

30 Days to Family® Theory of Change Testing Comprehensive Report

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Executive Summary

Program Model and Study Rationale

30 Days to Family® is an intense short-term intervention developed by the Foster and Adoptive Care Coalition (hereinafter referred to as “The Coalition”) to 1) increase the number of children placed with relatives/kin at the time they enter the foster care system; and 2) ensure natural and community supports are in place to promote stability for the child.

The program model features two major elements: family finding and family support interventions. In family finding, specialists engage in immediate and intensive searches for and engagement with family members, making direct personal contact. Family support interventions involve assessment of child and family needs, identification of family and community resources, assistance in eliminating barriers to placement with relatives, and creating a network of support services that are documented in a Roadmap to Family.

30 Days to Family® grew out of the The Coalition’s groundbreaking program, Extreme Recruitment®, which seeks to find permanency for youth using 12-20 weeks of intensive recruitment efforts and permanency preparation. While implementing Extreme Recruitment® it became increasingly apparent that the child welfare community wanted the family search and engagement efforts for children to occur as children entered care. As a result, the 30 Days to Family® program was launched in March 2011 with a principal focus on assisting in the search and engagement of a child’s relatives and kin within 30 days of the child entering the foster care system.

Because 30 Days to Family® appears to be achieving remarkable results, and demands for its replication are growing, it was especially important for a rigorous evaluation to be conducted to critically examine evidence of its effectiveness.

Study Design

The study conducted was a rigorous, independent evaluation designed to test the 30 Days to Family® theory of change which posits foster children/youth served by the program will experience more favorable immediate, intermediate, and longer-term outcomes resulting in improved well-being, reduced mental health concerns, and cost savings.

The study employed a set of four sub-studies:

1. An implementation study that examined implementation fidelity and context and informed further specification of the program model, differentiating it from services “as usual.”

2. Analyses of child welfare administrative data for all children placed in foster care in study localities during the study period (n=2,809) compared those served (n=310) with those not served by 30 Days to Family® and those who achieve relative placement with those who do not on demographic and case variables and examining likelihood of relative placement, time in care, permanency goals and outcomes, placement stability, and likelihood of placement in medical and mental health treatment settings.
3. A sub-study based on caregiver interviews (n=97) with a representative sample of children remaining in foster care who were served and not served and were in relative and non-relative placements assessed the status of children/youth, placement supports, service needs and utilization, connections with relatives, and, using a standardized instrument, well-being and functioning.
4. A cost sub-study that compared costs associated with the 30 Days to Family® program model and the “as usual” model of services and then specified foster care costs and potential areas of cost savings based on favorable findings from analyses of child welfare administrative data that included fewer days in care, greater placement stability, and reduced likelihood of placement in treatment settings and re-entry to foster care for children served and those who achieve relative placement.

The *primary focus* of analyses is comparing the status and outcomes for those served with the status and outcomes for those not served. Additionally, because the primary aim of providing program services is to increase and support placements with relatives and is predicated on an assumption, supported by prior research, that children derive greater benefit from care by relatives than from care by non-relatives, a *secondary focus* of analyses is comparing the status and outcomes for children who experienced relative care, whether they were served or not served, and comparing them with children in non-relative care.

For purposes of this study, the term “relative” includes both relative and kin as defined in Missouri law¹. Further, the classification of a child’s placement as relative or non-relative employs the Missouri Department of Social Services placement classification codes for both relative and kinship placements, including licensed, non-licensed, behavioral, and medical placements.

Propensity score matching (PSM), a rigorous statistical method, was used to produce samples of children eligible but not served matched on key variables with the cohort of all children served. PSM allows one to design and analyze a non-randomized study so that it mimics key

¹

Relative	A Relative is a person related to another by blood or affinity within the third degree. (RSMo 210.565.2). Relative care is provided by persons related to the foster youth in any of the following by blood, marriage or adoption; grandparent, great-grandparent, brother, sister, half-brother, half-sister, stepparent, stepbrother, stepsister, uncle, or aunt. This designation applies to homes who apply to care for children for whom the agency has legal custody.
Kin	Kinship is defined as: A person who is non-related by blood, marriage or adoption who has a close relationship with the child or child’s family (godparents, neighbors, teachers, close family friends, and fellow church members) or a person who has a close relationship with the child or child’s family and is related to the child by blood or affinity beyond the third degree.

characteristics of a randomized controlled trial. Sub-study designs and methods are fully detailed in sub-study chapters of this comprehensive report.

Key Findings

From Implementation Sub-study

The implementation study focused on two primary areas:

1. Examination of program implementation and context derived from interviews and focus groups with program leaders and staff and with public and private agency case managers from collaborating agencies and their supervisors.
2. Specification of the 30 Days to Family® program model derived from content analyses of the program implementation manual and Missouri child welfare laws, policies, and procedures.

The implementation sub-study confirmed that the program model, its major components, and intended outcomes are well articulated and implementation procedures are prescribed in a clear and detailed manner with documentation methods prescribed. This, in addition to processes for staff training, orientation, and supervisory support, produce a very high level of implementation fidelity. These findings alone are noteworthy because they exceed standards for model articulation and implementation fidelity typically seen in the field of child welfare.

The importance of program philosophy can hardly be overemphasized. Strongly held beliefs influence not only implementation practices but also the approach to and nature of engagement with families. Practices strongly influenced by the program philosophy that differentiate the program from “as usual” services include a “relentless” search for family, vigorous search for and engagement of fathers, and a strength-based approach to engaging family members in a problem-solving process to identify and organize their collective resources to support relative placement.

All external stakeholders contributing to the study viewed the program as well-run and producing benefits for children, for families, and for the child welfare system. Almost all benefits cited were further confirmed in other sub-studies. A key child welfare system benefit cited by every case manager was that the program produces multiple placement options that allows the placement option thought to be *best* to be selected rather than the first, available which is more characteristic of the “as usual” model of services.

All public and private contract case managers and supervisors who were interviewed or participated in focus groups held strongly favorable views about the program generally, its operation, and benefits derived by children, their families, and the child welfare system in general. These informants characterized what 30 Days to Family® does as closer to what should be done for all children, what they themselves would like to have time and resources to do, and more in line with practice standards to which child welfare systems aspire but frequently fall short.

The model specification process compared each component of the 30 Days to Family® model with the “as usual” model along seven dimensions to identify key features distinguishing the model from “as usual” practice. The model specification has particular value for replication of the model, explicitly identifying distinguishing features to help ensure fidelity to the model in subsequent replications.

Two important features of the program model became evident from the implementation sub-study and each of these features informed the design of subsequent sub-studies. First, it was confirmed that the services delivered by the 30 Days to Family® program are all services required by federal law, state regulation, and/or policy. Hence, the program is not an additional, non-mandated service but, rather, a more intensive and enhanced model for delivering services that are required to be delivered – specifically, family search and engagement, information gathering to inform early decision making around placement, and linkage to resources to address identified needs of the child and to maintain the placement. With this distinction in mind, the cost study went beyond comparing costs of delivering services using the 30 Days to Family® model and costs of delivering services using the “as usual” model to examine cost effectiveness of the two models in achieving improved outcomes to which monetary value was attached.

The second feature of the program model that informed subsequent sub-study design is the program’s eligibility criteria which excludes children for whom a relative placement is readily identifiable. Simply put, children for whom a relative placement is readily identifiable are not eligible for services. Further suggesting some qualitative differences in children eligible for referral to the program and those not eligible were key informant reports that cases referred to 30 Days to Family® were the “more challenging” cases. Therefore, in the analyses of child welfare administrative data, for purposes of comparing children served with children not served it was determined the more valid comparison would be of children served and eligible children not served rather than all children not served.

From Analyses of Child Welfare Administrative Data

This sub-study examined child welfare administrative data associated with 2,809 children and youth placed in foster care in St. Louis County and St. Louis City during the 51-month period April 1, 2011 to June 30, 2015, examining their status and outcomes as of July 31, 2016. Children whose data were examined had been placed in foster care from 13 to 61 months earlier (1 to 5 years), allowing examination of longer-term outcomes. The 310 children served by 30 Days to Family® were compared with a matched sample of eligible children not served (n=230) and all eligible children not served (n=1762) not only demographically but also on a broad range of child welfare outcome variables including likelihood of placement with relatives, permanency outcomes, time in care, placement stability, likelihood of treatment placement, and likelihood of re-entry to foster care. Propensity score matching (PSM) was used to produce matched samples of children eligible but not served.

Children served. Those served by 30 Days to Family® represented 11 percent of all children placed in foster care in the study localities during the study timeframe and 15 percent of children eligible for referral. It was determined that those served did not differ from all children not

served on key demographic and case variables nor from the restricted dataset of only those eligible for referral to 30 Days to Family®.

Likelihood of relative placement. Using both “snapshot” and cumulative methods of analyses, significantly higher percentages of children served were placed with relatives compared with both the matched sample of those eligible but not served and all those eligible but not served. The higher percentages were observed from one month to three years following placement in foster care, suggesting a sustained positive effect of being served. Further, the program produced relative placement for children who were significantly older and more likely to have a disability.

Permanency – reasons for discharge. Children served, and particularly those age 9 or older, were more likely to exit foster care to reunification. Of children placed with relatives, lower percentages exited to adoption while significantly higher percentages exited to reunification and dramatically higher percentages exited to guardianship. Furthermore, youth placed with relatives were markedly less likely to “age out” of foster care.

Time in care. Children served by 30 Days to Family® remained in foster care an average 91.4 fewer days than the matched sample of those not served; those age 9 years and older were in care an average 194 fewer days.

Time in care by type of exit. Being served by 30 Days to Family® is associated with fewer days in foster care and more timely achievement of permanency regardless of the type of discharge from foster care. Those served exiting to reunification were in care an average 47.6 fewer days; those exiting to adoption were in care an average 90.6 fewer days; those exiting to guardianship were in care an average 113.5 fewer days.

Time in care for children with disabilities. Children who were served who had an identified disability were in foster care an average 257.8 fewer days than those with a disability who were not served. Although based on limited numbers, being served is clearly associated with fewer days in care, especially for children with disabilities.

Placement stability. Using groundbreaking methodology that corrects for count inflation and controls for length of time in care by employing rates of placement changes per month, it was found that the average placement change rate for those who ever experienced relative placement (0.45) was lower than the placement change rate for those who experienced no relative placement (0.69) and dramatically lower after relative placement (0.13). Further, rates of placement change were dramatically lower after placement with relatives, regardless of whether served or not served. For children *served*, placement change rates were reduced from an average overall 0.43 to 0.08 after first relative placement. Rates for children in the matched sample of children not served were reduced from an average 0.42 to 0.12 after first relative placement while rates for all children not served were reduced from 0.52 to 0.13 after first relative placement. This pattern of findings was observed across all age cohorts examined (0 – 5 years, 6 to 11 years, 12 years and older).

Likelihood of treatment placements. Findings were more favorable for children with relatives than for those never placed with relatives. Not only did a significantly lower percentage of children with relatives experience treatment placement (20.08% vs 28%), but those with relatives had a significantly lower average number of treatment placements (0.61 vs. 0.98). These differences represent 28.3 percent fewer children experiencing placement in treatment settings and 38 percent fewer placements for those placed with relatives.

Re-entry to foster care. Between August 1, 2015 and July 31, 2016 a total 26 children in the full dataset re-entered foster care, none of whom had been served.

Findings clearly demonstrate that 30 Days to Family® is successful in its primary objective of increasing likelihood of placement with relatives. The fact that higher percentages of children served continue to achieve relative placement long after direct services end suggests that the intense work identifying and engaging relatives in the first month continues to pay dividends months and years later.

Being served was also associated with fewer days in foster care, higher likelihood of exit to reunification and guardianship, particularly for older children, and reduced likelihood of re-entry to foster care. Children placed with relatives experienced much greater placement stability, were far less likely to experience placement in a treatment setting, and were less likely to exit to emancipation or “age out” of foster care.

From Caregiver Interviews

Findings are based on interviews with 97 caregivers who were relative (including kin) and non-relatives and who cared for children who were served and not served. Propensity score matching was used to derive demographically comparable samples representative of the children in the dataset who were served and matched eligible but not served.

Child’s Status

On status comparisons, only slight differences in education status were found for children served and not served and those with relatives and non-relatives. However, those in relative placements report substantially higher levels of involvement in pro-social activities and competency-developing activities (e.g., school-related extracurricular, sports, recreational, or church activities) and, among youth older than 14 years, to be employed or earn money through activities such as babysitting or yard work.

Several items assessed receipt of medical or mental health treatment or juvenile court involvement in the past 12 months. Thirty-three percent (33%) were reported to have received treatment for a serious medical or health condition. Children served were somewhat less likely to have been treated than those not served and those with relative caregivers who were not served had the highest percentage reporting such treatment. All findings for these items were based on small numbers, particularly for sub-groups and no clear patterns emerged on which sound observations could be based.

Family Connections

Mother – Children with relative caregivers were more likely to know how to contact their mothers, to have frequent contact with them, and to have a good or very good relationship with their mothers.

Fathers – A higher percentage of children served than not served, whether with a relative or non-relative caregiver, reported knowing how to contact their fathers and to have frequent contact with their fathers. Children most likely to have regular contact with their fathers were those who were served and were in relative placement; children least likely to have regular contact with their fathers were those in non-relative placements who were not served. Children most likely to have good or very good relationships with their fathers were those with relatives and children least likely to have good or very good relationships with their fathers were those with non-relatives whether served or not served.

Siblings - Comparisons of those served and not served and of those with relative and non-relative caregivers revealed differences that were very small with no clear patterns emerging. It is suspected that policies requiring sibling contact are an influence in diminishing differences.

Maternal Relatives – Children most likely to have contact with maternal relatives were those who were both served and with relatives; those least likely to have contact with maternal relatives were those not served who were with non-relatives. Maternal relatives with whom contact was most regularly maintained were uncles and aunts followed by grandparents and cousins.

Paternal Relatives – Not surprisingly, a lower percentage of children were reported maintaining connections with paternal relatives than maternal relatives. Consistent with findings for maternal relatives, children most likely to have paternal relative contact were those with relatives and those least likely were those with non-relatives. Paternal relatives with whom contact was most regularly maintained were grandparents followed by aunts and uncles and cousins.

Non-relatives - Consistent with findings on contact with relatives, children with relative caregivers were nearly twice as likely to report regular weekly or monthly contact with non-relatives as children with non-relative caregivers.

Family Supports and Services

Caregivers were asked to rate the levels of “natural” support they could count on. “Natural” supports were defined as some of people in their lives who are not typically paid for their services but provide support in taking care of their foster child; this may include help from other family members, friends, neighbors, or possibly their church.

All findings on natural supports were based on limited numbers and differences were small. In general, relative caregivers reported very slightly higher levels of natural supports which is remarkable given the fact that many of these caregivers had not planned to become caregivers, in

contrast with non-relative caregivers who took a series of pre-planned steps in advance to become qualified as a licensed foster parent and had a longer period of time in which to engage supports.

Need for and Utilization of Formal Support Services

Caregivers were asked to report both the level of need and the pattern of utilization for three types of services: mental health/counseling, therapies reported to health/development, and educational services beyond basic schooling. For mental health/counseling services, for children age 5 and older, a higher percentage of children served than those not served were reported to have high need (84% compared to 41%). When examined by relative/non-relative caregiver, the difference is even greater. Of those served and with relatives, 76 percent had high need; only 18 percent of those not served and with relatives reported high need. For therapies related to health and development, children served were somewhat more likely to have high need than those not served and children with relatives were slightly more likely to have high need than those with non-relatives. Overall, 62 percent of children with relatives who were served had high need but only 10 percent of those with relatives who were not served were reported to have high need; those with non-relatives who were served had higher need than those with non-relatives who were not served. This pattern of findings appears to support key stakeholder reports from the implementation sub-study that the cases referred to 30 Days to Family® were “more challenging” cases.

Levels of formal support utilization were consistent across all items assessed. Availability of services was very high as was utilization of all needed and available services.

Caregiver Stress

Non-relative caregivers were more likely to report never or almost never having doubt they could manage; conversely, 20 percent of relative caregivers and only 7 percent of non-relative caregivers reported such doubt fairly or very often. Somewhat predictably, relatives with older children reported doubt at the highest frequency (28% at fairly or very often); however, when relative caregivers served and not served were compared, only 9 percent of those with children served reported frequent doubt while 36 percent with children not served reported doubt that frequent. Although numbers are small, this may reflect some benefit from the 30 Days to Family® program family support interventions.

Standardized Assessment of Functioning

An assessment of functioning was conducted using the Child and Adolescent Needs and Strengths (CANS), a standardized measure that has been used extensively for screening and monitoring of child welfare populations. There are two versions of the CANS: one for use with children from birth to age four and the other for children age 5 to young adulthood.

Thirty-five (35, or 36%) of the 97 caregivers interviewed were caring for children age four and younger. For these younger children, about 10 percent of ratings were at the “severe” problem level. Ratings by relative caregivers of children served are slightly higher. These problems were confined to development, adaptability, and family relationships. When ratings of both “severe” problem and “needs improvement” are considered together, the percentage of such ratings triples

and across a broader range of areas of functioning. When both ratings are included, problem ratings are highest by non-relative caregivers and for children served.

Sixty-two (62) of the 97 caregivers were caring for children age 5 and older. For the older children, about 30 percent of ratings were in the “severe” problem level. Problems were reported across a wider range of areas but were focused largely on family relationships and developmental issues. Ratings are highest by non-relative caregivers and for children served. When ratings for both “severe” problem and “needs improvement” are considered together, the percentage of such ratings roughly triples and some level of concern was registered across all areas assessed. Again, the highest problem ratings were by non-relative caregiver and for children served. Findings based on CANS ratings are inconclusive, although a slightly higher percentage of children served and with non-relatives have “problem” ratings.

Findings from caregiver interviews suggest that youth served, although having more risk factors are doing no worse than those not served and, when placed with relatives, appear to be more engaged in pro-social activities. A higher percentage of children served, and particularly those served with relative caregivers, maintain more frequent contact and more positive relationships with mothers and fathers. They also report more regular contact with both maternal and paternal relatives. For children served clearly maintain greater connections with fathers and with paternal relatives.

From Cost Sub-study

Program cost

The 30 Days to Family® estimated cost per child served was found to be \$3,247 with a range of \$1,215 to \$8,653 per child.

Average expenditures per child in foster care were calculated applying methods of most credible recent research applied to Missouri-specific expenditure data. The four approaches yielded average annual expenditures per child ranging from \$50,228 to \$32,653 or from \$137.61 to \$94.09 per day. An average based on findings from the three approaches, \$113.92 per day, was used to examine cost implications of findings from other sub-studies.

Savings from fewer days in care

A cost savings of \$10,271.61 per child was identified based on children served being in foster care an average 91.4 fewer days; savings for children age 9 and older totaled an average \$21,687.26 based on 194 fewer days in care. Savings were calculated by age cohort, by disability status, and by type of exit from foster care with highest savings for older children and children with identified disabilities.

Savings from greater placement stability

Although older and more likely to have an identified disability, children served were significantly more likely to be placed with relatives and children placed with relatives experienced much greater placement stability. Using methodology that corrects count inflation and controls for length of time in care by employing rates of placement changes per month, it

was found that children never placed with relatives had an average placement change rate of 0.69 while those ever placed with relatives had a rate of 0.45 and that average rates *after* relative placement fell to 0.13 or less than one fifth ($1/5^{\text{th}}$) that of those not placed with relatives and less than one third ($1/3^{\text{rd}}$) of those ever placed with relatives. Prior research has found the cost of a single placement change to exceed \$2,300 in direct, child welfare agency costs (Wulczyn, Kogan, & Harden, 2003).

Greater placement stability also produces mental health services cost savings. A seminal study by Rubin et al (2004) published in *Pediatrics* found that foster care placement instability was associated with increased mental health costs during the first year in foster care, particularly among children with increasing general health care costs. The study, somewhat outdated in terms of actual cost figures, noted that the top 10 percent of users among foster children accounted for 83 percent of mental health services costs.

There is also evidence of social costs savings from greater placement stability. The Casey Family Program's publication "Why Should the Child Welfare Field Focus on Minimizing Placement Change as Part of Permanency Planning for Children?" (2007) reviews numerous studies to summarize the importance of children placed in foster care experiencing as few placement changes as possible. Minimizing placement change has been found to minimize child pain and trauma; lessen child attachment, behavior and mental health disorders; decrease school changes and increase academic achievement; maximize continuity in services, decrease foster parent stress, and lower program costs; and increase the likelihood that a child will establish an enduring positive relationship with a caring adult.

Savings from reduced likelihood of treatment placements

Children in relative placements were also found to be less likely to require placement in treatment settings. When compared with a matched sample of children not placed with relatives, 28.3 percent fewer children experienced placement in treatment environments and they experienced 38 percent fewer placements.

If it is assumed that institutional care costs 6 to 10 times home-based foster care as shown in prior research, and the very modest annual basic placement costs (which exclude indirect costs) cited as \$4,395 in Missouri is used, an agency would experience a savings of between \$4,933 and \$12,437 per child per year from 28.3 percent fewer children and between \$10,021 and \$16,701 per child per year from 38 percent fewer placements.

Using Medicaid costs of \$2,416 per child per month (\$29,000 per year) for children's behavioral health services (Pires et al., 2013), reducing the total 465 children in the dataset who experienced a treatment placement by a 28.3 percent means 131 fewer children in treatment placement. At \$2,416 per month, there is a savings of \$316,583 per month.

In addition to treatment costs, an agency could save more than \$2,300 in direct, child welfare agency costs associated with each placement move whether from the reduction in numbers of children or the reduced frequency of moves (Wulczyn, Kogan, & Harden, 2003). Put simply, a

reduction of 100 in the number of placement moves would produce a savings in direct, child welfare agency costs of \$230,000.

Savings from fewer reentries to foster care. Although the study could examine re-entries to foster care for only a single year, it is noteworthy that none of the 26 children who re-entered care had been served. Based on the January 2017 per member per month cost of \$1,812 and multiplying by an average 23 months in care, the average per child cost per episode in foster care would total \$41,676, excluding MO HealthNet expenditures. The prevention of reentry to foster care carries with it a potential savings per case of \$41,676.

Conclusions

As an independent, rigorous testing of the theory of change of 30 Days to Family®, conclusions are framed by elements of the theory. The key underlying assumption is that children derive greater benefit from care by relatives and this assumption is the rationale for the program's primary goal: to increase placements with relatives at the front-end of foster care episodes.

From the findings, the following conclusions can be drawn:

The program model is well articulated, implemented with a high degree of fidelity, and viewed quite favorably by personnel of collaborating organizations who view the program as doing what should be done for all children, what they themselves would like to have time and resources to do, and being more in line with practice standards to which child welfare systems aspire but frequently fall short.

The 30 Days to Family® program is clearly successful in achieving its primary goal of increasing placements with relatives early in the foster care episode of children served. When compared with the "as usual" model, the program model produces superior results and does so with children who are significantly older and more likely to have a disability.

Children served remain in care foster care fewer days across all age cohorts and types of discharge from foster care and particularly in the presence of identified disabilities.

The study also provides strong evidence of benefits of relative placement which is, of course, increased and facilitated by program services. These benefits include increased discharges to guardianship after fewer days in care, greatly enhanced placement stability, especially following relative placement, and reduced likelihood of placement in treatment facilities.

Caregiver interviews provide substantial evidence of the program's benefit in preserving family connections and suggest a stronger a network of natural placement supports. Consistent with findings from analyses of child welfare administrative data, children with relative caregivers were more likely to be involved with pro-social activities, to have positive relationships with mothers and fathers, to see maternal and paternal relatives frequently, and had more positive scores on a standardized assessment of functioning.

The cost sub-study provides evidence of program cost effectiveness. Substantial direct savings were found based on reduced time in foster care, greater placement stability, reduced likelihood of placement in treatment facilities, and prevention of re-entry to foster care.

Policy and Practice Implications

This independent study has employed a rigorous and comprehensive approach and has produced a substantial body of evidence supporting the program model's theory of change.

Strong evidence of effectiveness in achieving the short-term goal of increasing relative placements, multiple favorable longer-term outcomes associated with program services and/or relative placement, and clearly identifiable cost savings argue for prompt, widespread replication of the model in contexts with child welfare policies favorable to relative foster care.

Research Implications

Future research on placement stability should employ methodology pioneered in this study that controlled for count inflation and length of time in care by calculating rates of placement change per month. Future research on relative and non-relative care should use extraordinary care to ensure that comparison cohorts are truly comparable and consider, at minimum, excluding children in care fewer than eight days as well as controlling for other variables, beyond demographics, that create qualitative differences in samples of children studied.

Future research on 30 Days to Family® should explore with larger samples of caregivers/families receiving program and “as usual” services the aspects of the received that were most helpful and contributed to key child welfare outcomes and family/child well-being. Such data would further illuminate the processes by which services and/or relative status contribute to the positive outcomes observed.

I. Introduction to Comprehensive Study

This report contains findings from a comprehensive study testing the theory of change of the 30 Days to Family® is an intense short-term intervention developed by the Foster and Adoptive Care Coalition in St. Louis, Missouri. The study involved four-sub-studies: 1) an implementation study that examined implementation fidelity and context and informed further specification of the program model, differentiating it from services “as usual”; 2) analyses of child welfare administrative data for 2,800 children placed in foster care comparing demographic and case variables and outcomes 13 to 61 months after placement in foster care; 3) caregiver interviews that examined child/youth status, placement supports, service needs and utilization, connections with relatives, well-being and functioning; and 4) a cost study that compared program and “as usual” services costs and identified areas of cost savings based on favorable program outcomes.

This introductory chapter includes general background information about the program model, relevant prior research, the program logic model, rationale for the theory of change testing, and an overview of the comprehensive study design. Subsequent chapters focus on each of the four sub-studies and include detailed descriptions of methodologies, findings, and conclusions that can be drawn from the sub-study. A concluding chapter synthesizes findings from the four sub-studies and implications for policy and practice.

Background Information

Overview of 30 Days to Family® Model

30 Days to Family® is an intense short-term intervention developed by the Foster and Adoptive Care Coalition (hereinafter referred to as “The Coalition”) to 1) increase the number of children placed with relatives/kin at the time they enter the foster care system; and 2) ensure natural and community supports are in place to promote stability for the child. The program model features two major elements: family finding and family support interventions. In family finding, specialists engage in immediate and intensive searches for and engagement with family members, making direct personal contact. The goals are to identify at least 80 relatives or kin per case, to secure at least one relative/kinship placement and two backup placements, and to place 70 percent of children with relatives/kin within 30 days of entering foster care or by conclusion of services. Family support interventions involve assessment of child and family needs, identification of family and community resources, assistance in eliminating barriers to placement with relatives, and creating a network of support services. These are documented in a Roadmap to Family that is used and periodically reviewed in providing ongoing support interventions.

30 Days to Family® grew out of the The Coalition’s groundbreaking program, Extreme Recruitment®, which serves children who have been in foster care for several years—sometimes their entire lives. Extreme Recruitment® is a race to find permanency for youth using 12-20

weeks of intensive recruitment efforts and permanency preparation. Utilizing private investigators, at least 40 long-lost relatives are identified. The goal is to match 70 percent of the youth with an adoptive family and reconnect 90 percent of the youth served with a safe and appropriate relative. It became increasingly apparent that the child welfare community wanted the family search and engagement efforts for children to occur as they entered care, rather than waiting until the children had been languishing in the system. As a result, the 30 Days to Family® program was launched in March 2011. The principal focus of 30 Days to Family® is to assist in the search and engagement of a child's relatives and kin within 30 days of the child entering the foster care system.

What is Known: A Brief Summary of Relevant Statistics and Prior Studies

Federal data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that of the approximately 428,000 U.S. children in foster care on September 30, 2015, 127,821 were living in the home of a relative, representing 30 percent of all of the children living in out-of-home care under the supervision of the juvenile court (Adoption and Foster Care Analysis and Reporting System, AFCARS, 2016). Nationally, 45 percent were reported to be in non-relative foster family homes, 14 percent were in group homes or institutions, 5 percent were on trial home visits, 4 percent were in pre-adoptive homes, and the remaining 2 percent were in supervised independent living or runaway.

The federal government has been encouraging states to utilize kinship care as the primary placement preference for children entering the child welfare system as reflected in the Adoption and Safe Family Act (ASFA) of 1997. To promote relative placements, the 2008 Fostering Connections Act (P.L. 110-351) requires states to identify and provide notice of the child's entry into foster care to all grandparents and other adult relatives of the child within 30 days of the child entering state custody. However, the result has been disappointing with relative placements growing to only 30 percent in 2015 from 24 percent in 2008 (USHHS, 2016a). Both Missouri and the sub-study region of St. Louis City and St. Louis County report levels of relative placement higher than the national average of 30 percent and substantial gains in recent years. Missouri reported placement of children with relatives at 36 percent in November 2011; however, a goal of 45 percent was established for 2016 and appeared to be met in November 2016. The St. Louis Region reported 26 percent of foster children were placed with relatives when 30 Days to Family® was implemented in March 2011 and 43 percent were reported in 2015 (MDSS, 2016). The implementation sub-study identified conditions in Missouri favorable to relative/kin caregiving including policies that permit the licensing of relatives as foster parents and the presence of subsidized guardianship.

Prior research has identified kinship care placement as having advantages that makes it a primary choice. Multiple researchers contend that kinship caregivers provide children and youth with a secure environment and beneficial treatment (Cole, 2002; Hegar, 1993; Herring, Shook, Goodkind, & Kim, 2009). Herring et al. (2009) used the concept of evolutionary theory and suggested that children are likely to be treated better by kin foster parents than non-kin parents. Additionally, the positive attachment and child-caregiver relationship make kinship care a more stable placement than other types of foster care placements, thus reducing placement disruptions

(Dubowitz, Feigelman, & Zuravin, 1993; Koh, 2010). Other research indicates that kinship care does serve as a stable home in which children are less likely to experience multiple placements and re-entry to the foster care system (Berrick, Needell, Barth, & Jonson-Reid, 1998; Courtney, 1995). Furthermore, children who are placed with their relatives, compared with other types of placements, are more likely to maintain contact with their birth parents and to preserve racial identities (Berrick, 1997; Berrick, Barth, & Needell, 1994).

Other researchers have found that foster children living with relatives:

- Are more likely to live with their siblings (Shlonsky, Webster, Needell, 2003)
- Are less likely to change schools (National Survey of Child & Adolescent Well-Being, 2005)
- Have fewer behavioral problems (NSCAW, 2005)
- Are more likely to report liking those with whom they live (NSCAW, 2005)
- Are less likely to run away (NSCAW, 2005)
- Are less likely to re-enter foster care (Winokur, et al, 2008)
- Are more likely to report that they want their current placement to be their permanent home (NSCAW, 2005)

Other studies have demonstrated that children are much better off when placed with a relative within 30 days.

- A study of 450 children in the Philadelphia child welfare system demonstrated that children placed with relatives within 30 days of entering care were more likely to have a stable placement one year later (Rubin et al., 2008).
- A report of the 2005 National Survey of Child and Adolescent Well-Being found that when children are placed with relatives within 30 days, they are at lower risk for future behavior problems (Conway & Hutson, 2013).
- With relatives, children experience fewer placement changes (Testa, 200a), and are less likely to change schools (NSCAW, 2005).
- In 2007, a study of 150 relative and 150 non-relative providers revealed that relative foster care is superior because of the emotional and social connection as a result of the pre-existing relationship between the foster child and relative provider (Picinich, 2007).

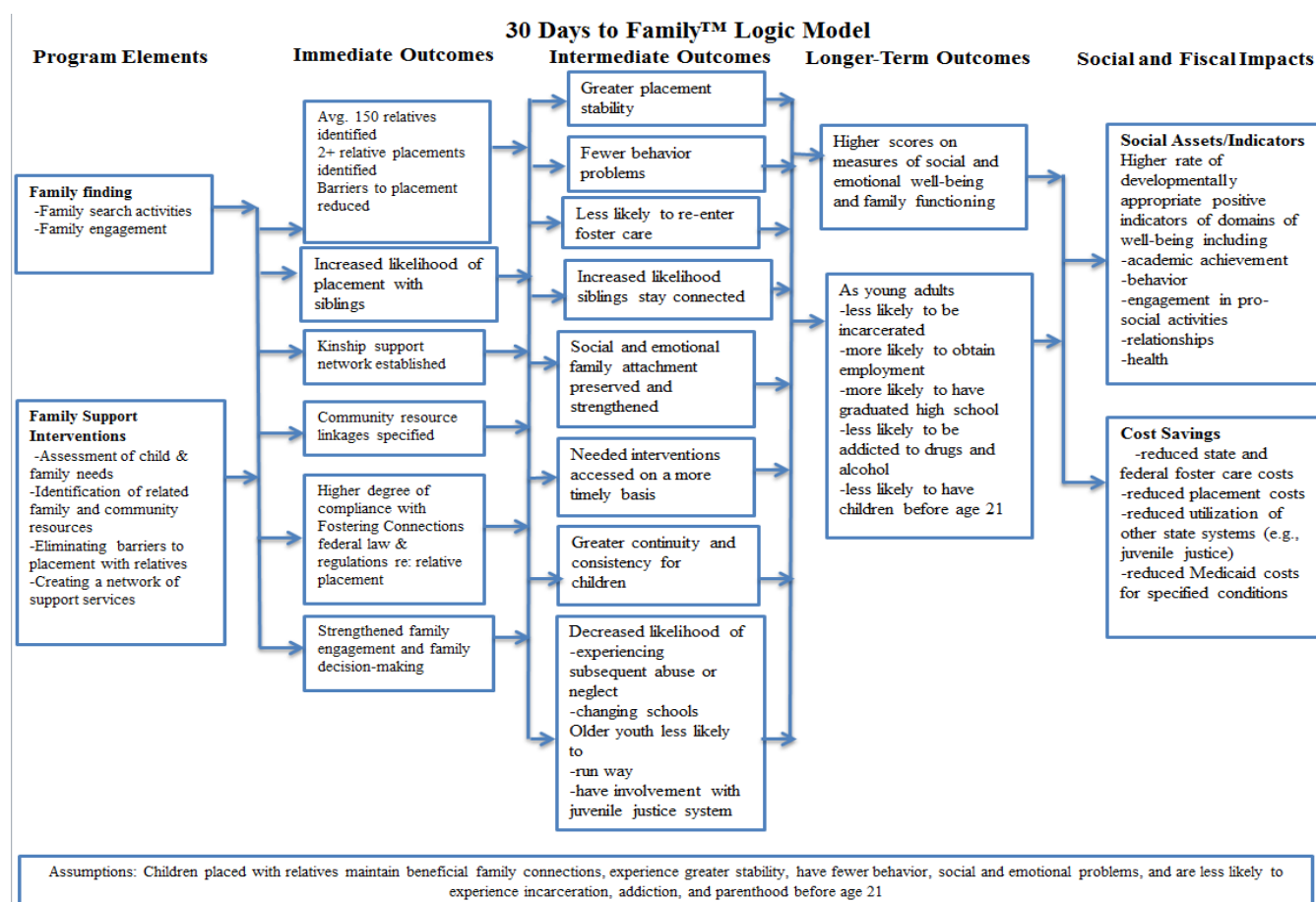
In a study of Missouri foster youth, former Washington University (St. Louis) professor Curtis McMillen and others (2004) found that over their lifetime: 94% used at least one mental health service; 42% utilized inpatient psychiatric care services; and 77% used other residential programs. Research published in the Archives of Pediatrics and Adolescent Medicine reports that foster youth placed with relatives have a lower risk of mental health problems, leading to reduced therapy and psychotropic medication use (Sakai et al, 2011). Furthermore, foster youth frequently have multiple placements, leading to behavioral and emotional problems (Barber et al, 2001). But when placed with relatives, foster youth are more stable and have better behavioral and mental health functioning (Winokur et al, 2009).

Review of the 30 Days to Family® Logic Model

As an independent, rigorous testing of the 30 Days to Family® theory of change, the program logic model serves as the overarching framework for the evaluation. Certain immediate, intermediate, and longer-term outcomes set forth in the logic model were systematically examined in the sub-studies. Therefore, before reporting findings and conclusions, the program logic model as conceptualized at study initiation will be reviewed.

The program is predicated on a set of research-based assumptions that children/youth fare better and achieve better outcomes when placed with relatives. The simplified logic model is shown in Figure 1. It serves as a graphic representation of the linkages among program elements, their immediate, intermediate, and longer-term outcomes, and the social and fiscal impacts.

Figure 1. 30 Days to Family® Simplified Logic Model



The program's intensive family finding involves both search and engagement. Family support interventions involve assessment of child and family needs, identification of related family and community resources as well as the elimination of barriers to placement with relatives and the creation of a network of support services. These core program elements are implemented for the purpose of producing, within the first 30 days, immediate outcomes that include identifying

relatives (goal of 80; average in 2015 of 150), identifying two or more relative placement options, increasing likelihood of placement with siblings, creation of a kinship support network, a higher degree of compliance with federal law pertaining to relative placements, and strengthened family engagement and decision-making.

These immediate outcomes contribute, in the intermediate term, to greater placement stability, fewer behavior problems, reduced likelihood of re-entering foster care, increased likelihood that siblings stay connected, strengthened and preserved social and emotional attachment to family, more timely access to needed interventions, greater continuity and consistency for children, and decreased likelihood of experiencing subsequent abuse or neglect, changing schools, running away, and involvement with the juvenile justice system.

These improved intermediate outcomes for children and youth placed with relatives result, in the longer-term, in higher levels of social and emotional well-being and family functioning and, as young adults, less likelihood of incarceration, addiction, and having a child before age 21 and greater likelihood of graduating from high school.

These longer-term outcomes produce both social and fiscal impacts including higher rates of well-being in key functional domains and cost savings from reduced expenditures for foster care and for key services commonly associated with problems experienced by foster children and youth.

Rationale for Study

The study is a rigorous, independent evaluation designed to test the 30 Days to Family® theory of change. The foundational study is funded through January 2016 by the St. Louis County Children's Service Fund under its Discovery Initiative intended to evaluate the impact of an existing strategy and determine its effectiveness.

Because 30 Days to Family® appears to be achieving remarkable results, and demands for its replication are growing, it is especially important that a rigorous and multi-faceted evaluation be conducted at this point in time. The program appears to be promising, but the process by which a program is ultimately recognized as evidence-supported or evidence-based is a highly methodical and sequential evidence-building process. The evaluation will build upon the substantive foundational work that the Foster and Adoptive Care Coalition (The Coalition) has already undertaken including a) articulating a theory of change, b) developing a set of specific practices, program components, and intervention guidelines, c) collecting and analyzing data associated with implementation fidelity, and d) producing preliminary evaluation findings, demonstrating that the program is associated with desired outcomes and is ready for rigorous evaluation.

According to a recent Children's Bureau publication (USHHS, 2014a), too few child welfare policies and practices have an evidence base required to qualify as an evidence-supported intervention (ESI) – well-defined policies, programs, and services that have shown, through rigorous evaluation, the potential to improve outcomes for children and families – or an

evidence-based practice. In fact, as of February 2014, only eight percent (or 27) of the 325 programs catalogued in the California Evidence-Based Clearinghouse for Child Welfare (CEBC) met the criterion of “well supported by the research,” and only two of the 27 so catalogued had been rated as having “high” relevance for child welfare systems (USHHS, 2014a). The evaluation is purposely aligned with the framework for designing, testing, spreading, and sustaining effective practice in child welfare set forth by the Children’s Bureau and is designed to answer many of the evaluation questions associated with foundational steps in the framework.

Findings from the study will a) substantially add to the body of knowledge on family finding and on kinship care specifically, b) contribute to a further specification of the intervention model and associated costs, and c) inform critically important aspects of child welfare policy and practice.

Overview of Study Design

The study was a rigorous, independent evaluation designed to test the 30 Days to Family® theory of change which posits foster children/youth served by the program will experience more favorable immediate, intermediate, and longer-term outcomes resulting in improved well-being, reduced mental health concerns, and cost savings.

The *primary focus* of analyses is comparing the status and outcomes for those served with the status and outcomes for those not served. Additionally, because the primary aim of providing program services is to increase and support placements with relatives and is predicated on an assumption, supported by prior research, that children derive greater benefit from care by relatives than from care by non-relatives, a *secondary focus* of analyses is comparing the status and outcomes for children who experienced relative care, whether they were served or not served, and comparing them with children in non-relative care.

For purposes of this study, the term “relative” includes both relative and kin as defined in Missouri law². Further, the classification of a child’s placement as relative or non-relative employs the Missouri Department of Social Services placement classification codes for both relative and kinship placements, including licensed, non-licensed, behavioral, and medical placements with relatives and kin.

The study employed a set of four sub-studies:

2

Relative	A Relative is a person related to another by blood or affinity within the third degree. (RSMo 210.565.2). Relative care is provided by persons related to the foster youth in any of the following by blood, marriage or adoption; grandparent, great-grandparent, brother, sister, half-brother, half-sister, stepparent, stepbrother, stepsister, uncle, or aunt. This designation applies to homes who apply to care for children for whom the agency has legal custody.
Kin	Kinship is defined as: A person who is non-related by blood, marriage or adoption who has a close relationship with the child or child’s family (godparents, neighbors, teachers, close family friends, and fellow church members) or a person who has a close relationship with the child or child’s family and is related to the child by blood or affinity beyond the third degree.

1. An implementation study that examined implementation fidelity and context and informed further specification of the program model, differentiating it from services “as usual.”
2. Analyses of child welfare administrative data for all children placed in foster care in study localities during the study period, compared those served with those not served by 30 Days to Family® and those who achieve relative placement with those who do not on demographic and case variables and examining likelihood of relative placement, time in care, permanency goals and outcomes, placement stability, and likelihood of placement in medical and mental health treatment settings.
3. A sub-study based on caregiver interviews with a representative sample of children remaining in foster care who were served and not served and were in relative and non-relative placements assessed the status of children/youth, placement supports, service needs and utilization, connections with relatives, and, using a standardized instrument, well-being and functioning.
4. A cost sub-study compared costs associated with the 30 Days to Family® program model and the “as usual” model of services and then specified foster care costs and potential areas of cost savings based on fewer days in care, greater placement stability, and reduced likelihood of placement in treatment settings for children served and those who achieve relative placement.

Propensity score matching (PSM), a rigorous statistical method, was used to produce the sample of children not served matched on key variables with the cohort of all children served. PSM allows one to design and analyze a non-randomized study so that it mimics key characteristics of a randomized controlled trial. PSM was used to derive matched samples of children whose child welfare administrative data were compared and for selection of matched samples of children whose caregivers were interviewed.

Sub-study designs and methods are fully detailed in sub-study chapters of this comprehensive report.

II. Implementation Study Summary

Implementation Study Design

The implementation study focused on two primary areas:

3. Examination of program implementation and context derived from interviews and focus groups with program leaders and staff and with public and private agency case managers from collaborating agencies and their supervisors.
4. Specification of the 30 Days to Family® program model derived from content analyses of the program implementation manual and Missouri child welfare laws, policies, and procedures.

Primary Research Questions and Methods

Primary research questions include:

- How is each program component implemented?
- How do child welfare workers perceive the operation and value of 30 Days to Family®?
- What are key features of the 30 Days to Family® implementation context?
- How similar to/different from services “as usual” are 30 Days to Family® services?

Interviews and focus groups were conducted with 23 key informants during a site visit in early December 2014 and included:

- 13 case managers representing 7 private agencies with 3 public agency representatives (2 focus groups)
- 4 supervisors representing 3 private agencies and 1 public agency that collaborate with the program (individual interviews)
- 4 program leaders, including the supervising specialist, FACC (The Coalition) Executive Director, Outcomes Director, and Implementation Director (group and individual interviews)
- 2 program specialists (group interview)

Invitations to be interviewed or participate in a focus group were issued by The Coalition with an accompanying clear description of the study and purpose of the interview/focus group. Focus group participants were able to choose the more convenient of two 90-minute focus group sessions scheduled at different times on two different days. Criteria for selection of case managers for focus groups was initially having referred a minimum of two cases to the program which produced a pool of about 24 potential informants. To ensure an adequate number of focus group participants, case managers who referred only one case were later invited. Of the 13 who participated, one had referred only one case and the remaining participants had referred multiple cases. Interviews with supervisors in collaborating agencies were scheduled at the convenience of the interviewee and conducted at their offices by the PI or research associate. Participation in focus groups and interviews was voluntary. In consideration of the time spent participating in the

focus groups and interviews, non-program key informants were given \$50 gift card and bonus bucks that can be used at the The Coalition's [re]Fresh boutique. Individual and group interviews with program leaders and staff were conducted at The Coalition's office.

Group and individual interviews with program leaders and staff and with focus groups were audio-recorded for purposes of quality assurance and used by the PI and research associate to check the accuracy and completeness of data collected.

Model Specification Methods

Model specification began at study inception with content analysis of the program replication manual and a series of telephone interviews with the FACC Director of Implementation to further illuminate and clarify discrete program components and internal operational procedures. Model specification will continue and be further refined as additional data are collected. A simplified model specification based on current data and differentiating the 30 Days to Family® model from "as usual" services is also reported.

Findings

Program Philosophy

The importance of program philosophy can hardly be overemphasized. Strongly held beliefs influence not only implementation practices but also the approach to and nature of engagement with families.

Major tenants of program philosophy include:

- Family takes care of family
- All families include members who are willing and able to care for children
- Children deserve to be with their family; nobody loves you like your family
- Professionals are not the experts; families are the expert and may need help discovering and organizing the strengths that are there
- Relatives have a right to know family exists (including heretofore uninvolved paternal relatives)
- Everyone has something to contribute

Key Practices

Practices strongly influenced by the program philosophy that differentiate the program from “as usual” services include:

“Relentless” search - The “relentless” nature of the search for family suggests the intensity and creativity that program specialists employ to search for and engage family members. Program specialists are inspired by the maxim “What would my mother do for me? Everything! Anything!” Beginning with an online search employing an extensive array of tools and continuing as one relative identifies another and another, the search and engagement process continues throughout the 30-day period of service.

Finding dads – In contrast to practice that often ignores dads and arising from a belief that every kid needs a dad and every dad deserves to know about his child, the program pursued paternal relatives as vigorously as maternal relatives, often opening new sets of family connections heretofore not known.

