effects we use Cox proportional hazards models that include covariates and the Family to Family exposure measure.

In sites outside CA the first line of analysis is stratified by race and examines rates of exit to reunification or a relative for all children in the cohort groups. Family to Family exposure is captured by the key elements index in the removal meeting closest to the date a child entered placement. The index is categorized into three groups: 0 for all children in the comparison group; low for children with meetings having 1 to 4 key elements; and high for those with 5 to 8 key elements. Exhibit 5.20 summarizes the results of two models. Model 1 assesses the relationship between Family to Family exposure and reunification or exit to relative within one year while model two looks solely at reunification within 1 year (children who remain in placement for less than 8 days are not included in these analyses). Covariates that were significantly related to Family to Family exposure and to the permanency outcomes in our preliminary analyses are included in these models. In addition to these two models we also examined exits to relatives within one year (i.e., not including reunification as part of the outcome measure). Since the key elements index was not significantly related to this outcome, we do not include model results here.

Family to Family exposure is significantly related to permanency for children of all races. White and Hispanic children with exposure to one to four key elements were 24% more likely to exit to reunification or to live with a relative within 1 year than children with no exposure while black children were 15% more likely to achieve reunification/exit to relative. The rate of exit within one year increases by 29% for Hispanic children, 27% for White children, and 19% for Black children when a greater number of key elements are present. When the outcome measure is reunification within one year (i.e., exits to relatives are not included) the relative risks are even higher. The increased rate of reunification within one year ranges from 25% (RR=1.25) for Black children to 32% (RR = 1.32) and 33% (RR = 1.33) for children with meetings characterized by the presence of 1 to 4 key elements. For children in meetings with 5 to 8 key elements the rate of reunification was 43% greater for white children and 36% and 37% for Black and Hispanic children respectively. Site and age were consistently significant across these models as well. Across all models the rates of exit increased as age increased. Site differences, however, varied by race. Because the inclusion of site as a covariate in these models controls for multiple factors including, for example, the varying stages of Family to Family implementation represented by these six sites it is difficult to interpret

the site odds ratios. Site profiles in the appendix provide detailed discussions of implementation progress and outcomes in each anchor site.

Exhibit 5.20:   Relative Risk from Cox Proportional Hazards Model for Reunification/Exit to Relatives Within 1 year and Reunification Within 1 Year

	Reunification /Exit to Relative Within 1 Year			Reunification Within 1 Year		
	White	Black	Hispanic	White	Black	Hispanic
	n=6,382	n=5,530	n=5,205	n=6,382	n=5,530	n=5,205
Family to Family index (ref=0)	***	*	***	***		***
1-4	1.24	1.15	1.24	1.32	1.25	1.33
5-8	1.27	1.19	1.29	1.43	1.36	1.37
Site (ref=Cleveland)	***	***	***	***	***	***
Denver	1.50	2.10	1.42	2.02	2.84	1.63
Guilford	.55			.30		
Louisville		1.40			1.51	
Maricopa		1.76		1.51	2.44	
Wake	.55	.39		.58	.44	
Age group (ref=birth-1 yr)	***	***	***	***	***	***
2-5 yrs	1.45	1.19	1.19	1.38	1.22	1.19
6-11 yrs	1.61	1.38	1.44	1.54	1.48	1.38
12-14 yrs	1.79	1.51	1.87	1.92	1.80	1.76
15-17 yrs	1.83	1.44	1.89	1.93	1.72	1.91
Gender (ref=F)						
Male	ns	ns	ns	ns	* 1.14	ns
Year (ref=2005) 2006		*		ns	ns	ns
2007-2008		.85				

ns: not significant
*: p ≤ .05
***: p ≤ .001

The second analysis for permanency within 12 months utilizes the subsample of children who had a removal TDM. The purpose of these analyses is to examine the relationship between parental involvement and other Family to Family key elements and the combined impact of these on reunification and exit to relatives. For these analyses we use two Family to Family measures. The first captures parental presence at the removal TDM meeting. This variable serves as a proxy for early parental involvement with the case. A modified Family to Family index that does not include

parental presence serves as the second measure. The modified index ranges from 0 to 7 and has two categories, low (0 to 4 key elements) and high (5 to 7 key elements). In addition to main effects estimates for these variables, we also include the interaction of parental presence and the modified index in the model for each race. If the interaction term reaches a significance level of 0.10, we do not present main effects, but instead calculate the parameter estimates for each interaction group.

