



james bell  
associates

## **Family Connection Discretionary Grants**

### **2009-Funded Grantees Cross-Site Evaluation Report – Final**

#### **Summary and Recommendations**

**June 17, 2013**

*Prepared by:*  
**James Bell Associates, Inc.**

**Contract #: GS10F0204K  
Order #: HHSP233201100391G**

3033 WILSON BOULEVARD  
SUITE 650  
ARLINGTON, VA 22201  
PHONE: (703) 528-3230  
FAX: (703) 243-3017

The following document contains the Summary and Recommendations section of the cross-site evaluation report of the 2009-funded Family Connection grantees. As a stand-alone document, some portions were rearranged for clarity of readership. This work was completed under Contract #: GS10F0204K, Order #: HHSP233201100391G. Questions on this document by James Bell Associates should be directed to Cathy Overbagh, Federal Project Officer, Children's Bureau, at [cathy.overbagh@acf.hhs.gov](mailto:cathy.overbagh@acf.hhs.gov) or (202) 205-7273.

# **Family Connection Discretionary Grants 2009-Funded Grantees**

## **Cross-Site Evaluation Report – Final**

### **Summary and Recommendations**

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

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

This document was created from the Summary and Recommendations section of the final cross-site evaluation report. As a stand-alone document, some portions were rearranged for clarity of readership. This document summarizes key results from the process and outcome evaluation of the program areas and observations about the Family Connection cluster. Limitations of the cross-site evaluation are described. The section concludes with recommendations for the child welfare field based on overall report findings.

#### **A. Cross-Site Evaluation Considerations**

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

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

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

## **B. Key Process Observations**

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

### **1. Serving Parents, Children and Families**

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

- Kinship navigator grantees worked with formal and informal kinship caregivers, most commonly grandmothers and other female caregivers raising approximately equal numbers of boys and girls from relatives and fictive kin. The number of kinship caregivers served ranged from 82 to 2,167, and the number of children served ranged from 136 to 1516. These numbers reflected grantees that provided a wide range of services to a small number of caregivers in a limited geographical range, and those who provided limited services to larger numbers of caregivers throughout multiple counties or the State.

- Family-finding grantees targeted services to children who were at risk of entering care, had newly entered care, and who had been in foster care for an extended period of time. Grantees served a total of 8,663 children, ranging from 78 to 5,720 by grantee. Grantees reported child ages from 4 to 18; predominant ethnicities included Caucasian, African American, and Asian children. Most children were in non-relative foster care or residential settings at the time of referral into family-finding. Case plan goals included reunification, adoption, long-term relative placement, and guardianship transfer, along with long-term foster care, another planned permanency living arrangement (APPLA), and independent living.
- FGDM projects primarily served families with children who were in or at risk of entering the child welfare system. FGDM project’s broad definition of “family” included extended relatives and other significant adults. Grantees conducted between 68 and 8,438 FGDM meetings; participants included 162 to 11,742 children and 34 to 1,156 families by grantee. Children involved in FGDM meetings averaged 6 to 7 years old. Families tended to have histories of child welfare involvement, low-income background, limited education, substance abuse, mental health challenges, and potential incidences of domestic violence.
- Residential family treatment projects focused on chemically dependent women with co-occurring mental health challenges that already lost or were at risk of losing custody of their children. One residential grantee counted men as service recipients; grantees also provided services to children who ranged in age from less than 1 year to 7 years. Women may have been pregnant or had one or more minor children residing with them in the facility. Most women were in their late twenties to early/mid-thirties, unemployed, unmarried, and noted amphetamines, methamphetamines, and alcohol as drugs of choice. The number of clients served by grantees ranged from 47 to 184.

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

## 2. Service Models and Key Activities

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

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

- Kinship navigator projects used several service models to assist formal and informal caregivers in learning about, locating, and using existing programs and services to meet caregiver needs and the needs of the children they were raising. All grantees offered information and referral services, emotional support for caregivers, case management, and outreach to families. Other services included support groups, advocacy, child-level services, and networking or collaborating with

other child serving agencies. Families self-referred or were referred by child welfare or other social service agencies.