“Convener” role of specialists – Although the word “convener” was not a term used by the program, it is the term used by multiple referring agency case managers to describe the program specialists. Reflecting the program’s philosophical stance that family takes care of family and that families, rather than professionals, are the experts, program specialists are seen by collaborating professionals as playing the role of “convener” with family members. This strength-based approach engages family members in a problem-solving process in which family members decide among themselves the most viable placement with others agreeing to provide supports. As part of helping families organize their collective resources to support the child and relative providing placement, specialists typically provide suggestions on how family members might help (e.g., babysitting, respite, financial support, transportation, activities) but responsibility for problem-solving remains with the family members.

Illustrations of commitment to family - The program illustrates to families in several tangible ways the program’s commitment to family:

- First, program specialists arrive at the first hearing with a genogram produced from an initial search. This communicates to family members that “we care enough” to pursue family. Subsequent search efforts often identify persons family members have never met or didn’t know existed.
- Second, specialists ensure that the family providing placement receive the tangible Roadmap to Family containing the contact information for not only the formal community services to which they have been linked but also for other family members who have agreed to provide support.
- A third practice that was formerly employed was collecting items that helped the child to maintain a connection with the family including photographs, letters to the child, and other memorabilia. This practice is no longer regularly employed but was viewed as a practice providing strong evidence of commitment to family.

Program Benefits

Benefits of the program were identified by key informants in several domains.

Benefits to Children

- Children know who family is and that family cares. This is recognized as critical to identity formation.
- Placement with a relative is less traumatic to the child.
- Children have greater stability in relative placements.
- Living with relatives is far less stigmatizing for the child than having to report living in a foster home.
- Regular and ongoing contact with other family members is more likely to occur in a relative placement.
- The program finds dads, a relationship of lifelong significance.
- Even when children are not placed with families, they know about and are more connected to family.

Benefits to Family Members

- For the parent from whom the child is removed, when relationships with family members are not severely conflicted, it can be comforting to know that the child is with a family member.
- Although a challenging role, the relative caregiver is more likely to be the best option of the several identified and to be doing it willingly because the program process allows the reluctant caregiver to avoid taking on a primary role and take on a supporting role.
- Relative caregivers are provided a higher level of assistance with finding and accessing needed services and resources.
- Fathers and paternal relatives have an opportunity to be brought into the lives of their children.

Benefits to Child Welfare System

- A main benefit identified by all key informants is that the program produces multiple placement options that allows the best placement option to be selected, rather than the first option, and engages additional relatives to provide needed support in other ways.
- Children are thought to be in care a shorter period of time. This will be more formally assessed through analyses of child welfare administrative data.
- Program specialists routinely perform a number of tasks (e.g., paternity testing, “walkthroughs” of prospective placements, background checks, and collection of background

family history) that give case managers everything they need for legal and policy compliance. These types of assistance are highly valued by case managers and contribute to very positive ongoing collaborative relationships.

- Program specialists provide “informal” assistance, usually by using the program’s superior online search tools to help case managers who do not have access to such tools. This informal assistance is also highly valued by case managers and contributes to very positive collaborative relationships.

Implementation Processes

How is each program component implemented?

Eligibility requirements, specialist responsibilities, and intake procedures are very well documented in the program replication manual and will not be repeated for purposes of this initial report. Additional operational aspects of the program including assessment, search, preparation of genograms, family engagement, family decision-making, overcoming barriers to placement, communications with the child’s case manager and other members of the professional team are also described in detail in the manual. Evaluators found that all implementation processes that were examined and discussed with both internal and external key informants conformed to procedures in the replication manual. This represents evidence that not only is the program model well articulated, but that it is being implemented with a high degree of fidelity.

Who is Referred

Examination of how program components are implemented began with defining which cases are referred to the program. At the time the implementation study was undertaken, it was estimated that about 10 percent of cases in the service jurisdiction area are referred. Subsequent analyses of child welfare administrative data confirmed 11 percent were served during the 51-month period examined. It is known that numerous cases are not accepted because the program is at capacity. Referring entities report understanding the limited capacity and harboring no ill will when referrals are declined. It was the consensus of all informants that there is substantial unmet demand and that if program capacity were doubled that the demand would still keep the program at capacity.

Cases in which a suitable relative caregiver is readily identified are placed with the relative at the time of removal and not referred. Cases that conform to formal written criteria for referral are those in which no suitable relatives are readily identifiable. This referral criteria is seen as biasing referrals toward children from families more distant or isolated or perhaps estranged from extended family members. In accordance with law and policies, parents and grandparents are always the first option. If siblings are in foster care, placement with siblings is required by policy to be strongly considered. Most children are placed with non-relatives on an emergency basis. Multiple case managers viewed the program as especially effective in identifying multiple placement options and building family supports. This capacity of the program was highly valued by external stakeholders who informed the study. Reflecting this sentiment, one supervisor from

a collaborating private agency observed, “We find placements, but 30 Days to Family® finds family.”

Challenges and Barriers

Certain worker beliefs and practices were identified as counterproductive to relative placement

- One belief is that children are better off in another environment (outside the family). This is akin to the belief that “the apple doesn’t fall far from the tree” indictment of the family.
- Sometimes when a worker already knows of a pre-adoptive family, the worker will not want to look particularly hard for other family members beyond those required to be notified.
- Program staff have observed that when a referral cannot be accepted and the program offers to assist the case manager unofficially by conducting an initial search using the program’s extensive search tools, at times, case managers will decline the offer. Program staff believe that case managers, sadly, think that if they have information about family members they must do something with the information and that it is easier simply not to know.
- Another practice is workers who do not fully embrace the value of family who have been reluctant to incur another move of a child from a non-relative to a relative placement.
- Program leaders are aware that some case managers do not value the program and those do not refer children. Others think the program moves too fast and question how decisions about placement options and engaging family members can be made so quickly.

Certain family characteristics were also cited as challenging:

- Families who are “closed” – unwilling to reveal information or connect with any other family members – and where there has been multi-generational abuse and neglect are least likely to produce positive outcomes. “Messy” dynamics are often encountered, particularly when a parent has “burned bridges” with years of substance abuse or other destructive behavior; whereas family members want to help the child, they do not necessarily want to extend help again to the destructive parent. These challenging families contrast sharply with families whose members are open and willing to help, communicate with one another, and have the capacity to problem-solve. Outcomes are best for these families.

How do child welfare workers perceive the operation and value of 30 Days to Family®?

All public and private contract case managers and supervisors interviewed held strongly favorable views about the program generally, its operation, and benefits derived by children, their families, and the child welfare system in general. These informants characterized what 30 Days to Family® does as closer to what should be done for all children, what they themselves would like to have time and resources to do, and more in line with practice standards to which child welfare systems aspire but frequently fall short.

Several observations of case managers and supervisors from collaborating agencies are particularly salient:

Case managers recognize that the first placement option may not be the best placement option and they value the ability of the 30 Days to Family® to produce multiple options. Having multiple options was frequently contrasted with usual practice of settling on the first option that is identified. Further, case managers reported an awareness that sometimes family members would say “yes” to placement out of good intentions and a desire to do “the right thing,” and would not be fully forthcoming about their reservations. Only later would the reservations be heard, putting the placement at risk.

Case managers report the families more readily trust program specialists whom they perceive as not so much a part of “the system.” This is thought to contribute to family members being more forthcoming, sharing valuable information, and improving both the quality of decisions made by the professional team and outcomes for the child.

Numerous case managers reported the high degree of credibility of program specialists when it came to reporting on the family’s condition, potential, and needs. This was seen as greatly strengthening the process of decision making and was reported missed with children not served by the program. Specialists were generally viewed as strong allies with case managers on the professional team.

The single reference to any problematic areas of operation focused on with personnel in a single court who were markedly less receptive to family involvement and, by extension, involvement of the program. Informants consistently described the court staff person or persons as rigid, tending to take a punitive stance, and very protective of their authority. Whereas the strong family advocate role of program specialists was understood and even praised in other court and agency contexts, it was seen as not well tolerated in the particular court context cited.

What are key features of the 30 Days to Family® implementation context?

Legal and Policy Context

Missouri and federal law require relative placement to be considered first. Missouri law and child welfare policy permit the licensing of relatives as foster parents. Missouri also has subsidized guardianship.

Services System

The program operates within a semi-privatized system in which a substantial portion of case management services are contracted to three consortia in the St. Louis area, each comprised of multiple private non-profits. Child protective services investigations are conducted by public employees; however, once a removal decision is made the case is transferred for case management provided by either a public agency or private consortia agency. Once referred to a consortium, cases are assigned to member agencies on a rotational basis so that each agency

maintains its set quota of cases. This was referred to as a “one out, one in” system that was confirmed to be in operation by case management agency supervisors.

The Coalition’s Role

The Coalition is not a provider of case management services and, therefore, is not a competitor of agencies that refer children to the program. Rather, the program is positioned as a resource to all consortia member agencies.

Community

It was reported that St. Louis is not a highly transient area so relatives can usually be found in the greater metropolitan area. This appears to be a facilitating factor that should likely be taken into consideration with future replications in highly transient geographic areas.

Specification of 30 Days to Family® Program Model

How similar to/different from services “as usual” are 30 Days to Family® services?

When compared to services “as usual,” 30 Days to Family® represents an intense, strategic, time-limited intervention focused on family finding and engagement, actions to facilitate and reduce barriers to family placements, and the creation of family networks to sustain placements and to have the capacity to engage in longer-term family-problem solving so that “family takes care of family.” As one agency supervisor observed, “30 Days to Family® searches for family while we search for a placement.”

Shown in the following tables is a specification of the 30 Days to Family® Model, compared and contrasted with services as usual. Elements of the program model align with elements shown in the program model and include:

1. Family Finding
 - a. Search
 - b. Engagement
2. Family Support Interventions
 - a. assessment of child and family needs
 - b. identification of family and community resources
 - c. assistance in eliminating barriers to placement with relatives
 - d. creating a network of support services

The approach to model specification employs guidelines proposed by Proctor et al (2013) who cite the need for model descriptions to be precise enough to enable measurement and reproducibility. The seven dimensions described for each program component are:

1. Actor(s) - person who delivers the intervention activity
2. Action(s) - steps or processes, and sequences of behavior
3. Target(s) of the action - conceptual ‘targets’ interventions attempt to impact
4. Temporality - order or sequence of strategy
5. Dose - dosage or intensity of the action taken
6. Implementation outcome(s) - what is affected by the intervention(s)
7. Justification - rationale for the strategies implemented based on theory, research, practice knowledge

The model specification has particular value for replication of the model, explicitly identifying distinguishing features to help ensure fidelity to the model in subsequent replications.

Table I-1. Model Specification

Family Finding: Search		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	The process of identifying family members and other supportive adults, distanced from or unknown to the child, especially those who are willing to become permanent connections for him/her.	
Operational Domains		
Actor(s)	Program Specialists with caseload of 2+ at the time.	Case managers employed by public and private contract agencies with caseloads ranging from 6 to 18 and, at times, 30 children when there are numerous siblings.
Action(s)	<p>Search for relatives begins immediately (within minutes) and is aided by a broad array of search tools.</p> <p>A genogram is prepared and taken to the initial hearing where the first in-person meeting with family members typically occurs; additional family information is collected and leads are immediately and very actively pursued.</p> <p>In contrast to services as usual, Program Specialists:</p> <ul style="list-style-type: none"> -have a caseload of 2+ (occasionally a 3rd case will be assigned as another is being closed) and narrower range of responsibilities that allows an intense focus on family finding. - have a superior set of search tools that include paid services and produce better search results - often benefit from being perceived by family members as separate from “the 	<p>The CPS investigation by a public agency investigator has been completed and a decision to remove the child has already been made before the case manager is assigned the case.</p> <p>Search efforts are undertaken promptly; however, case managers report factors that hamper the productivity of their searches:</p> <ul style="list-style-type: none"> -They have a limited array of search tools, relying primarily on free, readily available sources such as Facebook, general internet search, arrest records pulled by Deputy Juvenile Officers, and sometimes case records if there was prior contact with the family -They are heavily reliant on the information available family members are willing to share and know that they are often not forthcoming for a wide range of reasons. -There are numerous competing demands on their time such as arranging medical

Family Finding: Search		
Implementation Strategy	30 Days to Family®	Services As Usual
	<p>man” or “the system” that they distrust, contributing to family members being more forthcoming in identifying other family members. (See more under “Engagement”)</p> <p>-pursue paternal relatives as vigorously as maternal, greatly increasing the number of family members identified.</p> <p>Procedurally, contact logs are established for maternal, paternal and possible other kin; initial pages of Roadmap to Family are completed</p>	<p>examinations, school placement, and visitation plans reduce time available to search for other family members.</p> <p>If a relative is open to placement, the case manager explains licensure requirements and any placement supports that may be available, then begins the process of getting the relative approved.</p> <p>Search efforts often cease once a single likely placement option is identified.</p>
Target(s) of the action	Relatives/kin who can provide or support placement, including paternal relatives.	Primary focus on relatives/kin who can provide placement.
Temporality	<p>Begins immediately upon referral from public or private contract agency, prior to the initial court hearing and continues with high intensity during the first one to two weeks.</p> <p>Specialists attend initial and subsequent hearings and team meetings and keep case managers updated on search on an ongoing basis, often daily via e-mail.</p> <p>Workweeks exceeding 40 hrs are customary, particularly in the first week.</p> <p>Search efforts continue with a goal of identifying one primary and two back-up placement options and as large a network of family supports as can be engaged within 30 days.</p> <p>Search efforts continue until conclusion of services.</p> <p>Conclusion of services at 30 days is typical.</p>	<p>Case manager is assigned case by supervisor when removal of child is occurring, before initial hearing.</p> <p>Attend initial court hearing, interview child’s parents and other family members at hearing.</p> <p>Search occurs as time permits within a context of competing demands.</p> <p>Engagement with relatives who can possibly provide support but not placement is often deferred and rarely fully cultivated.</p> <p>When fathers are absent or uninvolved, paternal relatives are frequently not pursued.</p> <p>Active searches for additional relatives often cease once a single likely placement option is identified.</p>
Dose	Very intense search is primary focus in week one and continues until one	Case manager may have between 6 and 18 cases open. They look for family members as time allows. As soon as one family

Family Finding: Search		
Implementation Strategy	30 Days to Family®	Services As Usual
	<p>primary and two back-up placement options are identified.</p> <p>Goal is to identify 80 relatives; average identified is 150.</p>	<p>member is identified as a possibility for placement the search is concluded. If more than one choice is identified all may be pursued until someone agrees to placement.</p> <p>No established goal. Case managers report fewer than 15 relatives often identified.</p>
Implementation outcome(s) affected	Relative placements achieved for 70% (possibly as high as 84%) of children within first 30 days; another 20%+ in subsequent 30 and 60 days. (This will be further studied and confirmed in analyses of child welfare administrative data)	Relative placements achieved for about 30% of children.
Justification	Philadelphia study, Rubin paper, Conway and Hudson, Picinich, 2005 National Survey of Child and Adolescent Well-Being, Testa paper	

Family Finding: Engagement		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	Within the context of a child/children entering foster care, a process of actively partnering with families and kin employing a family-centered and strengths-based approach to make decisions, set goals, and achieve desired outcomes especially related to the placement and care of a child/children.	
Operational Domains		
Actor(s)	Program Specialists with caseload of 2+	Case managers employed by public and private contract agencies with caseloads ranging from 6 to 18 and, at times, as many as 30 children when there are numerous siblings.
Action(s)	<p>Initial in-person engagement typically occurs at initial hearing.</p> <p>Grandparents are required to be contacted first. Even if the grandparent is found to be a likely placement, additional family members are identified who may become a placement support.</p> <p>All contacts are made by telephone or in-person and not by letter. Program</p>	<p>Grandparents are required to be contacted first; the investigator typically makes this contact at time of removal. Background check of grandparents is done first. If grandparent is not a likely placement, family members help identify other family members who may become placement provider. If a sibling is already in care then the sibling placement is pursued first.</p>

Family Finding: Engagement		
Implementation Strategy	30 Days to Family®	Services As Usual
	<p>Specialists employ a variety of creative strategies for making contact with relatives. Meetings are held at the time and place most convenient to family members, mostly in family members' homes and are frequently held outside office hours. There is a strong preference for meeting on the family's "territory" where they are likely to feel more comfortable and Specialists can observe living conditions/circumstances.</p> <p>If multiple putative fathers are named, all are pursued, determination of paternity is facilitated, and paternal relatives are as actively engaged as maternal.</p> <p>There is willingness and ability to cross jurisdictional boundaries to search out and make in-person contact with relatives over a larger geographic area than case managers are permitted/are able to cover.</p> <p>Approaches to engaging family members are strongly influenced by the program's philosophy which holds that family takes care of family and that families, rather than professionals, are the experts. This strength-based approach engages family members in a problem-solving process in which family members decide among themselves the most viable placement with others agreeing to provide supports.</p> <p>As part of helping families organize their collective resources to support the child and relative providing placement. Program Specialists typically provide suggestions on how family members might help (e.g., babysitting, respite, financial support, transportation, activities)</p> <p>The engagement process is further aided by the fact that the Program Specialists are often perceived by family members as separate from "the system" that removed their child and are not to be trusted.</p>	<p>The policy is to send letters to known relatives, although some case managers reported their initial contacts are by telephone; some use of e-mail for follow-up was reported. Case managers are more likely to call a family meeting in an office setting during office hours and work with whomever attends; meetings outside the office in a home setting were reported to be rare.</p> <p>If any (non-offending) father is named, he is required to be notified and this is typically done by the court. Active pursuit of paternal relatives is unusual.</p> <p>Even if other family members say they want to help support the placement they are put on the 'back burner' until the case manager has some time to work with them. That is often way far in the future because of work load.</p> <p>Search efforts often cease once a single likely placement option is identified so that search for and engagement with a wider circle of relatives does not occur.</p>

Family Finding: Engagement		
Implementation Strategy	30 Days to Family®	Services As Usual
	<p>Further demonstrating to families the program's commitment to preserving family ties is the practice of collecting from family members photos, letters, and other memorabilia for the child to have while in foster care. This noteworthy practice is likely to contribute to building trust that the family's interests are primary and to differentiating program specialists from "the system."</p> <p>If safe, child may be connected with family members with in-person contacts.</p> <p>During the family engagement process Program Specialists routinely perform a number of tasks (e.g., paternity testing, "walkthroughs" of prospective placements, background checks, and collection of background family history) that give case managers everything they need for legal and policy compliance and lay the groundwork for meeting licensing requirements.</p>	
Target(s)	Relatives/kin, including paternal relatives, who can provide information and ideas as well as well as actual placement or support for a relative placement.	Primary focus on relatives/kin who can provide placement are priority; those who may provide support are less likely to be consistently engaged. Less likely to pursue paternal relatives if not already involved.
Temporality	<p>Beginning on Day 1; characterized by willingness to meet at times/places convenient to family beyond office hours.</p> <p>Workweeks exceeding 40 hrs are customary, particularly in week 1.</p> <p>Engagement continues after placement option is secured to create a network of family supports.</p> <p>Conclusion of services at 30 days is typical.</p>	<p>Also begins Day 1. Some relatives may already be identified before initial court hearing and they are interviewed following the hearing.</p> <p>Active efforts to engage a larger circle of family members typically cease once a viable placement is secured; work continues with those who are readily identified and willing to be involved.</p> <p>Services continue as the child remains in foster care.</p>
Dose	Very active, in-depth engagement, particularly in weeks 1 and 2 but sustained throughout 30 days case is open.	Engagement occurs as time permits within context of larger caseloads and a broader range of responsibilities.

Family Finding: Engagement		
Implementation Strategy	30 Days to Family®	Services As Usual
Implementation outcome(s) affected	<p>Goal is to secure at least one primary and two back-up placement options and to identify additional family members to provide specified types of support for the placement.</p> <p>According to program outcomes reports, in 2013 relative placements are secured for 67% of children served by conclusion of services; in 2014 relative placements were secured for 83% by conclusion of services.</p> <p>Multiple relatives to provide support are documented in the Roadmap to Family.</p>	Relative placement is secured for about 30% of children; others remain with non-relatives.
Justification	Philadelphia study, Rubin paper, Conway and Hudson, Picinich, 2005 National Survey of Child and Adolescent Well-Being, Testa paper	

Family Support Interventions - Overarching		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	<p>Within the context of a child/children entering foster care, identifying and creating linkages to community-based services and natural supports that assist and support relative caregivers in their role as caregivers with the goal of promoting caregiver competencies and strengthening family functioning, leading to improved child and family well-being. Elements of the overarching family support interventions are:</p> <ul style="list-style-type: none"> a. assessment of child and family needs b. identification of family and community resources c. assistance in eliminating barriers to placement with relatives d. creating a network of support services 	

Family Support Interventions – Assessment of child and family needs		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	Within the context of a child/children entering foster care, identifying, considering, and weighing factors that impact children, youth, and their families for the purpose of informing services decision-making and planning	
Operational Domains		
Actor(s)	Program Specialists with caseload of 2+; child's professional team including child welfare, court personnel, GAL contributing	Case managers employed by public and private contract agencies with caseloads ranging from 6 to 18 and, at times, 30 children when there are numerous siblings.; child's team including child welfare, court personnel, GAL
Action(s)	<p>Assessment focuses on needs of child and what relative needs to make a placement successful are assessed; information is shared with case managers to be considered in ongoing case planning.</p> <p>Child assessment using standardized assessment tools (CGAS or PIRGAS and GARF) that yield deeper insights into child's current functioning in multiple domains and needs.</p> <p>Multiple areas are assessed for different purposes:</p> <p><i>Assessment related to establishing paternity:</i> Because program seeks to involve paternal relatives and in some cases paternity has not been formally established, specialists assist in arranging for such tests.</p> <p><i>Assessment related to family desire and ability to assist child:</i> Each relative engaged is provided information about the need for placement and related requirements and need for other support with examples. Relatives are encouraged to assess their own desire and ability to assist the child. Although they are certainly engaging in some assessment of relatives' potential to provide placement and/or support, specialists avoid the role of arbiter but rather place responsibility with the family for making these assessments.</p>	<p>Ensures safety and risk assessment is completed.</p> <p>Initial focus is on medical assessment and assessment to inform education and visitation plans.</p> <p>Assessments are completed but may not be completed as quickly or as in depth.</p>

Family Support Interventions – Assessment of child and family needs		
Implementation Strategy	30 Days to Family®	Services As Usual
	<p><i>Assessment related to qualify placement provider(s)</i> Specialists provide information to the court; conduct walkthroughs in some cases; obtain copies of drivers licenses, social security cards and proof of insurance</p> <p><i>Assessment of placement provider immediate and longer-term needs</i> Specialists assess and assist placement providers in meeting immediate requirements for licensure (see Eliminating Barriers to Placement below). These include securing items required to meet home safety standards, car seats, beds/cribs, and clothing. Also identified are longer-term needs of the child and caregiver such as for respite, homework help, mentoring, transportation, sibling visits, summer or after school care, holiday celebrations, and community recreational activities.</p>	
Target(s) of the action	Child, and family members child and family members placement provider and other relatives/kin	Child and family members of child
Temporality	<p>Child's needs are assessed immediately; what relatives need for a successful placement is assessed as potential relative placements are identified. Child assessment using standardized assessment tools (CGAS or PIRGAS and GARF) completed before conclusion of services.</p> <p>Identification of relative placement options is focus in week 1 and sometimes into week 2; assessment in weeks 3 and 4 focusing more on informing Roadmap to Family.</p> <p>Conclusion of services at 30 days is typical.</p>	<p>Safety and risk assessment completed immediately</p> <p>Quick action needed to assure child safety; child receives medical assessment right away family members are apprised of requirements to be a placement for child; criminal records, child protective records checked; licensing paperwork begun if a family volunteers as a placement</p>
Dose	Assessments are completed very rapidly with an aim of producing relative placement options in week 1 and creating the network of support in subsequent weeks, and closing the case at 30 days. Assessment and	<p>Child is first placed in care at foster home or emergency shelter care or with a family member if possible If not with family then effort is made to identify a relative who can care for the child</p>

Family Support Interventions – Assessment of child and family needs		
Implementation Strategy	30 Days to Family®	Services As Usual
	placement identification occurs simultaneously.	
Implementation outcome(s) affected	Informs determination of suitable placement options and services planning	Informs determination of suitable placement options and services planning
Justification	Philadelphia study, Rubin paper, Conway and Hudson, Picinich, 2005 National Survey of Child and Adolescent Well-Being, Testa paper	

Family Support Interventions: Identification of related family and community resources		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	Within the context of a child/children entering foster care, identifying the specific types of needed supports and relationships that particular family members and kin are capable and willing to provide and available services that the caregiver and child can access to address identified needs.	
Operational Domains		
Actor(s)	Program Specialists with caseload of 2+ at one time.	Case managers employed by public and private contract agencies with caseloads ranging from 6 to 18 and, at times, 30; child's team including child welfare, court personnel, GAL
Action(s)	<p>Particularly strong focus on supports and relationships that particular family members and kin are capable and willing to provide.</p> <p>Because family members are provided updated family trees incorporating all information collected in interviews and photographs are taken, family members often learn of relatives they had not known about. These activities document and have the effect of strengthening the willingness and capacity of families to aid the child.</p> <p>Paternal relatives are pursued searched for and engaged as maternal; therefore, they</p>	<p>Begins immediately and continues with relatively stronger focus on assessing family members' ability to serve as a placement resource.</p> <p>The supports and relationships that particular family members and kin are capable and willing to provide are assessed but may focus on a circle of fewer family members/kin.</p> <p>Services that the caregiver and child can access to address identified needs are identified but may focus on most critical needs and have fewer natural/informal supports.</p>

Family Support Interventions: Identification of related family and community resources		
Implementation Strategy	30 Days to Family®	Services As Usual
	<p>are more likely to be identified as resources.</p> <p>Services that the caregiver and child can access to address identified needs are identified and systematically documented, along with informal and natural supports in the Roadmap to Family.</p>	<p>Identification of paternal relatives as resources is less likely when the father has been unknown or not involved but does occur in some cases.</p>
Target(s) of the action	Family members; child; community services to which linkages are established.	Family members; child; community services to which linkages are established.
Temporality	<p>Begins immediately and continues as number of family members identified and engaged increases.</p> <p>There is sense of urgency with goal of conclusion of services in 30 days which is achieved for most cases.</p>	<p>Begins immediately and continues with relatively stronger focus on assessing family members' ability to serve as a placement resource and meeting the most critical needs.</p>
Dose	Work to identify at least 80 and more typically 150+ relatives and to assess the family's resources requires a substantial level and intensity of work.	Case managers put effort into identifying family and community resources but are constrained by competing demands on their time and usually work only regular business hours.
Implementation outcome(s) affected	Community and family resources support placement with relative.	Community and family resources support placement with relative which constitute 30% of cases; family resources are typically less utilized when the child is placed with a non-relative.
Justification	Philadelphia study, Rubin paper, Conway and Hudson, Picinich, 2005 National Survey of Child and Adolescent Well-Being, Testa paper	

Family Support Interventions: Eliminating barriers to placement with relatives		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	Within the context of a child/children entering foster care, providing material assistance to identified potential caregivers for the specific purpose of assisting the caregiver to become an approved foster placement.	
Operational Domains		

Family Support Interventions: Eliminating barriers to placement with relatives		
Implementation Strategy	30 Days to Family®	Services As Usual
Actor(s)	Program Specialists with caseload of 2+	Case managers employed by public and private contract agencies with caseloads ranging from 6 to 18 and, at times, as many as 30 children when there are numerous siblings.
Action(s)	<p>Week 1 - Barriers to placement identified and plan to address them formulated; extraordinary efforts are made to resolve/overcome all barriers.</p> <p>Typically involves securing material items to meet licensing requirement (e.g., fire extinguisher, car seat, bed/crib). These resources can be provided directly by the program or by The Coalition or other community resources.</p> <p>May involve advocacy around securing waivers (e.g., minor, long past criminal record)</p>	<p>As barriers are identified, problem-solving efforts occur. However,</p> <ul style="list-style-type: none"> - Case managers do not have access to any funding to directly aid family members pursuing licensing and must rely on community/kin donors and volunteers who may not always provided what is needed. - Case managers are less inclined to be aware of and advocate for waivers
Target(s) of the action	Relative placement provider	Relative placement provider
Temporality	<p>Week 1 - Barriers to placement identified and plan to address them formulated; work continues until resolved</p> <p>There is sense of urgency with goal of conclusion of services in 30 days.</p>	As barriers to identified, some problem-solving efforts occur; however, there may be less sense of urgency.
Dose	Effort is vigorous	Case managers make diligent efforts but are constrained by competing demands.
Implementation outcome(s) affected	According to program outcomes reports, in 2013 relative placements are secured for 67% of children served by conclusion of services; in 2014 relative placements were secured for 83% by conclusion of services.	Relative is approved as placement provider (occurs in 30% of cases)
Justification	Philadelphia study, Rubin paper, Conway and Hudson, Picinich, 2005 National Survey of Child and Adolescent Well-Being, Testa paper	

Family Support Interventions: Creating a network of support services		
Implementation Strategy	30 Days to Family®	Services As Usual
Definition:	Within the context of a child/children entering foster care and emphasizing natural and community supports that are most normative and enduring, the process of engaging an array of services and supports tailored to identified needs and formalizing the network within a written Roadmap to Family.	
Operational Domains		
Actor(s)	Program Specialists with caseload of 2+	Case managers employed by public and private contract agencies with caseloads ranging from 6 to 18 and, at times, as many as 30 children when there are numerous siblings.
Action(s)	<p>Ensure that the placement will remain stable by creating a network of support for the placement provider and child.</p> <p>Family support interventions include ensuring that family members understand the child's history and needs</p> <p>Includes both formal and natural supports including connecting with community resources for clothing, therapy, Medicaid doctors, immunizations, transportation, school enrollment, other professional services, etc.</p> <p>Also includes work to ensure insure that child maintains connections to siblings and other family members.</p> <p>Provide case managers with closing summaries of all efforts and contact information for all relatives identified.</p>	Case managers develop and assist in implementing a services plan that prescribes needed formal services but are less likely to reflect the natural and informal supports that families provide. Case managers would like to engage more family members and help create more supportive networks but have limited time and competing demands.
Target(s) of the action	Child and family members providing placement primarily, but also other family members who provide extra support activities	Child and relative or non-relative providing placement
Temporality	<p>Elements of network begin to be identified from beginning. Needs are assessed and linkages to needed resources are established through week 4. The network is documented in Roadmap to Family.</p> <p>Conclusion of services at 30 days goal and is typical</p>	Needed services are identified and included in a services plan, but the network is more strongly oriented toward formal supports that meet readily identifiable needs and includes fewer natural and informal supports from family members.

Family Support Interventions: Creating a network of support services		
Implementation Strategy	30 Days to Family®	Services As Usual
Dose	Intense effort at creating network, frequently requiring work beyond 40 hour work week.	Services plans that meet established standards are produced as required
Implementation outcome(s) affected	Stability of relative placement at end of 30 days and beyond.	Stability of relative or non-relative placement at end of 30 days and beyond
Justification	Philadelphia study, Rubin paper, Conway and Hudson, Picinich, 2005 National Survey of Child and Adolescent Well-Being, Testa paper	

Conclusions from Implementation Study

From the implementation sub-study, it was confirmed that the program model, its major components, and intended outcomes are well articulated. Further, implementation procedures are prescribed in a clear and detailed manner with documentation methods prescribed. This, in addition to processes for staff training, orientation, and supervisory support, produce a very high level of implementation fidelity. These findings alone are noteworthy because they exceed standards for model articulation and implementation fidelity typically seen in the field of child welfare.

The importance of program philosophy can hardly be overemphasized. Strongly held beliefs influence not only implementation practices but also the approach to and nature of engagement with families. Major tenants of program philosophy include:

- Family takes care of family
- All families include members who are willing and able to care for children
- Children deserve to be with their family; nobody loves you like your family
- Families are the expert and may need help discovering and organizing the strengths that are there
- Relatives have a right to know family exists (including heretofore uninvolved paternal relatives)
- Everyone has something to contribute

Practices strongly influenced by the program philosophy that differentiate the program from “as usual” services include:

- “Relentless” search for family inspired by the maxim “What would my mother do for me? Everything! Anything!”
- Vigorous search for and engagement of fathers
- A strength-based approach to engaging family members in a problem-solving process to identify and organize their collective resources to support relative placement
- Practices that illustrate to the family the program’s commitment to family

All external stakeholders contributing to the study viewed the program as well-run and producing benefits for children, for families, and for the child welfare system. Benefits cited were confirmed by multiple key informants or by findings from other sub-studies

Further confirming the high level of implementation fidelity were the consistency with which both program staff and external collaborating stakeholders described implementation. Study informants also demonstrated a great deal of consensus around primary implementation barriers and challenges including certain worker beliefs and practices and family characteristics and dynamics that are counterproductive to successful relative placement.

All public and private contract case managers and supervisors who were interviewed or participated in focus groups held strongly favorable views about the program generally, its operation, and benefits derived by children, their families, and the child welfare system in general. These informants characterized what 30 Days to Family® does as closer to what should be done for all children, what they themselves would like to have time and resources to do, and more in line with practice standards to which child welfare systems aspire but frequently fall short.

Missouri Child Welfare System Profile

Most data collection for the implementation sub-study was conducted in late 2014. The following brief statistical profile of the system size and selected basic performance indicators provides an updated overview of the Missouri child welfare context and more recent systems performance data.

Size:

- The number of children in foster care in Missouri on 10/31/16 was reported to be 13,510. The number of children in foster care in the study localities (St. Louis City and St. Louis County, referred to as the St. Louis Region) was 1,724. (Children's Division, Missouri Department of Social Services, Children's Services Management Report, October 2016, Table 18).
- The number of children *in care* in Missouri on September 30 increased 31.9 percent between FY2011 (9,220) and FY2015 (12,160). During the same period the total number served per year increased 27.6 percent, from 14,639 in FY2011 to 18,678 in FY2015 (U.S. House of Representatives, 2016, Chapter 11, Table 11-4).

Foster Care Entry

- The number of children *entering care* increased 16.8 percent, from 5,911 in FY2011 to 6,906 in FY2015 (U.S. House of Representatives, 2016, Chapter 11, Table 11-4).
- Average entry rate in FY2015 for Missouri was 5.00 per 1,000 and for the St. Louis Region was 2.51 per 1,000 (Children's Division, Missouri Department of Social Services, Annual Report Fiscal Year 2015, Table 17). The national average entry rate was 3.8 (USHHS, 2016a).

Time in Care:

- The average length of stay in foster care in FY 2015 was reported to be 21.2 months in Missouri and 27.4 months in the St. Louis Region (Children's Division, Missouri Department of Social Services, Annual Report Fiscal Year 2015, Table 26). Some reduction in months was recently reported: on 10/31/16 the average length was reported to be 20.56 months and average length of stay for St. Louis Region was 25 months. (Children's Division, Missouri Department of Social Services, Children's Services Management Report, October 2016, Table 18). The state system target is 21 months (Children's Division, Missouri Department of Social Services, Performance Report, November 2016, Measure 15). The most recently reported national average time in care is 19 months (USHHS, 2016a).

Re-entry to Foster Care

- The percentage of children re-entering foster care in FY2015 was 15 percent for Missouri and 12.3 percent for the St. Louis Region (Children's Division, Missouri Department of Social Services, Annual Report Fiscal Year 2015, Table 17).

Relative Placement

- In FY2015, 45.74 percent of the children in care in Missouri and 42.98 percent in the St. Louis Region were in relative homes (Children's Division, Missouri Department of Social Services, Annual Report Fiscal Year 2015, Table 18). This substantially exceeds the national average of 30 percent (USHHS, 2016a).

III. Child Welfare Administrative Data Summary

Introduction to Sub-study

This is a summary of findings from analyses of child welfare administrative data associated with 2,809 children and youth placed in foster care in St. Louis County and St. Louis City during the 51-month period April 1, 2011 to June 30, 2015, examining their status and outcomes as of July 31, 2016. The 310 children served by 30 Days to Family® are compared with a matched sample of eligible children not served and all eligible children not served. First is a demographic comparison. Then those served, the matched sample of eligible but not served, and all eligible but not served are compared on a broad range of variables including likelihood of placement with relatives, permanency outcomes, time in care, placement stability, likelihood of treatment placement, and likelihood of re-entry to foster care.

The study is one of four sub-studies testing the 30 Days to Family® program's theory of change. As such, the primary focus of analyses is comparing the status and outcomes for those served with the status and outcomes for those not served. Additionally, because the primary aim of providing program services is to increase and support placements with relatives and is predicated on an assumption, supported by prior research, that children derive greater benefit from care by relatives than from care by non-relatives, a secondary focus of analyses is comparing the status and outcomes for children who experienced relative care, whether they were served or not served, and comparing them with children in non-relative care.

For purposes of this and other sub-studies, the term “relative” includes both relative and kin as defined in Missouri law³. Further, the classification of a child's placement as relative or non-relative employs the Missouri Department of Social Services placement classification codes for both relative and kinship placements, including licensed, non-licensed, behavioral, and medical placements with relatives and kin.

Related findings from other sub-studies that constitute the comprehensive theory of change testing are cited in this sub-study report when they illuminate findings from the analyses of the child welfare administrative data. A broader synthesis of findings from the four sub-studies is reported in Chapter VI.

3

Relative	A Relative is a person related to another by blood or affinity within the third degree. (RSMo 210.565.2). Relative care is provided by persons related to the foster youth in any of the following by blood, marriage or adoption; grandparent, great-grandparent, brother, sister, half-brother, half-sister, stepparent, stepbrother, stepsister, uncle, or aunt. This designation applies to homes who apply to care for children for whom the agency has legal custody.
Kin	Kinship is defined as: A person who is non-related by blood, marriage or adoption who has a close relationship with the child or child's family (godparents, neighbors, teachers, close family friends, and fellow church members) or a person who has a close relationship with the child or child's family and is related to the child by blood or affinity beyond the third degree.

Sub-Study Questions, Data Sources, and Design

The following research questions guided the study:

1. What are the characteristics of children served by the 30 Days to Family® program and do they differ from the characteristics of all children placed in foster care in the study localities?
 - 1.a. What are the characteristics of children who achieve relative placement and do they differ from the characteristics of children who do not achieve relative placement?
2. Are children served by the program more likely than children who do not receive the services to be placed with relatives?
3. Are children who receive services more likely than children who do not receive the services to exit foster care to experience a positive permanent placement (i.e., reunification, adoption, or guardianship)?
 - 3.a. Are children who achieve relative placement more likely than children who do not achieve relative placement to experience a positive permanent placement?
4. Do children who receive services spend less time in foster care than children who do not receive services?
 - 4.a. Do children who achieve relative placement spend less time in foster care than children who do not achieve relative placement?
5. Do children who receive services experience greater foster care placement stability than children who do not receive services?
 - 5.a. Do children who achieve relative placement experience greater placement stability than children who do not achieve relative placement?
6. Do children who receive services experience a lower frequency of placement in restrictive environments while in foster care than children who do not receive services?
 - 6.a. Do children who achieve relative placement experience a lower frequency of placement in restrictive environments while in foster care than children who do not achieve relative placement?

Data Sources

Data used are those collected by the Missouri Department of Social Services (MDSS) as part of the federal Adoption and Foster Care Analysis and Reporting System (AFCARS). No personally

identifying information was employed; a number assigned by MDSS was used as a unique case identifier. All data elements in the dataset and their definitions are listed in Appendix B.

The full dataset analyzed included 2,809 children placed in foster care in the two study jurisdictions, St. Louis City and St. Louis County, Missouri, during the 51-month period from April 1, 2011 to June 30, 2015. The beginning date corresponds to implementation of the 30 Days to Family® program in March 2011. Of the 2,809 children whose data were analyzed, a total 310 or 11 percent were served by the 30 Days to Family® program. Children not eligible for referral to 30 Days to Family® were excluded from the full cohort of children not served; these included children in foster care less than eight days (n=148) and children immediately placed with relatives (n=596 of which 7 were in care less than 8 days). Status and outcomes were examined as of July 31, 2016; therefore, children in the dataset had experienced placement in foster care from 13 to 63 months, or from one to five years earlier.

Design

The study employs bivariate analyses in comparing groups of all children served with all children not served and with a sample of children not served who have been matched with children served on key demographic and case variables. Propensity score matching (PSM) was used to produce the matched sample. Additionally, for most statuses and outcomes, children who achieve relative placement are compared with children who remain with non-relatives.

Matching Procedures

Use of Propensity Score Matching to Create Matched Samples

Propensity score matching (PSM) is a rigorous statistical method used to match samples on key variables to reduce selection bias and produce equal groups. Use of PSM stems from the need to analyze causal effects of treatment from observational data and to reduce selection bias in samples examined. It allows one to design and analyze a non-randomized study so that it mimics some of the particular characteristics of a randomized controlled trial. Multidimensional covariates are reduced to a one-dimensional score that serves as a balancing score so that the distribution of baseline covariates will be similar in the served and not served samples, controlling for many covariates at the same time and thus minimize selection biases and produce less biased comparisons of outcomes (Guo, Barth & Gibbons, 2006). Using PSM, we were able to create a matched sample in which the distribution of observed baseline covariates is similar between served and not served subjects.

It is noteworthy that some renowned child welfare scholars and methodologists have asserted that randomized controlled trials are not only not feasible, but not appropriate, in much of child welfare research because of laws and regulations prescribing certain procedures and mandating certain services. A key issue is that the denial of services to which a child is legally entitled would not only violate laws and/or policies but also be unethical (Barth et al, 2007). Guo, Barth,

and Gibbons (2006), for example, assert “There are not now – nor never will be – studies using random assignment of children into kinship and non-kinship care” (p. 218). For purposes of this sub-study, use of randomization was not appropriate or feasible. Therefore, PSM represents the best available method for creating samples matched on key study-relevant variables.

For this study, we began with full set of all 310 children served and then selected from the remaining pool of 2,499 cases not served a matched sample. Matching was initially based on nine demographic variables supported by prior research as relevant to the study. These variables were:

- Age
- Sex
- Race
- Hispanic
- Presence of disability (any type)
- Number of removals
- Number of placements in current episode of foster care
- Type of maltreatment – neglect
- Type of maltreatment – sexual abuse

Selection of variables was based on data availability and previous literature. It is unlikely that other variables exist that distinguish those served from those not served. The inclusion of multiple covariates that likely affect both treatment assignment and outcomes is consistent with Austin (2011) that in practice “it is likely that one can safely include all measured baseline characteristics in the propensity score model” (p. 415). Included in Appendix B are graphic representations of the propensity scores for those served (raw/matched treated) and the matched not served group (matched control) for the most recent PSM analysis.

Excluded from the pool from which “not served” cases were drawn were two classifications of children: 1) children in placement fewer than eight days (n=148) and 2) children who were not eligible for referral to 30 Days to Family® because a relative placement was readily identifiable (n=596 of which 7 were in care less than 8 days).

Children in care fewer than eight days are widely recognized as being in short-term, emergency placements that are qualitatively different from the more typical foster care placement arising from long-term maltreatment. This qualitative difference has been recognized by the federal Children’s Bureau and such cases are being excluded from future federal Child and Family Services Reviews (CFSR) of states that assess the performance of states on key child welfare variables. Children who immediately entered relative placements were also excluded from the pool from which “not served” cases were drawn; because a relative placement was readily identifiable, they are not eligible for referral to 30 Days to Family®. Exclusion of these two classifications of children creates samples of children not served that include only children who were eligible for services and were, therefore, most closely matched with children served. Findings reported compare the 310 children served with the matched sample of those eligible for but not served (n=230) and also with all children eligible for but not served (n=1762).

Methods of Analysis

Initial analyses compared differences between the groups of children served and children not served in three different groups: all served, the matched sample of those not served, and all those not served with no exclusions. Statistically significant differences were calculated in four ways:

- First, *t*-tests were calculated to determine whether means or percentages differed across groups for specific categories.
- Second, for variables with more than two categories, chi-square statistics were calculated to test whether overall category distributions varied significantly by group membership (served, matched not served, and all not served).
- Third, analysis of variance that was used to examine differences in average time in foster care by presence of selected variables.
- Fourth, logistic regression of appropriate subsets of outcomes was used to further explain the relationship of variables and estimate the probabilities based on selected predictor variables.

Results

Demographics: Comparison of All Served and Not Served

Shown in Table 1 are distributions of demographic and case history characteristics for the entire dataset, for all children served, and for all children not served, with no exclusions. This comparison is useful in exploring whether those served differ in any observable way from those not served which may indicate bias in referral to 30 Days to Family®.

Age

Age for each case was calculated by subtracting date of birth from date of latest removal. These ages were then grouped using categories from current relevant research (Font, 2015).

No statistically significant differences were found between those served ($M = 6.4$, $SD = 5.4$) and those not served ($M = 6.4$, $SD = 5.7$) by age, $t(2807) = -.064$, $p = .949$.

Race

No statistically significant differences were found between those served and those not served by race, $\chi^2 = .277$, $p = .871$. Note that this test was limited to *Black/African-American*, *White*, and *Unable to determine* groups due to low counts in the remaining categories.

Presence of Any Disability or Emotional Disability

No statistically significant differences were found between those served and those not served by disability status, $\chi^2 = 2.034$, $p = .362$ or by emotional disability, $\chi^2 = .940$, $p = .625$.

Types of Maltreatment

No statistically significant differences were found between those served and those not served by reported physical abuse, $\chi^2 = .052$, $p = .820$ or by reported neglect, $\chi^2 = 3.189$, $p = .074$.

However, a statistically significant difference was found between those served and those not served by reported sexual abuse, $\chi^2 = 4.793$, $p = .029$. Please note that sexual abuse was a factor in propensity score matching. This difference is expected to disappear when comparing those served against a matched not served group.

Total Removals

A statistically significant difference was found between those served ($M = 1.12$, $SD = .375$) and all those not served ($M = 1.18$, $SD = .463$) by total number of removals, $t(435) = -2.271$, $p = .024$.