For the subsample of children who had a removal meeting the relationship between parental presence, and key elements index (Exhibit 5.21) indicates that the key elements index and reunification outcomes differ by race and permanency outcome. The interaction term between parental presence and key elements was significant in all models except one, the reunification-only model for black children. Therefore, this model is discussed below, but not presented in the exhibit.

Exhibit 5.21: Relative Risk from Cox Proportional Hazards Models for Parental presence and Key Elements Index Combined *

	Reunification/exit to relative			Exit to relative			Reunification*	
	White	Black	Hispanic	White	Black	Hispanic	White	Hispanic
Parent, 0-4 elements	1.99	1.67	2.01	1.10	1.20	1.19	2.38	2.28
Parent, 5-7 elements	1.49	1.39	1.86	0.78	0.94	1.36	1.83	2.00
No parent, 0-4 elements	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
No parent, 5-7 elements	1.48	1.03	1.32	1.92	1.29	0.82	1.25	1.26

*The interaction term was not significant for the reunification-only model for black children, so the results are not included here.

For the reunification/exit to relative model, the interaction between parental presence and the remaining key elements is significant for all races. This indicates that the impact of the remaining Family to Family key elements is different depending on whether a parent is present. Children of all races whose parents attend the initial removal meeting are more likely to experience reunification or exit to a relative within a year than children whose parents do not attend. The children with the greatest rate of reunification or exit to relative are those whose parents attend a team decisionmaking meeting in which one to four key elements are present. These children are between 67% more likely to twice as likely to exit as children having a meeting with no parents and a low number of key elements. It is puzzling that children whose parents attend a meeting with 5 to 7 additional key elements in place are somewhat less likely to exit within one year than those in

meetings with fewer key elements. It could be that the presence of the larger number of key elements indicates a child or family with special needs and, thus, more service providers and child welfare staff involved with the case. When a parent is not in attendance the presence of additional participants and other key elements in the meeting significantly increase the rate of exit for white and Hispanic children. White children whose parents do not attend a meeting with 5 to 7 other key elements in placement are 48% (RR= 1.48) more likely to exit than those with no parent and fewer key elements, Hispanic children 32% more likely to exit (RR= 1.32). Looking at this from a slightly different perspective for white and Hispanic children the lack of parental participation in the removal decision making process may be mediated by participation of others partners. while for black children, this is not true suggesting that the primary factor in reunification/exit to relative for black children is the involvement of parents.

In the reunification only model for black children (not presented above) the presence of a parent at the meeting was highly significant (p = .000), but the key elements index was not significant. Black children whose parents attended the removal decisionmaking meeting were almost twice as likely (RR = 1.97) to exit to reunification within one year as black children whose parents did not attend the meeting, but contrary to reunification only models for white and Hispanic children the presence of other key elements in the meeting was not related to reunification within one year. For white and Hispanic children the relationships between parental participation and the remaining key elements is much the same as seen in the earlier combined model for reunification and exit to relative. For both groups of children having 5 to 7 key elements plus parental participation slightly reduces likelihood of reunification while having 5 to 7 key elements when no parent is present increases reunification rate by about 25%.

The results of the exit to relative only model provide another view of these data revealing, perhaps, the greatest differences across the race groups. White and black children with the greatest likelihood of exit to relative within one year are those whose initial team decision making meeting was characterized by the presence of 5 to 7 key elements but no parental presence. While both white and black children have increased rate of exit to relative in these circumstances, the effect for white children is much greater than that for black children (relative risks equal 1.92 and 1.29 respectively). Conversely, Hispanic children whose parents are not present at the meeting with 5 to 7 key elements are less likely to exit to relatives than any other group. For children of all races the presence of a parent at a meeting with one to four key elements increases likelihood of exit to

relative. On the contrary, though, when the number of key elements increases to 5 to 7 with a parent present, the direction of this relationship changes for black and white children who become less likely to exit to a relative. Hispanic children, on the other hand, become more likely.

In CA sites results of a Cox model on reunification (Exhibit 5.22) reveal similar results. There was a positive relationship between the key elements index and this outcome. Children with a meeting with a low number of key elements reunified about eight percent more quickly, and those in with a high number of key elements reunified about 15% more quickly within 12 months than those who did not have a TDM. Controlling for other factors, the model also suggested that children reunified more quickly in 2006 (RR=1.23) and 2007 (2.0) than in the 2005 reference year. All age groups reunified less quickly than the birth to one year reference group. There were no significant differences by gender, and ethnic groups were largely not significant, except for Asians who reunified about 35% more quickly (RR=1.35), and Native Americans who reunified about 41% less quickly (RR=.59) than White children. Similar to trends that have been widely observed in other studies, children placed in kinship care reunified less quickly than those in other placement settings. There was variability by site for this outcome. Children from Fresno and Orange reunified less quickly, and children from Alameda and San Francisco reunified more quickly than those from the Los Angeles reference group.