- Family-finding projects identified, located, and engaged family and fictive kin of children in or at risk of entering the child welfare system in order to generate support for their legal, physical, and emotional permanency. Most family-finding projects used the Kevin Campbell or Catholic Community Services of Western Washington (CCSWW) models of family-finding. Nearly all grantees incorporated FGDM or other family meeting services to engage the family in the child’s case and to make decisions about permanency and maintaining family connections. The most effective family-finding strategies were talking to family members and caseworkers, and mining case files. Public child welfare agencies provided the most referrals to family-finding services.
- FGDM projects engaged and empowered families to take an active and sometimes leadership role in developing plans and making decisions to promote the safety, permanency, and well-being of their children. Grantees implemented one of several existing family meeting models, using trained facilitators to moderate meetings that included immediate and extended family members, family friends, service providers, and community members involved with the family. FGDM models also incorporated methods to respond to domestic violence situations. Key services included parenting education, counseling services, substance abuse treatment, and life skills training. Families were referred to FGDM services through the public child welfare agency or the family-finding component of the Family Connection combination project.
- Residential family treatment grantees provided comprehensive, gender-specific family treatment services in a drug and alcohol-free environment to promote the safety, permanency, and well-being of children who were affected by parental substance abuse. Treatment incorporated evidence-based, promising, and best practices for chemical dependence counseling, mental health services along with skill building and training in parenting, life skills, and vocation and employment. Services were offered in individual and group settings. Key referral sources were public child welfare agencies, the courts, and self-referral. Clients began with intensive treatment and supervision in grantee-run residences, and then moved toward community housing and outpatient services per case management plans.

**Table 9-1: Stand-Alone and Combination Projects**

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

### **C. Key Outcome Observations**

Grantees reported outcome evaluation findings for adults, children, and families, and provided input into organizational and system-level outcomes. As noted in in the Cross-Site Evaluation Considerations section, grantees implemented a combination of experimental and quasi-experimental evaluation designs; 11 grantees conducted randomized control trials; 13 grantees conducted quasi-experimental designs with comparison groups; and 4 grantees assessed outcomes with treatment only participants. Adult and child-level outcomes addressed a diversity of variables within the areas of safety, permanency, and well-being.

Organizational and system-level outcomes documented available findings regarding policies and procedures, service model integration by the public child welfare agency and other key agencies, and projects' impact on child welfare practice in the communities.

## 1. Adult, Child and Family-Level Outcomes

Overall, grantees found that although permanency remained elusive for some children, Family Connection-funded projects provided vulnerable adults and children with valuable community resources, increased connections, engagement of family members, and critical treatment for co-occurring chemical dependence and mental health challenges. In regard to safety, grantees reported on substantiated cases of abuse or neglect, reports to child protective services, children who remained or did not remain with their parents, and the potential for child maltreatment. Permanency outcomes were measured by identified family connections, rate of closed cases, number of placements, child placement at the end of treatment, length of time to permanent placement, caregiver's self-reported progress toward seeking permanency, graduation from residential family treatment, and subsequent confirmed living arrangements. Grantees measured well-being by the project's ability to fulfill family needs, reduce caregiver stress and disruptive child behavior, the presence of protective factors (e.g., functioning and resiliency, support, nurturing, and attachment), chemical abstinence, and knowledge of parenting and child development.

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

found that families who were randomized into a control group and requested FGDM services were more likely to have children placed in relative care compared to treatment children who automatically received services. One FGDM grantee reported data on child well-being, finding a statistically significant reduction in the level of emotional symptoms, conduct problems, hyperactivity, and total difficulties in children receiving FGDM services.

- Residential family treatment grantees found that in regard to safety, most grantees reported few instances of child maltreatment; however, two grantees reported families who had subsequent reports to child welfare or child welfare involvement after completing treatment. In regard to permanency, grantees reported varying rates of clients who successfully completed treatment or had confirmed living arrangements at the end of treatment. Similarly, there was a wide range in clients who successfully reunified or maintained custody of their children by the end of treatment, ranging from one-fifth to three-fourths, as reported by four grantees. In regard to well-being, three grantees reported chemical abstinence for approximately half of their clients, and a fourth grantee reported positive results per the Addiction Severity Index (ASI). Parenting skills, including bonding and attachment, improved for two grantees, but decreased for one grantee.

## **2. Organization and System-Level Outcomes**

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

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

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

## **D. Key Cluster Observations**

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

### **1. Facilitators to Service Implementation**

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

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

### **2. Challenges to Service Implementation**

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

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

surface when implementing the service model in multiple locations that had different operating structures and staggered schedules of implementation.

### **3. Collaboration**

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

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

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

### **4. Sustainability Planning**

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

## 5. Project and Evaluation Lessons Learned and Recommendations from Grantees

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

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

### E. Recommendations to the Child Welfare Field

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

#### 1. Process and Implementation

##### *a) Leadership and Organizational Environment*

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

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

objectives. Participants should be encouraged and given opportunities to apply their learning in a practical setting with accompanying reinforcement by the system.

### ***b) Service Models***

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

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

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

### ***c) Combination Projects***

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

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

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

#### ***d) Relationships and Collaboration***

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

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

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

#### ***e) Staff Selection, Training, and Supervision***

Contracting cycles, reduction or reallocation of funding sources, lack of background in child welfare among potential hires, and staff turnover were challenges in hiring, training, and retaining qualified staff. These factors contributed to implementation delays, service limitations, fewer staff members doing more with less, and reduced community resources. Although time intensive, selecting, training, and supervising staff members supported projects. Strategies for success included hiring staff members and assembling staffing units who could leverage multi-faceted skills to meet target population needs. Extensive, high-quality training activities on evidence-based practices, relevant content, and policies and procedures helped staff members perform job duties. Increased numbers of staff members were able to meet diverse target population needs through cross-training.