In summary, when all children served are compared with all children not served, no statistical differences were identified based on demographic variables. Modest statistical differences were found on two case-related variables: 1) children served were slightly more likely to have had sexual abuse as an identified reason for removal (10.6% vs 7.2%) and 2) children served had slightly fewer average number of removals (average 1.1 vs 1.2). Additionally, although not statistically significant, a somewhat higher percentage of children served were identified as having an identified disability (24.8% vs 21.4%).

Table 1. Demographics of Entire Child Welfare Administrative Dataset

DEMOGRAPHICS OF ENTIRE DATASET, NO EXCLUSIONS						
30 Days to Family®						
Demographics	All Children Served		All Children Not Served		All Children (Served and Not Served)	
	n=310	%	n=2499	%	n=2809	%
Gender						
Male	152	49.0	1254	50.2	1406	50.1
Female	158	51.0	1245	49.8	1403	49.9
Age						
Average	6.41 yrs		6.43 yrs		6.43 yrs	
Standard Deviation	5.44		5.70		5.67	
0-2 yrs	103	33.2	901	36.1	1004	35.7
3-5 yrs	51	16.5	386	15.4	437	15.6
6-10 yrs	68	21.9	478	19.1	546	19.4
11-14 yrs	54	17.4	422	16.9	476	16.9
15+ yrs	34	11.0	312	12.5	346	12.3
Race						
Asian	0	0.0	6	0.2	6	0.2
Black/African-American	218	70.3	1714	68.6	1932	68.8
Native Hawaiian/Pacific Islander	0	0.0	2	0.1	2	0.1
White	77	24.8	647	25.9	724	25.8
Unable to determine	15	4.8	128	5.1	143	5.1
American Indian/Alaskan Native	0	0.0	2	0.1	2	0.1
Disability Present - any identified	77	24.8	536	21.4	613	21.8
Disability Present – emotional	32	10.3	274	11.0	306	10.9
Reasons for removal						
Physical abuse	80	25.8	630	25.2	710	25.3
Sexual abuse*	33	10.6	179	7.2	213	7.6
Neglect	130	41.9	918	36.7	1048	37.3
Total removals to date						
Mean*	1.1		1.2		1.2	

DEMOGRAPHICS OF ENTIRE DATASET, NO EXCLUSIONS			
30 Days to Family®			
Demographics	All Children Served	All Children Not Served	All Children (Served and Not Served)
<i>Standard Deviation</i>	<i>0.37</i>	<i>0.46</i>	<i>0.44</i>

* statistically significant difference

Demographics: Comparison of All Served, Matched Sample of Not Served and All Not Served in Restricted Dataset

Shown in Table 2 are the distribution of demographic and case history characteristics for all children served, a matched group of eligible children not served, and for all eligible children not served in the restricted dataset. Members of the matched group were derived from the rigorous process propensity score matching based on demographic and case variables (described above) with two categories of cases excluded: 1) children in care less than 8 days (n=148) and 2) children not eligible for services, typically because a relative placement was readily available and they experienced an initial relative placement (n=899). Those served number 310, the matched sample of those eligible but not served number 230, and the total eligible but not served, after exclusions, numbered 1,762. Those served represent about 15 percent (14.96%) of all children eligible for referral to the program. It is known from the implementation sub-study that demand for services greatly exceeds program capacity.

Age

Age for each case was calculated by subtracting date of birth from date of latest removal. These ages were then grouped using categories from current relevant research (Font, 2015). No statistically significant differences between those served ($M = 6.4$, $SD = 5.4$) and all those not served ($M = 6.4$, $SD = 5.8$) by age, $t(444) = .095$, $p = .924$ nor between those served ($M = 6.4$, $SD = 5.4$) and the matched sample of those not served ($M = 5.9$, $SD = 5.6$) by age, $t(538) = 1.096$, $p = .274$.

Sex

No statistically significant difference was found between those served and all those not served by sex, $\chi^2 = .785$, $p = .376$ nor between those served and the matched sample of those not served by sex, $\chi^2 = .676$, $p = .411$.

Race

No statistically significant differences between those served and all those not served by race, $\chi^2 = .412$, $p = .814$ nor between those served and the matched sample of those not served by race, $\chi^2 = 2.033$, $p = .362$. These tests were limited to *Black/African-American*, *White*, and *Unable to determine* groups due to low counts in the remaining categories.

Presence of Disability

No statistically significant differences between those served and all those not served by disability status, $\chi^2 = .826$, $p = .662$ nor between those served and the matched sample of those not served by disability status, $\chi^2 = 1.588$, $p = .452$.

Types of Maltreatment

A statistically significant difference was found between those served and all those not served by reported neglect, $\chi^2 = 4.254$, $p = .039$. However, this difference disappears when comparing those served with the matched sample of those not served for neglect, $\chi^2 = .003$, $p = .956$. No statistically significant difference was found between those served and all those not served by reported physical abuse, $\chi^2 = .042$, $p = .837$ nor between those served and the matched sample of those not served by reported physical abuse, $\chi^2 = .170$, $p = .680$. No statistically significant difference was found between those served and all those not served by reported sexual abuse, $\chi^2 = 3.288$, $p = .070$ nor between those served and the matched sample of those not served by reported sexual abuse, $\chi^2 = .059$, $p = .808$.

Total Removals

A statistically significant difference was found between those served ($M = 1.12$, $SD = .375$) and all those not served ($M = 1.20$, $SD = .492$) by total number of removals, $t(517) = -3.061$, $p = .002$. However, this difference disappears when comparing those served with the matched sample of those not served for total removals, $t(538) = -.346$, $p = .729$.

In summary, analyses of the restricted dataset found no statistically significant differences based on demographic variables or on case variables when all children served were compared with those excluded because of ineligibility for 30 Days to Family®, the matched sample of eligible children not served or compared with all eligible children not served. These findings further confirm that the distribution of observed baseline covariates is similar between children served and children in the not served sample and increase confidence in comparisons of outcomes.

Table 2. Demographics of Child Welfare Administrative Dataset with Exclusions

DEMOGRAPHICS OF DATASET, EXCLUDING THOSE PLACED <8 da & INITIAL RELATIVE PLACEMENT								
30 Days to Family®								
Demographics	Served		Not Eligible Therefore Excluded		Eligible Not Served (Matched)		Eligible Not Served (All)	
	n=310	%	N=737	%	n=230	%	n=1762	%
Gender								
Male	152	49.0	342	46.4	121	52.6	912	51.8
Female	158	51.0	395	53.6	109	47.4	850	48.2
Age								
Average	6.41 yrs		6.46 yrs		5.88 yrs		6.38 yrs	
Standard Deviation	5.44		5.34		5.64		5.84	
0-2 yrs	103	33.2	229	31.1	94	40.9	672	38.1
3-5 yrs	51	16.5	141	19.1	32	13.9	245	13.9
6-10 yrs	68	21.9	160	21.7	44	19.1	318	18.0
11-14 yrs	54	17.4	124	16.8	34	14.8	298	16.9
15+ yrs	34	11.0	83	11.3	26	11.3	229	13.0
Race								
Asian	0	0.0	2	0.3	1	0.4	4	0.2

DEMOGRAPHICS OF DATASET, EXCLUDING THOSE PLACED <8 da & INITIAL RELATIVE PLACEMENT								
30 Days to Family®								
Demographics	Served		Not Eligible Therefore Excluded		Eligible Not Served (Matched)		Eligible Not Served (All)	
	n=310	%	N=737	%	n=230	%	n=1762	%
Black/African-American	218	70.3	504	68.4	148	64.3	1210	68.7
Native Hawaiian/Pacific Islander	0	0.0	2	0.3	0	0.0	0	0.0
White	77	24.8	181	24.6	69	30.0	466	26.4
Unable to determine	15	4.8	48	6.5	12	5.2	80	4.5
American Indian/Alaskan Native	0	0.0	0	0	0	0.0	2	0.1
Disability Present - any identified	77	24.8	103	14.0	57	24.8	433	24.6
Disability Present – emotional	32	10.3	49	6.6	16	7.0	225	12.8
Reasons for removal								
Physical abuse	80	25.8	184	25.1	63	27.4	445	25.3
Sexual abuse	33	10.6	45	6.1	26	11.3	134	7.6
Neglect	130	41.9	287	38.9	97	42.2	631	35.8
Total removals to date								
Mean	1.1		1.1		1.1		1.2	
Standard Deviation	0.37		0.38		0.44		0.49	

Key Outcomes

Likelihood of Placement with Relatives

A primary focus of 30 Days to Family® is identifying relative placement options; therefore, the likelihood of placement with relatives is a primary outcome to be examined. Likelihood of placement with relatives was examined in two ways: 1) a “snapshot” of numbers and percentages of children in relative care at specified points in time and 2) cumulative totals of children who achieved relative placement by specified points in time. Time periods examined ranged from one month (35 days) to three years (1,085 days).

Shown in Table 3 are *snapshot* findings. A one-tailed, two-sample z-test was used to determine if a significant difference existed between those served and those not served (match) at each of ten time periods. These tests were one-tailed because we expected those served to have a higher proportion than those not served (match).

At 35 days, although a higher percentage of children served (37.4 percent) were found to be placed with relatives than children in the matched sample (33 percent) and all children not served (33.7 percent), the z-score at 35 days ($z = 1.0504, p > 0.05$) was not statistically significant. However, the z-scores at 65 days ($z = 3.18, p < 0.01$), at 95 days ($z = 4.5237, p < 0.01$), at 125 days ($z = 4.3995, p < 0.01$), at 245 days ($z = 2.609, p < 0.01$), at 365 days ($z = 3.1205, p < 0.01$), at 545 days ($z = 2.278, p < 0.05$), at 725 days ($z = 2.2414, p < 0.05$), at 905 days ($z = 2.2304, p < 0.05$), and at 1085 days ($z = 2.4761, p < 0.01$), were all statistically significant. Hence, those served were significantly more likely than those not served in the matched sample as well as all not served to be placed with relatives at specified points in time.

Table 3. Likelihood of Being Placed with Relatives, Snapshot Findings

LIKELIHOOD OF BEING PLACED WITH RELATIVES (Snapshot Findings)						
30 Days to Family®						
	Served		Not Served (Matched)		Not Served (All)	
<i>At</i>	n=310	%	n=230	%	n=1762	%
35 days (1 mo)	116	37.4	76	33.0	593	33.7
65 days (2 mos)*	160	51.6	87	37.8	695	39.4
95 days (3 mos)*	185	59.2	92	40.0	721	40.9
125 days (4 mos)*	186	60.0	94	40.9	747	42.4
245 days (8 mos)*	182	58.7	109	47.4	809	45.9
365 days (12 mos)*	194	62.6	113	49.1	873	49.5
545 days (18 mos)**	196	63.2	123	53.5	955	54.2
725 days (24 mos)**	202	65.2	128	55.7	987	56.0
905 days (30 mos)**	207	66.8	132	57.4	1001	56.8
1085 days (36 mos)*	205	66.1	128	55.7	1000	56.8

*Significant at > 0.01 level

**Significant at < 0.05 level

Shown in Table 4 and Chart 1 are *cumulative* findings. Again, at 35 days, although a higher percentage of children served (39.4 percent) were found to be placed with relatives than children in the matched sample (33.5 percent) and all children not served (34.6 percent), the z-score at 35 days ($z = 1.3998, p > 0.05$) was not statistically significant. However, the z-scores at 65 days ($z = 3.5593, p < 0.01$), 95 days ($z = 5.0401, p < 0.01$), 125 days ($z = 5.2864, p < 0.01$), 245 days ($z = 4.5074, p < 0.01$), 365 days ($z = 4.5072, p < 0.01$), 545 days ($z = 3.7835, p < 0.01$), 725 days ($z = 3.817, p < 0.01$), 905 days ($z = 3.9746, p < 0.01$), and 1085 days ($z = 4.0561, p < 0.01$), were all statistically significant. Hence, those served were significantly more likely to be placed with relatives than those not served in the matched sample as well as all children not served.

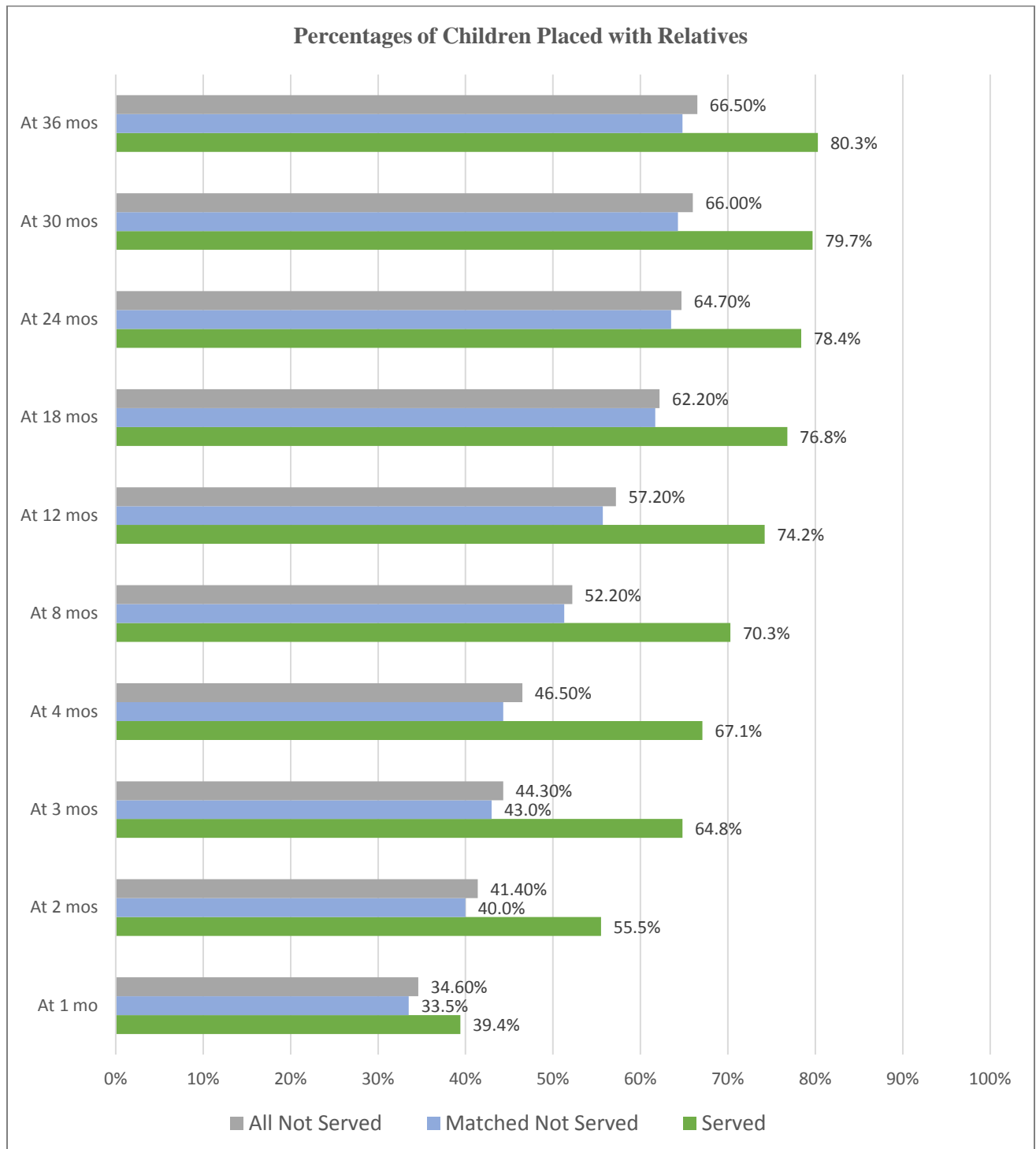
By the 125th day, 67.1 percent of those served and 44.3 percent of matched children not served had achieved relative placement; at 12 months, the comparison is 74.2 percent to 55.7 percent, at 24 months, it is 78.4 percent to 63.5 percent; and at 36 months it is 80.3 percent to 64.8 percent.

Table 4. Likelihood of Being Placed with Relatives, Cumulative Findings

LIKELIHOOD OF BEING PLACED WITH RELATIVES (Cumulative Findings)						
30 Days to Family®						
	Served		Not Served (matched)		Not Served (all)	
<i>At</i>	n=310	%	n=230	%	n=1762	%
35 days (1 mo)*	122	39.4	77	33.5	610	34.6
65 days (2 mos)*	172	55.5	92	40.0	729	41.4
95 days (3 mos)*	201	64.8	99	43.0	780	44.3
125 days (4 mos)*	208	67.1	102	44.3	820	46.5
245 days (8 mos)*	218	70.3	118	51.3	920	52.2
365 days (12 mos)*	230	74.2	128	55.7	1007	57.2
545 days (18 mos)*	238	76.8	142	61.7	1096	62.2
725 days (24 mos)*	243	78.4	146	63.5	1140	64.7
905 days (30 mos)*	247	79.7	148	64.3	1163	66.0
1085 days (36 mos)*	249	80.3	149	64.8	1171	66.5

*Significant at > 0.01 level

Chart 1. Comparisons of Percentages of Children Placed with Relatives at Points in Time



In summary, whether examined using a snapshot or cumulative method of analyses, children served were significantly more likely than children not served to achieve placement with relatives. These findings constitute strong evidence that 30 Days to Family® is effective in achieving its primary goal of increasing placements with relatives. Also noteworthy is that children retain a higher likelihood of relative placement long after the brief, front-end intervention has ended, suggesting an enduring effect that merits further study.

Placed in broader context, these levels of relative placement exceed by far the national average in 2015 of 30 percent (USHHS, 2016a). They also exceed the Missouri average percentage of children placed with relatives which substantially exceeds the national average. The MDSS Children's Division reports a 2016 goal of 45 percent which appears to be being achieved as of November 2016, having increased rather steadily from 36 percent in November 2011 (Children's Division, MDSS, November 2016). The implementation sub-study identified conditions in the context of Missouri favorable to relative/kin caregiving including the presence of subsidized guardianship and child welfare policies that permit the licensing of relatives as foster parents.

Demographic Characteristics of Children Who Achieve Relative Placement

The general demographic characteristics of children who achieved relative placement were explored and reported in Table 5. It was observed that children served who achieved relative placement were more likely to have experienced neglect (42.1 percent) as compared to all those not served (35.1 percent), $\chi^2 = 4.358, p = .037$; however, the difference does not rise to statistical significance when children served who achieved relative placement are compared to the matched sample of those not served, $\chi^2 = .265, p = .607$. It was also observed that children served who achieved relative placement had an average of 1.12 total removals ($SD = .374$) as compared to all those not served (1.19, $SD = .490$), $t(451) = -2.486, p = .037$; however, this difference does not rise to statistical significance when children served who achieved relative placement are compared to the matched sample of those not served (1.11, $SD = .408$), $t(407) = .212, p = .832$.

Statistically significant differences in age were found with those served being an average 11.3 months older than those not served. Children served who achieved relative placement were an average 6.2 years of age ($SD = 5.4$) while children in the matched group of those not served were an average 5.3 years of age ($SD = 5.2$) [$t(385) = 2.247, p = .025$]. When further examined at key points in time, it was also shown that those served who had achieved relative placement were older than the matched children not served at each point in time examined:

Age for those in relative placement at 35 days: Those served are older (6.6 vs. 4.7 years old for matched not served [$t(190) = 2.441, p = .016$])

Age for those in relative placement at 65 days: Those served are older (6.4 vs. 4.7 years old [$t(245) = 2.424, p = .016$])

Age for those in relative placement at 95 days: Those served are older (6.4 vs. 4.7 years old [$t(275) = 2.487, p = .013$])

Age for those in relative placement at 125 days: Those served are not older (6.1 vs. 4.9 years old; [$t(278) = 1.937, p = .054$])

Age for those in relative placement at 365 days: Those served are older (6.1 vs. 4.6 years old; [$t(305) = 2.388, p = .018$]

Age for those in relative placement at 725 days: Those served are older (6.0 vs. 4.7 years old; [$t(328) = 2.159, p = .032$]

Age for those in relative placement at 1085 days: Those served are older (5.8 vs. 4.6 years old; [$t(331) = 2.132, p = .034$]

Two other demographic characteristics merit attention: disability status and maltreatment of sexual abuse. Although differences in those children served who achieved relative placement and children not served did not rise to the level of statistical significance, largely due to small numbers, children served consistently had higher percentages in each of the following categories:

- 22.6 percent of those served had at least one identified disability, whereas 20.4 percent of the matched group of not served had a disability;
- 9.5 percent of those served had an emotional disability, whereas only 7.0 percent of the matched group had an emotional disability; and
- 11.1 percent of those served were reported to have been sexually abused, whereas 9.6 percent of the matched group of not served were reported removed due to sex abuse.

The older age and greater presence of disability and of sexual abuse are all recognized as variables associated with greater difficulty in placement, maintaining placement stability, and achieving permanency. It appears, therefore, that children served by 30 Days to Family® are more likely to achieve relative placement despite being older and more likely to have an identified disability.

Table 5. Demographic Characteristics of Children Who Achieved Relative Placement, Comparisons by Served, Matched Not Served, and All Not Served

DEMOGRAPHIC CHARACTERISTICS OF CHILDREN WHO ACHIEVED RELATIVE PLACEMENT Comparisons of Children Served, Matched Not Served and All Not Served						
Demographics	Served		Not Served (Matched)		Not Served (All)	
	n=252	%	n=157	%	n=1202	%
Gender						
Male	127	50.4	75	47.8	625	52.0
Female	125	49.6	82	52.2	577	48.0
Age						
Average*	6.23		5.29		6.02	
Std Dev	5.35		5.17		5.49	
0-2 yrs	86	34.1	67	42.7	460	38.3
3-5 yrs	44	17.5	23	14.6	180	15.0
6-10 yrs	53	21.0	33	21.0	247	20.5
11-14 yrs	44	17.5	24	15.3	201	16.7
15+ yrs	25	9.9	10	6.4	114	9.5
Race						
Asian	0	0.0	1	0.6	3	0.2

DEMOGRAPHIC CHARACTERISTICS OF CHILDREN WHO ACHIEVED RELATIVE PLACEMENT Comparisons of Children Served, Matched Not Served and All Not Served						
Demographics	Served		Not Served (Matched)		Not Served (All)	
Black/African-American	181	71.8	100	63.7	826	68.7
White	59	23.4	46	29.3	377	25.9
Unable to determine	12	4.8	10	6.4	66	4.5
Amer Indian/ Alaskan Native	0	0.0	0	0.0	1	0.1
Disability Present - any identified	57	22.6	32	20.4	274	22.8
Disability Present – emotional	24	9.5	11	7.0	134	11.1
Reasons for removal						
Physical abuse	66	26.2	52	33.1	349	29.0
Sexual abuse	28	11.1	15	9.6	118	8.1
Neglect	106	42.1	62	39.5	422	35.1
Total removals to date						
Mean		1.1		1.1		1.2
Std Deviation		0.37		0.41		0.49

*Significant at > 0.025 level

Permanency

Latest Permanency Goal

Assessing permanency began with an examination of the latest permanency goals for the 639 children remaining in foster care as of July 31, 2016. A comparison of goals, shown in Table 6, found a statistically significant difference between those served and all those not served for latest permanency goal of those remaining in foster care, $\chi^2 = 12.537$, $p = .014$. Post hoc analysis showed that difference was due to *guardianship*, with higher rates found among those served than for all not served (21.8 versus 11.7 percent). However, this difference disappears when those served are compared to the matched sample of those not served, $\chi^2 = 6.780$, $p = .148$. Note that although the matched sample had a lower rate of *guardianship* goal, the size of the group was much smaller – producing the finding not achieving statistical significance.

Although statistically significant differences were found only for guardianship, comparisons of simple percentages suggest children served are more likely to have goals of reunification as well as guardianship and less likely to have a goal of adoption or other living arrangement (typically understood to mean emancipation).

Table 6. Latest Permanency Goal of those Remaining in Foster Care

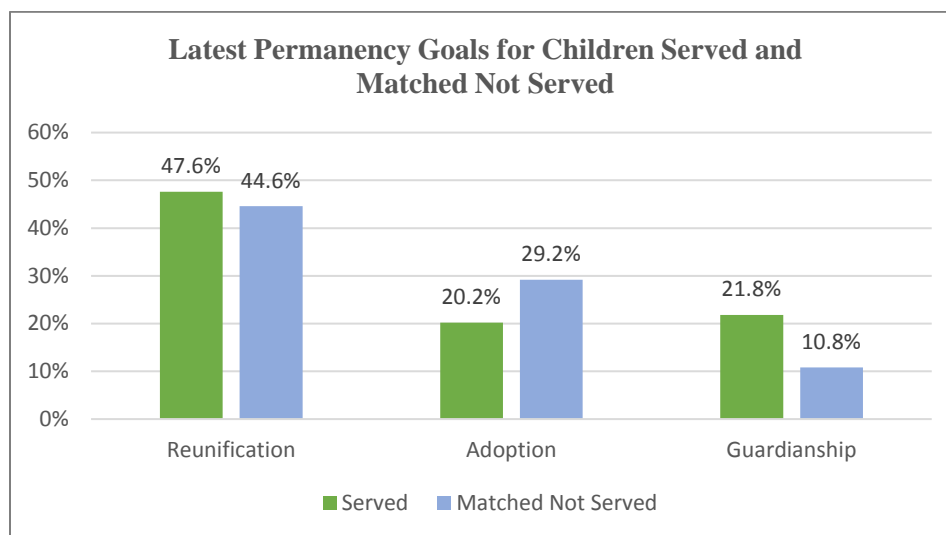
LATEST PERMANENCY GOAL OF THOSE REMAINING IN FOSTER CARE 30 Days to Family™						
Permanency Goal	Served (n=124)		Not Served – Matched (n=65)		Not Served - All (n=515)	
	n	%	n	%	n	%
Reunify with parent	59	47.6	29	44.6	239	46.4
Live with another relative	0	0.0	1	1.5	11	2.1

LATEST PERMANENCY GOAL OF THOSE REMAINING IN FOSTER CARE						
30 Days to Family™						
Permanency Goal	Served (n=124)		Not Served – Matched (n=65)		Not Served - All (n=515)	
	n	%	n	%	n	%
Adoption	25	20.2	19	29.2	128	24.9
Another planned permanent living arrangement	13	10.5	9	13.8	77	15.0
Guardianship*	27	21.8	7	10.8	60	11.7
Goal not yet established	0	0.0	0	0.0	0	0.0

*Significant at > 0.014 level

Shown in Chart 2 are comparisons of permanency goals of children served and children not served. A slightly higher percentage of children served had a goal of reunification or guardianship; however, lower percentages of those served had a permanency goal of adoption.

Chart 2. Comparison of Latest Permanency Goals for Children Served and Matched Not Served



Reasons for Discharge

Assessing permanency outcomes continued with an examination of reasons for discharge for those who had exited foster care as of July 31, 2016. A comparison of percentages, shown in Table 7, suggests children served were more likely to exit foster care to reunification than children in the matched sample of those not served (57.7% versus 50.9%), with very slight differences in other types of exits. When reasons for discharge were analyzed for statistical significance, no statistically significant difference was found between those served and all those not served ($\chi^2 = .105, p = .949$) as well as the matched sample of those not served ($\chi^2 = .950, p = .622$). These analyses were limited to *reunification*, *adoption*, and *guardianship* categories as the counts for the remaining categories were too small.

Table 7. Types of Exits from Foster Care

TYPES OF EXITS FROM FOSTER CARE						
30 Days to Family®						
Type of Exit	Served (n=182)		Not Served (n=165)		Total (n=1,244)	
	n	%	n	%	n	%
Reunification	105	57.7	84	50.9	708	56.9
Live with other relative	0	0.0	1	0.6	7	0.6
Adoption	39	21.4	34	20.6	247	19.9
Emancipation	6	3.3	6	3.6	57	4.6
Guardianship	28	15.4	30	18.2	182	14.6
Transfer to other agency	1	0.5	2	1.2	7	0.6
Runaway	1	0.5	4	2.4	18	1.4
Death of a child	2	1.1	2	1.2	6	0.5
Other	0	0.0	2	1.2	12	1.0

Reasons for Discharge by Age

Reasons for discharge from foster care were then examined by age and are shown in Tables 8, 9 and 10. For those younger than age 3, no statistically significant difference was found between either those served and all those not served ($\chi^2 = .130, p = .937$) or between those served and the matched sample of children not served ($\chi^2 = .696, p = .706$). These analyses were limited to *reunification*, *adoption*, and *guardianship* categories as the counts for the remaining categories were too small.

Table 8. Types of Exits from Foster Care, Ages 0 to 2 Years

TYPES OF EXITS FROM FOSTER CARE – Ages 0-2						
30 Days to Family®						
Type of Exit	Served (n=67)		Not Served (n=70)		Total (n=486)	
	n	%	n	%	n	%
Reunification	29	43.3	30	42.9	205	42.2
Live with other relative	0	0.0	1	1.4	2	0.4
Adoption	26	38.8	24	34.3	195	40.1
Emancipation	0	0.0	0	0.0	0	0.0
Guardianship	10	14.9	14	20.0	81	16.7
Transfer to other agency	0	0.0	0	0.0	1	0.2
Runaway	0	0.0	0	0.0	0	0.0
Death of a child	2	3.0	1	1.4	2	0.4
Other	0	0.0	0	0.0	0	0.0

For those between the ages of 3 and 8, a statistically significant difference was found between those served and all those not served ($\chi^2 = 6.018, p = .049$). Post hoc analyses indicated that the significant finding was only for *reunification* ($p = .015$), indicating that children exiting foster care in this manner are more likely to have been not served. However, this difference disappears when those served are compared to the matched sample of those not served ($\chi^2 = .112, p = .946$). As with the earlier analyses, these analyses were limited to *reunification*, *adoption*, and *guardianship* categories as the counts for the remaining categories were too small.

Table 9. Types of Exits from Foster Care, Ages 3 through 8

TYPES OF EXITS FROM FOSTER CARE – Ages 3 to 8						
30 Days to Family®						
Type of Exit	Served (n=49)		Not Served (n=41)		Total (n=312)	
	n	%	N	%	n	%
Reunification	28	57.1	22	53.7	228	73.1
Live with other relative	0	0.0	0	0.0	1	0.3
Adoption	9	18.4	8	19.5	32	10.3
Emancipation	0	0.0	0	0.0	0	0.0
Guardianship	12	24.5	11	26.8	48	15.4
Transfer to other agency	0	0.0	0	0.0	0	0.0
Runaway	0	0.0	0	0.0	0	0.0
Death of a child	0	0.0	0	0.0	3	1.0
Other	0	0.0	0	0.0	12	1.6

For those aged 9 and older, no statistically significant difference was found between either those served and all those not served ($\chi^2 = 1.015, p = .602$) or between those served and the matched sample of children not served ($\chi^2 = .245, p = .885$). As with the earlier analyses, these analyses were limited to *reunification*, *adoption*, and *guardianship* categories as the counts for the remaining categories were too small. Although not found to be statistically significant, it was observed that the likelihood of reunification was stronger, particularly for children age 9 and older.

Table 10. Types of Exits from Foster Care, Ages 9 and older

TYPES OF EXITS FROM FOSTER CARE – Ages 9 and older						
30 Days to Family®						
Type of Exit	Served (n=66)		Not Served (n=54)		Total (n=446)	
	n	%	n	%	n	%
Reunification	48	72.7	32	59.3	275	61.7
Live with other relative	0	0.0	0	0.0	4	0.9
Adoption	4	6.1	2	3.7	20	4.5
Emancipation	6	9.1	6	11.1	57	12.8
Guardianship	6	9.1	5	9.3	53	11.9
Transfer to other agency	1	1.5	2	3.7	6	1.3
Runaway	1	1.5	4	7.4	18	4.0
Death of a child	0	0.0	1	1.9	1	0.2
Other	0	0.0	2	3.7	12	2.7

Reason for Discharge by Relative and Non-Relative Placements

Examining children placed with relatives, no statistically significant differences in types of exit from foster care were found either between those served and all those not served among children placed with relatives ($\chi^2 = 1.509, p = .470$) or the matched sample of those not served ($\chi^2 = 1.372, p = .503$). Similarly, for children not placed with relatives, no statistically significant differences were found either between those served and all those not served ($\chi^2 = 1.373, p = .503$) or the matched sample of those not served ($\chi^2 = .888, p = .641$). These analyses were

limited to *reunification*, *adoption*, and *guardianship* categories as the counts for the remaining categories were too small.

Although there were not statistically significant differences in types of exits from foster care associated with being served, significant differences were found to be associated with relative placement for both those served and those not served. For those served, the difference was limited to adoption ($\chi^2 = 142.830$, $p < .001$); those served who exited to adoption were less likely to have been placed with a relative. For all those not served, the significant findings were for reunification, adoptions, and guardianship (all with $p < .001$). Similarly, among the matched not served, those who exited to adoption were less likely to have experienced placement with relatives ($\chi^2 = 25.662$, $p < .001$) and those who exited to reunification and to guardianship were significantly more likely to have been placed with relatives.

Although the numbers are very small, precluding calculations of statistical significance, it is noteworthy that those placed with relatives were markedly less likely to exit foster care to emancipation, typically referred to as “aging out.” Only between 1.9 percent (served) to 2.6 percent (all not served) of those with relatives aged out while between 11.1 percent (served) and 9.8 percent (all not served) of those with non-relatives aged out. For the cohort examined, youth placed with non-relatives age out of foster care at a rate five times the rate of those placed with relatives.

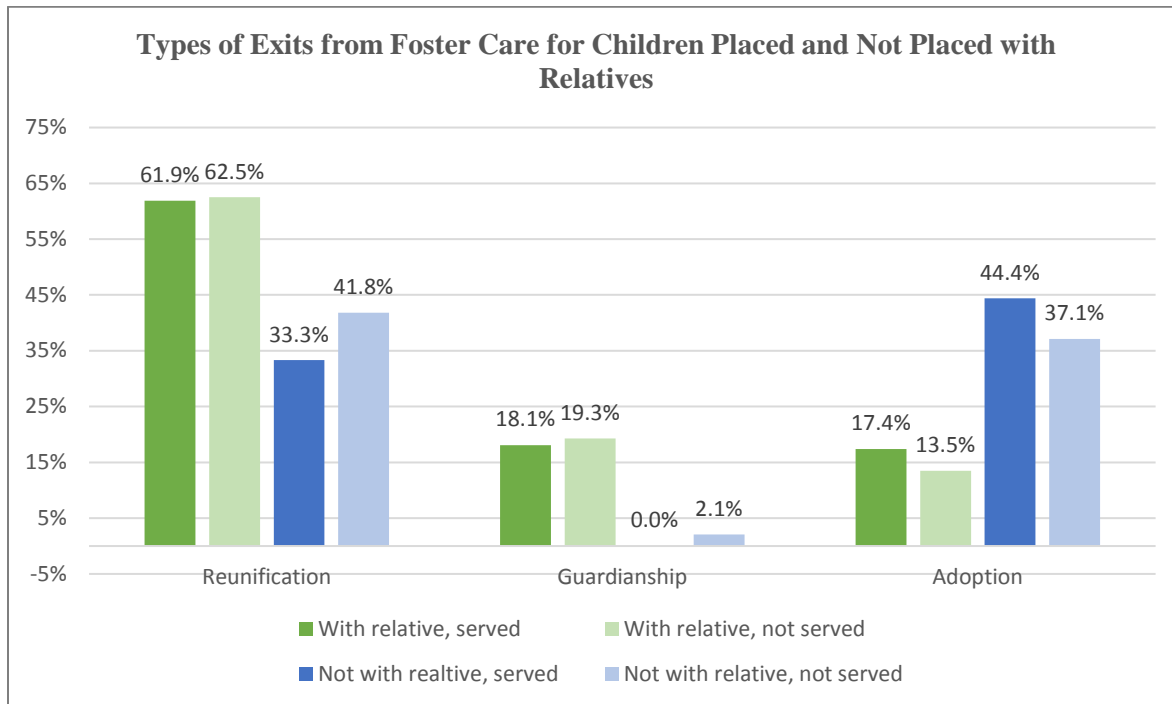
In summary, there were not statistically significant differences in types of exits from foster care associated with being served or not being served; however, there were statistically significant differences associated with relative placement. Lower percentages of children placed with relatives exited to adoption while higher percentages of those placed with relatives exited to reunification and dramatically higher percentages exited to guardianship. Findings on exits from foster care associated with relative and non-relative placement are reported in Table 11 and in Chart 3.

Table 11. Types of Exits from Foster Care, Children Who Were Placed with Relatives Placement

Type of Exit	TYPES OF EXITS FROM FOSTER CARE											
	30 Days to Family®											
	Children Placed with Relatives						Children Not Placed with Relatives					
	Served (n=155)		Matched Not Served (n=127)		All Not Served (n=907)		Served (n=27)		Matched Not Served (n=38)		All Not Served (n=337)	
	n	%	n	%	n	%	n	%	n	%	n	%
Reunification	96	61.9	74	58.3	567	62.5	9	33.3	10	26.3	141	41.8
Live with other relative	0	0.0	0	0.0	2	0.2	0	0.0	1	2.6	5	1.5
Adoption	27	17.4	18	14.2	122	13.5	12	44.4	16	42.1	125	37.1
Emancipation	3	1.9	2	1.6	24	2.6	3	11.1	4	10.5	33	9.8
Guardianship	28	18.1	29	22.8	175	19.3	0	0.0	1	2.6	7	2.1
Transfer to other agency	1	0.6	1	0.8	2	0.2	0	0.0	1	2.6	5	1.5
Runaway	0	0.0	1	0.8	7	0.8	1	3.7	3	7.9	11	3.3
Death of a child	0	0.0	1	0.8	2	0.2	2	7.4	1	2.6	4	1.2

TYPES OF EXITS FROM FOSTER CARE												
Type of Exit	30 Days to Family®											
	Children Placed with Relatives						Children Not Placed with Relatives					
	Served (n=155)		Matched Not Served (n=127)		All Not Served (n=907)		Served (n=27)		Matched Not Served (n=38)		All Not Served (n=337)	
	Other	0	0.0	1	0.8	6	0.7	0	0.0	1	2.6	6

Chart 3. Comparison of Types of Exits from Foster Care for Children Placed with Relatives and Not Placed with Relatives



Time in Care

Examination of time in foster care was limited to those who had exited care. Shown in Table 12 are mean days in care for all children served and the matched sample of children not served showing that when compared to children matched on key demographics, the children served are in foster care an average 91.4 fewer days. This difference was statistically significant [$t(305) = 2.395, p = .016$].

Table 12. Time in Foster Care: Comparison of Served and Matched Not Served Children

TIME IN FOSTER CARE
Comparisons of Children Served & Matched Children Not Served

	Served	Matched Not Served
	n=182	n=163
Mean days	543.0	634.4
SD	305.71	392.08
Median	536.5	571
Minimum	12	14
Maximum	1286	1843
Difference	-91.4 da.	

Time in Care by Age Sub-Groups

Shown in Table 13 are mean days in care for children age 2 and younger showing that when compared to children in the matched sample, children served are in foster care an average 17.4 fewer days. This difference was not statistically significant [$t(135) = .344, p = .732$].

Table 13. Time in Foster Care: Comparison of Served and Matched Not Served Children, Age Birth to 2 Years

TIME IN FOSTER CARE		
Comparisons of Children Served & Matched Children Not Served, Age Birth to 2 Years		
	Served	Matched Not Served
	n=67	n=70
Mean days	592.4	609.8
SD	259.00	326.72
Median	572	552
Minimum	75	59
Maximum	1286	1810
Difference	-17.4 da.	

Shown in Table 14 are mean days in care for children age 3 to 8 years showing that when compared to children in the matched sample, children served are in foster care an average 63.3 fewer days. This difference was not statistically significant [$t(88) = .910, p = .365$].

Table 14. Time in Foster Care: Comparison of Served and Matched Not Served Children, Age 3 to 8 Years

TIME IN FOSTER CARE		
Comparisons of Children Served & Matched Children Not Served, Age 3 to 8 Years		
	Served	Matched Not Served
	n=49	n=41
Mean days	604.1	667.4
SD	294.54	366.06
Median	617	640
Minimum	12	14
Maximum	1204	1438

TIME IN FOSTER CARE		
Comparisons of Children Served & Matched Children Not Served, Age 3 to 8 Years		
	Served	Matched Not Served
	n=49	n=41
Difference	-63.3 da.	

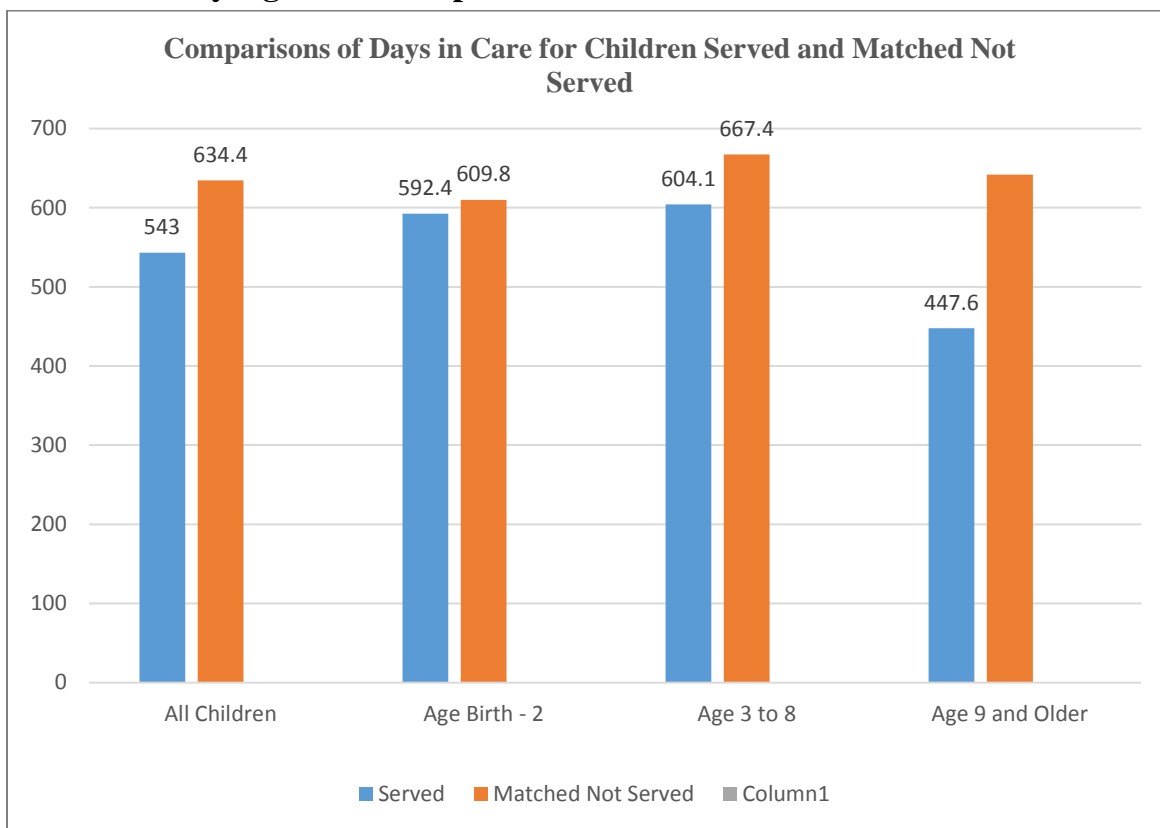
Shown in Table 15 are mean days in care for children age 9 and older showing that when compared to children in the matched sample, children served are in foster care an average 194 fewer days. This difference was statistically significant [$t(87) = 2.449, p = .016$].

Table 15. Time in Foster Care: Comparison of Served and Matched Not Served Children, Age 9 Years and Older

TIME IN FOSTER CARE		
Comparisons of Children Served & Matched Children Not Served, Age 9 Years and Older		
	Served	Matched Not Served
	n=66	n=52
Mean days	447.6	641.6
SD	336.89	486.86
Median	415	576
Minimum	24	15
Maximum	1204	1843
Difference	-194 da.	

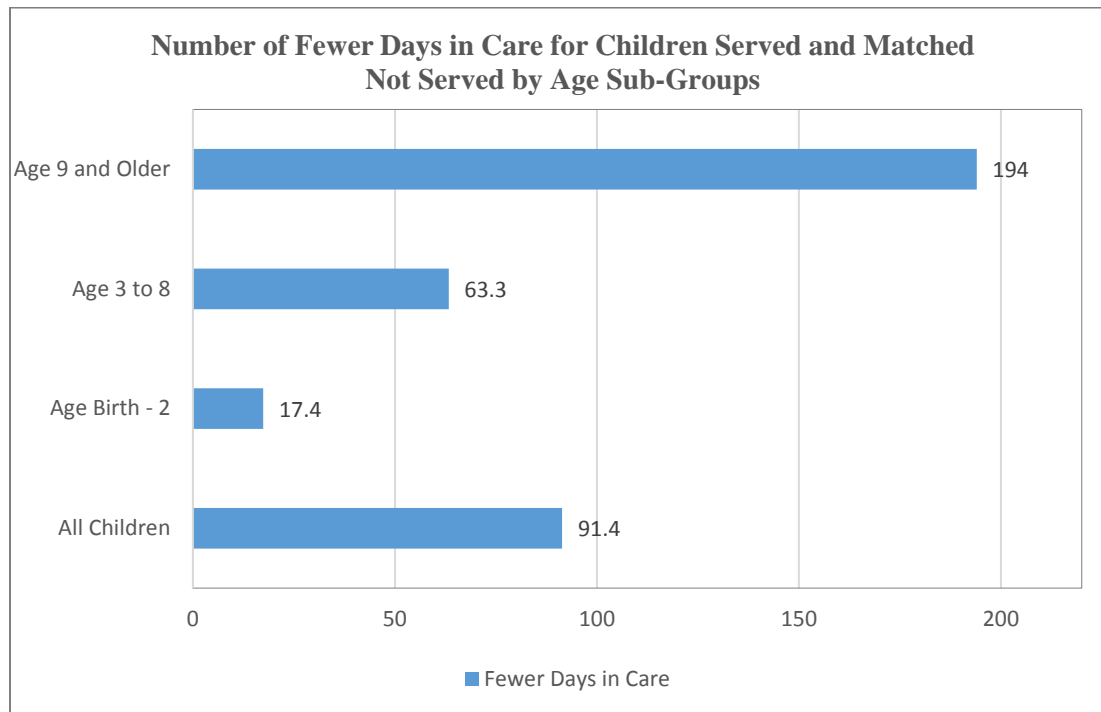
Shown in Chart 4 are comparisons of days in care for children served and matched not served with sub-groups by age. For all age groups, children served remained in care fewer days. The least difference is observed for children age two and younger and the most sizeable difference is seen in children age 9 and older.