Exhibit 5.22: Cox Regression: Relative Risk Of Reunification With 12 Month Follow-Up: California Sites; Reunified: N=13,736 (50.7%); Not Reunified: N= 13,363 (49.3%)

Variable	Risk Ratio	Probability
Cohort		
Jan-Dec 2005	*1.00*	
Jan-Dec 2006	1.23	<.001
Jan-Dec 2007	2.00	<.001
Gender		
Male	*1.00*	.
Female	1.03	ns
Ethnicity		
White	*1.00*	.
African American	1.01	ns
Hispanic	1.04	ns
Asian/Pacific Islander	1.35	<.001
Native American	.59	<.001
Age at Entry		
0- 1 year	*1.00*	.
2-5 years	.69	<.001
6-11 years	.87	<.001
12-14 years	.91	<.01
15-17 years	.78	<.001
First Placement Type		
Kin	*1.00*	.
Foster	1.38	<.001
Foster Family Agency	1.55	<.001
Group/Shelter	1.91	<.001
F2FFamily to Family Site		
Los Angeles	*1.00*	.
Alameda	1.24	<.001
Fresno	.28	<.001
Orange	.94	<.05
San Francisco	1.16	<.01
No TDM	*1.00*	.
F2F index low	1.08	<.001
F2F index high	1.15	<.001

ns: not significant

Conclusion

Both site-level and child-level analysis contribute to our understanding of the relationship between Family to Family and outcome changes for children in the anchor sites. The site-level analyses show varying trends across time and across sites. All sites showed improvements in some outcomes, but no site had improvements in all outcomes. The lack of uniform change is understandable given that sites phased in the implementation of Family to Family in different ways, resulting in variation both across and within sites in how children experienced Family to Family. As a result, the site-level analyses are ambiguous and inconclusive.

By combining data across sites the child-level analysis uses the variation in exposure to Family to Family as the independent variable. The evaluation relied on a measure of Family to Family exposure to assess how exposure to the initiative's values, principle, and practices affected outcomes for children. The results of the child-level analysis reveal that Family to Family positively improved outcomes for children entering out-of-home care by maintaining family connections for children entering placement. Sites accomplished this by keeping siblings together, placing children with kinship caregivers, or placing children in their own neighborhoods. Success in this outcome domain was consistent in both California sites and sites outside California. Also, both groups of sites increased the likelihood of reunification within 12 months. Results in other outcome areas were inconsistent across the two groups of sites.

As a system reform effort, Family to Family sought to make wholesale changes in policy and practices with resultant positive impact on outcomes for all children served by the public child welfare agency. The evaluation findings suggest that although system reform takes sustained effort over multiple years, it is possible to improve outcomes long before reform efforts are complete.

6. CONTEXT AND LIMITATIONS OF THE EVALUATION

As a "service and system reform" initiative, Family to Family was rooted in an explicit set of values and operating principles. It also operated from the premise that achieving change in human services requires the momentum developed through a reform movement—only by overcoming the inertia of systems that have come to rely on longstanding, but ineffective practices can new approaches to service be successfully implemented. In addition, the "intervention" promoted by such initiatives is typically a bundle of discrete changes in policies and practices that are assumed to be highly interdependent, but individually critical to achieving the desired outcome(s) for the target population. As in the case of Family to Family, the proponents of reform argued that the effectiveness of the bundled intervention hinges on successful implementation of all of its components.

This approach stands in contrast to the reductionist perspective that prevails in social intervention research. Working from this perspective, evaluators seek to isolate specific components of an intervention and to measure their discrete contributions to changes in outcomes, assuming an additive effect. This approach influences not only the design of evaluations and the analytic methods used to explain variations in outcomes, but also the design of interventions. It is arguable that such an approach is rooted in an assumption that the service system is generally stable and basically effective, so relatively minor tweaking of practice is all that is necessary. The result is very narrowly defined interventions that are only marginally different from existing practice and, therefore, easier to implement and evaluate under tightly controlled conditions.