**Recommendation:** Child welfare organizations should prepare to enter into new projects by planning significant time to organize and manage their workforce to achieve the following goals: 1) accomplish the work of the project; 2) bolster the organization's core competencies with the appropriate skills, knowledge, and abilities to address new initiatives; 3) meet target population needs; and 4) contribute to the organization's immediate action plans and longer-term strategic objectives. Special considerations include 1) determining the need to hire specialists in a particular practice, or training generalists to incorporate the new practice as part of their skill set; 2) incorporating interactive training for new staff members and obtaining feedback on training; 3) establishing a professional network to facilitate information sharing and learning; 4) ensuring staff members understand roles and responsibilities; 5)

identifying staff members who are not a good fit for the position; and 6) accommodating personnel and service gaps due to turnover.

### ***f) Recruiting and Retaining Service Participants***

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

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

### ***g) Sustainability***

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

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

## **2. Outcomes**

### ***a) Safety, Permanency, and Well-Being Conclusions***

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

Moving children to permanency occurred at varying rates within and among the four program areas. Stand-alone kinship navigator projects experienced more positive outcomes compared to kinship navigator projects offered as part of a combination of services. Approximately half of children in family-finding projects experienced desirable permanency outcomes, and the majority of children developed kin-

focused permanency plans and increased connections with family; however, projects had difficulty closing cases, and permanency for children in care for an extended period of time remained elusive. Grantees serving children at risk of or new to care were able to place over one-third of children with relatives, far exceeding the national average of 8 percent. FGDM projects demonstrated little difference in placement stability between treatment and control groups, and two projects experienced a reverse trend with children receiving FGDM services less likely to be reunified with parents than those not receiving services. While all residential family treatment clients had reunification plans, clients experienced inconsistent success in actual reunification. Clients were more successful at maintaining existing custody arrangements.

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

### ***b) Recommendations***

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

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

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

**Recommendation:** Child welfare agencies may consider incorporating follow-up data collection periods as a way to continue to assess relevant outcomes and strengthen their project and evaluation. Given the length of time that may be needed to establish successful permanent placements, secondary data collection from public child welfare agency administrative data or primary data collection to assess protective factors may help determine if placements were truly permanent or new connections were supportive. Similarly, achieving abstinence from alcohol and other drugs is a lengthy process that often

incorporates periods of relapse. Assessing abstinence at designated time periods after clients leave treatment may help determine long-term project impact and identify opportunities to improve project services and support processes. Organizations will need to consider the costs of tracking former service participants, administering and scoring instruments, identifying and downloading secondary datasets, and incorporating new data into analyses and reporting.

**Recommendation:** Child welfare organizations are encouraged to develop and utilize well-structured and user-friendly data management systems as a way to continuously collect, analyze, and use data to fuel continuous cycles of improvement and innovation for new and existing practices. Data that feed into systems should include State-level data, such as State Administered Child Welfare Information System (SACWIS) or California’s Child Welfare Services – Case Management System. County-level data and administrative data specific to the organization should be linked at the child or client level. Data should be managed to ensure accuracy, integrity and reliability, timeliness, and security and confidentiality. Data should be available to leadership, staff members, and other organization personnel to identify and share relevant knowledge to communicate best practices, inform strategic planning, and promote service innovation.

### 3. Summary of Recommendations

Recommendations addressed a variety of facilitators related to the successful process and implementation of projects as well as impactful outcomes. Regarding project implementation, child welfare organizations are encouraged to provide leadership and other professional development opportunities for project leaders and key project staff members. Organizations should realistically consider the amount of time needed for start-up and planning of major system and practice changes, and potentially stagger the implementation of major changes over time. Staff selection, training, and supervision is critical to all work; organizations implementing multiple projects especially should take into account the organizational capability and capacity to develop and manage a coordinated and integrated delivery system with adequate levels of management, staffing, and fidelity. Partners may be engaged in project work through national and local-level learning and development opportunities; these opportunities may be particularly critical in engaging and garnering support from public child welfare agency caseworkers. Child welfare organizations should be prepared to incorporate multiple strategies to bring families into services, and develop and regularly analyze sustainability plans. Regarding project outcomes, shorter-term projects are an opportunity for child welfare organizations to assess short-term outcomes capable of demonstrating impact. Local evaluators are encouraged to incorporate the most targeted and relevant primary data collection methods and consider incorporating follow-up data collection periods to further assess project effectiveness. Finally, well-structured and user-friendly data systems available to a cross-section of organizational staff can promote continuous improvement and innovation in services.