Chart 4. Comparisons of Days in Care for Children Served and Matched Not Served by Age Sub-Groups.



Shown in Chart 5 are the number fewer days in care experienced by children served compared with the matched sample of children not served broken out by age groups. For all age groups, children served remained in care fewer days. Across all ages, children served are in care an average 91.4 fewer; however, for those age 9 and older the difference is 194 days, for those age 3 to 8 years the difference is 63.3 days, and for those age 2 and younger the difference is 17.4 days. Although based on modest numbers of children, being served by 30 Days to Family® is clearly associated with fewer days in care and more timely achievement of permanency, regardless of age and particularly for children age 9 and older.

Chart 5. Number of Fewer Days in Care Experienced by Children Served and Matched Not Served by Age Sub-Groups



Time in Care by Type of Exit from Foster Care

Time in care was further explored for types of exits from foster care. Children served were found to be in foster care fewer average days than the matched children not served when exiting to guardianship, but not for exits to reunification. As reported in Table 16, those served exiting to reunification were in care an average 46.7 fewer days than those matched not served; this difference was not statistically significant, $t(186) = 1.052, p = .294$. Further, those served exiting to adoption were in care an average 90.8 fewer days than those matched not served; this difference was also not statistically significant, $t(52) = 1.310, p = .196$. Finally, those served exiting to guardianship were in care an average 113.5 days fewer than those matched not served; this difference was also not statistically significant, $t(56) = 1.608, p = .113$. Findings for these subgroups are based on limited numbers and caution is urged in forming conclusions based on these numbers of cases.

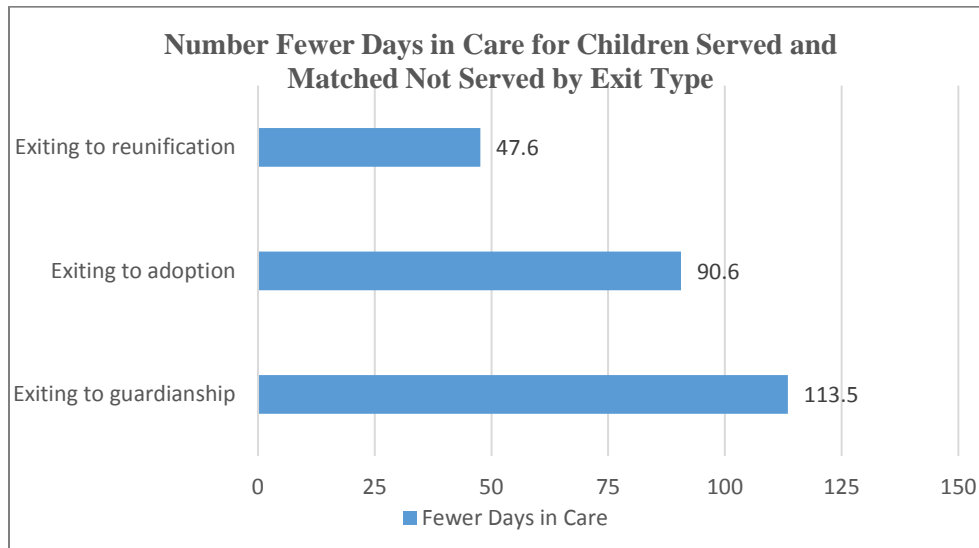
Table 16. Time in Foster Care: Comparison by Type of Exit

TIME IN FOSTER CARE						
Comparisons of Children Served & Matched Not Served						
Exiting to Reunification, Adoption & Guardianship						
	Exits to Reunification		Exits to Adoption		Exits to Guardianship	
	Served (n=105)	Not Served (n=83)	Served (n=39)	Not Served (n=34)	Served (n=28)	Not Served (n=30)
Mean days	417.7	464.4	802.6	893.4	602.7	716.2
Difference	-46.7 da		-90.8 da		-113.5 da	

TIME IN FOSTER CARE Comparisons of Children Served & Matched Not Served Exiting to Reunification, Adoption & Guardianship						
	Exits to Reunification		Exits to Adoption		Exits to Guardianship	
	Served (n=105)	Not Served (n=83)	Served (n=39)	Not Served (n=34)	Served (n=28)	Not Served (n=30)
SD	286.3	321.1	33.64	353.42	195.04	322.3
Median	386	411	752	961.5	610.5	673.0
Minimum	12	14	405	316	256	276
Maximum	1204	1543	1286	1810	1081	1843
Fewer days in care of children served	-47.6		-90.6		-113.5 days	

Shown in Chart 6 are the number fewer days in care experienced by children served compared with the matched sample of children not served broken out by type of discharge from foster care. For all discharge types, children served remained in care fewer days than children not served. Those exiting to reunification remained in care 47.6 fewer days while those exiting to adoption were in care 90.6 fewer days and those exiting to guardianship were in care 113.5 fewer days. Although based on very limited numbers of children, being served by 30 Days to Family® is clearly associated with fewer days in care and more timely achievement of permanency, regardless of type of discharge from foster.

Chart 6. Number Fewer Days in Care Experienced by Children Served and Matched Not Served by Discharge Type



Time in Care for Children with Disabilities

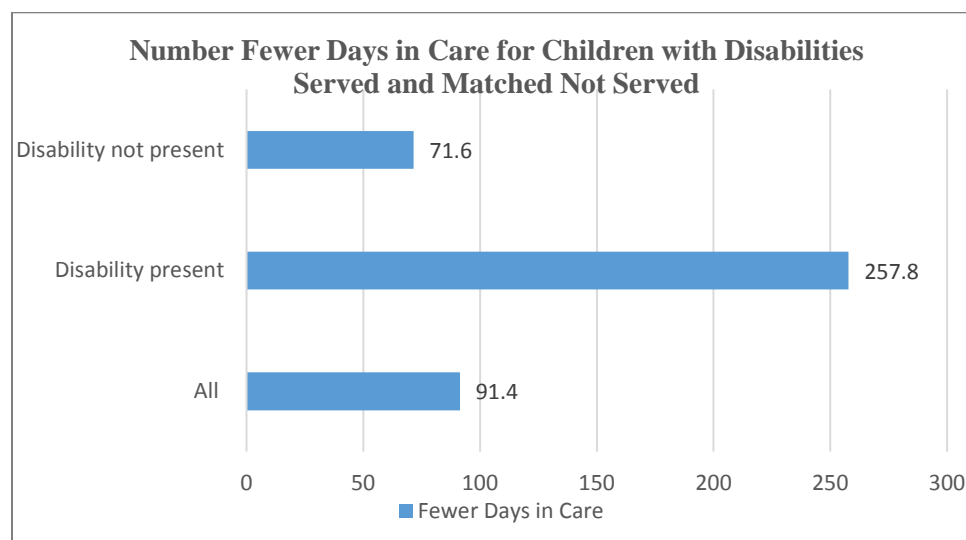
Analyses were also conducted to determine if there were differences in time in care when considering presence of disability and 30 Days to Family® service. As reported earlier in Table 12, those served were in care fewer days compared to the matched sample of those not served (543 days versus 634.4 days; difference of 91.4 days), $t(305) = 2.395, p = .017$. This statistically significant difference extended to those with a disability, $t(80) = 3.702, p < .001$, but not for those without a disability, $t(148) = 1.213, p = .227$. These findings are reported in Table 17.

As shown in Table 17 and Chart 7, children with a disability who were served were in care an average 257.8 fewer days than those with a disability who were not served. Children with no disability who were served were in care an average 71.6 fewer days than those with no disability who were not served. Again, although based on limited numbers of children, being served by 30 Days to Family® is clearly associated with fewer days in care and more timely achievement of permanency, particularly for children with a disability.

Table 17. Days in Foster Care of Children Served and Matched Not Served in Presence of a Disability

DAYS IN FOSTER CARE						
Comparisons of Children Served & Matched Sample Not Served in Presence/Absence of a Disability						
	All		Disability Present		Disability Not Present	
	Served	Matched Not Served	Served	Matched Not Served	Served	All Not Served
	n=182	n=163	n=45	n=37	n=79	n=80
Mean	543.0	634.4	516.9	774.7	609.3	680.8
SD	305.71	392.08	269.008	360.995	320.505	417.669
Difference	-91.4 da.		-257.8 da.		-71.6 da.	

Chart 7. Number Fewer Days in Care Experienced by Children with Disabilities Served and Matched Not Served



Placement Stability

Research and child welfare practice standards support the importance of placement stability for children and youth in foster care. Numerous studies link multiple placements with behavioral and emotional problems, juvenile delinquency, and educational underperformance and failure. (Newton, Litrownik, & Landsverk, 2000; Smith, Stormshak, Chamberlain, & Whaley, 2001; Barber, Delfabbro, & Cooper, 2001; Chamberlain et al., 2006; Usher, Seita, & Putney, 2008; Koh, Rolock, Cross, Eblen-Manning, 2014). Other studies have linked placement instability with decreased likelihood of achieving reunification or adoption (Fisher, Kim & Pears, 2008). In a study based on a cohort of 570 children in foster care in San Diego County, James, Landowerk, Slyman and Leslie (2004) found that an increase in the number of placement changes predicted a greater rate of outpatient mental health visits and that children who experienced behavior-related placement changes received more outpatient mental health visits than children who experienced placement changes for other reasons.

Pecora, Jensen, Romanelli, Jackson, & Ortiz (2009) identified five reasons for focusing on placement changes for children and youth in foster care subsequently published by the National Center for Child Welfare Excellence (<http://www.nccwe.org>):

1. *Placement stability minimizes the pain and trauma that children and youth in foster care experience.* Research indicates that children and youth experience placement changes as unsettling and confusing and that their satisfaction with their foster care experience is inversely correlated with the number of placements that they have. Repeated moves while in foster care can add to the pain and trauma that children have already experienced.
2. *Placement stability can lessen children's and young people's problems with attachment and behavioral and emotional disorders.* Placement stability can provide children and youth with the opportunity to build new positive attachments which can then serve as the foundation for achieving later developmental tasks. Placement instability has been linked to behavior problems and mental health issues.
3. *Placement stability can decrease school mobility and increase academic achievement.* Changing schools, often as a result of placement changes, has been found to be related to low academic performance and a higher risk that young people will drop out of school.
4. *Placement stability maximizes continuity in services, decreases foster parent stress and lowers program costs.* When placements are stable, services can be provided on a continuous basis to children and youth, foster parents experience less stress and are more likely to remain in the caregiver roles, and child welfare systems do not incur administrative and other costs associated with moving children and youth to new placements.
5. *Placement stability increases the likelihood that a child will establish an enduring positive relationship with a caring adult.* When children are in stable living arrangements, they are more likely to develop stronger interpersonal relationships and social support networks with adults.

The initial approach to assessing placement stability, and an approach used in some prior research, was to compare the count of moves children experienced during their time in foster care (Chamberlain et al., 2006; Koh, Rolock, Cross, & Eblen-Manning, 2014). However, it became apparent that moves from non-relative placements in order to achieve relative placement

(reflecting a policy preference) added to the count of moves. Furthermore, it was observed that when an unlicensed relative home became licensed, the Missouri administrative records registered it as another placement move although it was simply a change in status of the home. As a consequence of these conditions, the placement move counts were inflated for many children, especially those served who were more likely to achieve relative placement and for all those placed with relatives, whether served or not served. A preliminary examination of placements showed the count of placements was inflated for about one-quarter of cases in the dataset, of whom a disproportionate number were in relative placements.

Another confounding condition was that children in the dataset entered foster care at different points in time with some entering as much as 63 months (5.25 years) earlier and others entering only 13 months earlier. Clearly, those in care longer periods of time have greater opportunity for moves to occur than those in care for shorter periods. Prior research has clearly demonstrated that higher numbers of placement moves are associated with longer periods of time in foster care (Usher, Randolph, & Gogan, 1999; Wulczyn, Kogan, & Harden, 2003). It was determined that a more appropriate approach to examining placement stability would be to produce a *rate of placement changes per month in care*. The comparison of rates of change per month in care is considered a more valid and objective approach than a comparison of counts that are subject to inflation from administrative practices and do not take into consideration time in care.

Placement Stability Associated with Relative Placement

Rates of placement changes per month in foster care were examined in two ways: 1) comparing overall rates for all children and for children with relative placement and with no relative placement and 2) comparing overall rates for those served and those not served and rates after relative placement.

The average placement change rate for all children was 0.51. The average placement change rate for those who ever experienced relative placement ($M = 0.45$) was lower than the placement change rate ($M = 0.69$) of those that experienced no relative placement and this difference was statistically significant, $t(505) = 4.416, p < .001$. The change rate for those who experienced relative placement included placement changes both before and after placement with a relative. When the calculation includes only placement changes per month in foster care after relative placement, the change rate was reduced dramatically to a mean of 0.13. These findings are reported in Table 18.

Table 18. Placement Stability: Comparisons of Children Placed and Not Placed with Relatives and After First Relative Placement

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Placed & Not Placed with Relatives and After Relative Placement				
	All Children	Change Rate of Children with NO Relative Placement	Change Rate of Children with Relative Placement	Change Rate of Children <u>After</u> First Relative Placement
	n=2072	n=618	n=1454	n=1182
Mean	0.51	0.69	0.45	0.13
SD	0.81	0.98	0.73	0.94
Median	0.22	0.27	0.22	0.00

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Placed & Not Placed with Relatives and After Relative Placement				
	All Children	Change Rate of Children with NO Relative Placement	Change Rate of Children with Relative Placement	Change Rate of Children <u>After</u> First Relative Placement
	n=2072	n=618	n=1454	n=1182
Minimum	0.03	0.03	0.05	0.00
Maximum	9.00	8.28	9.00	30.00

Placement stability was then examined by age groups. The average placement change rate for children under 6 years of age was 0.34. The average placement change rate for those who ever experienced relative placement ($M = 0.33$) was lower than the rate ($M = 0.38$) of those that experienced no relative placement, but this difference was not statistically significant, $t(288) = 1.153$, $p = .250$. The rate for those who experienced relative placement included placement changes both before and after placement with a relative. When the calculation includes only placement changes per month in foster care after relative placement, the change rate was reduced dramatically to a mean of 0.07. These findings are reported in Table 19.

Table 19. Placement Stability: Comparisons of Children Placed and Not Placed with Relatives and After First Relative Placement, Ages 0-5 Years

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Placed & Not Placed with Relatives and After Relative Placement (Ages 0-5)				
	All Children	Change Rate of Children with NO Relative Placement	Change Rate of Children with Relative Placement	Change Rate of Children <u>After</u> First Relative Placement
	n=1071	n=301	n=770	n=648
Mean	0.34	0.38	0.33	0.07
SD	0.51	0.55	0.50	0.25
Median	0.18	0.13	0.18	0.00
Minimum	0.03	0.03	0.05	0.00
Maximum	5.00	3.00	5.00	5.00

The average placement change rate for children between the ages of 6 and 11 years was 0.59. The average placement change rate for those who ever experienced relative placement ($M = 0.47$) was lower than the rate ($M = 1.16$) of those that experienced no relative placement, and this difference was statistically significant, $t(53) = 3.408$, $p = .001$. The change rate for those who experienced relative placement included placement changes both before and after placement with a relative. When the calculation includes only placement changes per month in foster care after relative placement, the change rate was reduced dramatically to a mean of 0.09. These findings are reported in Table 20.

Table 20. Placement Stability: Comparisons of Children Placed and Not Placed with Relatives and After First Relative Placement, Ages 6-11 Years

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Placed & Not Placed with Relatives and After Relative Placement (Ages 6-11)				
	All Children	Change Rate of Children with NO Relative Placement	Change Rate of Children with Relative Placement	Change Rate of Children <u>After</u> First Relative Placement
	n=464	n=104	n=360	n=280
Mean	0.59	1.16	0.47	0.09
SD	0.89	1.37	0.72	0.35
Median	0.24	0.58	0.22	0.00
Minimum	0.05	0.07	0.05	0.00
Maximum	5.00	5.00	4.76	5.00

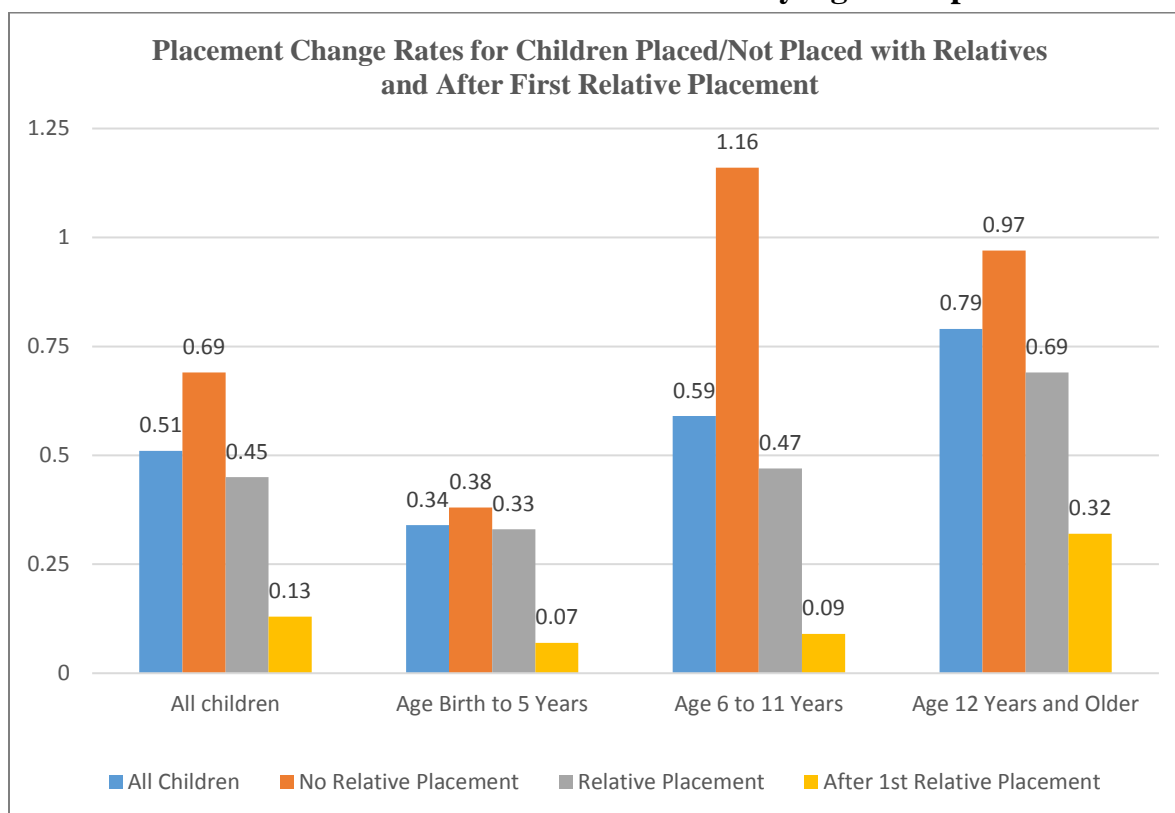
The average placement change rate for children age 12 years and older was 0.79. The average placement change rate for those who ever experienced relative placement ($M = 0.69$) was lower than the rate ($M = 0.97$) of those that experienced no relative placement, and this difference was statistically significant, $t(365) = 2.332$, $p = .020$. The change rate for those who experienced relative placement included placement changes both before and after placement with a relative. When the calculation includes only placement changes per month in foster care after relative placement, the rate was reduced dramatically to a mean of .32. These findings are reported in Table 21.

Table 21. Placement Stability: Comparisons of Children Placed and Not Placed with Relatives and After First Relative Placement, Ages 12 Years and Older

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Placed & Not Placed with Relatives and After Relative Placement (Ages 12+)				
	All Children	Change Rate of Children with NO Relative Placement	Change Rate of Children with Relative Placement	Change Rate of Children <u>After</u> First Relative Placement
	n=537	n=213	n=324	n=254
Mean	0.79	0.97	0.69	0.32
SD	1.09	1.12	1.06	1.95
Median	0.38	0.58	0.34	0.00
Minimum	0.05	0.05	0.05	0.00
Maximum	9.00	8.28	9.00	30.00

In summary, for all age groups, placement change rates are highest for children who do not experience relative placement, lower for children who experience relative placement at any point during their time in foster care, and dramatically lower after the first relative placement. These findings are shown in Chart 8.

Chart 8. Placement Change Rates for Children Placed and Not Placed with Relatives and After First Relative Placement by Age Groups



Placement Stability Associated with Being Served and Not Being Served by 30 Days to Family®

Comparing children served and not served, although the rate is slightly lower for children served, no statistically significant difference in placement change rate was found between those served ($M = 0.43$, $SD = 0.66$) and all those not served ($M = 0.52$, $SD = 0.83$) [$t(273) = 1.778$, $p = .077$] or between those served and matched not served ($M = 0.42$, $SD = 0.78$) [$t(343) = 0.008$, $p = .993$].

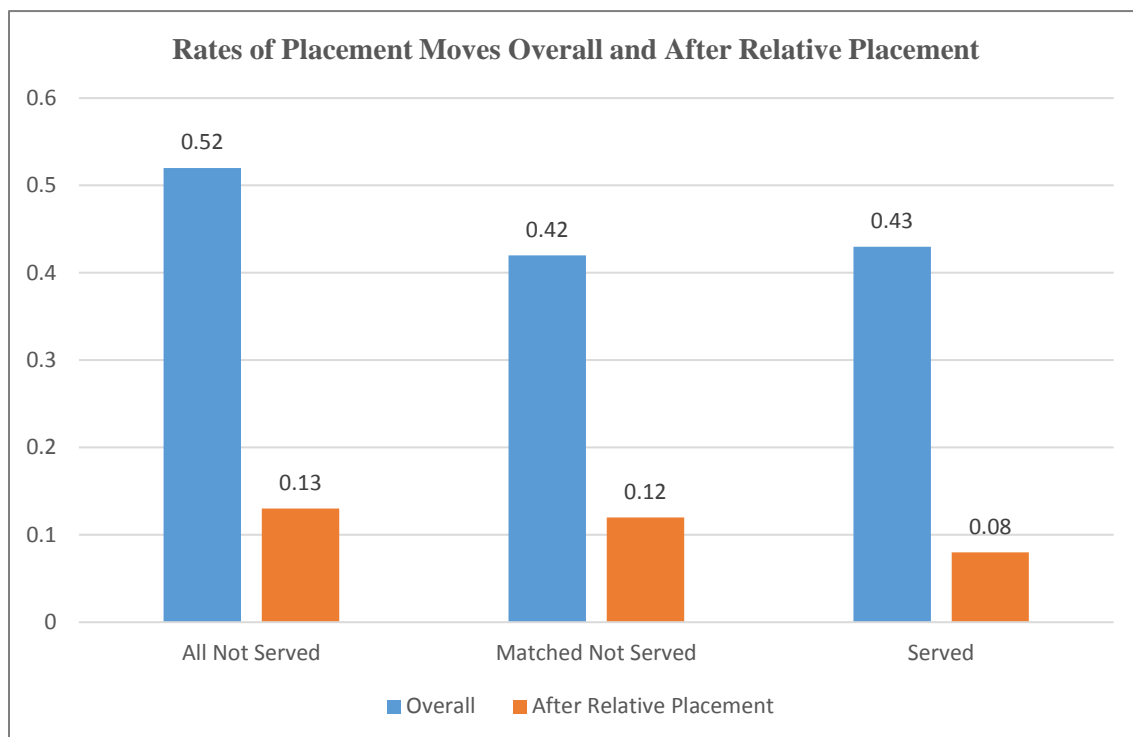
However, comparing rates of placement changes after first relative placement for those served and not served, change rates were markedly lower after relative placement both for those served and those not served. Data on overall rates of placement change and rates of placement change after first relative placement are reported in Table 22.

Table 22. Placement Stability: Comparison of Overall Rates and After First Relative Placement

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Served and Not Served, Overall and After First Relative Placement							
	Overall Placement Change Rates				After First Relative Placement		
	All Children	Not Served (All)	Not Served (Matched)	Children Served	Children Served	Children Not Served (Matched)	Children Not Served (All)
	n=2072	n=1762	n=230	n=310	n=310	n=230	n=1762
Mean	0.51	0.52	0.42	0.43	0.08	0.12	0.13
SD	0.81	0.83	0.78	0.66	0.14	0.26	1.00
Median	0.22	0.23	0.19	0.22	0.00	0.00	0.00
Minimum	0.03	0.03	0.05	0.03	0.00	0.00	0.00
Maximum	9.00	9.00	4.76	5.00	0.67	1.83	30.00

Shown in Chart 9 are comparisons of average rates of placement moves, graphically demonstrating lower rates of placement moves after relative placement for children served, matched children not served and all children not served.

Chart 9. Comparison of Overall Rates of Placement Changes and Rates After Relative Placement for Children Served, Matched Not Served and All Not Served



Comparison by Age Groups

Rates of placement change were further examined by age groups. Comparing children age 5 years and younger, served and not served, although the change rate is slightly lower for children served, no statistically significant difference in placement change rate was found between those served ($M = 0.30$, $SD = 0.56$) and all those not served ($M = 0.35$, $SD = 0.51$) [$t(740) = 0.927$, $p = .354$] or between those served and matched not served ($M = 0.23$, $SD = 0.26$) [$t(185) = 1.041$, $p = .299$].

However, comparing rates of placement change after first relative placement for those served and not served, rates were markedly lower after relative placement both for those served and those not served. Data on overall placement change rates and rates of placement change after first relative placement are reported in Table 23.

Table 23. Placement Stability: Comparison of Overall Rates and After First Relative Placement, Ages 0-5 Years

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES							
Comparison of Children Served and Not Served, Overall and After First Relative Placement (Ages 0-5)							
	Overall Placement Change Rates				After First Relative Placement		
	All Children	Not Served (All)	Not Served (Matched)	Children Served	Children Served	Children Not Served (Matched)	Children Not Served (All)
	n=742	n=646	n=91	n=96	n=96	n=79	n=545
Mean	0.34	0.35	0.23	0.30	0.04	0.12	0.08
SD	0.51	0.51	0.26	0.56	0.07	0.24	0.27
Median	0.18	0.18	0.17	0.18	0.00	0.00	0.00
Minimum	0.03	0.03	0.05	0.03	0.00	0.00	0.00
Maximum	5.00	3.91	1.97	5.00	0.28	1.76	5.00

Comparing children age 6 to 11 years of age, a statistically significant difference in placement change rates was found between those served ($M = 0.40$, $SD = 0.48$) and all those not served ($M = 0.61$, $SD = 0.94$) [$t(90) = 2.273$, $p = .025$]. However, this difference disappears when those served are compared to those matched not served ($M = 0.68$, $SD = 1.20$) [$t(50) = 1.357$, $p = .181$].

Comparing rates of placement change after first relative placement for those served and not served, rates were markedly lower after relative placement both for those served and those not served. Data on overall rates of placement change and rates of placement change after first relative placement are reported in Table 24.

Table 24. Placement Stability: Comparison of Overall Rates and After First Relative Placement, Ages 6-11 Years

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Served and Not Served, Overall and After First Relative Placement (Ages 6-11)							
	Overall Placement Change Rates				After First Relative Placement		
	All Children	Not Served (All)	Not Served (Matched)	Children Served	Children Served	Children Not Served (Matched)	Children Not Served (All)
	n=296	n=257	n=39	n=39	n=43	n=34	n=229
Mean	0.59	0.61	0.68	0.40	0.07	0.16	0.08
SD	0.89	0.94	1.20	0.48	0.13	0.34	0.19
Median	0.24	0.24	0.20	0.22	0.00	0.07	0.00
Minimum	0.05	0.05	0.07	0.06	0.00	0.00	0.00
Maximum	5.00	5.00	4.76	2.50	0.43	1.83	1.83

Comparing children 12 years of age and older, no statistically significant difference in placement change rates was found between those served ($M = 0.71$, $SD = 0.88$) and all those not served ($M = 0.80$, $SD = 1.12$) [$t(365) = 0.495$, $p = .621$] or those matched not served ($M = 0.66$, $SD = 0.96$) [$t(78) = 0.233$, $p = .816$].

Comparing rates of placement change after first relative placement for those served and not served, rates were markedly lower after relative placement both for those served and those not served. Data on overall rates of placement change and rates of placement change after first relative placement are reported in Table 25.

Table 25. Placement Stability: Comparison of Overall Rates and After First Relative Placement, Ages 12 Years and Older

PLACEMENT STABILITY BASED ON PLACEMENT CHANGE RATES Comparison of Children Served and Not Served, Overall and After First Relative Placement (Ages 12+)							
	Overall Placement Change Rates				After First Relative Placement		
	All Children	Not Served (All)	Not Served (Matched)	Children Served	Children Served	Children Not Served (Matched)	Children Not Served (All)
	n=367	n=320	n=33	n=47	n=36	n=22	n=213
Mean	0.79	0.80	0.66	0.71	0.17	0.09	0.33
SD	1.09	1.12	0.96	0.88	0.22	0.17	2.10
Median	0.38	0.38	0.35	0.41	0.00	0.00	0.00
Minimum	0.05	0.05	0.05	0.08	0.00	0.00	0.00
Maximum	9.00	9.00	4.29	4.29	0.67	0.65	30.00

Likelihood of Treatment Placements

Closely related to placement stability while in foster care is the issue of placement in treatment environments. The types and frequencies of placements experienced by children were reviewed

and it was determined that treatment placements experienced by the overwhelming majority of children experiencing such placements were medical facility (MMD), mental health facility (MMH), all levels of residential treatment facility (RFA), and residential facility emergency placement (RFE). Because our interest was in placements after children entered foster care rather than placements at the time they entered foster care, placements *after* initial placement were examined.

Frequencies of treatment placements were determined for all 2,072 children in the restricted dataset, for those with at least one relative placement, and for those who did not experience relative placement. Findings are reported in Table 26.

When frequencies were compared it was found that 22.44 percent of all children, 28 percent of children who had no relative placement, and 20.08 percent of those who had at least one relative placement experienced a placement in at least one of the four treatment environments. These differences were found to be statistically significant, $\chi^2 = 15.593$, $p < .001$.

Children having no relative placement who experienced placements in restricted environments numbered 173 and represented 28 percent of 618 children. If the percentage of such children could be reduced to the same as those experiencing relative placement (20.08% of the 1454), it would reduce the total children experiencing treatment placements from 173 to 124 -- 49 fewer such placements for this set of children. This represents a 28.3 percent fewer children experiencing placement in treatment environments.

In addition to examining percentages of children placed in restrictive environments, frequencies of such placement were calculated and compared for children who experienced relative placement and those who experienced no relative placement. Using chi-square analysis, it was found that children with relatives experienced an average 0.61 treatment placements while those not placed with relatives experienced an average 0.98. This difference was statistically significant, $t(1000) = 3.228$, $p = .001$ and represents 38 percent fewer placements in treatment environments for children placed with relatives.

Table 26. Children Placed in Treatment Environments

CHILDREN PLACED IN TREATMENT ENVIRONMENTS						
Comparison of children with relative placement, no relative placement, and all children						
	Relative placement		No relative placements		Total	
	n = 1454	%	n = 618	%	n = 2072	%
Restrictive environment	292	20.08	173	28.00	465	22.44
No restrictive environment	1162	79.92	445	72.00	1640	79.15
Average # treatment placements	0.61	<i>SD</i> = 2.087	0.98	<i>SD</i> = 2.498		

Findings on restrictive placement are consistent with those of Wu, White, & Coleman (2015) who examined the impact of kinship care on behavioral problems in younger and older age groups and found that older children in kinship care had significant lower levels of externalizing, internalizing and total behavior problems but that effects for younger children did not reach statistical significance. Findings are also consistent with those of Rubin et al. (2008) who comparing children in kinship foster care and general foster care, predicted probabilities of behavioral problems derived from Child Behavior Checklist scores. Controlling for a child's baseline risk, placement stability, and attempted reunification to birth family, concluded that children placed into kinship care had fewer behavioral problems three years after placement than those placed in regular, non-relative foster care. Furthermore, children who moved into kinship care from the outset of care were less likely to have behavioral problems than those placed after significant time in foster care.

Re-entry to Foster Care

It was observed that during the 12-month period August 1, 2015 and July 31, 2016 a total 26 children in the full dataset of children studied (those placed in care in St. Louis County and St. Louis City during the 51-month period April 1, 2011 to June 30, 2015) had re-entered foster care. None of the 26 had been served; 5 had been in care fewer than eight days or were initially placed with relatives. When demographic characteristics and case variables of the remaining 21 children eligible but not served were examined and compared with all children not served, those who re-entered care had many more prior removals (average 2.3 versus average 1.2), were older (average 10 years of age versus average 6.43 years), and had experienced great placement instability, experiencing an average 9.5 placements.

Summary and Discussion of Key Findings

From analyses of child welfare administrative data numerous positive outcomes were found to be associated with being served by 30 Days to Family® and placement with relatives. Briefly summarizing,

Children served. Children served did not differ from those not served on key demographic and case variables nor from the restricted dataset of only those eligible for referral to 30 Days to Family® that excluded children in care fewer than eight days and those placed with relatives immediately.

Likelihood of placement with relatives. Using both “snapshot” and cumulative methods of analyses, significantly higher percentages of children served were placed with relatives compared with both the matched sample of those eligible but not served and all those eligible but not served from one month to three years following placement in foster care, suggesting a sustained positive effect of being served. Further, those for whom 30 Days to Family® produced a relative placement were significantly older and more likely to have a disability.

Permanency – reasons for discharge. Children served, and particularly those age 9 or older, were more likely to exit foster care to reunification than those not served. Of children placed with relatives, lower percentages exited to adoption while higher percentages exited to reunification and dramatically higher percentages exited to guardianship.

Time in foster care. Of children who exited foster care, children served remained in foster care an average 91.4 fewer days than the matched sample of those not served; those age 9 years and older were in care an average 194 fewer days.

Time in care by type of exit. Being served is associated with fewer days in foster care regardless of the type of discharge from foster care; those exiting to reunification were in care an average 47.6 fewer days, those exiting to adoption were in care an average 90.6 fewer days, and those exiting to guardianship were in care an average 113.5 fewer days.

Time in care for children with disabilities. Children who were served who had an identified disability were in foster care an average 257.8 fewer days than those with a disability who were not served while those served who had no identified disability were in care an average 71.6 fewer days than those not served who had no disability.

Placement stability. Using groundbreaking methodology that corrects for count inflation and controls for length of time in care by employing rates of placement change per month, it was found that the average placement change rate for those who ever experienced relative placement (0.45) was lower than the placement change rate for those who experienced no relative placement (0.69) and dramatically lower after relative placement (0.13). This pattern of findings was observed across all age cohorts.

Placement stability after relative placement. Rates of placement change are dramatically lower after placement with relatives, regardless of whether served or not served. For children served, placement change rates were reduced from an average overall 0.43 to 0.08 after first relative placement while rates for children in the matched sample of children not served were reduced from an average 0.42 to 0.12 after first relative placement.

Likelihood of treatment placements. Findings were more favorable for children with relatives than for those never placed with relatives. Not only did a significantly lower percentage of children with relatives experience treatment placement (20.08% vs 28%), but those with relatives had a significantly lower average number of treatment placements (0.61 vs. 0.98). These differences represent 28.3 percent fewer children experiencing placement in treatment settings and 38 percent fewer placements for those in relative placements.

Re-entry to foster care. During the 12-month period August 1, 2015 and July 31, 2016 a total 26 children in the full dataset re-entered foster care, none of whom had been served.

Findings clearly demonstrate that 30 Days to Family® is successful in its primary objective of increasing relative placements. The fact that higher percentages of children served continue to achieve relative placement long after direct services end suggests that the intense work

identifying and engaging relatives in the first month continues to pay dividends months and years later.

Longer periods of time in foster care are associated with greater risk for remaining in foster care instead of achieving permanency, particularly for children 12 years of age or older (Ringeisen, Tueller, Testa, Dolan, & Smith, 2013). This study demonstrated that children served by 30 Days to Family® remained in foster care an average 91.4 fewer days and those 9 years of age and older remain in care an average 194 fewer days. Children served who exited to reunification remained in care an average 47.6 fewer days while those exiting to adoption were in care an average 90.6 fewer days, and those exiting to guardianship were in care an average 113.5 fewer days. At minimum, the fewer days in care result in reduced expenditures for foster care which will be reported as part of the cost sub-study. Fewer days in care also mean that children are achieving positive permanency outcomes more rapidly.

This study demonstrated that being served was associated with higher likelihood of exit to reunification, particularly those age 9 years and older, and those in relative placement were more likely to exit to reunification and dramatically more likely to exit foster care to guardianship but less likely to exit to adoption. These findings on permanency outcomes are consistent with prior research reviewed by Winokur, Holtan, & Batchelder (2014) as a Campbell Systematic Review for adoption and for guardianship but differ with their review of findings on reunification. Consistent with our findings, they found that children in non-kinship foster care were more likely to be adopted (OR 2.52, 95% CI 1.42 to 4.49), while children in kinship foster care were more likely to be in guardianship (OR 0.26, 95% CI 0.17 to 0.40). However, they found no difference for children in kinship and non-kinship foster care on reunification rates while this study found children in kinship foster care were more likely to achieve reunification. The fact that, contrary to much prior research, children served and children in relative placement were more likely to achieve permanency through reunification than those not served and those in non-relative placement suggest the presence of factors or dynamics associated with 30 Days to Family® services and/or relative placement that merit closer examination. In the future, relative and non-relative caregivers of children served might be asked how family search and engagement services and the process of developing and availability of the Roadmap to Family may have affected the quality of caregiver and parental relationships and capacity to provide permanency for the child.

The finding that children served who have identified disabilities are in foster care an average 257.8 fewer days than those with identified disabilities who were not served is contrary to both prior research and general practice expectations in which children with disabilities have greater difficulty achieving permanency. This finding also suggests the presence of factors or dynamics likely associated with relative placement that merit closer examination.

Findings of superior placement stability for children who experienced relative placement are somewhat consistent with prior research. However, Font (2015) asserts that higher placement stability in kinship foster care, documented in prior research (Chamberlain et.al., 2006; Webster, Barth, & Needell, 2000; Koh, Rolock, Cross, & Eblen-Manning, 2014), is driven by child selection factors and policy preferences for kinship care. Our study controls for both these factors by excluding children who experience immediate placement with relatives. Font (2015)

observes: “Having a relative who is both willing and able to provide care is not likely to be an isolated factor – the mere existence of a relative who is both able and willing to take a child into their home suggests that child may have stronger familial ties or a more involved extended family” (2015, p. 101). Further, the fact that relatives were willing and able to care for them suggests the families were also higher functioning. In our study, all children served are compared with children eligible for services, a dataset that excluded children in care fewer than eight days (n=143) and children for whom a relative placement had been identified and made from the beginning (n=899). The demographic profiles of those excluded did not differ in any statistically significant way from either those served or those not served, although they were slightly less likely to have an identified disability and to have been sexually abused.

These findings also run counter to findings of Andersen and Fallesen (2015) who attempted to estimate the causal effects of kinship care on placement stability and found most children do not benefit additionally from being placed with kin. That study, however, was based on the Danish child welfare system and, largely arising from significant differences in the systems, included children in unofficial kinship placement.

Findings on permanency, placement stability, and likelihood of treatment placement differ from findings of Leon, Saucedo & Jachymiak (2016) who compared the outcomes of a front-end Family Finding intervention with a comparison group of children between the ages of 6 and 13 years. In their study the intervention found favorable outcomes in the short-term -- close to 75 percent more relatives were identified and concurrent planning was found to be strengthened – but no differences were found on more distal outcomes of reunification rates, placement stability, or longitudinal behavior symptoms.

IV. Caregiver Interviews Summary

Introduction to Sub-study

This is a summary of findings from interviews of caregivers of children placed in foster care in St. Louis County and St. Louis City during the 51-month period April 1, 2011 to June 30, 2015. Findings reported are based on 97 interviews with relative and non-relative caregivers of a representative sample of children served and a statistically matched sample of children not served. In accordance with a Missouri Department of Social Services condition for access to data, the children whose caregivers were interviewed included only those of children who remained in care when interviews were conducted between May and July 2015 (round one interviews) and October and November 2015 (round two interviews). The sub-study is designed to assess child/youth status, caregiver stress, placement supports and service needs, and employs standardized measures of well-being and functioning. Detailed data are reported in a supplemental document titled “Caregiver Interview Findings – Detail Tables.”

For purposes of this and other sub-studies, the term “relative” includes both relative and kin as defined in Missouri law⁴. Further, the classification of a child’s placement as relative or non-relative employs the Missouri Department of Social Services placement classification codes for both relative and kinship placements, including licensed, non-licensed, behavioral, and medical placements with relatives and kin.

Related findings from other sub-studies that constitute the comprehensive theory of change testing are cited in this sub-study report when they illuminate findings from caregiver interviews. A broader synthesis of findings from the four sub-studies is reported in Chapter VI.

Sub-Study Design

Questions, Methods, and Data Sources

The following research questions guided the sub-study:

1. What are the characteristics of children whose caregivers were interviewed and how do those served and not served and those with relative and non-relative caregivers compare demographically?

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Relative	RSMo 210.565.2 - A Relative is a person related to another by blood or affinity within the third degree. Relative care is provided by persons related to the foster youth in any of the following by blood, marriage or adoption; grandparent, great-grandparent, brother, sister, half-brother, half-sister, stepparent, stepbrother, stepsister, uncle, or aunt. This designation applies to homes who apply to care for children for whom the agency has legal custody.
Kin	Kinship is defined as: A person who is non-related by blood, marriage or adoption who has a close relationship with the child or child’s family (godparents, neighbors, teachers, close family friends, and fellow church members) or a person who has a close relationship with the child or child’s family and is related to the child by blood or affinity beyond the third degree.

2. How do children served and those not served and those with relative and non-relative caregivers compare in terms of:
 - Current status: education, general health, mental health, and behavioral?
 - Family connections: nature and frequency of contact and quality of relationships with birth mother and father; nature and frequency of contact with maternal and paternal relatives and with other non-relatives?
 - Caregiver stress?
 - Placement supports: nature and availability of supports for the child's placement?
 - Services needs and patterns of utilization?
 - Family functioning?
 - Social, emotional and behavioral functioning of child?

Design

The study employs bivariate analyses in comparing groups of all children whose caregivers were interviewed, those served and not served, and those with relative and non-relative caregivers.

Data Sources

Data were derived from interviews with current caregivers of children/youth who remain in foster care. For children served, a representative sample was derived based on key demographic and case variables. For children not served, a sample matched to the representative sample of children served was derived using the statistical procedure propensity score matching (PSM). PSM is used to further minimize the impact of differences between the treatment and control samples (Rosenbaum & Rubin, 1983). Numerous recent child welfare studies have used PSM to identify groups similar on measurable characteristics at the outset of a longitudinal study (e.g., McCrae, Lee, Barty, & Rauktis, 2010; Barth, Greeson, Guo, Green, Hurley, & Sisson, 2007; Kessler, Pecora, Williams, Hiripi, O'Brien, English, White, Zerbe, Downs, Plotnick, Hwang, & Sampson, 2008; Lee & Thompson, 2008).

Criteria for Inclusion in Interviews

Samples selected to be included in the first round of interviews, conducted May through July 2015, were drawn from a dataset of 2,095 children placed in foster care in St. Louis County and St. Louis City between April 1, 2011 and June 30, 2014. From this dataset, of the 228 children served, 109 remained in foster care and of the 1,747 children not served, 963 remained in foster care. Samples selected to be included in the second round of interviews, conducted October and November 2015, were drawn from an updated dataset that included a total 2,809 children placed in foster care between April 1, 2011 and June 30, 2015 with statuses reported through July 31, 2015. The samples drawn for round two interviews were adjusted to select a higher proportion of children not served to achieve a more equal proportion of children served and not served while maintaining a balance of relative and non-relative caregivers. A total 61 usable interviews were conducted in round one and an additional 36 interviews were conducted in round two yielding a total 97 caregiver interviews.

Recruitment of Caregivers

Caregivers of the children in the sample treatment group (served) and sample control group (not served) were initially contacted by telephone and, using a standardized basic script, briefly told about the study and invited to participate. Appointments were scheduled at the convenience of caregivers. Gift cards in the amount of \$50 were given to caregivers who participated in interviews. The caregiver interview protocol is included as Appendix C. of the interview protocol.

Interviewer Training and Support

Caregiver interviews were conducted by well-qualified interviewers who were Master of Social Work (MSW) students. The Coalition recruited the interviewers and coordinated all logistical aspects of their work. Interviewers were required to participate in a 4-hour training session conducted by PolicyWorks, Ltd. via web-based conferencing and were provided with a comprehensive Interviewer Guide. The training included an orientation to the study purposes, the study interview protocol, administration of appropriate subscales of the CANS, and clear guidance on provisions for maintaining confidentiality. Additionally, the PolicyWorks, Ltd. research associate was available to interviewers to provide technical assistance and ongoing support.

Findings

Caregivers Interviewed

Of the 97 caregiver interviews on which findings are based,

- 50 children (or 51.55%) had been served and 47 (or 48.45%) had not been served;
- 55 (or 56.70%) were relative caregivers and 42 (or 43.30%) were non-relative caregivers;
- Of the 55 relative caregivers, 35 (or 63.64%) of the children had been served and 20 (or 36.36%) had not been served; and
- Of the 42 non-relative caregivers, 15 (or 35.71%) of the children had been served and 27 (or 64.29%) had not been served.

Findings summarized below are detailed in tables of descriptive statistics included as Appendix C.