The circumstances that prevailed in most anchor sites when they embarked on Family to Family seem to validate the Foundation's emphasis on reform. In many sites, children brought into care after 5:00 p.m. were transported in the back seat of a police car to an emergency shelter where they were housed with children and youth of all ages. These children often experienced brief stays in the shelter before being returned to their birth family or members of their extended family. As a result, the initial stages of work involved efforts to:

- provide child welfare services around the clock to avoid unnecessary out-of-home placements,

- renegotiate a working relationship with the police, and

- close or phase out the use of emergency shelters when it was necessary for children to enter out-of-home care.

Such changes amounted to infusing the entire service system with a new set of values and operating principles and, thereby, laying a foundation on which new approaches to practice could be implemented.

From this perspective, it is quite arguable that the saturation approach of a reform initiative was necessary to overcome the inertia inherent in staid public service systems; however, the nature of reform initiatives makes the evaluation of them ill-suited to both individual-and group-randomized experimental designs and some quasi-experimental designs. This, in turn, makes the evaluation of reform initiatives vulnerable to multiple threats to validity. The Family to Family evaluation is no exception. It is important, therefore, to identify potential threats to validity encountered in this evaluation and to discuss their possible influence on the results.

In this section, we explore the nature of the threats to validity encountered in the study and discuss their potential influence on the results. The discussion addresses each of the following issues: (1) the extent to which a potential threat actually applies to the evaluation; (2) whether a particular issue represents a *plausible* threat as opposed to a *potential* threat; and, (3) how a given threat might influence the direction and intensity of observed effects.

The natural first question raised about quasi-experimental studies is whether the observed results are caused by the intervention or some other factor; that is, does the study have internal validity? Since the evaluation did not randomly assign children or sites to Family to Family and comparison conditions, it is possible that observed results are associated with other factors related to selection of participants into Family to Family. Two sets of circumstances suggest themselves as possible threats to internal validity. First, other activities in the sites may account for observed changes. Second, children and families participating in Family to Family somehow were the families most easily served or, perhaps, the parents, relatives, friends and neighbors, service providers, and caregivers of these children and their families would have become involved regardless of whether Family to Family was in place. Each of these possibilities is discussed below.

Since most child welfare agencies are engaged in multiple efforts to improve outcomes for children it is likely that changes in outcomes are a result of a combination of reform efforts. The evaluation does not posit that Family to Family is solely responsible for the improvements. Also, given that the implementation of the core strategies required two years or more in every site, children in the comparison group were affected by the same agency environment as those who were more directly affected by Family to Family values, principles, and practices. This suggests that history is not a plausible threat to internal validity. Indeed, because we are unable to thoroughly capture all of the manifestations of Family to Family in our case-level data (i.e., some of the unobserved heterogeneity in our data are unmeasured Family to Family effects), the use of a comparison group within the anchor sites that was sheltered from systemic changes might have, in fact, reduced our ability to detect positive changes associated with Family to Family.

The second threat to internal validity is, perhaps, more serious. Since data collected during Team Decisionmaking (TDM) meetings were used to measure exposure to Family to Family, was there selection bias in choosing the children and families who had TDM meetings, thereby resulting in systematic differences between children and families more directly affected by Family to Family and those in the comparison condition? For example, are TDM meetings held primarily for children whose parents would have been involved with the case anyway and, therefore, held primarily for children who would have had better outcomes whether Family to Family had been in place? The premise of TDM is that all children who experience placement events will have a meeting. During the early implementation stages, all sites established "firewalls" and monitoring mechanisms to be sure that every child who entered care had a removal meeting. The data suggest that the coverage rates for removal TDMs steadily increased during the anchor-site phase so that by 2008 removal TDM meetings were being held for the vast majority of children who should have had them. Furthermore, the increased coverage is consistent across all age and race groups in sites outside of California. In some sites, the coverage rates evolved to almost full coverage for removal meetings. These data, together with anecdotal reports from workers in multiple sites who reported TDMs were most likely to be held for the most challenging cases rather than those with fewer challenges suggest that systematic selection of the "easy" cases for TDM was unlikely. Nevertheless, the evaluation employed statistical controls for age, race, site, and year in all models to control for the different participant distributions across the years.