Demographics of Children Whose Caregivers Were Interviewed

Age

Age for each case was calculated by subtracting date of birth from date of latest removal. Children whose caregivers were interviewed were an average 6.67 years of age. Although those served were slightly older than those not served, no statistically significant differences in age were found between those served ($M = 7.0$, $SD = 4.9$) and those not served ($M = 6.4$, $SD = 5.8$) ($t(90) = .545$, $p = .587$). Children with relative and non-relative caregivers were the same average age (6.67 yrs.); therefore no statistically significant difference in age was found [$t(95) = .005$, $p = .996$]. Additionally, when the interaction between served/not served and relative/non-relative

caregiver status was tested, it was not significant, $[F(1,93) = .240, p = .625]$. It was noted that the average age of all children whose caregivers were interviewed (6.67 yrs.) was nearly 5 months older than the average of all children in the dataset (6.27 yrs.).

Race

Of all children whose caregivers were interviewed, 75 percent were Black/African-American and 22 percent were White. A statistically significant difference was found between those served and those not served by race, $\chi^2 = 4.488, p = .034$. Whereas among those whose caregivers were interviewed, 66 percent of those served and 85 percent of those not served were African-American; 30 percent of those served were white and 13 percent of those not served were White. Comparing children with relative and non-relative caregivers, 73 percent of those with relatives and 79 percent of those with non-relatives were African-American; 24 percent of those with relatives and 19 percent of those with non-relatives were White. No statistically significant difference in race was found between interviewed cases with relative caregivers and those with non-relative caregivers by race, $\chi^2 = .335, p = .563$. Note that statistical tests were limited to Black/African-American, and White groups due to low counts in the remaining categories.

Presence of Any Disability or Emotional Disability

Of all children whose caregivers were interviewed, 21 percent were reported to have an identified disability; 10 percent were reported to have an emotional disability. No statistically significant differences in the presence of a disability was found either between those served and those not served $[\chi^2 = 2.608, p = .271]$ or between those with relative and non-relative caregivers $[\chi^2 = 4.208, p = .122]$.

Types of Maltreatment

No statistically significant differences were found between interviewed cases served and not served for any of three types of maltreatment identified: neglect $[\chi^2 = .501, p = .479]$; physical abuse $[\chi^2 = .066, p = .797]$; or sexual abuse $[\chi^2 = .038, p = .846]$. Additionally, no statistically significant differences were found between interviewed cases with relative and non-relative caregivers any of three types of maltreatment identified: neglect $[\chi^2 = .825, p = .364]$; physical abuse $[\chi^2 = 2.626, p = .105]$; or sexual abuse $[\chi^2 = 1.429, p = .232]$.

All demographic characteristics of children whose caregivers were interviewed are reported in Table CI-1

Table CI-1. Demographic Characteristics of Children Whose Caregivers Were Interviewed

CHILDREN WHOSE CAREGIVERS WERE INTERVIEWED Comparisons of Served/Not Served and Relative/Non-Relative Caregiver All Interviewed and All in Dataset													
	Children Served & Not Served				All Interviewed (n=97)		Children with Relative & Non-Relative Caregiver				All in Dataset (n=1055)		
Demographics	Served (n=50)		Not Served (n=47)				Relative (n=55)		Non-Relative (n=42)				
	n	%	n	%	n	%	n	%	N	%	n	%	
Gender													

CHILDREN WHOSE CAREGIVERS WERE INTERVIEWED Comparisons of Served/Not Served and Relative/Non-Relative Caregiver All Interviewed and All in Dataset												
	Children Served & Not Served				All Interviewed (n=97)		Children with Relative & Non-Relative Caregiver				All in Dataset (n=1055)	
Demographics	Served (n=50)		Not Served (n=47)				Relative (n=55)		Non-Relative (n=42)			
	n	%	n	%	n	%	n	%	N	%	n	%
Male	20	40.0	17	36.2	37	38.1	21	38.2	16	38.1	552	52.3
Female	30	60.0	30	63.8	60	61.9	34	61.8	26	61.9	503	47.7
Age												
Average	6.96 yrs		6.36 yrs		6.67 yrs		6.67 yrs		6.67 yrs		6.27 yrs	
Std Dev	4.94		5.81		5.36		5.27		5.53		5.69	
0-2 yrs	13	26.0	18	38.3	31	32.0	17	30.9	14	33.3	395	37.4
3-5 yrs	5	10.0	6	12.8	11	11.3	6	10.9	5	11.9	158	15.0
6-10 yrs	18	36.0	8	17.0	26	26.8	16	29.1	10	23.8	193	18.3
11-14 yrs	10	20.0	10	21.3	20	20.6	10	18.2	10	23.8	192	18.2
15+ yrs	4	8.0	5	10.0	9	9.3	6	10.9	3	7.1	117	11.1
Race												
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Black/African-American	33	66.0	40	85.1	73	75.3	40	72.7	33	78.6	720	68.2
White	15	30.0	6	12.8	21	21.6	13	23.6	8	19.0	288	27.3
Unable to determine	2	4.0	1	2.1	3	3.1	2	3.6	1	2.4	45	4.3
Amer Indian/ Alaskan Native	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Disability Present - any identified	9	18.0	11	23.4	20	20.6	10	18.2	10	23.8	238	22.6
Disability Present – emotional	4	8.0	6	12.8	10	10.3	5	9.1	5	11.9	128	12.1
Reasons for removal												
Physical abuse	8	16.0	14	29.8	22	22.7	13	23.6	9	21.4	230	21.8
Sexual abuse	11	22.0	6	12.8	17	17.5	10	18.2	7	16.7	103	9.8
Neglect	27	54.0	22	46.8	49	50.5	30	54.5	19	45.2	424	40.2
Total removals to date												
Mean	1.16		1.26		1.21		1.24		1.17		1.18	
Std Deviation	0.468		0.570		0.519		0.576		0.437		0.484	

In summary, when all children served are compared with all children not served, no statistical differences were identified based on demographic variables. Modest statistical differences were found on two case-related variables. Children served were slightly more likely to have had

sexual abuse as an identified reason for removal (10.6% vs 7.2%) and had slightly fewer average number of removals (average 1.1 vs 1.2). Also, although not statistically significant, a slightly higher percentage of children with an identified disability were served (21.9% vs 18.8%).

Findings from Responses to Interview Items

Responses to each interview item are summarized here. Detailed tables reporting numbers and percentages of responses for each item for all caregivers, caregivers of children served and of children not served, relative and non-relative caregivers, relative caregivers whose children were served and were not served, and non-relative caregivers whose children were served and not served are contained in a supplemental document Caregiver Interview Findings – Detail Tables. These tables contain nine separate breakouts for each interview item. Data on selected items (e.g., service needs and utilization, caregiver stress, and CANS scores) are further broken out by age (i.e., four and younger and five and older).

Pre-placement Relationship with Child

Caregivers were asked how well they knew these children before they were placed with the caregiver. As might be expected, non-relative caregivers were much more likely to not know the children than relative caregivers; 79 percent of non-relative caregivers did not know the children while only 25 percent of relative caregivers reported not knowing the child. Interestingly, while 79 percent of non-relative caregivers reported not knowing the children before they were placed with the caregiver, 21 percent reported they did know the child, raising the possibility of some prior relationship between the non-relative caregiver and the child or the child’s family. This possibility is further supported by the fact that nearly 10 percent of non-relative caregivers reported having regular contact and a moderately to very close relationship with the child prior to placement. It would appear that these nearly 10 percent, and potentially as many as 20 percent, of the 42 caregivers classified as “non-relative” might have qualified as a kinship placement under Missouri law⁵. For purposes of the study, the term “relative” included both relative and kin as defined in Missouri law; further, the study required the use of the relative/non-relative placement classification contained in the child’s official record. Although it is acknowledged that some caregivers officially classified as “non-relative” may have had a kinship relationship with their children, it was not possible to re-classify the child’s placement type for purposes of this smaller-scale sub-study.

Familiarity with Circumstances of Child’s Removal

Of all caregivers interviewed, 87 percent of caregivers reported being either very (63%) or moderately (24%) familiar with the circumstances of the child’s removal. This suggests that

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Kin	Kinship is defined as: A person who is non-related by blood, marriage or adoption who has a close relationship with the child or child’s family (godparents, neighbors, teachers, close family friends, and fellow church members) or a person who has a close relationship with the child or child’s family and is related to the child by blood or affinity beyond the third degree.
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caregivers have been provided relevant background information by child welfare workers or other credible sources.

Status Comparisons

Education

About 27 percent of children were enrolled in pre-school or day care, 28 percent were in elementary grades, 18 percent were in middle school, 13 percent were in high school, and 4 percent were enrolled in college. All children/youth reported not enrolled in any training or education program were age 4 or younger; therefore, no school-age children/youth were not engaged in a pre-school or education program. Comparisons of those served and not served and of those with relatives and non-relatives revealed only slight differences with no clear patterns emerging.

Involvement in Extracurricular and Community Activities

Children served and those not served were similarly likely to be involved in school-related extracurricular or sports activities or with community recreational, church, or other youth activities. However, those in relative placements were somewhat more likely (60% compared to 45%) than those in non-relative placements to be so involved.

Employment and Other Work for Pay

Of the 24 children older than 14 years of age, 60 percent of those served were employed or earned money for work such as babysitting or yard work; only 21 percent of those not served reported such work. Fifty percent (50%) of those in relative placement performed such work while 25 percent of those in non-relative placement did so. The highest percentage (80%) of such work was reported by relative caregivers whose children were served and the lowest percentage (14.29%) of work was reported by non-relative caregivers whose children were not served. These findings are based on extremely small numbers; therefore, great caution is urged in attempting to draw any conclusions from these findings.

In summary, on status comparisons, only slight differences in education status were found for children served and not served and those with relatives and non-relatives. Youth age 14 and older in relative placements were somewhat more likely (60% compared to 45%) than those in non-relative placements to be involved with pro-social activities (e.g., school-related extracurricular, sports, recreational, or church activities). Youth age 14 and older who were served were much more likely to be employed or earn money through babysitting or yard work than those not served (60% compared with 21%) and those with relatives were also more likely than those with non-relatives (50% compared with 25%). Consistent with this pattern, the highest percentage (80%) of such work was reported by relative caregivers whose children were served and the lowest percentage (14.29%) of work was reported by non-relative caregivers whose children were not served. These findings suggest a higher level of involvement in pro-social and competency-developing activities by those in relative placements, whether served or not.

Any Serious Medical or Health Condition

Caregivers were asked whether the child had been treated in the past 12 months for any serious medical or health condition that required treatment by a physician. Of all children whose

caregivers were interviewed, 33 percent were reported having been treated. Children served were somewhat less likely to have been treated than those not served (28% compared to 38%); however, those in relative and non-relative placements had similar percentages treated (about 33%). The highest percentage (50%) reporting medical treatment were relative caregivers whose children were not served and the lowest were relative caregivers whose children were served (23%). However, among non-relative caregivers, those served reported higher percentages of treatment (40%) than those not served (30%). Again, findings are based on very small numbers; therefore, caution is urged in attempting to draw firm conclusions from these findings.

Treatment for Any Serious Emotional or Mental Health Conditions

Caregivers were asked whether the child had been treated in the past 12 months for any serious emotional or mental health conditions that required his/her seeing a mental health professional. Of all children whose caregivers were interviewed, about 53 percent reported receiving and 47 percent reported not receiving such treatment in the past 12 months. Those in relative placements were slightly less likely than those in non-relative placement to have received treatment (45% compared to 50%). The highest percentage reporting treatment were the 15 non-relative caregivers who were served (60%), followed by the 35 relative caregivers who were served (54%). Differences are modest and numbers are very small; therefore, no firm conclusions can be drawn from the findings.

Behavior Resulting in Referral to or Involvement with Juvenile Court Authorities

Caregivers were asked whether the child had engaged in any behavior in the past 12 months that resulted in a referral to or involvement with juvenile court authorities. Of all children whose caregivers were interviewed, only two (or 2%) had engaged in such behaviors; both had been served and were in relative placements.

Family Connections

Mothers

Contact

Of all children whose caregivers were interviewed, mothers of 95 percent were living; only three mothers (or 3%) were reported deceased. Of those whose mothers were living, 67 percent of those served and 64 percent of those not served knew how to contact the mother. Seventy-one percent (71%) of those in relative placements and 59 (59%) percent in non-relative placements reportedly knew how to contact the mother. Children not served who were in relative placements were more likely to know how to contact their mothers than those with relatives who were served (80% compared with 66%). This pattern is consistent with the evidence and observations from other sub-studies showing that the children referred to 30 Days to Family® are those for whom there are no readily identifiable family placement options. Children who were not served and are with relatives are likely with relatives that were more readily identifiable and have likely maintained a relationship with the parent. Not surprisingly, those least likely to know how to contact their mothers are were those not served who are with non-relatives (52%).

Frequency of Contact with Mothers

Of all children whose caregivers were interviewed and whose mothers were living, 16 percent were reported to have no contact with their mothers. Those served were less likely to have no contact (13% for those served compared with 19% not served). Eight percent of children in relative placements had no contact while about 27 percent of those in non-relative placements had no contact.

Of all children whose caregivers were interviewed, almost 43 percent reported frequent contact (defined as contact about once a week, several times a week or every day). Slightly more of those served (45%) and slightly fewer of those not served (40%) reported such contact. A greater difference was observed when comparing those with relatives (47%) and those with non-relatives (37%). Children most likely to have frequent contact with their mothers were those with relatives who were not served (50%) and those least likely to have frequent contact with their mothers were those with non-relatives who were not served (33%). Again, this pattern is consistent with the evidence and observations from other sub-studies showing that the children referred to 30 Days to Family® are those for whom there are no readily identifiable family placement options. Children who were not served and are with relatives are likely with relatives that were more readily identifiable and have likely maintained a relationship with the parent.

Relationships with Mothers

Of all caregivers interviewed 19 percent reported the child having a poor or very poor relationship with the mother with little difference in children served and not served. Twenty-one percent (21%) with relative caregivers and 17 percent with non-relative caregivers reported a poor or very poor relationship. Forty-eight percent (48%) of all caregivers reported their children having a good or very good relationship with the mother; for those served it was 57 percent and for those not served it was 38 percent. Forty-nine percent (49%) of children with relative caregivers and 46 percent of those with non-relative caregivers reported a good or very good relationship. Highest ratings of good or very good relationships was reported for children with relatives and who were served (61%) and lowest was for relatives not served (30%). Findings are based on small numbers, but both relative (61%) and non-relative (50%) caregivers who were served reported higher percentages of positive relationships than those not served.

Fathers

Contact

Of all caregivers who were interviewed, fathers of 73 percent were known to be living, five (5%) were known to be deceased, and the status of 22 percent were unknown. Children who were served were more likely to know the status of their father (unknown by 14 percent of those served and 30 percent of those not served). The highest percentage of children who did not know the status of their fathers (37%) was among children with non-relatives who were not served. When asked whether the child knows how to contact the father, 64 percent of all caregivers reported “no” and 36 percent reported “yes.” In served/not served comparisons, those served whether relative or non-relative, consistently reported higher percentages knowing how to contact the father. Forty-one percent (41%) of all served and 31 percent of those not served knew while among those with relative caregivers 43 percent of those served and 33 percent not served knew. Among those with non-relative caregivers, 36 percent of those served and 29 percent of those not served knew. In comparisons of those with relative and non-relative caregivers, higher percentages of those with

relatives reported knowing (33% vs 13%) with the highest percentage among those with relatives and who had been served (43%).

Frequency of Contact with Fathers

Of all children whose caregivers were interviewed and whose fathers were living, 60 percent were reported to have no contact with their fathers. Those served were slightly less likely to have no contact than those not served (56% compared to 64%). Children with relatives were also less likely to have no contact than those with non-relatives (57% compared to 66%). Children not served who were with non-relative caregivers had the highest percentage of non-contact with father at 67 percent. Again, although the numbers are small, in served/not served comparisons, those not served reported higher percentages of no contact and in comparisons of relative/non-relative caregivers, those with non-relatives consistently reported higher percentages of no contact with fathers.

Of all children, 35 percent had frequent contact (defined as contact about once a week, several times a week or every day) with their fathers. The biggest difference was observed in relative and non-relative placements: 39 percent of children with relative caregivers had frequent contact with fathers compared with 22 percent with non-relatives. Comparing those served with those not served, 36 percent of those served and 28 percent of those not served were reported to have frequent contact. Children most likely to have regular contact with their fathers were those who were served and were in relative placement (39%); children least likely to have regular contact with their fathers were those in non-relative placements who were not served.

Relationships with Fathers

Of all children whose caregivers were interviewed, 10 percent were reported to have a poor or very poor relationship with their fathers, 13 percent were reported to “not poor or good” relationships, and 24 percent were reported to have good or very good relationships. When those served are compared with those not served, it was found that those served had a slightly lower percentage of poor relationships (8% compared to 13%) and higher percentage of good or very good relationships (28% compared to 21%) with their fathers. Children most likely to have good or very good relationships with their fathers were those with relatives (32% for those served and 22% for not served) and children least likely to have good or very good relationships with their fathers were those with non-relatives whether served or not served (19% and 18% respectively). Similar to relationships with mothers, being with a relative caregiver and being served are associated with more positive relationships.

Siblings

Connections with Siblings

Of all children whose caregivers were interviewed, five percent (5%) did not have a sibling and for one child it was unknown whether the child has siblings. Among the remaining children, 42 percent knew how to contact all siblings and another 35 percent knew how to contact at least one sibling. Sixteen percent (16%) were reported to not know how to contact their sibling but it was confirmed that all of these were very young children. Comparisons of those served and not served and of those with relative and non-relative caregivers revealed differences that were very small

and mixed. In contrast to findings for connections with mother and fathers, no clear patterns emerged associated with relative/non-relative caregiver status or served/not served status.

Frequency of Contact with Siblings

Of all children whose caregivers were interviewed and who had siblings, a very high percentage had daily contact, ranging from 51 percent to 67 percent. Those with infrequent contact (defined as once or twice a year or less than once a month) represented an average 10 percent and ranged from 4 percent to 13 percent. Those with frequent contact (defined as once or twice a month, once a week, and several times a week) represented an average 26 percent and ranged from 20 percent to 35 percent. Comparisons of those served and not served and of those with relative and non-relative caregivers revealed differences that were very small and mixed in patterns. Again, in contrast to findings for frequency of contact with mother and fathers, no clear patterns emerged associated with relative/non-relative caregiver status or served/not served status.

Maternal Relatives

Contact with Maternal Relatives

Of all children whose caregivers were interviewed, 72 percent were reported to have maintained contact with at least one maternal relative and 28 percent were reported to have no contact. Notable differences were observed in comparisons of both served/not served children and those with relative and non-relative caregivers. Children served were more likely to have contact compared to those not served (80% compared with 64%). Children most likely to have contact with maternal relatives were those served and with relatives and those least likely to have contact with maternal relatives were those not served who were with non-relatives. Conversely, those least likely to have contact with maternal relatives were those not served and with non-relatives (52%).

Of the 72 percent who maintained contact with maternal relatives, 74 percent had contact with uncles and/or aunts, 69 percent with grandparents, 44 percent with cousins, and 17 percent with other maternal relatives.

Frequency of Contact with Maternal Relatives

Of all children whose caregivers were interviewed, 38 percent had frequent contact (defined as daily, several times a week, or about once a week) and increases to 68 percent if contact once or twice a month is included. The highest percentage of daily contact with maternal relatives was reported by relative caregivers who were not served (41%) and the lowest percentage was reported for children served (13%), likely reflecting referral patterns in which children with readily available relatives are not referred. Children referred for services are in families where family relationships are likely to be less intact than those placed with relatives who were not served. In comparisons across sub-groups, those with relative caregivers consistently reported higher percentages of frequent contact than those with non-relatives: 53 percent relative compared to 36 percent non-relative; 43 percent for relative served compared with 20 percent for non-relative served; and 71 percent for relative not served compared with 47 percent for non-relative not served.

Paternal Relatives

Connections with Paternal Relatives

Of all children whose caregivers were interviewed, 35 percent were reported to have maintained contact with at least one paternal relative, 59 percent were reported to have no contact, and for 6 percent it was unknown. Although those served were somewhat more likely to have contact than those not served (40 percent compared with 30 percent), the biggest differences were observed in relative/non-relative comparisons: 53 percent of those with relative caregivers and 12 percent of those with non-relative caregivers report contact with paternal relatives. These findings for paternal relative contact are consistent with findings for contact with maternal relatives.

Of the 35 percent who have maintained contact with paternal relatives, 65 percent have contact with grandparents, 59 percent have contact with aunts and uncles, 50 percent have contact with cousins, and 26 percent with other paternal relatives.

Frequency of Contact with Paternal Relatives

Of all children whose caregivers were interviewed, 14 percent reported no contact, 17 percent report infrequent contact (defined as once/twice a year or less than once a month), and 56 percent report more frequent contact (defined as once or twice a month, about once a week, several times a week, or every day). Children most likely to have paternal relative contact were those with relatives (79%) and those least likely were those with non-relatives (29%). Consistent with findings for maternal relatives, frequency of contact with paternal relatives appears to be more strongly associated with relative placement status than with whether the child was served or not. Findings are based on only 36 interviews for which some contact was reported; therefore, caution is urged in attempting to draw any firm conclusions.

Kinship Connections

Of all children whose caregivers were interviewed, 36 percent have maintained contact with a non-relative who has taken an interest in them. Twenty-nine (29%) have maintained contact with family friends or neighbors, 24 percent have contact with a teacher or other school-related person, 9 percent have contact with someone from a community organization or ministry. More than 41 percent have contact with another non-relative, the majority of whom are former foster parents, many from prior episodes of foster care. Consistent with findings on contact with mothers, fathers, maternal relatives, and paternal relatives, a substantially higher number of children in relative placements compared with those in non-relative placements (23% compared to 12%) and higher percentage report both at least weekly (54% compared to 31%) or monthly (74% compared to 62%) contact.

Natural Family Supports

Caregivers were asked to rate the levels of “natural” support they could count on. “Natural” supports were defined as some of the people in their lives who are not typically paid for their services but provide support in taking care of their foster child; this may include help from other family members, friends, neighbors, or possibly their church.

Emotional Support

Of all caregivers interviewed, 8 percent reported emotional support as something they could not count on, 7 percent reported such support on an occasional basis, and 85 percent reported such support available on a regular basis. Very little difference in regular support was observed between those served (84%) and those not served (85%); however, 87 percent of relative caregivers and 81 percent of non-relative caregivers reported emotional support available regularly. The highest percentages of those reporting regular emotional support were relatives who were not served (95%), followed by non-relatives served (87%), relatives who were served (83%), and non-relatives not served (78%).

Respite

Of all caregivers interviewed, 34 percent reported respite as a support they could not count on, 15 percent reported respite provided occasionally, and 51 percent reported it available on a regular basis. A higher percentage of caregivers of children not served (57%) than children served (44%) report regular availability of informal respite; however, a higher percentage of relative caregivers report the regular availability of respite (58%) than non-relative caregivers (50%). Regular respite was reported by lower percentages of both relative (43%) and non-relative (47%) caregivers of children served.

These findings support the observation that more difficult cases are referred for services – those for whom no relative placement options are readily identified at the time of removal. In contrast to relatives who have become caregivers out of often urgent need, almost all non-relative caregivers are intentional caregivers; they intentionally chose, in advance, and prepared for the role of caregiver to children and youth. To become licensed foster parents, they successfully completed an application and training process and are likely to have at least given forethought to organizing their households and lives to have informal as well as formal systems of support.

Child Care/Babysitting

Of all caregivers interviewed, 26 percent reported informal child care/babysitting not a support they could count on, 12 percent reported it available occasionally, and 62 percent reported it available on a regular basis. Again, a higher percentage of caregivers of children not served (68%) than those served (56%) report regular availability of child care/babysitting. Further, higher percentage of non-relative caregivers (67%) than relative caregivers (58%) report the regular availability of child care. Over one-quarter of non-relative caregivers reported child care not something they could count on and there was not difference in the availability of regular child care whether the children they cared for were or were not served. However, for relative caregivers, 70 percent caring for children not served and 51 percent caring for children served reported regular availability of child care. These findings also suggest that more difficult cases are referred for services and that support systems for these relative caregivers of children served may be relatively weaker.

Transportation

A similar pattern seen for child care/babysitting was seen when examining the availability of transportation provided by informal supports. Of all caregivers interviewed, 21 percent reported transportation a support they could not count on, 12 percent reported the support available

occasionally, and 66 percent reported it available on a regular basis. Caregivers of children served (64%) were slightly less likely than caregivers of children not served (68%) to report regular availability of informal transportation. However, a modestly higher percentage of relative caregivers (69%) than non-relative caregivers (62%) reported regular availability of transportation. The biggest difference in regular availability was observed when comparing relatives of children not served (75%) and non-relative caregivers of children not served (62%).

Help Involving Child in Prosocial Activities

Of all caregivers interviewed, 57 percent reported having support in involving their children in activities such as sports, clubs, and youth activities on a regular basis. Twenty-nine (29) percent reported no such support, 14 percent reported such support on an occasional basis. The same percentage (57%) of caregivers of children served and not served report regular support in involving children in prosocial activities. However, relative caregivers reported a slightly higher percentage of regular support (60%) compared with non-relative caregivers (54%). The group reporting highest percentage of regular support was relative caregivers of children not served (65%) and the lowest was non-relative caregivers of children not served (52%). The group reporting the highest percentage of no support in this area was non-relative caregivers of children not served (37%).

Mentoring

Of all caregivers interviewed, 68 percent report someone providing their child with ongoing mentoring on a regular basis, 16 percent report it a support they cannot count on and 14 percent report it provided occasionally. A slightly lower percentage of caregivers of children served reported the regular availability of mentoring support (67%) compared to caregivers of children not served (74%). Similarly, a lower percentage of relative caregivers (69%) report regular availability of mentoring when compared to non-relative caregivers (73%). The highest percentage of regularly available mentoring was reported by relatives of children not served (80%) and the lowest was reported by relative caregivers of children served (63%). In contrast, non-relative caregivers of children served reported higher percentages (79%) when compared to non-relative caregivers of children not served (70%). The lower ratings of mentoring support reported by relative caregivers contrast somewhat with patterns observed for other types of informal supports which suggests relative caregivers were experiencing a higher level of natural supports.

Need for and Utilization of Selected Services

Caregivers were asked to report both the level of need and the pattern of utilization for three types of services: mental health/counseling, therapies reported to health/development, and educational services beyond basic schooling. To assess need for each service, caregivers were asked to choose one of three ratings: 1) not needed, 2) moderate need, 3) high level of need. For these data, findings for those age four years and younger and findings for those age five and older were examined separately. To assess utilization, caregivers were asked to choose one of four ratings: 1) not needed, not used, 2) needed but not available, 3) needed, available, but not used, 4) needed, available, and used.

Mental Health/Counseling

Need

Of all children whose caregivers were interviewed 42 percent were reported to have high need for mental health/counseling services and additional 19 percent were reported to have moderate need. Sixty (60) percent of those served and 23 percent of those not served were reported to have high need. This difference is consistent with data on need for mental health services in which those served and those with relatives registered relatively higher levels of need. Consistent with this pattern, ratings of high need for children served were higher than for those not served, regardless of whether they were with relatives (32% compared with 25%) or non-relatives (27% compared with 22%).

When need for mental health/counseling services is examined for children age 4 and younger, the levels of need are predictably low with 79 percent reporting no need, 15 percent reporting moderate need, and only 6 percent reporting a high level of need. The main pattern observed was that caregivers of children served reported higher levels of need than those not served: 14 percent of those served reported high need while no child not served was reported to have high need; 21 percent of those served and 10 percent of those not served reported moderate need; 64 percent of those served and 90 percent of those not served reported the service not needed.

When need for mental health/counseling services is examined for children age 5 and older, the levels of need reported are predictably higher. For all children age 5 and older, 69 percent were reported to have high need and another 24 percent with moderate need; only 7 percent were reported to not need the service. Again, a higher percentage of children served than those not served were reported to have high need: 84 percent compared to 41 percent. When examined by relative/non-relative caregiver, the difference is even greater. Of those served and with relatives, 76 percent had high need; only 18 percent of those not served and with relatives had high need. For these older children, non-relative caregivers reported higher need (65% high need) than relative caregivers (58% high need).

Utilization

For analysis of service utilization the rating “not needed, not used” was excluded. For children age 4 and younger, only one (12.5%) was reported the service needed but not available; two (25%) report the service needed, available, but not used; the remaining 63 percent report the service needed, available, and used.

For children age 5 and older, for only one child (2%) was the service needed but not available and for only one other child was the service needed, available but not used. For the remaining 96 percent, the service was needed, available, and used. Comparisons of subgroups (i.e., served/not served, relative/non-relative caregiver, relative with child served/not served, and non-relative with child served/not served) showed similar patterns suggesting generally high availability and utilization and minimal failure to use the service when needed and available.

Therapies Related to Health/Development

Need

Of all children whose caregivers were interviewed 56 percent were reported to not need therapies related to health or child development; 17 percent were reported to have moderate need and 27 percent were reported to have high need. Children served were more likely to have high need (31%) than those not served (23%) and children with relatives were slightly more likely to have high need (30%) than those with non-relatives (24%). The pattern appears consistent with observations from other sub-studies that it is the more challenging cases that are referred to 30 Days to Family®. This is further supported by the finding that 62 percent of children with relatives who were served had high need but only 10 percent of those with relatives who were not served were reported to have high need. Additionally, those with non-relatives who were served had higher need (53% high need) than those with non-relatives who were not served (33% high need). Relative and non-relative caregivers reported similar high need percentages (43% and 40% respectively). For children age 4 and younger, 50 percent were reported to not need therapies related to health or development, 24 percent were reported to have moderate need, and 26 percent were reported to have high need.

For children age 4 and younger, 26 percent were reported to have high need for therapies related to health or child development and 24 percent were reported to have moderate need, totaling 50 percent with some need recognized. Those served and not served and both relative and non-relative caregivers reported comparable levels of need.

For children age 5 and older, when need for therapies related to health or child development, it was found that for 55 percent the service was reported not needed; 15 percent had moderate need and 31 percent had high need. A higher percentage of children served (34%) than those not served (22%) were reported to have high need. Similarly, a higher percentage with relatives caregivers (31%) than non-relative caregivers (23%) were reported to have high need. The pattern seen with mental health services need held true for children in relative placements but not for those in non-relative placements: those with relatives who were served had higher percentages of high need than those with relatives who had not been served (36% compared to 18%); however, those with non-relatives who had been served had lower percentages of high need (20%) than those with non-relatives who were not served (38%).

Utilization

For children age 4 and younger, no needed services were reported not available. About 16 percent reported a needed and available service not used and 84 percent reported the needed service both available and used.

For children age 5 and older, for 12 percent (3 children) therapies related to health or child development were reported needed but not available; for 8 percent (2 children) the therapy was reported needed and available but not used; for 80 percent (20 children) the therapies were reported needed, available, and used. Comparisons of subgroups (i.e., served/not served, relative/non-relative caregiver, relative with child served/not served, and non-relative with child served/not served) showed slightly higher levels of utilization by those with non-relatives.

Educational Services Beyond Basic Schooling

Need

Of all children whose caregivers were interviewed 21 percent were reported to have high need for educational services beyond basic schools, 15 percent have moderate need, and 65 percent reportedly have no need for such services. For children age 5 and older, 33 percent were reported with high need, 16 percent had moderate need, and 51 percent were reported to not need such services.

Utilization – For Age 5 and Older

Analysis of utilization of educational services focuses on children age 5 and older. Twenty-two percent (22%) reported the services to be needed but not available, 7 percent reported such services to be needed and available but not used; 70 percent reported the service needed, available, and used. Comparisons of subgroups (i.e., served/not served, relative/non-relative caregiver, relative with child served/not served, and non-relative with child served/not served) showed similar ratings and no readily apparent patterns of responses.

Caregiver Stress

Inquiring about the stress they may be experiencing in trying to meet the needs of their child, caregivers were asked specifically how often in the last month they had felt so stressed that they had some doubt whether they could cope with all that they had to do.

Of all caregivers interviewed, 40 percent reported never feeling that way, 16 percent reported almost never, 29 percent reported sometimes, 7 percent reported fairly often, and 7 percent reported very often. Non-relative caregivers were more likely to report never or almost never having such doubt than relative caregivers (62% compared with 51%); conversely, 20 percent of relative caregivers and only 7 percent of non-relative caregivers reported such doubt fairly or very often.

Ratings of caregiver stress differed somewhat for caregivers of younger and older children. Examining only those reporting doubt fairly or very often, 3 percent of those with younger children and 11 percent of those with older children report doubt that frequent. Comparing other subgroups, somewhat predictably, relatives with older children reported doubt at the highest frequency (28% at fairly or very often); however, when relative caregivers served and not served were compared, only 9 percent of those with children served reported frequent doubt while 36 percent with children not served reported doubt that frequent. Although numbers are small, this may reflect some benefit from the 30 Days to Family® program family support interventions.

Standardized Assessment of Functioning

An assessment of functioning was conducted using the Child and Adolescent Needs and Strengths (CANS), a standardized measure that has been used extensively for screening and monitoring of child welfare populations. There are two versions of the CANS: one for use with children from birth to age four and the other for children age 5 to young adulthood. Thirty-five (35, or 36%) of the 97 children whose caregivers were interviewed were age 4 or younger and 62 (or 64%) were age 5 or older. Across all domains assessed the scoring is on a scale of 0 to 3

with 0 the most positive and 3 the most negative. The scoring scheme for Life Functioning, Child's Strengths, and Behavioral/Emotional Needs, Risk Behaviors, Caregiver Needs and Strengths, And Acculturation are shown here:

For *Life Functioning Domains*, the following categories and symbols are used:

- 0 indicates a life domain in which the child is excelling. This is an area of considerable strength
- 1 indicates a life domain in which the child is doing OK. This is an area of potential strength
- 2 indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3 indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

For *Child's Strengths* the following categories and action levels are used:

- 0 indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1 indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2 indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3 indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

For *Behavioral/Emotional Needs, Risk Behaviors, Caregiver Needs and Strengths, and Acculturation* the following categories and action levels are used:

- 0 indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1 indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2 indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3 indicates a dimension that requires immediate or intensive action.

When used within a child welfare practice context, policies typically require agencies to provide intervention addressing any issues with scores of "3" or "2" and to acknowledge in service plans and monitor any areas with a score of "1."

Ideally, CANS assessment interviews are conducted with a caregiver who knows the child very well or with multiple caregivers and may extend over more than one contact and may be informed by records about the child. In this study, although interviewers were well qualified and trained and caregivers appeared to be reliable informants who were forthcoming, there was a single interview and interviewers did not have benefit of records to review. Because of these limitations, the ratings are considered general barometers rather than precise measures of functioning. As such, rather than produce scores for individual children, we examined the percentage of ratings at problem levels for specified domains.

Prevalence of Problem Behaviors: Children Birth to Age 4

As can be seen in Tables CI-2 and CI-3, for birth to age 4, an average of only 1.46 percent of ratings were at the severe problem level “3.” Severe ratings were confined to only four of 11 domains assessed and focused largely on family-related functioning. No meaningful patterns can be derived from the limited number of ratings. The primary observation to be made is that severe problem ratings constituted fewer than two percent ratings.

When severe and problem/needs improvement ratings are examined together for children birth to age 4, the number of such ratings across domains assesses remains a very low average of 4.68 percent. Children served had slightly higher negative ratings than those not served (avg. 6.06% vs avg. 3.64%) and non-relative caregivers were slightly more negative than relative caregivers (avg. 3.68% vs avg. 3.83%). Consistent with this pattern, the highest percentage of negative rating was 9.09 percent by non-relative caregivers of children not served. The limited numbers of such ratings and very slight differences do not permit meaningful observations. Charts depicting these findings are included in Appendix C.

Table CI-2. Percent Reporting Severe Problem, Age 4 and Younger, by Caregiver Sub-groups

Percent Reporting Severe Problem – Age 4 and Younger									
	All	Served	Not Served	Relative	Non-relative	Relative, Served	Relative, Not Served	Non-relative, Served	Non-relative, Not Served
	N35	N15	N20	N19	N16	N10	N9	N5	N11
Anxiety	0	0	0	0	0	0	0	0	0
Depression	0	0	0	0	0	0	0	0	0
Failure to Thrive	0	0	0	0	0	0	0	0	0
Attachment	0	0	0	0	0	0	0	0	0
Adaptability	2.86	6.67	0	0	6.25	0	0	0	0
Supportive Relationships	0	0	0	0	0	0	0	0	0
Strengths/Family	5.71	6.67	5	10.53	0	10	11.11	0	0
Developmental	2.86	0	5	0	6.25	0	9	0	9.09
Social Functioning	0	0	0	0	0	0	0	0	0
Living Situation	0	0	0	0	0	0	0	0	0
Functioning/Family	5.71	6.67	5	10.53	0	10	11.11	0	0
<i>Average all scales</i>	<i>1.56</i>	<i>1.82</i>	<i>1.36</i>	<i>1.91</i>	<i>1.14</i>	<i>1.82</i>	<i>2.84</i>	<i>0</i>	<i>0.83</i>

Table CI-3. Percent Reporting Severe Problem and Needs Improvement, Age 4 and Younger, by Caregiver Sub-groups

Percent Reporting Severe Problem or Need for Improvement – Age 4 and Younger									
	All	Served	Not Served	Relative	Non-relative	Relative, Served	Relative, Not Served	Non-relative, Served	Non-relative, Not Served
	N35	N15	N20	N19	N16	N10	N9	N5	N11
Anxiety	5.71	13.33	0	5.26	6.25	10	0	20	0

Percent Reporting Severe Problem or Need for Improvement – Age 4 and Younger									
	All	Served	Not Served	Relative	Non-relative	Relative, Served	Relative, Not Served	Non-relative, Served	Non-relative, Not Served
	N35	N15	N20	N19	N16	N10	N9	N5	N11
Depression	0	0	0	0	0	0	0	0	0
Failure to Thrive	2.86	0	5	0	6.25	0	0	0	9.09
Attachment	2.86	0	5	0	6.25	0	0	0	9.09
Adaptability	5.72	13.34	0	5.26	6.25	10	0	20	0
Supportive Relationships	0	0	0	0	0	0	0	0	0
Strengths/Family	11.42	13.34	10	10.53	12.50	10	11.11	20	9.09
Developmental	11.43	6.67	15	10.53	12.50	10	20.11	0	18.18
Social Functioning	0	0	0	0	0	0	11.11	0	0
Living Situation	2.86	6.67	0	0	6.25	0	0	20	0
Functioning/Family	8.57	13.34	5	10.53	6.25	10	11.11	20	0
<i>Average all scales</i>	<i>4.68</i>	<i>6.06</i>	<i>3.64</i>	<i>3.83</i>	<i>5.68</i>	<i>4.55</i>	<i>4.86</i>	<i>9.09</i>	<i>4.13</i>

Prevalence of Problem Behaviors: Children Age 5 and Older

Shown in the Tables CI-4 and CI-5 are ratings for the 62 children age 5 and older of “severe” problems across the domains assessed and then of “severe” and “needs improvement” together. “Severe” ratings average 8.26 percent across all domains and range from 3.23 percent (for social behavior, conduct, anxiety, depression, and living situation) to 17.24 percent (for community life). When “needs improvement” and “severe” ratings are viewed together, they constitute an average 28.67 percent of ratings and ranged from 6.46 percent to 54.94 percent. Domains with highest percentages of problem ratings were relationship permanence (54.84%), optimism (46.78%), and community life (41.93%). Additional domains that had problem ratings exceeding 25 percent were natural supports (26.22%), anger control and conduct (27.42% each), family functioning (29.19%), anxiety and depression (30.65% each), interpersonal relationships (32.26%), and social functioning (33.87%). Domains with lowest percentages of problem ratings were daily functioning (6.46%) and family strengths (9.68%).

In general, the percentages of problem ratings were higher for children served than those not served (32.18% vs 23.63%) and for those with non-relative caregivers than relative caregivers (37.27% vs 22.07%). Consistent with ratings for younger children, relative caregivers report lower percentages of problems at the severe and needs improvement levels. Charts depicting these findings are included in Appendix C.

Table CI-4. Percent Reporting Severe Problem, Age 5 and Older, by Caregiver Sub-groups

Percent of Reporting Severe Problem – Age 5 and Older									
	All	Served	Not Served	Relative	Non-relative	Relative, Served	Relative, Not Served	Non-relative, Served	Non-relative, Not Served
	N62	N35	N27	N36	N26	N25	N11	N10	N16
Social Behavior	3.23	2.86	3.7	0	7.69	0	0	10	6.25
Anger Control	9.68	8.57	11.11	2.78	19.23	4	0	20	18.75
Conduct	3.23	2.86	3.7	2.78	3.85	4	0	0	6.25
Oppositional	6.45	5.71	7.41	2.78	11.54	4	0	10	12.5
Anxiety	3.23	2.86	3.7	2.78	3.85	4	0	0	6.25
Depression	3.23	2.86	0	2.78	0	4	0	0	0
Natural Supports	13.11	14.71	11.11	5.71	23.08	8.33	0	30	18.75
Relationship Permanence	14.52	20	7.41	11.11	19.23	16	0	30	12.5
Community Life	17.24	14.29	22.22	11.11	26.92	8	18.18	30	25
Optimism	9.68	14.29	3.7	11.11	7.69	12	9.09	20	0
Interpersonal	9.68	14.29	11.11	22.22	23.08	12	0	20	18.75
Family/Strength	9.68	11.43	7.41	2.78	19.23	4	9.09	30	12.50
Family/Functioning	4.84	2.86	7.41	2.78	7.69	4	0	0	12.50
Living Situation	3.23	5.71	0	0	7.69	0	0	20	0
Social Functioning	14.52	20	7.41	13.89	15.38	20	0	20	12.50
Daily Functioning	6.56	5.71	7.69	8.33	4	8	9.09	0	6.67
<i>Average all scales</i>	<i>8.26</i>	<i>9.31</i>	<i>7.19</i>	<i>6.43</i>	<i>12.51</i>	<i>7.02</i>	<i>2.84</i>	<i>15</i>	<i>10.57</i>

Table CI-5. Percent Reporting Severe Problem and Need Improvement, Age 5 and Older, by Caregiver Sub-groups

Percent Reporting Severe Problem or Need for Improvement – Age 5 and Older									
	All	Served	Not Served	Relative	Non-relative	Relative, Served	Relative, Not Served	Non-relative, Served	Non-relative, Not Served
	N62	N35	N27	N36	N26	N25	N11	N10	N16
Social Behavior	24.2	22.86	25.92	11.11	42.31	8	18.18	60	31.25
Anger Control	27.42	28.47	25.92	16.67	42.31	20	9.09	50	37.50
Conduct	27.42	34.29	18.51	22.22	34.62	32	0	40	31.25
Oppositional	17.74	22.85	11.11	8.34	30.77	12	0	50	18.75
Anxiety	30.65	37.15	22.22	25	38.47	32	9.09	50	31.25
Depression	30.65	37.15	18.52	27.78	30.77	36	9.09	40	25
Natural Supports	26.22	23.53	29.63	11.42	46.16	12.50	9.09	50	43.75
Relationship Permanence	54.84	51.43	59.26	47.22	65.38	44	54.55	70	62.50
Community Life	41.93	37.15	48.15	33.33	53.84	24	54.54	70	43.75

Percent Reporting Severe Problem or Need for Improvement – Age 5 and Older									
	All	Served	Not Served	Relative	Non-relative	Relative, Served	Relative, Not Served	Non-relative, Served	Non-relative, Not Served
	N62	N35	N27	N36	N26	N25	N11	N10	N16
Optimism	46.78	54.29	37.03	44.44	50	56	18.18	50	50
Interpersonal	32.26	45.72	22.22	30.55	42.31	40	9.09	60	31.25
Family/Strength	9.68	11.43	7.41	2.78	19.23	4	9.09	30	12.50
Family/Functioning	29.19	31.43	14.82	16.67	34.61	24	0	50	25
Living Situation	19.36	28.57	7.41	16.67	23.07	24	0	40	12.50
Social Functioning	33.87	42.86	22.22	30.56	38.46	40	9.09	50	31.25
Daily Functioning	6.46	5.71	7.69	8.33	4	8	9.09	0	6.67
<i>Average all scales</i>	28.67	32.18	23.63	22.07	37.27	26.03	13.64	47.50	30.89

Conclusions from Caregiver Interview Sub-study

Findings from the interviews with the 97 caregivers most strongly demonstrated more frequent and positive family connections associated with being served and with relative placement. Relative placement was also associated with higher levels of child/youth involvement in pro-social activities and competency-developing activities (e.g., school-related extracurricular, sports, recreational, or church activities) and, among youth older than 14 years, with employment and money earning.

Findings on natural supports were based on limited numbers and differences were small. However, relative caregivers reported very slightly higher levels of natural supports which is remarkable given the fact that many of these caregivers had not planned to become caregivers, in contrast with non-relative caregivers who took a series of pre-planned steps in advance to become qualified as a licensed foster parent and had a longer period of time in which to organize supports.

Need for mental health services was reported at higher levels for both those served and those with relatives, a pattern that appears consistent with key stakeholder reports from the implementation sub-study that the cases referred to 30 Days to Family® were “more challenging” cases. Availability of services was very high as was utilization of all needed and available services.

Somewhat predictably, relatives with older children reported doubt at the high levels of stress most frequently; however, when relative caregivers served and not served were compared, only 9 percent of those with children served reported frequent doubt while 36 percent with children not served reported doubt that frequent. Although numbers are small, this may reflect some benefit from the 30 Days to Family® program family support interventions.

Findings based on CANS assessments are inconclusive, although a slightly higher percentage of children served and with non-relatives have “problem” ratings.

V. Cost Sub-study

Introduction to Cost Sub-study and Methodologies

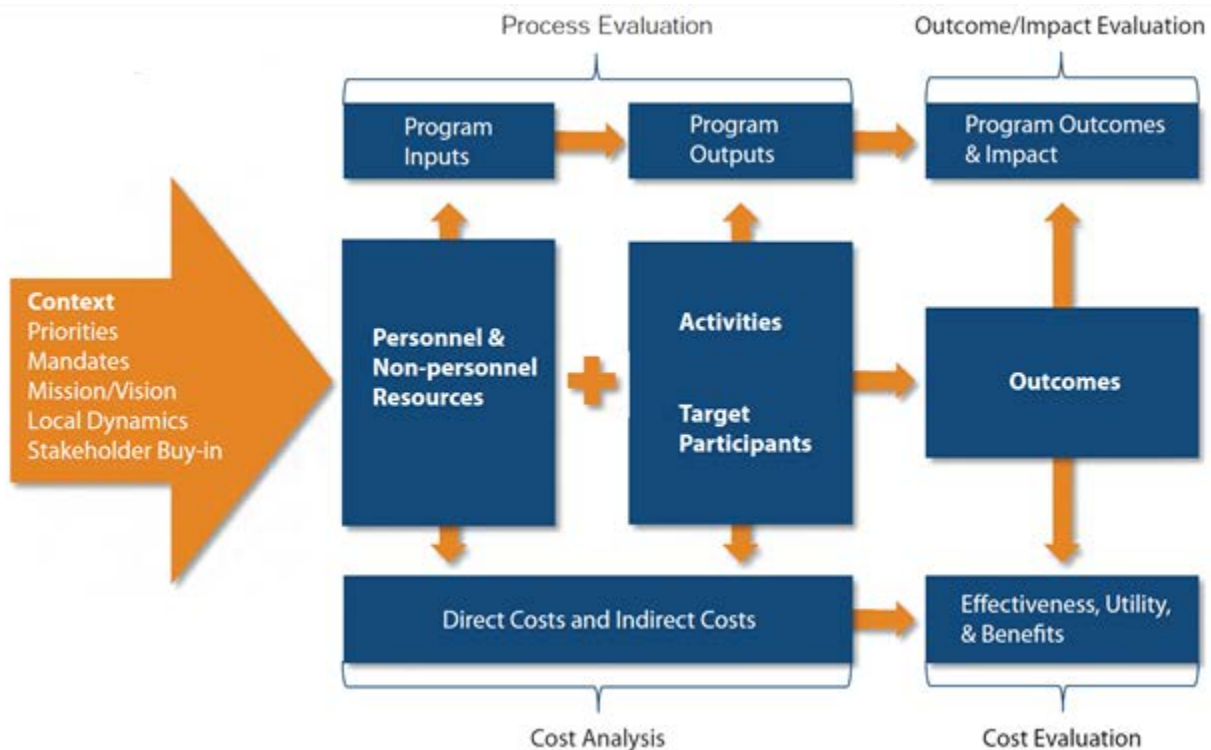
This report summarizes findings from a) a specification of annual direct and indirect costs associated with 30 Days to Family® and of current national average and Missouri-specific costs for comparable child welfare services and b) the application of these cost findings to cost-relevant findings from analyses of child welfare administrative data, producing findings of potential cost savings arising from lower likelihood of re-entry to foster care, fewer days in foster care, greater placement stability, and reduced likelihood of placement in treatment settings and foster care reentry associated with being served and with achieving relative placement.

The cost analysis was conducted in accordance with best practice procedures and guidance contained in *Cost Analysis in Program Evaluation: A Guide for Child Welfare Researchers and Service Providers*, a 2013 publication of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Consistent with that framework, data on program inputs (personnel and non-personnel resources) and program outputs (activities) were specified to produce a cost analysis of direct and indirect costs. This specification was informed and illuminated by data from the implementation sub-study that examined implementation context, program operation, and perceptions of quality and benefits and compared program services with "as usual" services.

Although program and services administrators routinely estimate costs for purposes of budgeting, evaluation-oriented cost analyses remain rare in child welfare (Goldhaber-Fiebert, Snowden, Wulczyn, Landsverk & Horwitz, 2011). Furthermore, methods used to collect cost data and to develop cost estimates vary greatly, making comparisons of costs very challenging.

Cost Analysis in Program Evaluation (referenced above) recommends analyzing program costs as part of broader evaluation efforts and offers a framework for integrating cost analysis into program evaluations. The logic model representing the integration of cost analysis with program evaluation is shown in Cost Figure 1.

Cost Figure 1. Logic Model Integrating Cost Analysis with Program Evaluation



The cost sub-study employs the cost-procedure-process-outcome (CPPOA) model of analysis (Yates 1999; Yates, 2009). The cost study begins with a basic cost analysis producing a thorough description of the type and amount of all resources used to produce program services. Descriptions of program procedures relies on findings from the implementation sub-study that examined key processes and produced a specification of the program model with comparisons with “as usual” services.

It is important to recognize that the child welfare “system” in the United States is not a single system but involves both governmental and nongovernmental entities and is supported by public federal, state, and local dollars as well as private dollars, largely from foundations. The cost study examines only the major federal and state public child welfare expenditures. The examination of actual expenditures is considered a stronger source than official budgets for purposes of cost analysis as budgets can be and often are modified.

A Key Distinction: 30 Days to Family® Delivers Mandated Services

A very important finding from the implementation sub-study that involved an in-depth review of relevant Missouri child welfare policy is that the services delivered by the 30 Days to Family® program are all services *required* by federal law, state regulation, and/or policy. Hence, the program is not an additional, non-mandated service but, rather, a more intensive and enhanced model for delivering services that are required to be delivered – specifically, family search and

engagement, information gathering to inform early decision making around placement, and linkage to resources to address identified needs of the child and to maintain the placement.

With this distinction in mind, the cost study goes beyond comparing costs of delivering services using the 30 Days to Family® model and costs of delivering services using the “as usual” model to examine cost effectiveness in achieving better outcomes to which monetary value can be attached.

Specification of Program Model, Model Components, and Related Costs

30 Days to Family® is an intense short-term intervention developed by the Foster and Adoptive Care Coalition (The Coalition) to increase the number of children placed with relatives/kin at the time they enter the foster care system and ensure natural and community supports are in place to promote stability for the child. The program model features two major elements: 1) family finding and 2) family support interventions. In family finding, specialists engage in immediate and intensive searches for and engagement with family members when the child is entering foster care. According to program documents, the goals are to identify at least 80 relatives or kin per case, to secure at least one relative/kinship placement and two backup placements, and to place 70 percent of children with relatives/kin within 30 days of entering foster care or by conclusion of services. Family support interventions involve four elements: a) assessment of child and family needs; b) identification of family and community resources; c) assistance in eliminating barriers to placement with relatives; d) and creating a network of support services. These supports are documented in a “Roadmap to Family” that is used and periodically reviewed as part of providing ongoing support interventions for relative caregivers.

Before a cost analysis can be undertaken, it is important to define clearly the program and its components with which the costs are associated. In the case of the 30 Days to Family® program, this specification was informed and illuminated by data from the implementation sub-study that examined implementation context, program operation, and perceptions of quality and benefits. The sub-study found that the program model and its major components were well articulated in the program replication manual which included a logic model specifying program components with short, intermediate, and longer term outcomes. Furthermore, the implementation sub-study documented a high level of fidelity of implementation observed and reported by key informants internal and external to the program. Tasks associated with each service were specified and then compared and contrasted with “as usual” services typically performed by contracted case managers. Services, their definitions, tasks associated with each service, and comparisons with “as usual” services are detailed in the Implementation Sub-Study Report. Shown in Cost Table 1 are key program components and their definitions.

Cost Table 1. Key 30 Days to Family® Program Components and Their Definitions

Services	Definition
<i>Family Finding and Engagement</i>	
Search	The process of identifying family members and other supportive adults, distanced from or unknown to the child, especially those who are willing to become permanent connections for him/her.

Services	Definition
Engagement	Within the context of a child/children entering foster care, a process of actively partnering with families and kin employing a family-centered and strengths-based approach to make decisions, set goals, and achieve desired outcomes especially related to the placement and care of a child/children.
<i>Family Support Interventions</i>	Within the context of a child/children entering foster care, identifying and creating linkages to community-based services and natural supports that assist and support relative caregivers in their role as caregivers with the goal of promoting caregiver competencies and strengthening family functioning, leading to improved child and family well-being. The four elements of the overarching family support interventions are defined below.
Assessment of child and family needs	Within the context of a child/children entering foster care, identifying, considering, and weighing factors that impact children, youth, and their families for the purpose of informing services decision-making and planning
Identification of family and community resources	Within the context of a child/children entering foster care, identifying the specific types of needed supports and relationships that particular family members and kin are capable and willing to provide and available services that the caregiver and child can access to address identified needs.
Assistance in eliminating barriers to placement with relatives	Within the context of a child/children entering foster care, providing material assistance to identified potential caregivers for the specific purpose of assisting the caregiver to become an approved foster placement.
Creating a network of support services	Within the context of a child/children entering foster care and emphasizing natural and community supports that are most normative and enduring, the process of engaging an array of services and supports tailored to address identified needs and formalizing the network within a written Roadmap to Family.

Specification of Program Costs

The cost sub-study first focused on specifying costs incurred in delivering the program.

Resources Used to Implement Program

Resources used to implement the program can be categorized as personnel and non-personnel.

At the time of the implementation sub-study in late 2014, the 30 Days to Family® program was housed in The Coalition office and currently consisted of five full-time 30 Days to Family® Specialists and a .5 FTE lead Family Specialist. Family case managers had a capacity for serving 2 cases at a time; a third case could be assigned if one of the two being carried was about to be closed. Program records for 2014 and 2015 show about 9.7 cases served per month; at 9.7 cases per month, the program staff of 5 FTE specialists and .5 FTE lead specialist would be expected to serve 116 children over a 12-month period. In addition to direct services staff, administrative staff time devoted to the program include Co-Directors of Recruitment (.20 FTE) and Director of Outcomes (.125 FTE).

Non-personnel costs included rent, telephone (staff cell and office), supplies (consumable and non-consumable), subscriptions to search tools, marketing materials and postage, staff training, and insurance. The program used an estimated 19 percent of The Coalition's non-personnel costs.

An additional category of costs that was identified was monetary and material resources given to families for the purpose of overcoming barriers to relative placement. Typical expenditures were for such items as beds, including frames and mattresses, fire extinguishers, and carbon monoxide detectors. According to The Coalition's records over a period of 18 months, an average \$350.16 was expended monthly for such costs, resulting in an annual cost of \$4,201.92.

It is recognized that the time of prospective/actual relative caregivers and supports during the period of program services is also a resource used to implement the program. Both the 30 Days to Family® program and "as usual" services search for and engage relatives, it was clear from the implementation sub-study that 30 Days to Family® engages in a much more intensive search resulting in many more relatives being found and engaged and producing more potential relative placement options. Several approaches were considered for estimating the value of this resource, including using the latest estimated value of volunteer time (\$23.07 hr., Bureau of Labor Statistics, March 2015) and calculating a value based on staff hours spent in direct engagement and planning with relatives. At the same time, it was recognized that relative engagement is also an outcome clearly defined as beneficial and supported by child welfare policy and considered best practice. Hence, a decision was made to omit this item from the cost specification at this stage.

Estimate of Direct and Indirect Costs

Personnel and non-personnel direct costs are listed below:

Personnel

Direct service personnel

Salary (5 FTE & .5 Supervisor)	\$ 243,898.
Fringe benefits (\$243,898 @ .27)	<u>65,852.</u>
<i>Total direct service personnel</i>	<i>\$ 309,750.</i>

Non-personnel

Non-personnel direct costs

Phone (cells for direct service staff – 6 X \$60 X 12 mos)	\$ 4,320.
Public Records Now & TRACERS subscriptions (.5 @ 6,360)	3,180.
Emergency fund (\$350 X 12 mo.)	<u>4,200.</u>
<i>Total non-personnel direct costs</i>	<i>\$ 11,700.</i>

Estimate of Indirect Costs

Indirect administrative costs

The following administrative personnel devote percentages of their time to the program:

Co-Directors of Recruitment (.20 @ \$44,661)	\$ 8,932.
Director of Outcomes (.125 @ \$18,427)	2,303.
Fringe benefits (\$11,345 @ .27)	<u>3,063.</u>
<i>Total indirect administrative costs</i>	<i>\$ 14,298.</i>

Overhead

The overhead costs of 30 Days to Family® are based on a proportion of overhead costs attributable to the program. In this case, 19 percent of overhead costs are attributable to the program.

Office rent/occupancy (.19 X \$108,565)	\$ 20,773.
Utilities/phone (.19 X \$10,392)	1,974.
Marketing materials/postage (.19 X \$42,300.)	8,037.
Supplies (consumable & non-consumable .19 X \$45,000)	8,750.
Insurance (liability - .19 X \$7,045)	<u>1,339.</u>
Total overhead costs	\$ 40,873.

Estimate of Total Costs

The total program costs for a 12-month period are produced by adding the key direct service component costs and the indirect costs. In this case the total annual program cost is \$ 375,097.

Total direct service personnel	\$ 309,750.
Total non-personnel direct costs	\$ 11,700.
Total indirect administrative costs	\$ 14,298.
Total overhead costs	<u>\$ 40,873.</u>
Total Annual Program Costs	\$ 376,621.

Estimate of Cost of Program Per Child

Taking a very simplistic approach to estimating program costs per child, the total annual program costs of \$376,621 can be divided by 116 children that the program can serve annually (based on current staffing levels and performance), resulting in a per child estimated cost of \$3,247. Many factors can affect the levels of performance. For example, staff turnover may erode the number of children the program can serve as new staff gain proficiency; however, more experienced staff may continue to gain proficiency and efficiency, offsetting the reduced efficiency of new staff.

Estimate of Cost of Program Activities

A substantial body of data on program costs were available due to the detailed time reporting requirements of the funders. The availability of time-based billing records containing case-specific time use data allowed the calculation of average and range of time spent on each case and percentages of time spent on eight specific types of activities. Shown in Cost Table 2 are average total hours per case and time range based on a representative sample of cases during a period of program stability.

Cost Table 2. Average and Range of Total Hours of Service Per Case

Hours of Direct Service Per Case	
Average total hours per case	80.64 hrs.
Range: Minimum	30.16 hrs.
Maximum	214.87 hrs.

Using the per child estimated cost of \$3,247 and an average 80.64 hours per case, the estimated per hour cost would be \$40.27. Given the range of hours of direct service, the cost of services per case can range from a low of \$1,215 (30.16 hr. X \$40.27 per hr.) to a high of \$8,653 (214.87 hr. X \$40.27 per hr.). This approach includes all costs in the per hour calculation. An alternative approach is to use only direct and indirect (administrative) personnel costs, then add non-personnel costs. However, it was found that the more complicated alternative approach to calculating the per hour cost produced a nearly identical amount. Therefore, the more simple approach was selected.

Shown in Cost Table 3 are percentages of time devoted to core activities and estimated average and range of costs per child for program direct services.

Cost Table 3. Time Allocations and Estimated Average and Range of Costs Per Child for Program Direct Services

Percentage of time devoted to core activities		Cost Based on Average Hrs. (\$3,247 per case)	Cost Range (\$1,215 to \$8,653 per case)
Initial Intake Activities	0.72%	\$ 23.38	\$ 8.75 to 62.30
Child & Family Assessments	1.02%	33.12	12.39 to 88.26
Team Decision Making Meetings and Communications	19.36%	628.62	235.22 to 1675.22
Interviews/Contact	20.65%	670.51	250.90 to 1786.84
Family Finding	19.78%	642.26	240.33 to 1711.56
Family Placement Planning Prep	8.07%	262.03	98.05 to 698.30
Family Engagement Tools	21.47%	697.13	260.86 to 1857.80
Continued Family Planning	8.90%	288.98	108.14 to 770.12

Estimate of Cost of Program Components

To estimate the cost of program components, an attempt was made to align core activities with the two major program components of the 30 Days to Family® program model: 1) family finding and 2) family support interventions. Informed by data from the implementation sub-study, core activities most closely associated with each of the two program components and associated costs were identified. Findings are reported in Cost Table 4.

This alignment reflects about 41 percent of time and resources being directed to family finding and about 59 percent devoted to family support interventions. Average costs per case associated with family finding total \$1,336.15 and range from \$499.98 to \$3,560.70. Average costs per case associated with family support interventions total \$1,909.88 and range from \$714.66 to 5,089.70.

Cost Table 4. Time Allocations and Estimated Average and Range of Costs Per Child for Program Direct Services

Percentage of time devoted to core activities		Cost Based on Average Hrs. (\$3,247 per case)	Cost Range (\$1,215 to \$8,653 per case)
Activities Associated with Family Finding			
Initial Intake Activities	0.72%	\$ 23.38	\$ 8.75 to 62.30
Family Finding	19.78%	642.26	240.33 to 1711.56
Interviews/Contact	20.65%	670.51	250.90 to 1786.84
<i>Totals</i>	41.15%	\$ 1,336.15	\$ 499.98 to 3,560.70
Activities Associated with Family Support Interventions			
Child & Family Assessments	1.02%	33.12	12.39 to 88.26
Team Decision Making Meetings and Communications	19.36%	628.62	235.22 to 1675.22
Family Placement Planning Prep	8.07%	262.03	98.05 to 698.30
Family Engagement Tools	21.47%	697.13	260.86 to 1857.80
Continued Family Planning	8.90%	288.98	108.14 to 770.12
<i>Totals</i>	58.82%	\$1,909.88	\$ 714.66 to 5,089.70

Summary of Findings from Specification of Program Costs

Total annual program costs, including personnel and non-personnel, direct and indirect costs, is estimated to be \$376,621. Total annual costs divided by 116 children that the program can serve annually results in a per child estimated cost of \$3,247 with a range of \$1,215 to \$8,653 per child. Assuming an average 80.64 hours of direct service per case, the hourly cost of services is \$40.27. The availability of a substantial body of time-based billing records made feasible the calculation of estimates of costs of eight specific types of program activities. These activities were then aligned with the two major program components with which they were most closely associated from which it could be determined that about 41 percent of time and resources is directed to family finding and about 59 percent is devoted to family support interventions. Average costs per case associated with family finding total \$1,336.15 and range from \$499.98 to \$3,560.70. Average costs per case associated with family support interventions total \$1,909.88 and range from \$714.66 to \$5,089.70.

Child Welfare Funding

Overview of Appropriations and Expenditures

According to the Congressional Research Service (Stoltzfus, 2016), in recent years, between \$7.6 billion and \$8.7 billion has been appropriated annually by Congress for child welfare purposes. Nearly all of the appropriation (97% to 98%) goes to states, tribal, and territorial child welfare agencies via formula grants or as federal reimbursement for a part of all eligible program costs. The remaining federal child welfare funding (2% to 3%) goes to a variety of entities, typically through competitive grants for research, evaluation, technical assistance, and demonstration projects. In accordance with the U.S. Constitution, primary responsibility for child welfare is

borne by states. Federal involvement in child welfare is largely tied to the federal requirements associated with financial assistance provided.

Federal child welfare funding is provided via multiple federal programs that are briefly summarized here. Shown in Cost Table 5 are appropriations of major federal programs for the most recent fiscal years. Title IV-E is clearly the largest program representing nearly 90 percent of federal appropriations for child welfare purposes. This summary will focus primarily on Title IV-E funding; however, recent Title IV-B appropriations will be briefly described.

Cost Table 5. Federal Funding for Child Welfare Programs

(nominal dollars in millions)

Child Welfare Program	FY 2013	FY 2014	FY 2015	FY 2016
Title IV-B programs	\$688	\$689	\$664	\$668
Title IV-E programs	\$6,710	\$7,510	\$7,424	\$7,833
All other programs	\$180	\$192	\$190	\$188
Total	\$7,578	\$8,390	\$8,279	\$8,689

Source: Stoltzfus, 2016

Federal sequestration that involve across-the-board spending cuts has resulted in some shifts in recent funding levels. Three primary child welfare funding sources were not affected (Title IV-E, Medicaid, and TANF) while two were affected (Title IV-B and SSBG).

Title IV-B of the Social Security Act

Title IV-B of the Social Security Act authorizes formula grant funds to states, tribes, and territories for provision of child welfare-related services to children and their families. Programs authorized by Title IV-B include Stephanie Tubbs Jones Child Welfare Services (CWS), Promoting Safe and Stable Families Program (PSSF), Family Connection Grants, and Child Welfare Research, Training or Demonstration Projects. Shown in Cost Table 6 are appropriations for Title IV-B programs for FY2013, FY2014, FY2015, and FY2016.

Cost Table 6. Title IV-B Funding for Child Welfare Programs

(nominal dollars in millions)

Title IV-B Programs	FY 2013	FY 2014	FY 2015	FY 2016
Stephanie Tubbs Jones Child Welfare Services Program (CWS)	\$262	\$269	\$269	\$269
Promoting Safe and Stable Families Program (PSSF)	\$387	\$380	\$380	\$381
Family Connection Grants	\$14	\$15	\$0	\$0
Child Welfare Research, Training or Demonstration Projects	\$24	\$25	\$16	\$18
Total	\$688	\$680	\$664	\$668

Source: Stoltzfus, Oct. 2016

Both CWS and PSSF provide formula grants to states, territories, and tribes for provision of child welfare-related services to children and their families. Funds appropriated for the PSSF program also support (1) grants to state or tribal highest courts under the Court Improvement Program; (2) grants to regional partnerships to improve the outcomes of children affected by their parents' substance abuse, (3) grants to states and territories for monthly caseworker visits of children in foster care, and (4) program-related research, evaluation, training, or technical assistance.

Title IV-B expenditures for Missouri in SFY (state fiscal year) 2014 were reported to be \$10,800,693, representing a 35 percent reduction from SFY 2012 (Rosinsky and Connelly, 2016).

Title IV-E of the Social Security Act

By far the largest amount of federal child welfare funding is provided through mandatory funding authorized under Title IV-E of the Social Security Act. Title IV-E entitles states with an approved Title IV-E plan to reimbursement of part of their costs of providing foster care, adoption assistance, or kinships guardianship assistance on behalf of eligible children. Funding is also authorized for services to children who age out of foster care and for incentives to states that increase adoptions and legal guardianships of children from foster care.

Foster Care

Eligible Title IV-E costs include spending on:

- foster care maintenance payments (for the child's "room and board");
- caseworker time to perform required activities on behalf of eligible children in foster care (e.g., finding a foster care placement for a child and planning services needed to ensure a child is reunified with his or her parents, has a new permanent home, or is otherwise prepared to leave foster care); and
- program-related data collection, training, or other administrative costs.

In most cases, the share of Title IV-E program costs that are reimbursed by the federal government is between 50 percent and 83 percent of eligible foster care maintenance payment costs; the percentage is re-determined annually and varies by state, with higher federal support going to states with lower per capita income. Program training costs are reimbursed at 75 percent and all other eligible program costs are reimbursed at 50 percent.

Title IV-E expenditures in Missouri for SSY 2014 totaled \$99,961,604, representing a 3 percent reduction from SFY 2012; of that total, \$60,374,858 supported the foster care program, representing a 2 percent increase over SFY 2012. Of funding for the foster care program, \$20,033,918 went to foster care maintenance payments (a <1% reduction) and \$40,340,940 went to foster care administrative costs, training, and the state child welfare data system (a 3% increase over SFY 2012) (Rosinsky and Connelly, 2016).

It is important to note that nationally only about half of children in out-of-home placements are covered under Title IV-E. In the dataset examined in the sub-study analyzing child welfare administrative data 45.65 percent of children were eligible.

Adoption Assistance

States with an approved Title IV-E plan are required to enter into an adoption assistance agreement with the adoptive parents of any child who is determined by the agency to have “special needs.” The adoption agreement must specify the nature and amount of any payments, services, and assistance to be provided and for children with special needs federal reimbursement is available for a part of the cost of nonrecurring adoption expenses related to legally finalizing the adoptions. For children meeting federal requirements, federal reimbursement is also available for a part of the cost of providing ongoing (monthly) subsidies on behalf of adopted children. During FY2015, an average 441,000 children received Title IV-E adoption assistance on each month (Stoltzfus, 2016).

In Missouri, of the more than 5,000 children who exit foster care each year, more than 21 percent exit to adoption and subsidy is provided for 84 percent of children adopted (USHHS, 2015). The adoption subsidy penetration rate exceeds the national average of 78 percent.

Title IV-E Adoption Program expenditures in Missouri for SFY 2014 totaled \$33,079,285, representing a 14 percent decrease from SFY 2012. Actual assistance payments totaled \$28,487,447. (down 16% from SFY 2012) and administrative costs and training totaled \$4,491,838 (down 3% from SFY 2012) (Rosinsky and Connelly, 2016).

Kinship Guardianship Assistance

Since FY2009, states with an approved Title IV-E plan are entitled to reimbursement for part of the kinship guardianship assistance program including guardianship assistance payments and program administration, including training costs. During FY2013, states with such programs provided assistance to more than 17,000 children on an average monthly basis. In Missouri, exits from foster care to legal guardianship have increased dramatically from 4.4 percent in FY2010 to 14.3 percent of the 5,472 children who exited care in FY2013 (USHHS, 2015).

Title IV-E Guardianship Assistance expenditures in Missouri for SFY 2014 totaled \$2,319,059 representing a 74 percent increase over SFY 2012. The total amount was directed to guardianship assistance payments with no administrative and training costs reported (Rosinsky and Connelly, 2016).

Adoption and Legal Guardianship Incentive Payments

Under the Preventing Sex Trafficking and Strengthening Families Act, states may earn an incentive for improving the percentage of children who leave foster care for adoption or legal guardianship. Missouri earned \$1,484,000 in FY2012, \$1,392,000 in FY2013 and \$1,799,500 in FY2014 (USHHS, 2016b).

Chafee Foster Care Independence Program

The John H. Chafee Foster Care Independence Program (CFCIP) authorizes funding for states to provide services to older children/youth to make a successful transition from foster care to adulthood. About 100,000 received independent living services in FY2013. CFCIP also authorizes Educational and Training Vouchers (ETVs) to defray the cost of postsecondary education or training for youth. Vouchers valued at up to \$5,000 a year may be used for

education related items. In FY2013, 23.5 percent of the 10,691 children in care in Missouri on September 30 were age 14 or older (USHHS, 2015).

Shown in Cost Table 7 are appropriations for Title IV-E programs for FY2013, FY2014, FY2015, and FY2016.

Cost Table 7. Title IV-E Funding for Child Welfare Programs

(nominal dollars in millions)

Title IV-E Programs	FY 2013	FY 2014	FY 2015	FY 2016
Foster Care	\$4,180	\$4,132	\$4,746	\$4,800
Adoption Assistance	\$2,278	\$2,450	\$2,450	\$2,674
Kinship Guardianship Assistance	\$77	\$90	\$109	\$135
Chafee Foster Care Independence Program (including ETVs)	\$182.3	\$183.2	\$183.2	\$183.2
Adoption and Legal Guardianship Incentives	\$37.2	\$37.9	\$37.9	\$37.9
Total	\$6,755	\$6,893	\$7,526	\$7,830

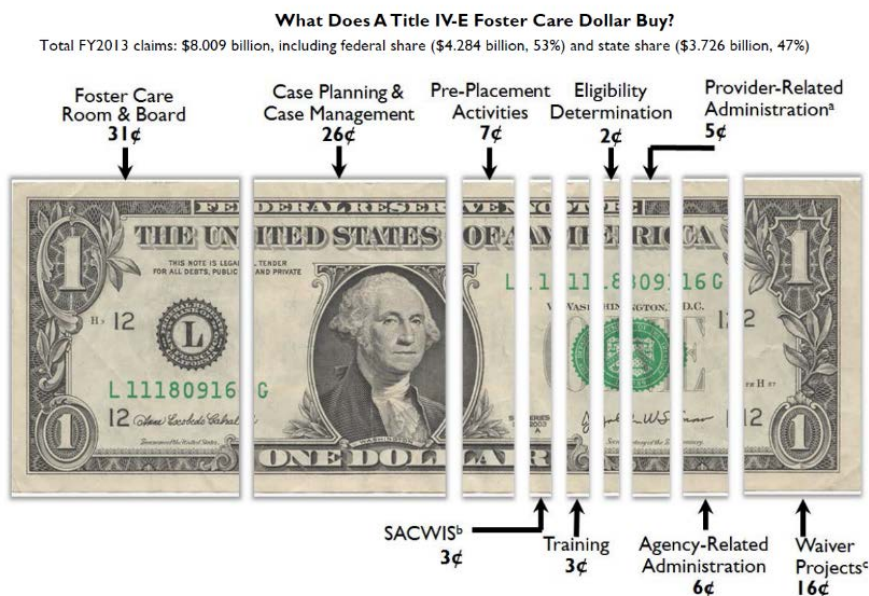
Source: Stoltzfus, Nov. 2014

Title IV-E Chafee Foster Care Independence Program/Education Training Vouchers expenditures in Missouri for SFY 2014 totaled \$4,188,402, representing a 22 percent increase over SFY 2012 (Rosinsky and Connelly, 2016).

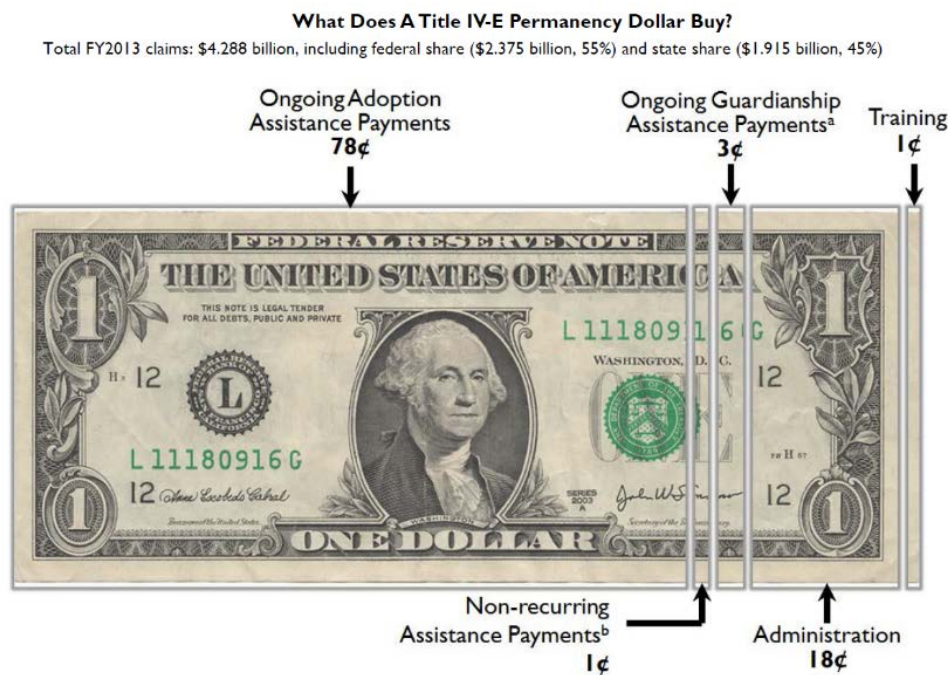
What Title IV-E Funding Buys

Cost Figures 2 and 3 are from the U.S. House of Representatives, Committee on Ways and Means 2014 *Green Book* and provide graphic representations of how the federal Title IV-E foster care and permanency dollars are spent.

Cost Figure 2. What Does a Title IV-E Foster Care Dollar Buy?



Cost Figure 3. What Does a Title IV-E Permanency Dollar Buy?



Other Child Welfare Appropriations

Child Abuse Prevention and Treatment Act (CAPTA) - authorizes formula grant funding to states to improve child protective services, competitively awarded funds to support research, technical assistance, and demonstration projects, and funding for all states to support community-based activities to prevent child abuse and neglect.

Children's Justice Act Grants - help states improve the assessment, investigation, and/or prosecution of child abuse and neglect cases and involve both formula grants to states and competitive grants to tribes.

Victims of Child Abuse Act (VOCAA) – enacted as part of Title II of the Crime Control Act of 1990, the act authorizes several child welfare programs that are administered by the U.S. Department of Justice.

Adoption Opportunities – supports adoption recruitment and other activities that facilitate adoption of children in foster care and post-adoption support.

Abandoned Infants Assistance – authorizes funding for local demonstration projects to prevent and respond to the abandonment of infants and young children.

Shown in Cost Table 8 are appropriations for other federal child welfare programs.

Cost Table 8. Funding for Other Child Welfare Programs

Other Child Welfare Appropriations	FY 2013	FY 2014	FY 2015
CAPTA (all programs)	\$87,865,000	\$93,818,000	\$93,818,000
Children's Justice Act	\$20,000,000	\$20,000,000	\$20,000,000
Victims of Abuse Act (VOCAA)	\$23,318,000	\$25,000,000	\$25,000,000
Adoption Opportunities	\$36,662,000	\$40,622,000	\$39,100,000
Abandoned Infants Assistance	\$10,811,000	\$11,063,000	\$11,063,000
<i>Total</i>	<i>\$178,656,000</i>	<i>\$190,503,000</i>	<i>\$188,981,000</i>

Source: Stoltzfus, 2015

Other Federal Funding That May Be Used for Child Welfare Purposes

Several types of federal funding allow for spending on child welfare services but states vary greatly in their use of these funds.

Social Services Block Grant (SSBG) – a flexible source of funds that states use to support a broad range of social services. States have a great deal of discretion over the use of these funds. Foster care services are one of the largest areas of expenditures; other examples include adoption services, case management, and home based services. The FY2012 appropriation was \$1.7 billion. Missouri reported SSBG expenditures for child welfare in SFY2014 of \$30,134,347, representing an 18 percent reduction from SFY2012 (Rosinsky and Connelly, 2016).

Temporary Assistance for Needy Families (TANF) – block grant to states to provide assistance to needy families with children. Less than 30 percent of these dollars provide basic cash assistance; the remainder supports activities such as child care, work support, and administrative costs. Although nine states reported using no TANF dollars for child welfare, in FY2012, \$2.8

billion in TANF funds were spent on child welfare services most often supporting foster care services, protective services, and administrative costs. Missouri reported TANF expenditures for child welfare in FY2014 of \$74,312,459, a 130 percent increase over SFY2012.

Medicaid – Children who are eligible for Title IV-E Foster Care, Adoption or Guardianship assistance are automatically eligible for Medicaid. Medicaid dollars known to be directed to child welfare services (and not basic health care) totaled more than \$950 million in FY2012. Rehabilitative services such as residential treatment, behavioral interventions, and targeted case management. Missouri reported child welfare-related Medicaid expenditures of \$39,462,302 for SFY 2014 for children eligible for Title IV-E Foster Care, a decrease of 27 percent from SFY2012. Medicaid is provided to all children in foster care in Missouri, authorized through the Ribicoff Amendment.

A Note on the Relationship of Expenditures and Outcomes

It is important to recognize that little can be concluded about outcomes from examinations of expenditures. Wulczyn and Orlebeke (2006) illustrate numerous shortcomings of the federal approach to determining Title IV-E per child costs, concluding the federal methodology failed to link funding to outcomes. Russell (2015), exploring the association between state-level child welfare expenditures and state-level foster care outcomes (placements, lengths of stay, and reentries), found that expenditures did not consistently correspond to outcomes and concluded that for spending to be effective in helping achieve child welfare goals, agencies must apply cost analysis to their programs to explore how funding investments relate to outcomes in real-world settings.

Missouri Child Welfare Expenditures

Funding Eligibility and Average Foster Care Rates of Children in Study Jurisdictions

Included in the child welfare administrative dataset analyzed in the related sub-study were data on each child's eligibility for each type of federal program funding. For federal funding programs listed, only eligibility but no amounts were reported; most recent monthly foster care payment amounts were reported. Data for 2,661 children are summarized in Cost Table 9.

Cost Table 9. Funding Eligibility and Foster Care Rates of Children in MO DSS Child Welfare Dataset Analyzed

	All Children (n=2664)*	Children Served (n=310)	Children Not Served (n=2354)	Children in St. Louis City (n=1011)	Children in St. Louis Co. (n=1535)
IV-E Foster Care	45.65% (1216)	57.74% (179)	44.05% (1037)	55.89% (565)	37.46% (575)
IV Adoption Assistance	1.65% (44)	3.55% (11)	1.40% (33)	1.88% (19)	1.63% (25)
IV-A	20.31% (541)	20.65% (64)	20.26% (477)	24.04% (243)	17.20% (264)
IV-D (child support)	7.55% (201)	6.13% (19)	7.73% (182)	8.61% (87)	6.51% (100)
XIX Medicaid	37.69% (1004)	31.29% (97)	38.53% (907)	28.68% (290)	45.67% (701)
SSI	10.10% (269)	11.61% (36)	9.90% (233)	11.37% (115)	9.58% (147)
None	35.66% (950)	23.55% (73)	37.26% (877)	36.30% (367)	34.79% (534)

	All Children (n=2664)*	Children Served (n=310)	Children Not Served (n=2354)	Children in St. Louis City (n=1011)	Children in St. Louis Co. (n=1535)
Monthly FC Pmt	53.72% (1,431 >\$0)	42.26% (131 >\$0)	55.23% (1,300)	52.82% (534)	53.36% (819)
Monthly FC Pmt - Avg Range	\$297.67 \$4,153 to \$0.32	\$334.55 \$1,428 to \$38	\$293.96 \$4,153 to \$0.32	\$302.39 \$3,008 to \$0.32	\$291.96 \$4,153 To \$0.70
Funding Categories		Definition			
59. Title IV-E (Foster Care)		Title IV-E foster care maintenance payments are being paid on behalf of the child.			
60. Title IV-E (Adoption Assistance)		Title IV-E adoption subsidy is being paid on behalf of the child who is in an adoptive home, but the adoption has not been legalized.			
61. Title IV-A		Child is living with relative(s) whose source of support is an AFDC payment for the child.			
62. Title IV-D (Child Support)		Child support funds are being paid to the State agency on behalf of the child by assignment from the receiving parent.			
63. Title XIX (Medicaid)		Child is eligible for and may be receiving assistance under title XIX.			
64. SSI or Other Social Security Benefits		Child is receiving support under title XVI or other Social Security Act titles not included in this section.			
65. None of the Above		Child is receiving support only from the title IV-E agency, or from some other source (Federal or non-Federal) which is not indicated above.			
Amount of Monthly Foster Care Payment (regardless of source)					
66. Amount of Monthly Foster Care Payment		Monthly payment paid on behalf of the child regardless of source (i.e., Federal, State, county, municipality, tribal, and private payments). If title IV-E is paid on behalf of the child, the amount indicated should be the total computable amount. If the payment made on behalf of the child is not the same each month, indicate the amount of the last full monthly payment made during the reporting period. If no monthly payment has been made during the period, enter all zeros.			

*Data reported are based on 2,661 children; those in care less than 8 days were excluded.

Profile of Missouri Child Welfare Expenditures

This sub-section summarizes what can be determined from credible sources about child welfare expenditures in Missouri. The primary sources cited are a) data from federal Form CB-496 – Title IV-E Programs Quarterly Financial Report with the Children’s Bureau, U.S. Department of Health and Human Services reporting Title IV-E expenditures filed by Missouri for FY 2015; b) results from major surveys of federal, state, and local child welfare expenditures conducted by Child Trends, Casey Family Programs, and the Annie E. Casey Foundation (DeVooght et al., 2014 and Rosinsky and Connelly, 2016); and c) relevant Missouri Department of Social Services reports and publications.

Expenditure Data from Title IV-E Foster Care Claiming

States are required to file the federal Form CB-496 – Title IV-E Programs Quarterly Financial Report with the Children’s Bureau, U.S. Department of Health and Human Services reporting Title IV-E expenditures. Missouri claimed expenditures totaling more than \$115.4 million for FY2015, of which \$63,089,920 was the federal share. Data from these quarterly financial reports for FY 2015 are detailed in Cost Table 10. It is important to note that these data reflect only foster care expenditures under Title IV-E and do not include other child welfare expenditures for adoption or kinship guardianship assistance or the Chafee Foster Care Independence Program (including ETVs). Nor do they include other federal funding directed to child welfare including TANF, SSBG, or Medicaid for children in foster care.

Cost Table 10. Title IV-E Expenditures Reported by Missouri for FY 2015

Title IV-E Programs	FY 2015 (Federal share)	FY 2015 (Total Expenditure)
Title IV-E Foster Care Maintenance (total) Includes maintenance payments minus fed share of child support collections	\$19,753,827. based on avg. mo. # in placement - 5,013	\$33,625,107.
Title IV-E Foster Care In-Placement Administration Includes case planning & management, eligibility, provider management, & agency management	\$27,140,602. based on avg. mo. # in placement – 7,559	\$54,281,204.
Pre-Placement	\$8,704,463 Based on avg. mo. # - 1,132	\$17,408,926.
SACWIS (state data system)	\$2,186,013	\$4,372,026.
Training (75%)	\$4,305,015	\$5,740,020.
Total (based on all funding categories with avg. mo. children in-placement 12,649)	\$62,089,920.	\$115,427,283.

Source: Administration for Children and Families, US Dept. of Health and Human Services, Excel spreadsheet FY 2015 FC Final.

Expenditure Data from National Survey

A recent major report issued by Child Trends, Casey Family Programs, and the Annie E. Casey Foundation examines federal, state, and local child welfare expenditures (Rosinsky and Connelly, 2016). State-level data are posted on the Child Trends website (<http://www.childtrends.org/publications/child-welfare-financing-sfy-2014-state-level-data-table/>). Data from the Child Trends surveys of expenditures in Missouri in SFY2012 and SFY2014 are reported in Cost Table 11.

According to this survey, total expenditures from all sources in SFY2014 totaled \$520,529,120 of which \$267,167,438, or 51 percent, is from federal sources, and \$253,361,691, or 49 percent, is from state sources. Like 27 other states, Missouri reports no local funding of child welfare. There was a 2 percent increase in federal expenditures between 2010 and 2012 and a 4 percent increase between 2012 and 2014. Combined federal and state expenditures increased 3 percent between 2012 and 2014.

Cost Table 11. SFY 2012 and 2014 Expenditures in Missouri for Major Federal Child Welfare Programs

Child Welfare Programs	Expenditures: Federal Sources		
	SFY 2012 Amounts	SFY 2014 Amounts	Change 2012 to 2014
Children in care	9,817	12,959	
Title IV-B	\$16,040,934	\$10,800,693	-35%
Title IV-E			
Foster Care	\$57,390,843	\$60,374,858	+2%
Maintenance Payments	\$19,459,625	\$20,033,918	<1%
Administration & Placement, Training, SACWIS	\$37,931,218	\$40,340,940	+12%
Adoption Assistance	\$37,510,295	\$33,079,285	-14%
Assistance Payments	\$33,008,988	\$28,587,447	-16%
Administration & Placement, and Training	\$4,501,307	\$4,491,838	-3%

Child Welfare Programs	Expenditures: Federal Sources		
	SFY 2012 Amounts	SFY 2014 Amounts	Change 2012 to 2014
<i>Guardianship Assistance</i>	<i>\$1,294,782</i>	<i>\$2,319,059</i>	<i>+74%</i>
Assistance Payments	\$1,294,782	\$2,319,059	
Administration & Placement, and Training	\$0	\$0	-
<i>Chafee/ETVs</i>	<i>\$3,344,649</i>	<i>\$4,188,402</i>	<i>+22%</i>
<i>Demonstration Waivers</i>	<i>\$0</i>	<i>\$0</i>	<i>-</i>
Non-dedicated federal sources			
TANF	\$85,390,720	\$74,312,459	-15%
SSBG	\$35,490,465	\$30,134,347	-18%
Medicaid (child welfare only, excludes basic health)	\$52,720,247	\$39,462,302	-27%
Other federal sources	\$14,346,355	\$12,496,033	-12%
Total Federal Funds (51%)	\$249,529,290	\$267,167,438	+4%
Total State Funds (49%)	\$242,557,132	\$253,361,691	+1%
Total Funds - Federal & State - (100%)	\$493,086,422	\$520,529,129	+3%

Sources: DeVooght et al., 2014 and Rosinsky and Connelly, 2016

Expenditure Data from Missouri Department of Social Services

Official reports and publications of the Missouri Department of Social Services Child contain a rather broad range of child welfare expenditures figures, depending on what costs are included or excluded.

Child and Family Services Plan, 2015-2019

Missouri's *Child and Family Services Plan, 2015-2019* (CFSP) cites an annual placement cost for a child in foster care of only \$4,395. This figure clearly reflects only basic foster care maintenance expenditures of an average \$12.04 per day and \$366.25 per month. Among costs not included are expenditures for administration, medical treatment, and any services for children and youth with elevated needs.

The Missouri Standard Payment Rate for Foster Family Alternative Care (effective June 27, 2016) is reported in Cost Table 12 (Missouri Child Welfare Manual Section 4, Chapter 11, effective June 27, 2016). As can be seen in Cost Table 12, any child with any elevated need would require expenditures substantially more than the \$366.25 per month in the CFSP.

Cost Table 12. Missouri Standard Payment Rate for Foster Family Alternative Care

Type of Expenditure	Age Limitation	Amount Payable
1. Maintenance (includes room and board, clothing and incidentals)	0-5 years	\$300.00 mo
	6-12 years	\$356.00 mo
	13 and over	\$396.00 mo
2. Infant Allowance	0-3 years	\$50.00 mo
3. Annual Clothing Allowance	0-5 years	\$250.00 yr
	6-12 years	\$290.00 yr

Type of Expenditure	Age Limitation	Amount Payable
	13 and over	\$480.00 yr
4. Special Medical Expense	All ages	MO HealthNet or Contract Rate
5. Special Non-medical Expense	All ages	Contract Unit Rate
6. Children's Treatment	All ages	Contract Unit Rate
7. Residential Treatment (includes room and board)	All ages	Contract Unit Rate
8. Youth with Elevated Needs-Level A/Medical Foster Care (ICPC resource providers are not eligible for this payment)	All ages	\$777 mo
9. Youth with Elevated Needs-Level B Foster Care (ICPC resource providers are not eligible for this payment)	All ages	\$1540.00 mo
10. Level B Resource Provider Respite Care	All ages	\$40.00 per day
11. Level B Resource Provider Availability/ Transitional Services	All ages	\$21.00 per day for up to 90 days
12. Professional Parenting Payment (Traditional, Medical and Level A Foster Care. ICPC, Level B and Emergency resource providers are not eligible for this payment)	All ages	\$100.00 mo
13. Emergency Foster Family Home (for licensed Foster, Relative, Kinship providers)	All ages	\$22.00 per day for up to 60 days

Source: Missouri Child Welfare Manual Section 4, Chapter 11, effective June 27, 2016

Quick Facts about DSS

“Quick Facts about DSS in Missouri, SFY-2015” reported for SFY 2015 an average 13,033 children in foster care and total Children's Services expenditures of \$222.1 million, excluding Child Care Payments and Performance Based Contractor payments. Annual and monthly expenditures cannot be determined from these data; however, a per-child cost of \$17,041 can be calculated.