Another possible explanation for some of the observed effect could be parental participation rather than the multi-faceted collaboration of agency, family, and community promoted by Family to Family. The evaluation suggests that both are important. To better understand the role of parental participation in relationship to the other key elements, the analysis specifically examined this interaction. In line with conventional wisdom, the analysis found that parental involvement is key to some outcomes, such as early reunification. It also revealed, however, that there was an added benefit to having other key elements in place both when parents were present and, perhaps even more importantly, when parents were not present. Finally, Family to Family sites agree to open up a decisionmaking process traditionally controlled by a limited number of frontline staff and supervisors in child welfare agencies and to invite a wide range of participants into the process. Across the years, parental participation increased from 79% to 83%, including increased participation by fathers. This parental involvement seems qualitatively different than a parental engagement process that begins after a child enters care. So, while it is possible that TDM meetings engaged only families who would have been engaged anyway, it does not seem likely given the high levels of parental involvement.

Another area that might compromise the evaluation results is the measurement used to characterize Family to Family exposure. Although the key elements index includes important indicators related to all the core strategies of Family to Family, it is not exhaustive. There are contributions from community partners that are not captured in the index and, thus, go unmeasured in the case-level analysis. Similarly, efforts related to resource family recruitment, development, and support are primarily manifest in the increased likelihood of children being cared for in family-based settings rather than in more restrictive congregate care settings. As a consequence, it is more difficult to detect differences between the groups of children because children considered 'unexposed' to Family to Family may, indeed, have been affected by aspects of the strategies that were unmeasured. Again, this situation would make it more difficult to identify a positive Family to Family effect, perhaps resulting in an underestimation of the initiative's impact.

Finally, it is important to consider the statistical analysis techniques used for this evaluation. Multivariate models were used to assess the relationship between Family to Family and outcomes, controlling for a number of covariates. Some might argue that the models presented here could be strengthened in a couple ways. First, propensity score analysis is an increasingly popular method

designed to address potential selection bias.[1] The evaluation team decided not pursue this approach for two reasons: (1) the number of comparison cases was considerably smaller than the number of cases with exposure to Family to Family; and (2) only a limited number of potential matching characteristics (i.e., age, race, gender, and site) were available from administrative data. The lack of a wide array of matching variables had proven to be a significant constraint in a recent evaluation of the Title IV-E waiver demonstration project in North Carolina. Using the same type of child welfare administrative data available in this evaluation, efforts to create well-matched groups were not helpful in that models using matched data and unmatched data yielded very similar results.[2]

After completing the analyses presented in this report, the evaluation team decided to test the assumptions on which our decision not to use propensity score analysis was premised. This led us to invite Dr. Shenyang Guo, coauthor of a recently published textbook on propensity score analysis (noted above) to assess whether findings based on those methods of analysis might yield different results. The conclusion from his detailed assessment, provided as an appendix to this report, was:

> In summary, within the data and design constraints that prevail in the current evaluation of *Family to Family*, analyses using the original sample with a conventional covariance control approach are valid, and do not show findings that are different from those generated by propensity score analysis.

Another potential enhancement to the analysis presented here would be to adjust all models for the autocorrelation associated with circumstances such as individual children entering care as a member of a sibling group[3] or systematic site-level and even neighborhood-level variations in policies, practices, child and family characteristics, and contextual factors. The fundamental issue is that clusters of cases defined by sibling groups, neighborhoods, local jurisdictions, etc. may tend to share similar outcomes. If this form of autocorrelation actually exists in the data sets used for this evaluation, it is possible that some statistically significant results reported about the impact of

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[1] Guo, S.& Fraser, M. W. (2009). *Propensity score analysis: Statistical methods and applications.* Thousand Oaks, CA: Sage Publications Inc.

[2] A similar result occurred in a recently completed study of academic achievement among young adults with foster care experience; see Calix-Hughes, Alexandra. (2009). The effect of foster care experience and characteristics on academic achievement. (Doctoral dissertation, The University of North Carolina at Chapel Hill).

[3] Wells, K. and Guo, S. (2004). Reunification of Foster Children Before and After Welfare Reform. **Social Service Review** 78:1, 74-95.

Family to Family might not be significant if this clustering were accounted for in the tests of significance. Note that if such autocorrelation existed, controlling for it might reduce levels of statistical significance for some estimates, but it would not alter the parameter estimates themselves (i.e., the relative risks or odds ratios). The analytic procedures required to make these adjustments have been applied in some of models involving data from the California sites, but in many instances data constraints make it difficult or impossible to accurately identify sibling groups in sites outside California. Therefore, the extent to which we were able to make such adjustments was limited.