Current Children's Division Performance Measures

In what is the more recent and likely most inclusive and accurate report are costs reported in the Children's Division performance measures that are published monthly. Of particular interest is Measure 13, Foster Care Cost Per Child X Length of Stay. It is calculated from determining the per member per month (PMPM) cost for foster care and multiplying it by the average length of stay. MDSS reports a PMPM of \$1,812 for January 2017 (personal communication, January 2017). These costs are based on Legal Status 1 (care and custody of Children's Division) children only and include case management, administration, special expenses, resource development, foster care rates, RTS and specialized care contracts. The amount does not include MO HealthNet costs. The average length of stay is based on children exiting Children's Division custody. Although the FY 2016 target is \$34,482 (excluding MO HealthNet), the amount reported in November 2016 exceeded \$42,000. It is important to note that this is not an annual cost but an average cost per child across their stay in foster care. Average length of stay in foster care was reported to be 21.2 months in FY 2015; however, it appears to have edged up slightly in 2016 and stands closer to 23+ months in the November 2016 performance report (Measure 15).

Using the January 2017 PMPM of \$1,812 and multiplying by an average 23 months in care, the average per child cost per episode in foster care would total \$41,676, excluding MO HealthNet expenditures.

Estimation of Child Welfare Costs Per Child

Estimates from Prior Studies

A number of child welfare cost analyses have been conducted producing varying estimates of per child costs. The variations in findings reflect the lack of consensus in the field around foci, approaches, and methods in estimating per child costs. It also demonstrates the need for additional research to assess the overall state child welfare and foster care spending patterns. More standardized approaches would certainly aid cross-study comparisons. In the absence of more standardized approaches, key studies have been reviewed and are summarized in Cost Table 13 with brief descriptions of methodologies and key findings. Several methods from most credible prior research are applied to Missouri cost data to produce estimates of per child costs.

Cost Table 13. Overview of Selected Child Welfare Cost Studies

Study	Foci and Methods	Key Findings
DeVoogt et al., 2008	Included total costs of child welfare and divided by total number of children in care to produce annual cost.	\$57,000 per child annual cost
Zerbe et al., 2009	Comparative cost analysis of intensive foster care vs state foster care	State care cost was \$50 da/\$18,400 annually and stayed in care an avg. 9.8 mos; intensive foster care cost was \$82 da/\$30,176 annually and stayed an avg 7.1 mos.
Peters et al., 2009	Maryland: Focused exclusively on costs of foster care, guardianship and adoption subsidies. Illinois: Focused on types of foster care living arrangements; did not include administrative	Cost \$735 mo/\$8,820 annually for those younger than 12; \$750 mo/\$9000 annually for those 12 and older (Maryland) \$20,800 per year for youth older than 18 yrs (Illinois)
Eisenberg, 2010	Included all state costs to compare estimated annual cost per child of intensive foster care vs typical foster care	\$58,900 for intensive foster care and \$56,985 for typical foster care (Michigan)
Zill, 2011	Total federal and state expenditures divided by number of children in care including both maintenance and administrative costs.	Maintenance costs of \$19,107 + administrative cost \$6,675 = national average annual cost per child per year of \$25,782
DeVoogt et al, 2014	Inclusive total costs of child welfare and divided by total number of children in care Sept 30 to produce annual cost.	\$71,000 per child per year
Russell, 2015	Calculation dividing total annual child welfare spending for each state by 365 and by the number of children in care at the end of the fiscal year to produce a daily rate.	National \$137.10 per child/per day = \$50,041.50 annual cost. Missouri \$110.42 per child/per day = \$40,303.30 annual cost.

Approaches to Identifying and Isolating Most Relevant Costs

A fundamental challenge in cost analyses is determining what costs to include in calculations. There is clear justification for including the “as usual” model costs that align most closely with the 30 Days to Family® model costs including those associated with family search and engagement, information gathering to inform early decision making around placement, and linkage to resources to address identified needs of the child and to maintain the placement. However, the child welfare system is not a single bureaucracy for which monetary expenditures and other related costs can be easily tracked. For example, there are clearly costs incurred to other systems such as health and justice when children are placed in foster care. To what extent should these costs be included in foster care or broader child welfare cost specifications? As noted previously, there remains a lack of consensus in the field about what costs to include. For purposes of this sub-study, only those direct and indirect costs incurred using funding earmarked for child welfare services are specified. Broader social cost implications (e.g., health and mental health, education, and justice) are identified but not specified or calculated in this sub-study.

Applying Approaches from Prior Studies

Applying approaches to calculation from prior studies to more recent Missouri-specific cost data yields a range of average per child annual, monthly, and/or daily costs.

Estimating per child expenditures using approach of DeVooght et al., 2014

A very simplistic approach to calculating per child costs in Missouri that is similar to that used by DeVooght et al. (2014) is to divide the total of all child welfare expenditures (federal and state) in Missouri in FY2012 by the number of children in care on September 30, 2012:

$$\begin{aligned} \$ 493,086,422 \div 9,817 &= \$ 50,228 \text{ annual cost} \\ &4,148 \text{ monthly cost} \\ &137.61 \text{ daily cost} \end{aligned}$$

Estimating per child expenditures using approach of Russell

In a study by Russell (2015) that included a calculation of state child welfare spending, Missouri was found to spend \$110.42 per child/per day for an annual total of \$40,303.30. The national average was \$137.10 per child/per day for an annual total of \$50,041.50. Spending per child/per day ranged from \$58 (OK) to \$307.77 (DC). Federal spending per child/per day was calculated by dividing total annual federal spending for the state (including Title IV-E, IV-B, TANF, Social Services Block Grants, and Medicaid) by 365 days and then by the number of children in care in the state at the end of the fiscal year (September 30).

The approaches of both DeVooght (2014) and Russell (2015) are appealing in their simplicity. Both approaches, however, include in their calculation all child welfare expenditures including not only Title IV-E, the primary federal foster care funding source, but also Title IV-B, TANF, Social Security Block Grants, and Medicaid for children in care.

Estimating per child expenditures using approach of Zill

Zill (2011) focuses more narrowly on foster care maintenance (\$19,107) and related administrative costs (\$6,675) to produce a national average annual cost per child per year of \$25,782. His estimates do not include healthcare costs.

Zill's approach could not be applied to Missouri's expenditures to produce a reliable estimate because while the Title IV-E maintenance and administrative expenditures for SFY 2014 are known, the amounts from state and from federal TANF and SSBG sources were not available for the study. Because Zill uses a narrower range of expenditures, any estimate using his approach would be expected to be lower than estimates produced by DeVooght (2014) and Russell (2015) who base estimates on all child welfare expenditures.

Applying a Research-Informed, Missouri-Specific Approach

Using the Missouri DSS Children's Division per member per month (PMPM) cost of \$1,812 reported for January 2017 and multiplying by 12 months produces an annual cost of \$21,744. Types of costs include case management, administration, special expenses, resource development, foster care rates, RTS and specialized care contracts; however, MO HealthNet costs (for physical and behavioral health care) are not included.

The Center for Health Care Strategies, Inc. (June 2014) which conducted a national analysis of Medicaid claims data reports children reports average annual expenditures for children in foster care as \$12,130 (including \$8,094 for physical health service and \$4,036 for behavioral health service). Adding the \$12,130 Medicaid expenditure to the annual per child cost of \$21,744 would produce:

Total per child cost (\$21,744 + \$12,130) =	\$ 33,874 annual cost
	\$ 2,823 monthly cost
	\$ 94.09 per day

Summary of Findings: Review of National Average and Missouri-Specific Child Welfare Costs

The 30 Days to Family® implementation sub-study confirmed that the program delivers mandated services. As such, the program should be conceptualized as a model for delivering mandated services in a manner that is more intensive and time-limited than the "as usual" services delivery model rather than an add-on providing desirable but not necessarily mandated services. This conceptualization helps frame the approach to assessing cost effectiveness and the question becomes whether the concentration of resources (and associated costs) at the front-end of children's episodes foster care produces cost savings that match or exceed program costs.

The cost sub-study examined prior efforts to calculate costs per child, observing considerable variation in foci, approaches, and methods that has challenged any consensus around per child costs. The variations reflect the lack of consensus in the field around foci, approaches, and

methods. Studies that have focused on a narrow range of expenditures have, of course, produced findings of costs as low as about \$9,000 annually while those with more inclusive cost parameters have produced findings as high as \$71,000 annual per child costs.

Federal child welfare expenditures are nearly \$8 billion annually. The types and purposes of major funding programs most relevant for our cost study purposes were described their amounts specified. It was found that total child welfare expenditures in Missouri from all sources totaled \$520,529,129 in SFY2014 of which \$267,167,438, or 51 percent, was from federal sources, and \$253,361,691, or 49 percent, was from state sources. Like 27 other states, Missouri reports no local funding of child welfare. Types and amounts of child welfare funding and their amounts (both appropriated and expended) were specified for several of the most recent years.

Finally, per child annual, monthly, and daily costs were calculated using approaches adapted from prior research and official data reported by Missouri DSS in federal and state reports and published surveys. Findings from the different approaches are compared in Cost Table 14.

Cost Table 14. Comparison of Per Child Costs Using Research-Informed Approaches

Methodology	DeVooght et al, 2014 using FY2012 MO data	Russell, 2015 using FY2006 data for MO	Atkinson, 2017 using MO PMPM & estimated Medicaid costs
Annual cost	\$ 50,228.00	\$ 40,168.00	\$ 33,874
Monthly cost	\$ 4,148.00	\$3,347	\$ 2,823
Daily cost	\$ 137.61	\$110.05	\$94.09

The average of the three daily costs reported in Cost Table 14 is \$113.92. This figure will be used in the examination of cost implications of findings from other sub-studies.

Cost Implications Based on Findings from Other Sub-Studies

Cost implications were identified for several findings from the analyses of child welfare administrative data. Those most readily identifiable are summarized and discussed here.

Finding 1: Children served are in foster care fewer days

Children served by 30 Days to Family® are in foster care an average 91.4 fewer days than the matched sample of those not served.

Findings by age cohort:

- Children served age birth to 2 years are in care an average 17.4 fewer days.
- Children served age 3 to 8 years are in care an average 63.3 fewer days.
- Children served age 9 and older are in care an average 194 fewer days.

Findings by discharge type:

Being served by 30 Days to Family® is associated with fewer days in foster care and more timely achievement of permanency regardless of type of discharge from foster care.

- Those served exiting to reunification were in care an average 47.6 fewer days.
- Those served exiting to adoption are in care an average 90.6 fewer days.
- Those served exiting to guardianship were in care an average 113.5 fewer days.

Findings by disability status:

Although based on limited numbers of children, being served by 30 Days to Family® is clearly associated with fewer days in foster care, especially for children with disabilities.

- Children served with no identified disability were in foster care an average 71.6 fewer days than those not served who had no identified disability.
- Children served who had an identified disability were in foster care an average 257.8 fewer days than those with a disability who were not served.

Cost Implications:

Based on a cost of \$113.92 per day per child, an average 91.4 fewer days would produce a cost savings of \$10,412.29 per child.

Savings by age cohort:

- For children age birth to 2 years the savings are \$1,982.21 per child (based on avg. 17.4 fewer days).
- For children age 3 to 8 years the savings are \$7,211.14 (based on avg. 63.3 fewer days).
- For children age 9 and older the savings are \$22,100.48 (based on avg. 194 fewer days).

Savings discharge type:

- For those served exiting to reunification the savings are \$5,422.59 (based on avg. 47.6 fewer days).
- For those served exiting to adoption the savings are \$10,321.15 (based on avg. 90.6 fewer days).
- For those served exiting to guardianship the savings are \$12,929.92 (based on avg. 113.5 fewer days).

Savings by disability status:

Although based on limited numbers of children, being served by 30 Days to Family® is clearly associated with fewer days in foster care, especially for children with disabilities.

- For children served with no identified disability the savings are \$8,156.67 (based on avg. 71.6 fewer days than those with no identified disability who were not served).
- For children served who had an identified disability the savings are at least \$29,368.58 (based on avg. 257.8 fewer days than those with a disability who were not served). It should be noted that children with disabilities are more likely to require additional, more costly services that would increase average daily costs.

Finding 2: Children served are significantly more likely to be placed with relatives

Using both “snapshot” and cumulative methods of analyses, significantly higher percentages of children served by 30 Days to Family® were placed with relatives compared with both the matched sample of those eligible but not served and all those eligible but not served. The higher

percentages were observed from one month to three years following placement in foster care, suggesting a sustained positive effect of being served. Examining demographics of children who achieved relative placement, it was found that 30 Days to Family® produced higher percentages of relative placement for children who were significantly older and more likely to have a disability. This finding has significance not only as evidence of the program's effectiveness in achieving its primary objective of increasing relative placements but also because of cost savings associated with relative placement that are detailed in Findings 3, 4, and 5 to follow.

Finding 3: Children placed with relatives experience greater placement stability, particularly after placement with relatives; they are also less likely to age out of foster care

Using methodology that corrects for count inflation and controls for length of time in care by employing rates of placement changes per month, it was found that children ever placed with relatives have greater placement stability than those never placed with relatives (0.45 versus 0.69 placement changes per month) and that after placement with relatives the rate drops to 0.13 placement changes per month. This pattern of findings was observed across all age cohorts examined:

- For children age birth to 5 years, average rates were 0.38 (no relative placement), 0.33 (relative placement), 0.07 (after relative placement).
- For children age 6 to 11 years, average rates were 1.16 (no relative placement), 0.47 (relative placement), 0.09 (after relative placement).
- For children age 12 years and older, average rates were 0.97 (no relative placement), 0.69 (relative placement), 0.32 (after relative placement).

Findings on placement stability after relative placement by served/not served status:

Rates of placement change are dramatically lower after placement with relatives, regardless of whether served or not served.

- For children served, placement change rates were reduced from an average 0.43 to 0.08 after first relative placement.
- For children in the matched sample of children not served, rates were reduced from an average 0.42 to 0.12 after first relative placement.
- For all children eligible but not served, rates were reduced from 0.52 to 0.13 after first relative placement.

Findings on placement stability after relative placement by age cohort:

The pattern of reduced placement change rates after first relative placement was observed across all age cohorts examined.

For children age birth to 5 years, placement change rates after first relative placement

- for children served were reduced from 0.30 to 0.04,
- for children in the matched sample of children not served were reduced from 0.23 to 0.12, and
- for all children eligible but not served were reduced from 0.35 to 0.08.

For children age 6 to 11 years,

- for children served were reduced from 0.40 to 0.07,
- for children in the matched sample of children not served were reduced from 0.68 to 0.16, and
- for all children eligible but not served were reduced from 0.61 to 0.19.

For children 12 years and older,

- for children served were reduced from 0.71 to 0.17,
- for children in the matched sample of children not served were reduced from 0.66 to 0.09, and
- for all children eligible but not served were reduced from 0.80 to 0.33.

Findings on aging out:

Although the numbers are very small, precluding calculations of statistical significance, it is noteworthy that those placed with relatives were markedly less likely to exit foster care to emancipation, typically referred to as “aging out.” Only between 1.9 percent (served) to 2.6 percent (all not served) of those with relatives aged out while between 11.1 percent (served) and 10.5 percent (matched not served) of those with non-relatives aged out. For the cohort examined, youth placed with non-relatives age out of foster care at a rate five times the rate of those placed with relatives.

Cost Implications:

Direct, child welfare agency cost savings: Placement changes incur immediate costs in terms of staff time to effect placement changes that involve a broad range of casework and administrative tasks that are required to be performed. Based on a calculated staff time rate of \$55 per hour (including supervisory and worker time but not foster parent time) and assuming a placement change takes an estimated 42 hours, the cost of a single placement change was found to exceed \$2,300 (Wulczyn, Kogan, & Harden, 2003). These costs can vary greatly depending on the ways that placement changes are managed within particular organizations. Focusing on data for children age 12 and older, the rate of placement change after relative placement is one third that for children with no relative placement (0.32 versus 0.97). Using this difference and assuming 100 placement moves would cost an average \$230,000, a reduction of two thirds would produce an agency cost savings of \$153,341.

Mental health services cost savings: For purposes of this study, the primary focus was on other costs that have been demonstrated to be associated with placement changes. A seminal study by Rubin et al (2004) published in *Pediatrics* found that foster care placement instability was associated with increased mental health costs during the first year in foster care, particularly among children with increasing general health care costs. The study, somewhat outdated in terms of actual cost figures, noted that the top 10 percent of users among foster children accounted for 83 percent of mental health services costs.

Related social cost savings: Casey Family Program’s publication “Why Should the Child Welfare Field Focus on Minimizing Placement Change as Part of Permanency Planning for Children?” (2007) reviews numerous studies to summarize the importance of children placed in foster care experiencing as few placement changes as possible. Minimizing placement change has been found to minimize child pain and trauma; lessen child attachment, behavior and mental health disorders; decrease school changes and increase academic achievement; maximize continuity in services, decrease foster parent stress, and lower program costs; and increase the likelihood that a child will establish an enduring positive relationship with a caring adult.

Related to aging out:

For the cohort examined, youth placed with non-relatives age out of foster care at a rate five times the rate of those placed with relatives. The Jim Casey Youth Opportunities Initiative (May 2013) estimates the costs of poor outcomes for foster youth aging out, including educational attainment, too early pregnancy, and involvement with the criminal justice system, to be \$300,000 per youth.

Finding 4. Children placed with relatives are less likely to experience treatment placements

A lower percentage of children placed with relatives (20.8%) than children not experiencing relative placement (28%) experience placement in restrictive environments (i.e., medical, mental health, or residential treatment facilities). Furthermore, those placed with relatives have a lower average number of treatment placements than those never placed with relatives (0.61 compared with 0.98) When compared with a matched sample of children not placed with relatives, 28.3 percent fewer children experienced placement in treatment environments and they experienced 38 percent fewer placements than children not placed with relatives.

Cost Implications:

Cost savings from these treatment placements findings can be examined from two perspectives. One is to examine savings from a reduction in the numbers of children placed in treatment settings (28.3% fewer) and another is to examine savings from a reduction in the number of such placements (38% fewer).

In the dataset of 2,072 children examined, a total 465 children experienced a treatment placement; a 28.3 percent reduction means 131 fewer children in such placements.

Annual basic foster care placement costs (which exclude indirect costs) are cited as \$4,395 in *Missouri's Child and Family Services Plan, 2015-2019*. Prior research has set the cost for institutional care at 6 to 10 times home-based foster care producing costs ranging from \$26,370 to \$43,950 per child per year or from \$2,197 to \$3,662 per month. For each child who remains in home-based foster care (at \$366.25 per month) rather than entering institutional care (at between \$2,197 and \$3,662 per month), the savings range from \$1,831 to \$3,296 per month.

In a study of Medicaid spending for children's behavioral health services, Pires et al. (2013) found that treatment/therapeutic group care utilization among children in foster care represents the highest mean annual expense among all behavioral health services, at nearly \$29,000 per child or \$2,416 per month. In the dataset of 2,072 children examined, a total 465 children experienced a treatment placement; a 28.3 percent reduction associated with relative placement means 131 fewer children in treatment placement (at \$2,416 per month) and a Medicaid cost savings of \$316,583 per month for the 131 children.

In addition to costs of institutional care and Medicaid costs, an agency could save more than \$2,300 in direct, child welfare agency costs associated with each placement move whether from the reduction in numbers of children or the reduced frequency of moves (Wulczyn, Kogan, & Harden, 2003). Put simply, a reduction of 100 in the number of placement moves produces a savings of \$230,000 in direct, child welfare agency costs.

Finding 5: Children served maintain greater connections with families and particularly with fathers and paternal relatives. A substantial body of research associates father involvement with adolescent well-being, improved educational performance and completion, and reduced likelihood of delinquency, all outcomes with associated costs.

Cost Implications:

In studies of families of similar race and income, children from homes with father involvement were (Meadows et al., 2009; Martin et al., 2010; Offer, 2013; Heard, 2007):

- Less likely to experience poverty;
- Half as likely to be arrested for a juvenile crime;
- Half as likely to be treated for emotional and behavioral problems;
- Half as likely to be suspended or expelled from school; and
- Three times as likely to complete high school.

Each of these outcomes has costs that have been documented in prior research. Exact costs depend on approaches and assumptions informing the calculations. Cohen and Piquero (2009) have estimated the monetary value of saving a single high risk youth to total between \$4.2 and \$7.2 million, reflecting costs associated with crime, drug use, and dropping out of school.

Finding 6: No children in the cohort studied re-entered foster care during the 12-month period July 1, 2015 through June 30, 2016. Although the study could examine re-entries to foster care for only a single year, it is noteworthy that none of the 26 children who re-entered care had been served.

Cost Implications:

Based on the January 2017 per member per month cost of \$1,812 and multiplying by an average 23 months in care, the average per child cost per episode in foster care would total \$41,676, excluding MO HealthNet expenditures. The prevention of reentry to foster care carries with it a potential savings per case of \$41,676.

VI. Conclusions and Implication of Comprehensive Study

Overarching Conclusions

As an independent, rigorous testing of the theory of change of 30 Days to Family®, conclusions are framed by elements of the theory. The key underlying assumption is that children derive greater benefit from care by relatives and this assumption is the rationale for the program's primary goal: to increase placements with relatives at the front-end of foster care episodes.

Before determining whether the model achieves what it purports to achieve, the implementation sub-study sought to specify the model, its operation and its context. The program model was found to be well articulated, implemented with a high degree of fidelity, and viewed quite favorably by personnel of collaborating organizations who view the program as doing what should be done for all children, what they themselves would like to have time and resources to do, and being more in line with practice standards to which child welfare systems aspire but frequently fall short.

It was confirmed that Missouri has a child welfare policy context that is favorable for relative/kinship placement with both licensing of relatives/kin as foster parents and availability of subsidized guardianship. Further evidence of the favorable context was found in recent federal and state reports. Nationally, as of September 30, 2015, 30 percent of all children in foster care were in the home of a relative. In Missouri, 36 percent in were with relatives in 2011, the year that 30 Days to Family® was implemented, and goal of 45 percent was established for 2016 and appeared to be met in November 2016. The St. Louis Region reported 26 percent of foster children were placed with relatives when 30 Days to Family® was implemented in March 2011 and 43 percent were reported in 2015 (MDSS, 2016). Recognizing the favorable policy context in Missouri has importance for replication of the model in other contexts that may not be so favorable.

The model specification process compared each component of the 30 Days to Family® model with the “as usual” model along seven dimensions to identify key features distinguishing the model from “as usual” practice. The model specification has particular value for replication of the model, explicitly identifying distinguishing features to help ensure fidelity to the model in subsequent replications.

The implementation sub-study also confirmed that the services delivered by the 30 Days to Family® program are all services required by federal law, state regulation, and/or policy. Hence, the program is not an additional, non-mandated service but, rather, a more intensive and enhanced model for delivering services that are required to be delivered. With this distinction in mind, the cost sub-study went beyond cost comparisons to examine outcomes from program and “as usual” models and the monetary value attached to the outcomes.

Multiple key informants in the implementation sub-study made reference to the “more challenging” cases being referred to 30 Days to Family®. This prompted a recognition of the significance of the program's eligibility criteria making children for whom a relative placement

is readily identifiable not eligible for services. This suggested a qualitative difference in children referred and those not served likely reflecting the presence of greater family estrangement. As a result of this understanding, in the sub-study analyzing child welfare administrative data, for purposes of comparing children served with children not served it was determined the more valid comparison would be of children served and eligible children not served rather than all children not served. This removes from the comparison children who were not eligible for services in the first place and differs from some prior studies examining outcomes for those with relative and non-relative caregivers and particularly studies that have cited child selection factors and policy preferences for kinship care as factor contributing to favorable outcomes associated with relative placement (Garwood and Williams, 2015; Font, 2015).

The 30 Days to Family® program is clearly successful in achieving its primary goal of increasing placements with relatives early in the foster care episode of children served. Using both “snapshot” and cumulative methods of analyses, significantly higher percentages of children served were placed with relatives compared with both the matched sample of those eligible but not served and all those eligible but not served. The higher percentages were observed from one month to three years following placement in foster care, suggesting a sustained positive effect of being served. Further, the program produced relative placement for children who were significantly older and more likely to have a disability.

The study also provides strong evidence of benefits of relative placement including fewer days in care across all age cohorts and regardless of discharge reason, more favorable discharge types, greatly enhanced placement stability, especially following relative placement, and reduced likelihood of placement in treatment facilities and re-entry to foster care. Groundbreaking methodology that corrects for count inflation and controls for length of time in care by employing rates of placement changes per month was used to evaluate placement stability. Each of the outcomes associated with being served and relative placement carries a monetary value which was specified in the cost sub-study using best available data and cost estimates from most authoritative sources.

Caregiver interviews provided evidence of the program’s benefit in preserving family connections and suggest a stronger a network of natural placement supports for those served. Consistent with findings from analyses of child welfare administrative data, children with relative caregivers were more likely to be involved with pro-social activities, to have positive relationships with mothers and fathers, to see maternal and paternal relatives frequently, and had more positive scores on a standardized assessment of functioning. A larger sample size would allow for more definitive findings.

The cost sub-study provides substantive evidence of program cost effectiveness. The 30 Days to Family® estimated cost per child served was found to be \$3,247 with a range of \$1,215 to \$8,653 per child. Average expenditures per child in foster care were calculated applying methods of most credible recent research applied to Missouri-specific expenditure data and yielded average annual expenditures per child ranging from \$50,228 to \$32,653 or from \$137.61 to \$94.09 per day with an average \$113.92 per day used to examine cost implications of findings from other sub-studies. Key savings identified included:

- from fewer days in care, an average \$10,271.61 per child across all children and an average \$21,687.26 for children age 9 and older;
- from greater placement stability, \$2,300 in direct, child welfare agency costs per placement move plus well-documented mental health and social costs associated with placement instability;
- from reduced placements in treatment, as much as \$2,416 per month per child; and
- from prevention of reentry to foster care, \$41,676 per child.

Implications

Policy and Practice Implications

This independent study has employed a rigorous and comprehensive approach and has produced a substantial body of evidence supporting the program model's theory of change.

Strong evidence of effectiveness in achieving the short term goal of increasing relative placements, multiple favorable longer-term outcomes associated with program services and/or relative placement, and clearly identifiable cost savings argue for prompt, widespread replication of the model in contexts with child welfare policies favorable to relative foster care.

Implementation in contexts with a less favorable policy infrastructure are less likely to produce the positive outcomes found in this study.

Research Implications

Future research on placement stability should employ methodology pioneered in this study that controlled for count inflation and length of time in care by calculating rates of placement change per month. Future research on relative and non-relative care should use extraordinary care to ensure that comparison cohorts are truly comparable and consider, at minimum, excluding children in care fewer than eight days as well as controlling for other variables, beyond demographics, that create qualitative differences in samples of children studied.

Future research on 30 Days to Family® should explore with larger samples of caregivers/families receiving program and “as usual” services aspects of the services received that were most helpful and contributed to key child welfare outcomes and family/child well-being. Such data would further illuminate the processes by which services and/or relative status contribute to the positive outcomes observed.

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APPENDICES

APPENDIX A. Implementation Sub-Study Focus Group and Interview Protocols

Referring Case Manager Focus Group

INTRODUCTION

Thank you for meeting with us today. I am _____ and this is _____ and we are from PolicyWorks, Ltd., a program evaluation and research firm based in Virginia. As you likely know, we have been asked to evaluate the 30 Days to Family® with particular focus on testing the program's theory of change. We will be exploring the impact of these services on child welfare outcomes and child well-being by analyzing a great deal of child welfare administrative data and conducting interviews with some relative and non-relative caregivers.

As part of the evaluation we are conducting site visits to better understand the operation of the program and the local context within which the program operates. You were invited to participate in this focus group because you have referred at least two cases to the program; a number of you have referred more. We want to understand your experiences and opinions concerning the program.

I will be your facilitator for this session and _____ will be taking notes. We are taking notes and audio recording the session so that we can accurately report what you share, but your responses will not be linked with your name in any way -- everything will be anonymous. No one from your organization or from FACC (The Coalition) will know who said what in this meeting. We strongly request that you and all other focus group participants not discuss what is said in this group today with others outside of the group. However, we cannot guarantee that all focus group participants will adhere to our request. We will use the recording to fill in our written notes, but then the recording will be destroyed. If at any time you would like to say something that you do not want to be recorded, just say so and we will turn off the recorder.

I'm not sure how many of you have participated in a focus group before, but let me give a brief overview of how this will work. As the facilitator, I will be asking questions, but I want the interaction to flow among you -- let's have lots of open discussion. I encourage you to talk to and ask questions of each other. There may be times when I need to interrupt the conversation -- either to ask you to clarify something you may have said or to move the discussion on to another topic. Most people say they really enjoy participating in these groups, so we hope that you have fun.

I want to reiterate that what you say will be kept confidential. We will be writing reports to our various funders on what we learn from all of our site visits, but we will not be discussing specific programs and we will never identify who has said what.

Again, we are very pleased to have you here today, and we thank you for your time and your opinions.

Do you have any questions for us before we begin?

Let's start by going around the room and giving your names, job positions, and the agencies you are with and your approximate caseload. Also tell us how long you've been in your position.

A. How Cases Are Referred and Opened

You will see that we will be very methodically asking questions about each aspect of your experience with the 30 Days to Family® Program. So, we will begin at the beginning, when a case is first referred to the program.

1. Within your organization, who makes the decision to refer a case to the 30 Days to Family® program?
2. What case factors contribute to the decision that a case will be referred or not referred?
3. At what point do you typically have your first contact with the 30 Days to Family® Specialist?
4. Tell us about how information about the case/family is shared initially, then throughout the period that 30 Days to Family® provides services.

B. Search

Focusing on the family finding process when children are first placed in foster care,

1. Tell us about your responsibilities related to searching for relatives.
2. In the early days of your search, from whom do you directly gather information?
3. Do you have access to online search tools? If so, briefly describe how you use those tools.
4. How important is it to have access to search tools? Would you say it's
☐ essential/critically important
☐ very important
☐ moderately important
☐ important but not essential
☐ not that important
5. Tell us about the challenges you experience in searching for relatives, kin or other caring adults and strategies you've used to overcome the challenges.

6. Approximately how many relatives/kin are identified for children not served by the 30 Days to Family® program?

C. Engagement

1. Tell us about your responsibilities related to engaging relatives and determining whether they are willing and suitable placement options for the child.
2. Tell us about contacting relatives that are identified. What determines who you contact first? Next?
3. What methods do you use to contact them?
4. Tell us about the challenges you experience in engaging relatives, kin or other caring adults. What factors appear to facilitate engagement? What strategies have you used to overcome the challenges?
5. Of all the relatives you identify, about what percentage do you have direct contact with by phone or in person? What other ways might you communicate with them?

D. Placement Decision making

1. Tell us about the process of family decision making, particularly related to decisions about who they want to provide care for the children and about who will serve as a support? How do the planning team and family come to decisions?
2. Tell us about how you work with the 30 Days to Family® Specialists as decisions are made about who will provide care for the child(ren).
3. In what ways does the involvement of the 30 Days to Family® Specialist influence the family decision making process related to decisions about placement and supports?
4. What challenges have been experienced related to placement decisions and services plans? How are differences resolved?

E. Services Planning

1. Tell us about the process of developing a services plan for children placed in foster care.
2. Do you see differences in services planning for children placed with relatives versus those placed with non-relatives?
3. Tell us about your role in helping families overcome barriers to placement. What are barriers you experience most frequently and how are they typically resolved?

4. Tell us about the challenges you experience in developing services plans and how you address the challenges.
5. What are the characteristics of families that are particularly challenging?
6. What are the characteristics of families that contribute to the best outcomes?

F. Perspectives Comparing 30 Days to Family® to Services “As Usual”

1. In general, how do you think 30 Days to Family® services are different from the family finding, planning, and family support interventions that are provided in cases not referred to 30 Days to Family®?
2. Are there particular elements or components of the 30 Days to Family® program model that you believe are critical to its success in finding relatives?
3. Thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the greatest facilitators of the implementation and growth of the 30 Days to Family® program?
4. Again, thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the barriers (that you have not yet mentioned) to the implementation of the 30 Days to Family® program?

G. Conclusion

1. Is there anything else you would like to share about your experience as a 30 Days to Family® Specialist?

We’ve come to the end of the focus group. Thank you so much for your time today. The information you provided will be an important part of our evaluation.

Case Manager Agreement to Participate in the 30 Days to Family® Study Focus Group

Background

PolicyWorks, Ltd. is an independent program evaluation firm based in Virginia that has been engaged to conduct a rigorous independent evaluation designed to test the 30 Days to Family® theory of change.

You were invited to participate in this focus group because you have referred at least two cases to the program. You will be asked about your experiences with and opinions about the program.

Privacy and Anonymity

During the focus group session, notes will be taken and the session will be audio recorded. The recording will be used to fill in our written notes, but will be destroyed once we are sure our notes are accurate and complete. All reporting will be anonymous; your responses will not be linked with your name in any way. No one from your organization or from FACC (The Coalition) will know who said what in this meeting. We strongly request that all focus group participants not discuss what is said in this group with others outside of the group. However, we cannot guarantee that all focus group participants will adhere to our request. If at any time you would like to say something that you do not want to be recorded, just say so and we will turn off the recorder.

Compensation for Your Time

In consideration of the time you spend related to participating in the focus group, you will be given a \$50 gift card.

Risks and Benefits

There are no known risks associated with participating in the focus group.

Additional Information

If you have questions or would like additional information you may contact:

- Anne J. Atkinson, Ph.D., PolicyWorks, Ltd., principal investigator for the study.
E-mail: AJAtkinson@policyworksltd.org Telephone: (804) 861-1001
- Gayle Flavin, MSW, Director of Program Implementation, Foster and Adoptive Care Coalition
E-mail: gayleflavin@foster-adopt.org Telephone: (314) 367-8373, Ext. 2228

Your signature indicates you have been provided information about the study, including any risks or benefits of participation, and that you freely and voluntarily agree to participate in the focus group.

Name of Case Manager Participant: _____

Signature: _____ Date: _____

30 Days to Family® Specialists' Interview

INTRODUCTION

Thank you for meeting with us today. I am _____ and this is _____ and we are from PolicyWorks, Ltd., a program evaluation and research firm based in Virginia. As you likely know, we have been asked to evaluate the 30 Days to Family® with particular focus on testing the program's theory of change. We will be exploring the impact of these services on child welfare outcomes and child well-being by analyzing a great deal of child welfare administrative data and conducting interviews with some relative and non-relative caregivers.

A critical step in testing any program's theory of change is accurately describing in great detail the program model, how the program operates, and the local context within which the program operates. In these areas, you are the experts and we need your help.

We will be taking notes and recording our discussion so that we can accurately report what you are telling us. We will use the recording to fill in our written notes but the recording will be destroyed as soon as we are certain our notes are accurate and complete. If at any time you would like to say something that you do not want to be recorded, just let us know and we will turn off the recorder during that time.

Your responses will not be linked with your name in any way. Everything will remain both confidential and anonymous. We will be writing reports on what we have learned but we will not in any way identify who said what.

Do you have any questions for us before we begin?

Let's start by going around the room and giving your names and telling us how long you've been in your position.

A. How Cases Are Referred and Opened

You will see that we will be very methodically asking questions about each step and each aspect of what you do. So, we will begin at the beginning, when a case is first referred and opened.

1. How and at what point is a case assigned to you?
2. What things do you do immediately – within a few hours of a case being assigned to you?

3. At what point do you have contact with the child's case manager or other child welfare worker with primary responsibility for the case at that point and what is the typical focus on that first contact?
4. How much access do you have to information about the child? Do you have access to the full case file or only to portions? To what extent is information shared verbally?

B. Search

Focusing on the search process from beginning to end, let's focus first on the persons from whom you obtain information to guide your search. We'll ask you about your use of online search tools after we talk how information is obtained from people.

1. Tell us about your responsibilities related to searching for relatives.
2. In the early days of your search, from whom do you directly gather information?
3. Tell us about how relatives and others you find tell you about other relatives and how you find and engage them.
4. We know that you have access to a number of search tools. Please briefly describe how you use those tools.
5. How important is it to have access to these search tools? Would you say it's

___ essential/critically important
___ very important
___ moderately important
___ important but not essential
___ not that important
6. Tell us about the challenges you experience in searching for relatives, kin or other caring adults and strategies you've used to overcome the challenges.
7. What factors influence your decision to stop actively searching for more relatives?

C. Engagement

1. Tell us about your responsibilities related to engaging relatives.
2. Tell us about contacting relatives that are identified. What determines who you contact first? Next?
3. What methods do you use to contact them?
4. Tell us about the challenges you experience in engaging relatives, kin or other caring adults. What strategies have you used to overcome the challenges?

5. What factors appear to facilitate engagement?
6. Of all the relatives you identify, about what percentage do you engage?
7. What factors influence your decision to stop actively engaging more relatives?

D. Decision Making

1. Tell us about how you assist case managers in helping family members to make decisions about who will provide care for the child(ren).
2. What are your observations about the process of family decision making about who they want to provide care for the children and about who will serve as a support?
3. How do the planning team and family come to decisions?
4. What challenges have been experienced related to placement decisions and services plans? How are differences resolved?

E. Roadmap to Family

1. We understand that you engage in a process of assessment from the very beginning. Tell us about assessments you conduct and how you use the information you gain from assessment.
2. We understand the Roadmap to Family lays out how the placement provider will use his/her resources and other resources to make a placement successful and exactly what other persons are expected and approved to provide to support the family. Tell us about the process of developing the Roadmap with family members.
3. Tell us about your role in helping families overcome barriers to placement. What are barriers you experience most frequently and how are they typically resolved?
4. Tell us about the challenges you experience in creating Roadmaps to Family and how you address the challenges.
5. Tell us about the 30-Day Meeting.
 - How many family members attend the meetings (in-person or via phone)?
 - Outside of family members, who else is usually invited to these meetings?
 - Is there an “official” approach used in convening these meetings? (e.g. FGDM, TDM, etc.)
 - What types of things are discussed during these meetings?
 - Are you generally pleased with your level of involvement in agency-run meetings?
6. What are the characteristics of families that are particularly challenging?

7. What are the characteristics of families that contribute to the best outcomes?

F. Supervision

Now, we'd like to ask you some questions about the supervision and support you receive.

1. How frequently do you seek advice, guidance, or approval for case-related issues?
2. Do you think the amount of supervision you receive is adequate?

G. Training

Now, we'd like to ask you about your training.

1. What, if any, formal training did you receive on the 30 Days to Family® model and how to implement the program before you were assigned a case?

H. Perspectives Comparing 30 Days to Family® to Services “As Usual”

1. In general, how do you think 30 Days to Family® services are different from the family finding, planning, and family support interventions that are provided in cases not referred to 30 Days to Family®?
2. Are there particular elements or components of the 30 Days to Family® program model that you believe are critical for it to succeed?
3. Thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the greatest facilitators of the implementation and growth of the 30 Days to Family® program?
4. Again, thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the barriers (that you have not yet mentioned) to the implementation of the 30 Days to Family® program?

I. Conclusion

1. Is there anything else you would like to share about your experience as a 30 Days to Family® Specialist?

We've come to the end of the interview. Thank you so much for your time today. The information you provided will be an important part of our evaluation.

30 Days to Family® Supervisor Interview

INTRODUCTION

Thank you for meeting with me/us today. [Introduction of interviewer(s)] As I'm sure you know, we have been asked to evaluate the 30 Days to Family® with particular focus on testing the program's theory of change. We will be exploring the impact of these services on child welfare outcomes and child well-being by analyzing a great deal of child welfare administrative data and conducting interviews with some relative and non-relative caregivers.

A critical step in testing any program's theory of change is accurately describing in great detail the program model, how the program operates, and the local context within which the program operates. In these areas, you are the expert and we are eager to hear your descriptions and perspectives.

I/we will be taking notes and recording our discussion so that we can accurately report what you are telling us. We will use the recording to fill in our written notes but the recording will be destroyed as soon as we are certain our notes are accurate and complete. If at any time you would like to say something that you do not want to be recorded, just let us know and we will turn off the recorder during that time.

Your responses will not be linked with your name in any way. Everything will remain both confidential and anonymous. We will be writing reports on what we have learned but we will not in any way identify who said what.

Do you have any questions for us before we begin?

A. Background

1. Please tell us about the development of 30 Days to Family® and your involvement with the program's development and current operation.
2. What was your experience related to child welfare prior to your current position?

B. Referral Process

We are very interested in your perspectives on each aspect of the program model and how it operates. To do this, you will see that we will be very methodically asking questions about each step and each aspect of the program. So, we will begin at the beginning, when a case is first referred and opened.

1. Please tell us about the referral process.
2. What are your observations about the primary factors that affect whether a case is referred or not referred to the program?

3. Who typically makes the referrals?
4. When the program is at capacity and a referral cannot be accepted, how do referring agency staff react? How does it affect the relationships?
5. Once a referral is made, what happens?

C. How Cases Are Assigned, Initial Actions, Court Hearing

1. What determines the way you assign cases to staff?
2. What actions are taken immediately -- within a few hours of a case being assigned to you?
3. At what point do you or Specialists have contact with the child's case manager or other child welfare worker with primary responsibility for the case at that point and what is the typical focus on that first contact?
4. Why is it so important that the program Specialists are present at the first court hearing?
5. How much access do you have to information about the child? Do you have access to the full case file or only to portions? To what extent is information shared verbally?

D. Search

Focusing on the search process,

1. How does the family findings conducted by the program differ from family finding typically conducted when children enter foster care?
2. How important is it to have access to online search tools? Would you say it's
 - ___ essential/critically important
 - ___ very important
 - ___ moderately important
 - ___ important but not essential
 - ___ not that important
3. What are the main challenges that the program experiences in searching for relatives, kin or other caring adults and main strategies that are used to overcome the challenges.
4. How do you know when you've found "enough" relatives?

E. Engagement

1. How does family engagement conducted by the program differ from family findings typically conducted when children enter foster care?

2. What are the main challenges that the program experiences in engaging relatives, kin or other caring adults. What factors appear to facilitate engagement? What strategies have you used to overcome the challenges?
3. Of all the relatives you identify, about what percentage do staff engage -- directly contacting them and inquiring about a potential placement or support role?
4. What factors influence the decision to stop actively engaging more relatives?

F. Placement Decision Making

1. Tell us about how program staff assist case managers in helping family members to make decisions about who will provide care for the child(ren).
2. What are your observations about how the process of family decision making, particularly related to who will provide care for the children and about who will serve as a support? How do the planning team and family come to decisions?
3. What challenges have been experienced related to placement decisions and services plans? How are differences resolved?

G. Roadmap to Family

1. We understand that you engage in a process of assessment from the very beginning. Tell us about assessments conducted and how the information gained assessment is used.
2. We understand the Roadmap to Family lays out how the placement provider will use his/her resources and other resources to make a placement successful and exactly what other persons are expected and approved to provide to support the family. Tell us about the process of developing the Roadmap with family members.
3. Please describe how families are assisted in overcoming barriers to placement. What are barriers you see most frequently and how are they typically resolved?
4. Tell us about the challenges experience by staff in creating Roadmaps to Family and how they address the challenges.
5. What are the characteristics of families that are particularly challenging?
6. What are the characteristics of families that contribute to the best outcomes?
7. Tell us about the main purposes of the 30-Day Meeting.

H. Supervision

1. Tell us about how you conceptualize your supervisory role.
2. Do you think the amount of supervision you provide is about right?

I. Staff Qualifications and Training

1. What are your observations about what it takes to be an effective Specialist? Please address each of these: What educational background? What professional experience? What personal qualities?
2. Tell us about how Specialists are currently trained in the 30 Days to Family® model.

J. Perspectives Comparing 30 Days to Family® to Services “As Usual”

1. In general, how do you think 30 Days to Family® services are different from the family finding, planning, and family support interventions that are provided in cases not referred to 30 Days to Family®?
2. What are the particular elements or components of the 30 Days to Family® program model that you believe are critical for it to succeed?
3. Thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the greatest facilitators of the implementation and growth of the 30 Days to Family® program?
4. Again, thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the barriers (that you have not yet mentioned) to the implementation of the 30 Days to Family® program?

K. Conclusion

1. Is there anything else you would like to share about your experience as the 30 Days to Family® Supervisor?

We’ve come to the end of the interview. Thank you so much for your time today. The information you provided will be an important part of our evaluation.

Interview with Supervisors in Collaborating Organizations

INTRODUCTION

Thank you for meeting with me today. I am _____ from PolicyWorks, Ltd., a program evaluation and research firm based in Virginia. As you likely know, we have been asked to evaluate the 30 Days to Family® with particular focus on testing the program's theory of change. The study involves several sub-studies. One looks at implementation, another looks at outcomes for children served, and another looks at costs. You were selected to be interviewed because of your supervisory/administrative role in an organization that collaborates with FACC (The Coalition) and we are particularly interested in your perspectives on the 30 Days to Family® program.

I am taking notes on your responses but want to assure you that your responses will not be linked with your name in any way -- everything will be anonymous. No one from your organization or from FACC (The Coalition) will know who said what. We'll enter your responses into a secure database that does not contain any identifying information and destroy our notes once we are sure the data entered is accurate. Additionally, when we report our findings we will not attribute to individual informants or otherwise make references to persons, places, or events that might give any clues as to identities.

Again, we appreciate your taking time to speak with us.

Do you have any questions for us before we begin?

A. Relationship to and Familiarity with Program

1. Please tell us about how your organization interfaces with the 30 Days to Family® program and your particular roles.
2. How would rate your level of familiarity with the program?

___ Very familiar
___ Moderately familiar
___ A little familiar

B. Referral Process

1. Please tell me about the referral process.
2. What are your observations about the primary factors that affect whether a case is referred or not referred to the program?
3. Once a referral is made, what happens?

4. When the program is at capacity and a referral cannot be accepted, how do referring agency staff react? How does it affect the relationships?

C. Court Hearing

1. Do you or does your staff attend court hearings? If yes, tell us about the importance of the initial hearing.
2. How about subsequent hearings? What typically occurs then?
3. How do you think the involvement of the 30 Days to Family® program is viewed by Courts? Please speak to the views of judges and whether they might differ from the views of other court personnel.

D. Search

1. What are your observations about the search or family finding process that the program engages in?
2. From your perspective, how does the search process conducted by the program differ from family finding typically conducted when children enter foster care?

E. Engagement

1. What are your observations about how the program Specialists engage family members who are identified?
2. From your perspective, how does family engagement conducted by the program differ from family findings typically conducted when children enter foster care?

F. Placement Decision Making

1. What are your observations about how the process of family decision making, particularly related to who will provide care for the children and about who will serve as a support? How do the planning team and family come to decisions?
2. What challenges have you observed related to placement decisions and services plans? How are differences resolved?

G. Roadmap to Family

1. What are your observations about the value of the “Roadmap to Family” that is prepared?

2. From your perspective, how does the “Roadmap to Family” differ from services planning and placement supports established typically when children enter foster care?
3. Tell me about how families are assisted in overcoming barriers to placement. What are barriers you see most frequently and how are they typically resolved?
4. What are the characteristics of families that are particularly challenging?
5. What are the characteristics of families that contribute to the best outcomes?
6. What is your involvement with the 30-day meeting?

H. Perspectives Comparing 30 Days to Family® to Services “As Usual”

1. What are the particular elements or components of the 30 Days to Family® program model that you believe are critical for it to succeed?
2. Thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the greatest facilitators of the implementation and growth of the 30 Days to Family® program?
3. Again, thinking about factors in the implementation context as well as factors internal to the program, in your opinion, what have been the barriers (that you have not yet mentioned) to the implementation of the 30 Days to Family® program?

I. Conclusion

1. Is there anything else you would like to share about your experience with the 30 Days to Family® Program?

We’ve come to the end of the interview. Thank you so much for your time today. The information you provided will be an important part of our evaluation.

APPENDIX B. Sub-Study Examining Child Welfare Administrative Data

Elements and Definitions of Child Welfare Administrative Data Analyzed	
Data Element	Details of Data Requested
1. Agency	For a State, the U.S. Postal Service two letter abbreviation for the State submitting the report.
3. Local Agency	Identity of the county or equivalent unit which has responsibility for the case. The 5 digit Federal Information Processing Standard (FIPS) must be used or other ACF-provided code.
4. Record Number or other unique identifier	The sequential number which the title IV-E agency uses to transmit data to the Department of Health and Human Services (DHHS) or a unique number which follows the child as long as he or she is in foster care. The record number cannot be linked to the child's case I.D. number except at the title IV-E agency level.
Demographic Data	
6. DOB	Month, day, and year of the child's birth. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate date of birth. Use the 15th as the day of birth.
7. Sex	Indicate as appropriate.
8. Race	a. American Indian or Alaska Native b. Asian c. Black or African American d. Native Hawaiian or Other Pacific Islander e. White f. Unable to Determine
9. Hispanic or Latino Ethnicity	Answer "yes" if the child is of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the ethnicity of the child.
10. Diagnosed disability (yes/no/not yet determined)	"Yes" indicates that a qualified professional has clinically diagnosed the child as having at least one of the disabilities listed below in elements #11-15. "No" indicates that a qualified professional has conducted a clinical assessment of the child and has determined that the child has no disabilities. "Not Yet Determined" indicates that a clinical assessment of the child by a qualified professional has not been conducted.
11. Mental Retardation	Significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the development period that adversely affect a child's/youth's socialization and learning.
12. Visually or Hearing Impaired	Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.
13. Physically Disabled	A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.
14. Emotionally Disturbed (DSM-IV or V)	A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: An inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems.

Elements and Definitions of Child Welfare Administrative Data Analyzed	
Data Element	Details of Data Requested
	The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed.
15. Other Medically Diagnosed Condition	Conditions other than those noted above which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS.
16. Has Child Ever Been Adopted?	If this child has ever been legally adopted, enter "yes." If the child has never been legally adopted, enter "no." Enter "Unable to Determine" if the child has been abandoned or the child's parent(s) are otherwise not available to provide the information.
Removal/Placement Setting Indicators	
18. Date of First Removal From Home	Month, day and year the child was removed from home for the first time for purpose of placement in a foster care setting. If the current removal is the first removal, enter the date of the current removal. For children who have exited foster care, "current" refers to the most recent removal episode.
19. Total Number of Removals from Home to Date	The number of times the child was removed from home, including the current removal.
20. Date Child Was Discharged from Last Foster Care Episode	For children with prior removals, enter the month, day and year they were discharged from care for the episode immediately prior to the current episode. For children with no prior removals, leave blank.
21. Date of Latest Removal from Home	For every removal episode since 4/1/11, every placement - start and end dates and type of placement (e.g. foster family home, group home)
23. Date of Placement in Current FC Placement Setting	Month, day, and year the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.
24. Number of Previous Placements During This Removal Episode	Enter the number of places the child has lived, including the current setting, during the current removal episode.
Circumstances of Removal	
25. Manner of Removal from Home for Current Removal Episode	Voluntary Placement Agreement—An official voluntary placement agreement has been executed between the caretaker and the agency. The placement remains voluntary even if a subsequent court order is issued to continue the child is foster care. Court Ordered—The court has issued an order which is the basis of the child's removal. Not Yet Determined—A voluntary placement agreement has not been signed or a court order has not been issued. This
26. Physical Abuse	Alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child's welfare.
27 Sexual Abuse	Alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child's welfare.
28. Neglect	Alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care.
29. Alcohol Abuse (parent)	Principal caretaker's compulsive use of alcohol that is not of a temporary nature.
30. Drug Abuse (parent)	Principal caretaker's compulsive use of drugs that is not of a temporary nature.

Elements and Definitions of Child Welfare Administrative Data Analyzed	
Data Element	Details of Data Requested
31. Alcohol Abuse (child)	Child's compulsive use of or need for alcohol. This element should include infants addicted at birth.
32. Drug Abuse (child)	Child's compulsive use of or need for narcotics. This element should include infants addicted at birth.
33. Child's Disability	Clinical diagnosis by a qualified professional of one or more of the following: Mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Include only if the disability(ies) was at least one of the factors which led to the child's removal.
34. Child's Behavior Problem	Behavior in the school and/or community that adversely affects socialization, learning, growth, and moral development. These may include adjudicated or nonadjudicated child behavior problems. This would include the child's running away from home or other placement.
35. Death of Parent(s)	Family stress or inability to care for child due to death of a parent or caretaker.
36. Incarceration of Parent(s)	Temporary or permanent placement of a parent or caretaker in jail that adversely affects care for the child.
37. Caretaker's Inability to Cope Due to Illness or Other Reason	Physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child.
38. Abandonment	Child left alone or with others; caretaker did not return or make whereabouts known.
39. Relinquishment	In writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted.
40. Inadequate Housing	Housing facilities were substandard, overcrowded, unsafe or otherwise inadequate resulting in their not being appropriate for the parents and child to reside together. Also includes homelessness.
Current Placement Setting	
41. Current Placement Setting	1 = Pre-Adoptive Home 2 = Foster Family Home (Relative) 3 = Foster Family Home (Non-Relative) 4 = Group Home 5 = Institution 6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit
42. Placement Out of State/Tribal Service Area	"Yes" indicates that the current placement setting is located outside of the State or the Tribal service area of the title IV-E agency making the report. "No" indicates that the child continues to reside within the State or the Tribal service area of the title IV-E agency making the report.
Most Recent Case Plan Goal	
43. Most Recent Case Plan Goal	Indicate the most recent case plan goal for the child based on the latest review of the child's case plan—whether a court review or an administrative review. If the child has been in care less than six months, enter the goal in the case record as determined by the caseworker. 1 = Reunify with Parent(s) or Principal caretaker(s) 2 = Live with Other Relative(s) 3 = Adoption

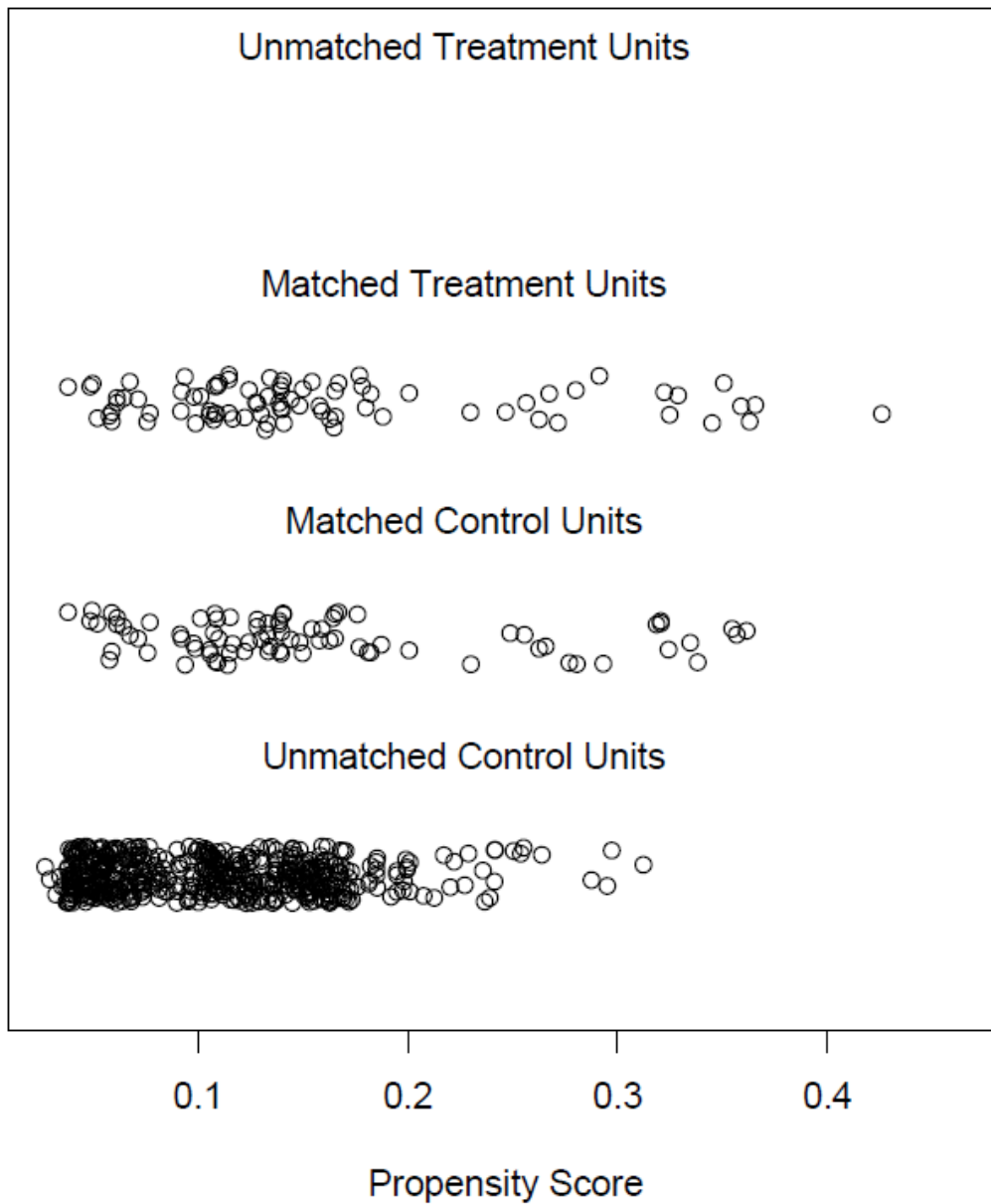
Elements and Definitions of Child Welfare Administrative Data Analyzed	
Data Element	Details of Data Requested
	4 = Long Term Foster Care 5 = Emancipation 6 = Guardianship 7 = Case Plan Goal Not Yet Established
Parental Rights Termination	
47. Date of Mother's Parental Rights Termination (if applicable)	Enter the month, day, and year that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.
48. Date of Legal or Putative Father's Parental Rights Termination (if applicable)	Enter the month, day, and year that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.
Foster Family Home	
49. Foster Family Structure	Select the category which best describes the nature of the foster parents with whom the child is living in the current foster care episode. 0=Not Applicable 1 = Married Couple 2 = Unmarried Couple 3 = Single Female 4 = Single
Outcome Data	
56. Date of Discharge from Foster Care	Enter the month, day, and year the child was discharged from foster care. If the child has not been discharged from care, leave blank.
58. Reason for Discharge	0 = Not Applicable 1 = reunification with Parent(s) or Primary Caretaker(s) 2 = Living with Other Relative(s) 3 = Adoption 4 = Emancipation 5 = Guardianship 6 = Transfer to Another Agency 7 = Runaway 8 = Death of Child
Source(s) of Federal Financial Support/Assistance for a Child	
59. Title IV-E (Foster Care)	Title IV-E foster care maintenance payments are being paid on behalf of the child.
60. Title IV-E (Adoption Assistance)	Title IV-E adoption subsidy is being paid on behalf of the child who is in an adoptive home, but the adoption has not been legalized.
61. Title IV-A	Child is living with relative(s) whose source of support is an AFDC payment for the child.
62. Title IV-D (Child Support)	Child support funds are being paid to the State agency on behalf of the child by assignment from the receiving parent.
63. Title XIX (Medicaid)	Child is eligible for and may be receiving assistance under title XIX.
64. SSI or Other Social Security Benefits	Child is receiving support under title XVI or other Social Security Act titles not included in this section.

Elements and Definitions of Child Welfare Administrative Data Analyzed	
Data Element	Details of Data Requested
65. None of the Above	Child is receiving support only from the title IV-E agency, or from some other source (Federal or non-Federal) which is not indicated above.
Amount of Monthly Foster Care Payment (regardless of source)	
66. Amount of Monthly Foster Care Payment	Enter the monthly payment paid on behalf of the child regardless of source (i.e., Federal, State, county, municipality, tribal, and private payments). If title IV-E is paid on behalf of the child, the amount indicated should be the total computable amount. If the payment made on behalf of the child is not the same each month, indicate the amount of the last full monthly payment made during the reporting period. If no monthly payment has been made during the period, enter all zeros.
Adoption Elements	
Court Actions	
21. Date adoption legalized	Enter the date the court issued the final adoption decree.
Relationship to Adoptive Parent(s)	
29. Relationship – Stepparent	Spouse of the child's birth mother or birth father.
30. Relationship – Other relative	A relative through the birth parents by blood or marriage.
31. Relationship – Foster parent	Child was placed in a non-relative foster family home with a family which later adopted him or her. The initial placement could have been for the purpose of adoption or for the purpose of foster care.
32. Relationship – Other non-relative	Adoptive parent fits into none of the categories above.
Adoption Subsidy	
35. Is the child receiving monthly subsidy?	Enter “yes” if this child was adopted with an adoption assistance agreement under which regular subsidies (Federal, State, or Tribal) are paid.
36. Monthly amount	Indicate the monthly amount of the subsidy. The amount of the subsidy should be rounded to the nearest dollar. Indicate “0” if the subsidy includes only benefits under titles XIX or XX of the Social Security Act.
37. Adoption assistance – IV-E	If VIII.A is “yes,” indicate whether the subsidy is claimed by the title IV-E agency for reimbursement under title IV-E. Do not include title IV-E non-recurring costs in this item.

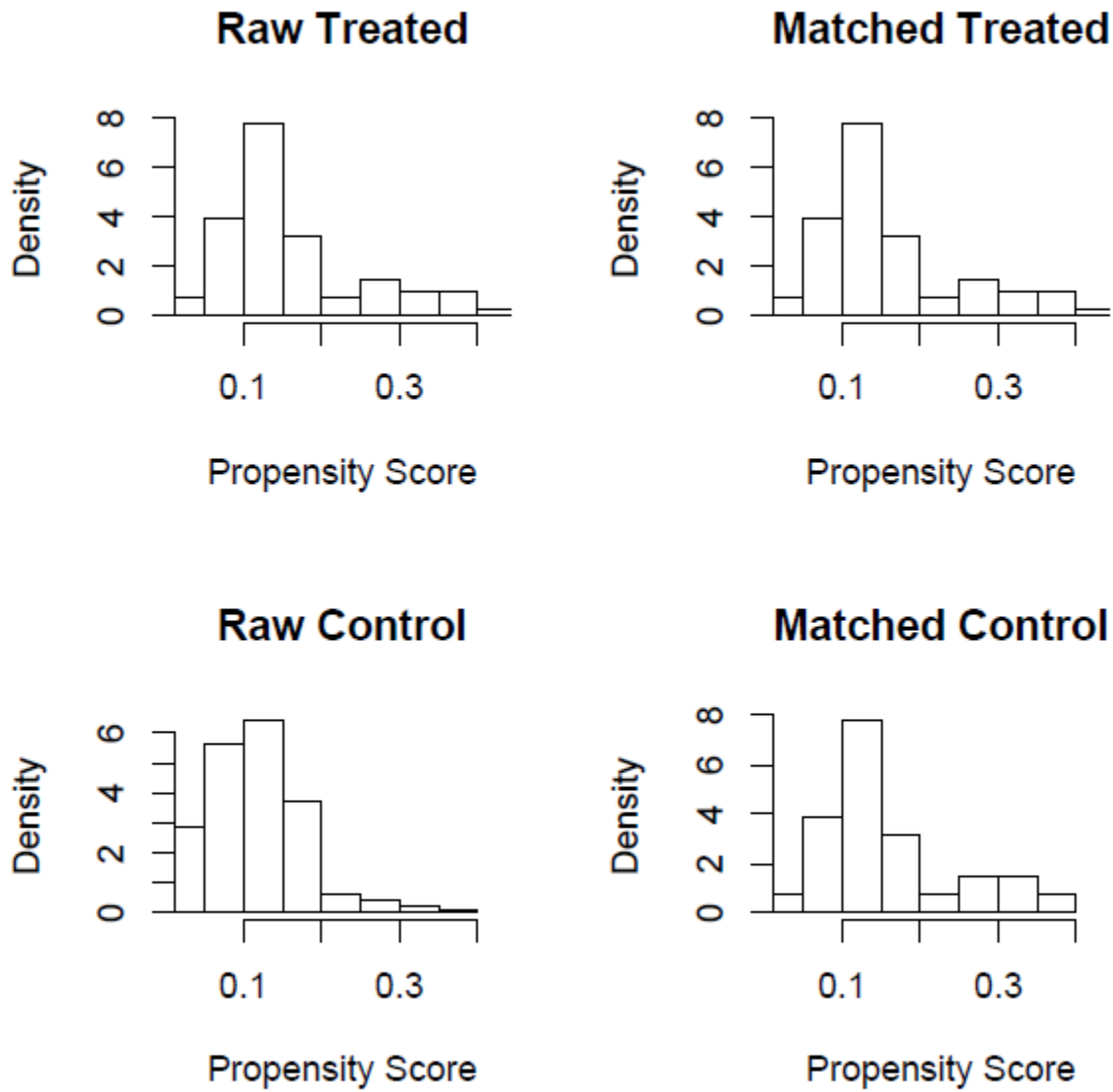
APPENDIX C. Propensity Score Comparisons

Propensity Score Comparisons

Distribution of Propensity Scores



Propensity Score Comparisons



APPENDIX D. Materials Associated with Caregiver Interviews

INITIAL TELEPHONE CONTACT SCRIPT

Hello. My name is [NAME] and I am assisting with a study that involves talking with foster parents of children placed in foster care in recent years. The study is designed to help us understand whether children who were served by the 30 Days to Family® program have better outcomes than those who were not served. The program is one that seeks to quickly locate family members to care for children and youth entering foster care and to create a network of support for those families. It is a program of the Foster and Adoptive Care Coalition here in the St. Louis area.

We understand that you were served by that program and [*for those served by the program*]
OR

Although you were not served by the program, [*for those not served by the program*]

. . . we hope you will agree to be interviewed because you are the most knowledgeable source of information about the child's life and how the child is doing. The information you can provide is critical to our determining whether the program is having the positive outcomes it is intended to have.

Interviews will last about an hour and are scheduled at your convenience in a place of your choosing – we can come to your home, meet you at your workplace or another place or at the Foster and Adoptive Care Coalition office in the Brentwood area. In consideration of your time, you will receive a \$50 gift card as a token of our appreciation.

Your participation in the interview is entirely voluntary. Although we have your name and contact information for the purpose of contacting you to schedule an appointment, no information from interviews will be associated with your identity in any way. Whether you participate or don't participate in an interview is not reported to any agency or organization.

This is a lot of information over the phone. If you would be willing to be interviewed or even consider being interviewed, we'd like to send you this information in writing. We can send it by USPS or even e-mail it if you prefer that method. [Informed consent form and FAQ sheet to be sent]

Could we schedule a time with you for an interview?

If yes, schedule the interview. The interviewer should provide contact information so that the caregiver can contact the interviewer in the event of need to cancel the appointment.

For those receptive to participation but not prepared to schedule an appointment, permission to send information will be secured and a follow-up call will be made after the study information has had time to be received and reviewed by the caregiver. In the follow-up, the caller will answer any questions about the study and emphasize the importance of the caregiver's views. For

caregivers who at that time agree to participate, an appointment will be scheduled at their convenience.

Any caregivers who firmly decline to participate will be thanked for their consideration, eliminated from the pool of caregivers to be interviewed, and the reason for refusal, if given, recorded.

Caregiver Consent to Be Interviewed

Background

30 Days to Family® is an intense short-term intervention developed by the Foster and Adoptive Care Coalition (FACC known as “The Coalition”) based in St. Louis, MO. The program aggressively seeks to find relatives of children being placed in foster care and to quickly put in place support for the families so that children can be successfully placed with relatives or others close to the child.

PolicyWorks, Ltd. is an independent program evaluation firm that has been engaged to conduct a rigorous independent evaluation designed to test whether 30 Days to Family® is achieving the outcomes it is intended to achieve.

You may contact either FACC or PolicyWorks, Ltd. for additional information or if you have questions. Contact information is listed at the end of this document.

Importance of Your Participation

You are being asked to participate in an interview that should last about an hour and certainly no longer than 90 minutes. You were randomly selected to be interviewed from a sample of caregivers of children and youth placed in foster care in the St. Louis area in recent years. You may be related to the child or you may not be related to the child. The Missouri Children’s Division, in accordance with Section 210.150.2 and 3(7) RSMo, has provided to the Coalition the information necessary to contact you. However, the person interviewing you has no information about the child’s history or circumstance beyond his/her placement with you.

Your participation in the interview is entirely voluntary. However, we hope you will agree to be interviewed because you are the most knowledgeable source of information about the child’s life and how the child is doing. The information you can provide is critical to our determining whether the program is having the positive outcomes it is intended to have. The Coalition, the Missouri Department of Social Services and other child welfare agencies and organizations outside Missouri that are interested in implementing the 30 Days to Family® program are all interested in the findings. In addition, findings will be shared with policy makers and may be used to improve child welfare services (and outcomes for children) in Missouri and elsewhere.

Compensation for Your Time

In consideration of the time you spend being interviewed (not more than 90 minutes), you will be given a \$50 gift card following the interview.

Confidentiality

Your name and contact information were used temporarily only to contact you and schedule an appointment for the interview. This information is not attached to any of the data we keep; once information from the interview is properly collected, any personally identifying information (such as your name or contact information) are removed and any papers on which the interviewer takes notes will be destroyed after information is entered in a secure database. Furthermore, reports of findings will contain primarily statistical summaries based on groups of people. If any descriptions or examples are included,

no names or other references to persons, places, or events that might give any clues to identities will be included. Multiple layers of security will be employed for all study data.

In addition, interviewers are clearly directed that all information collected is to remain confidential and all have undergone related training.

As noted above, your participation in the interview is voluntary. In addition, you may decline to answer any question with which you are uncomfortable and you are not required to tell us why you decline to answer. We will ask whether the child/youth for whom you are caring has had any serious medical, mental health, or behavioral issues requiring intervention in the past 12 months but we will not ask you to detail them in any way.

There is one exception to confidentiality we need to make you aware of. It is our legal and ethical responsibility to report situations of suspected child abuse, child neglect, or any life-threatening situation to appropriate authorities. However, we are not seeking this type of information in our study nor will you be asked questions about these issues.

Risks and Benefits

There are no known risks associated with participating in the interview. Some questions we ask about the status or behavior of the child/youth for whom you care may be considered personal or sensitive. However, data collected are in no way associated with individual caregivers or with any personally identifying information about any child/youth in foster care. Further, whether an individual caregiver participates or does not participate will not be reported to any agency or organization. Participation or failure to participate have no bearing on eligibility for or receipt of any services provided to the caregiver or child/youth in foster care. The only tangible benefit for participating is a \$50 gift card given to caregivers who complete interviews as compensation for their time.

Additional Information

If you have questions or would like additional information you may contact:

Anne J. Atkinson, Ph.D., PolicyWorks, Ltd., principal investigator for the study.
E-mail: AJAtkinson@policyworksltd.org Telephone: (804) 861-1001

Gayle Flavin, MSW, Director of Program Implementation, Foster and Adoptive Care Coalition
E-mail: gayleflavin@foster-adopt.org Telephone: (314) 367-8373, Ext. 2228

Your signature indicates you have been provided information about the study, including any risks or benefits of participation, and that you freely and voluntarily agree to be interviewed.

Name of Caregiver to Be Interviewed: _____

Signature of Caregiver: _____ Date: _____

Name of Interviewer: _____

Signature of Interviewer: _____ Date: _____

CAREGIVER INTERVIEW PROTOCOL

INTRODUCTION TO INTERVIEW

Thank you for agreeing to meet/talk with me today. I am [NAME] and I am assisting with an evaluation of 30 Days to Family® a program of the Foster and Adoptive Care Coalition here in St. Louis.

The evaluation is designed to explore the impact of program services on child welfare outcomes and the well-being of children in foster care. In addition to interviews such as this one, the evaluation is looking at social services statistical data and interviewing social workers and others acquainted with how children enter foster care and experience initial placement in care.

Your name and contact information were used only to contact you and make this appointment but are not attached to any of the data we keep.

Notes I make on paper will be entered into a secure database that does not contain your name or the name of your foster child/[relationship (e.g., grandson, niece) if relative/kin placement]; your responses will not be linked to your name in any way.

When we write reports about the evaluation, they will contain primarily summaries of numbers for groups of people. If any descriptions are included, no names or other references to persons, places, or events that might give any clues to identities will be included.

Everything you say will be kept confidential.

The first part of the interview is a set of questions focusing on [CHILD] and his/her placement with you.

The second part involves completing parts of a Child and Adolescent Needs and Strengths assessment form that is referred to as the CANS.

The interview takes about an hour to complete.

Do you have any questions before we begin?

Interviewer: Respond to any questions

BACKGROUND

First, I'd like to ask you some questions about how [NAME] came to be placed with you.

<p>If relative/kin placement,</p> <p>1.a. How well did you know [NAME] before he/she was placed with you?</p> <p>___0 = Did not know child existed; no relationship or knew child existed but had never seen/met</p> <p>___1 = Had contact but no relationship established</p> <p>___2 = Had occasional or regular contact; beginning relationship established</p> <p>___3 = Had regular/frequent contact; moderately to very close relationship established</p>	<p>If not relative/kin placement,</p> <p>1.b. Did you know [NAME] before he/she was placed with you? If so, how did you know him/her?</p> <p>___0 = Did not know child existed; no relationship</p> <p>___1 = Knew child, but no relationship established</p> <p>___2 = Had occasional or regular contact; beginning relationship established</p> <p>___3 = Had regular/frequent contact; moderately to very close relationship established</p>
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2. What do you know about his/her removal from his parent?

Interviewer: Allow caregiver to respond.

Based on the response, then the interviewer rates the level of familiarity with the circumstances.

4 = Very familiar	May have had prior relationship with child and/or involvement during period child was removed from parents; evidence of high level of effort to learn about/understand the child's prior circumstances
3 = Moderately familiar	Clearly demonstrates familiarity with main elements of the child's background but may lack some details.
2 = Slightly familiar	Demonstrates familiarity with some but clearly not all of the main elements of child's background.
1 = Not familiar	Does not appear to be familiar with child's background; may have been placed with caretaker very recently.

CHILD/YOUTH STATUS

Now I'd like to ask you some questions about his/her current status.

3. What is his/her education status?

- ☐ 1 = Enrolled in pre-school/day care
- ☐ 2 = Enrolled in elementary school (grades Kg to 5)
- ☐ 3 = Enrolled in middle/junior high school (grades 6 to 8)
- ☐ 4 = Enrolled in high school (grades 9 to 12)
- ☐ 5 = Enrolled in GED program
- ☐ 6 = Enrolled in post high school training program (e.g., career, trade training program)
- ☐ 7 = Enrolled in college
- ☐ 8 = Not currently enrolled in any training or education program

4.a. If the child is school-aged, is he/she involved with any school-related extracurricular or sports activities or with community recreational, church, or other youth activities?

<input type="checkbox"/> 0 = no or not applicable <input type="checkbox"/> 1 = yes	b. If yes, nature of activities:
---	----------------------------------

If older youth (>14),

5.a. Is he/she employed or does he/she do work to earn money such as babysitting or yard work in the neighborhood?

<input type="checkbox"/> 0 = no <input type="checkbox"/> 1 = yes	b. If yes, what type of work does he/she do?
---	--

6. In the past 12 months, has [NAME] been treated for any serious medical or health condition that required treatment by a physician?

<input type="checkbox"/> 0 = no <input type="checkbox"/> 1 = yes

7. In the past 12 months, has [NAME] been treated for any serious emotional or mental health conditions that required his/her seeing a mental health professional?

___ 0 = no
___ 1 = yes

8. In the past 12 months, has [NAME] engaged in any behavior that has resulted in a referral to or involvement with juvenile court authorities?

___ 0 = no
___ 1 = yes

FAMILY CONNECTIONS

Interviewer explain: Now I want to ask you about his/her connections to his/her family.

Biological Mother

9.a. Starting with his/her mother, is she living?

___ 0 = not living If not living, skip to Question #10
___ 1 = living
___ 2 = don't know

If known to be living,

9.b. Does [NAME] know how to contact his/her biological mother?

___ 0 = no
___ 1 = yes

9.c. How frequently does [NAME] have contact with his biological mother? This would include in-person visits, phone calls, letters, texting or e-mails.

<input type="checkbox"/> 0 = no contact <input type="checkbox"/> 1 = Once or twice a year <input type="checkbox"/> 2 = Less than once a month <input type="checkbox"/> 3 = Once or twice a month <input type="checkbox"/> 4 = About once a week <input type="checkbox"/> 5 = Several times a week <input type="checkbox"/> 6 = Every day	9.d.If no contact, to your knowledge, how many years/months has it been since the last contact: (Yrs/Mos) _____
--	---

9.e. How would you describe his/her relationship with his/her mother?

<input type="checkbox"/> 0 = not applicable; no contact <input type="checkbox"/> 1 = very poor <input type="checkbox"/> 2 = poor <input type="checkbox"/> 3 = neither poor nor good <input type="checkbox"/> 4 = good <input type="checkbox"/> 5 = very good

Biological Father

10.a. Now, focusing on his/her biological father, is he living?

<input type="checkbox"/> 0 = not living <input type="checkbox"/> 1 = living <input type="checkbox"/> 2 = don't know	If not living, skip to Question #11
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If known to be living,

10.b. Does [NAME] know how to contact his/her biological father?

<input type="checkbox"/> 0 = no <input type="checkbox"/> 1 = yes

10.c. How frequently does [NAME] have contact with his biological father? This would include in-person visits, phone calls, letters, texting or e-mails.

<input type="checkbox"/> 0 = no contact <input type="checkbox"/> 1 = Once or twice a year <input type="checkbox"/> 2 = Less than once a month <input type="checkbox"/> 3 = Once or twice a month <input type="checkbox"/> 4 = About once a week <input type="checkbox"/> 5 = Several times a week <input type="checkbox"/> 6 = Every day	10.d. If no contact, to your knowledge, how many years/months has it been since the last contact: (Yrs/Mos) _____
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10.e. How would you describe his/her relationship with his/her father?

<input type="checkbox"/> 0 = not applicable; no contact <input type="checkbox"/> 1 = very poor <input type="checkbox"/> 2 = poor <input type="checkbox"/> 3 = neither poor nor good <input type="checkbox"/> 4 = good <input type="checkbox"/> 5 = very good

Siblings

11.a. Now, focusing on any brothers and sisters, does he/she have any brothers or sisters?

<input type="checkbox"/> 0 = no <input type="checkbox"/> 1 = yes <input type="checkbox"/> 2 = unknown	If no or unknown, skip to Question #12
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If there are siblings,

11.b. Does [NAME] know how to contact his/her siblings?

<input type="checkbox"/> 0 = no <input type="checkbox"/> 1 = yes, at least one of them <input type="checkbox"/> 2 = yes, all of them
--

11.c. Does frequently does [NAME] have any contact with any of his/her siblings? This would include in-person visits, phone calls, letters, texting or e-mails.

<p>___ 0 = no contact</p> <p>___ 1 = Once or twice a year</p> <p>___ 2 = Less than once a month</p> <p>___ 3 = Once or twice a month</p> <p>___ 4 = About once a week</p> <p>___ 5 = Several times a week</p> <p>___ 6 = Every day</p>	<p>11.d. If no contact, to your knowledge, how many years/months has it been since the last contact:</p> <p>(Yrs/Mos) _____</p>
--	--

Maternal Relatives

12.a. Focusing on any relatives on his/her mother's side of the family, to your knowledge, is there anyone with whom he/she has maintained contact since being placed in foster care? Contact includes in-person visits, phone calls, letters, texting or e-mails.

<p>___ 0 = no</p> <p>___ 1 = yes</p> <p>___ 2 = unknown</p>	<p>If no or unknown, skip to Question #13</p>
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12.b. How is/are this/these person(s)s related to [NAME]. (check all that apply)

<p>___ grandparent</p> <p>___ uncle or aunt / great uncle or great aunt</p> <p>___ cousin</p> <p>___ other maternal relative</p>
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12.c. How frequently does [NAME] have contact with the maternal relative with whom he/she has the most frequent contact? This would include in-person visits, phone calls, letters, texting or e-mails.

<p>___ 0 = Less than once a year</p> <p>___ 1 = Once or twice a year</p> <p>___ 2 = Less than once a month</p> <p>___ 3 = Once or twice a month</p> <p>___ 4 = About once a week</p>	<p>12.d. If less than once a year, to your knowledge, how many years/months has it been since the last contact:</p> <p>(Yrs/Mos) _____</p>
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<input type="checkbox"/> 5 = Several times a week <input type="checkbox"/> 6 = Every day	
---	--

Paternal Relatives

13.a. Focusing on any relatives on his/her father's side of the family, to your knowledge, is there anyone with whom he/she has maintained contact since being placed in foster care? Contact includes in-person visits, phone calls, letters, texting or e-mails.

<input type="checkbox"/> 0 = no <input type="checkbox"/> 1 = yes <input type="checkbox"/> 2 = unknown	If no or unknown, skip to Question #14
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13.b. How is/are this/these person(s) related to [NAME]. (check all that apply)

<input type="checkbox"/> grandparent <input type="checkbox"/> uncle or aunt / great uncle or great aunt <input type="checkbox"/> cousin <input type="checkbox"/> other maternal relative

13.c. How frequently does [NAME] have contact with the paternal relative with whom he/she has the most frequent contact? This would include in-person visits, phone calls, letters, texting or e-mails.

<input type="checkbox"/> 0 = Less than once a year <input type="checkbox"/> 1 = Once or twice a year <input type="checkbox"/> 2 = Less than once a month <input type="checkbox"/> 3 = Once or twice a month <input type="checkbox"/> 4 = About once a week <input type="checkbox"/> 5 = Several times a week <input type="checkbox"/> 6 = Every day	13.d. If less than once a year, to your knowledge, how many years/months has it been since the last contact: (Yrs/Mos) _____
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Other Connections

14.a. Some children in foster care have other, non-relatives who have taken an interest and maintained contact – these might be former neighbors or family friends, teachers, coaches, or mentors. Does [NAME] have any such person in his/her life with whom he/she has maintained contact since being placed in foster care?

___ 0 = no
 ___ 1 = yes
 ___ 2 = unknown

If no or unknown, skip to Question #15,
 under FAMILY SUPPORTS AND SERVICES

14.b. How does this/these person(s) know [NAME]?

1 = Family friend or neighbor 2 = Teacher or other school-related person 3 = Mentor or other person associated with a community organization or ministry 4 = Other	If Other, specify:
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14.c. About how often is the contact?

___ 0 = Less than once a year ___ 1 = Once or twice a year ___ 2 = Less than once a month ___ 3 = Once or twice a month ___ 4 = About once a week ___ 5 = Several times a week ___ 6 = Every day	14.d. If less than once a year, to your knowledge, how many years/months has it been since the last contact: (Yrs/Mos) _____
--	--

FAMILY SUPPORTS AND SERVICES

Interviewer explain: I'd like to ask about the types of foster care supports and services that are in place to help you in caring for [NAME].

Let's start by talking about what we call "natural" supports. "Natural" supports are come of people in your life who are not typically paid for their services in supporting you in taking care of [CHILD's NAME]. These may include from other family members, friends, neighbors, or possibly your church.

I am going to name several types of natural supports and ask you to tell me about the level of its availability – whether the support is i) not something you can count on, ii) support you receive occasionally, or ii) support you receive regularly from those in your life.

Type of Natural Support	Availability
15.a. Emotional support	___ (0) Not something I can count on ___ (1) Occasionally ___ (2) Regularly

15.b. Respite (informal, not a paid service)	<input type="checkbox"/> (0) Not something I can count on <input type="checkbox"/> (1) Occasionally <input type="checkbox"/> (2) Regularly
15.c. Child care/babysitting	<input type="checkbox"/> (0) Not something I can count on <input type="checkbox"/> (1) Occasionally <input type="checkbox"/> (2) Regularly
15.d. Transportation	<input type="checkbox"/> (0) Not something I can count on <input type="checkbox"/> (1) Occasionally <input type="checkbox"/> (2) Regularly
15.e. Help involving child in recreational activities (sports, clubs, youth activities)	<input type="checkbox"/> (0) Not something I can count on <input type="checkbox"/> (1) Occasionally <input type="checkbox"/> (2) Regularly
15.f. Mentoring (ongoing relationship with an individual who engages in activities with child, provides guidance, or serves as an ongoing role model)	<input type="checkbox"/> (0) Not something I can count on <input type="checkbox"/> (1) Occasionally <input type="checkbox"/> (2) Regularly

Interviewer explain:

Focusing on more formal services and supports, these are typically provided by professionals who are being paid for their services such as counselors or health professionals.

As I ask about each type of support, please tell me two things:

First, whether the service is needed and second, whether you have access to or use the service.

Interviewer: Read the type of support, then ask:

- ***Would you say the service is i) not needed, ii) there is a moderate need, or iii) there is a high level of need for the service.***
- ***About your access to/use of the service, would you say it's i) not needed and not used, ii) needed but not available, iii) needed and available but not used, or iv) needed, available, and used***

Formal Support	Level of Need	Utilization
16.a. Mental health/counseling services	<input type="checkbox"/> (0) Not needed <input type="checkbox"/> (1) Moderate need <input type="checkbox"/> (2) High level of need	<input type="checkbox"/> (0) Not needed; not used <input type="checkbox"/> (1) Needed, but not available <input type="checkbox"/> (2) Needed, available, but <u>not</u> used <input type="checkbox"/> (3) Needed, available, and used
16.b. Therapies related to a health or child / adolescent development	<input type="checkbox"/> (0) Not needed <input type="checkbox"/> (1) Moderate need <input type="checkbox"/> (2) High level of need	<input type="checkbox"/> (0) Not needed; not used <input type="checkbox"/> (1) Needed, but not available <input type="checkbox"/> (2) Needed, available, but <u>not</u> used <input type="checkbox"/> (3) Needed, available, and used

16.c. Educational services beyond basic schooling	<input type="checkbox"/> (0) Not needed <input type="checkbox"/> (1) Moderate need <input type="checkbox"/> (2) High level of need	<input type="checkbox"/> (0) Not needed; not used <input type="checkbox"/> (1) Needed, but not available <input type="checkbox"/> (2) Needed, available, but <u>not</u> used <input type="checkbox"/> (3) Needed, available, and used
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17. Focusing on your role as caregiver for this child and the stress that you may experience in trying to meet his/her needs, in the last month, how often have you felt so stressed that you had some doubt whether you could cope with all that you had to do?

- ☐ 0 = never
☐ 1 = almost never
☐ 2 = sometimes
☐ 3 = fairly often
☐ 4 = very often

STANDARDIZED ASSESSMENT OF FUNCTIONING

Instruments to be used:

- Child and Adolescent Needs and Strengths (CANS), Birth to 4 version
- Child and Adolescent Needs and Strengths (CANS), 5 to 21 version

CONCLUSION OF INTERVIEW

Interviewer:

This is the end of our interview. Is there anything else you think is important that you would like to add?

Again, I want to tell you how much we appreciate your participating in this interview. As a small token of our appreciation, we have a gift card.

Interviewer Notes about Interview:

Duration of interview: _____ minutes

Quality of rapport established <input type="checkbox"/> Excellent/very good <input type="checkbox"/> Good	Comment:
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____ Fair ____ Poor	
Conditions or events affecting quality of interview:	
Other observations:	

Child and Adolescent Needs and Strengths (CANS), Birth to 4 version

Coding Description

For **Life Functioning Domains**, the following categories and symbols are used:

- 0** indicates a life domain in which the child is excelling. This is an area of considerable strength
- 1** indicates a life domain in which the child is doing OK. This is an area of potential strength
- 2** indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3** indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

For **Child's Strengths** the following categories and action levels are used:

- 0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1** indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

For **Behavioral/Emotional Needs, Risk Behaviors, Caregiver Needs and Strengths, And Acculturation** the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

LIFE DOMAIN FUNCTIONING

Check	FAMILY <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems in interaction with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including sibling rivalry or under-responsiveness to child needs.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, strained interaction with parent, and poor sibling relationships may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, and aggression with siblings.

Check	LIVING SITUATION <i>Please rate the highest level from the past 30 day</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for infant.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

Check	SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems in social functioning.
1	Child is having some minor problems in social relationships. Infants may be slow to respond to adults. Toddlers may need support to interact with peers and preschoolers may resist social situations.
2	Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no problems in cognitive, communication, social or motor development.
1	There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.
2	Child has mild mental retardation and/or developmental delays in one or more areas (communication, social-emotional, motor).
3	Child has moderate or profound mental retardation and/or severe delays in multiple areas of development.

CHILD STRENGTHS

Check	FAMILY <i>Please rate the highest level from the past 30 days</i>
0	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

Check	SUPPORTIVE RELATIONSHIPS <i>Please rate the highest level from the past 30 Days</i>
0	Infant/child has well established relationships with extended family/natural supports that serve to support his/her growth and development. Family members/natural supports are a significant support to parents and involved most of the time with infant/child.
1	Child has extended family/natural support relationships that are supportive most of the time. Extended family/natural supports participates in the life of the child and his/her family much of the time.
2	Infant/child has infrequent contact with extended family members and few natural supports. The support the infant/child receives is not harmful but inconsistent.
3	Infant/child has no contact with extended family members and lacks natural supports

Check	ADAPTABILITY <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.

3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.
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CHILD BEHAVIORAL/EMOTIONAL NEEDS

Check	ATTACHMENT Please rate based on the past 30 days
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns.

Check	FAILURE TO THRIVE Please rate based on the <i>past 30 days</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 4th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (74th to 24th).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

Check	DEPRESSION Please rate based on the <i>past 30 days</i>
0	No evidence of problems with depression.
1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Child and Adolescent Needs and Strengths (CANS), 5 to 21 version

Coding Description

For **Life Functioning Domains**, the following categories and symbols are used:

- 0** indicates a life domain in which the child is excelling. This is an area of considerable strength
- 1** indicates a life domain in which the child is doing OK. This is an area of potential strength
- 2** indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3** indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

For **Child's Strengths** the following categories and action levels are used:

- 0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1** indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

For **Behavioral/Emotional Needs, Risk Behaviors, Caregiver Needs and Strengths, and Acculturation** the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

LIFE DOMAIN FUNCTIONING

Check	FAMILY Please rate the highest level from the <i>past 30 days</i>
0	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

Check	LIVING SITUATION Please rate the highest level from the <i>past 30 days</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

Check	SOCIAL FUNCTIONING Please rate the highest level from the past 30 days
0	Child has positive social relationships.
1	Child is having some minor problems in social relationships
2	Child is having some moderate problems with his/her social relationships.
3	Child is experiencing severe disruptions in his/her social relationships.

Check	DAILY FUNCTIONING Please rate the highest level from the past 30 days
0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or occasional problems in self care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group.

CHILD STRENGTHS

Check	FAMILY Please rate the highest level from the past 30 days
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0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communications.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

Check	INTERPERSONAL Please rate the highest level from the past 30 days
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.

Check	OPTIMISM Please rate the highest level from the past 30 days
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing any positives about him/herself or his/her life.

Check	COMMUNITY LIFE Please rate the highest level from the past 30 days
0	Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child is somewhat involved with his/her community.
2	Child has an identified community but has only limited ties to that community.
3	Child has no identified community to which he/she is a member.

Check	RELATIONSHIP PERMANENCE This rating refers to the stability of significant relationships in the child or child's life. This likely includes family members but may also include other individuals.
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.
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Check	NATURAL SUPPORTS Refers to unpaid helpers in the child's natural environment, including relatives/kin. Excludes any paid care givers.
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports that provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Check	DEPRESSION Please rate based on the past 30 days
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY Please rate based on the past 30 days
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	OPPOSITIONAL Please rate based on the past 30 days
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

Check	CONDUCT Please rate the highest level from the past 30 days
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

Check	ANGER CONTROL Please rate based on the past 30 days
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

CHILD RISK BEHAVIORS

Check	SOCIAL BEHAVIOR Please rate the highest level from the past 30 days
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

