# Family Connection Demonstration Project: Supplemental Evaluation Report

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**OVERVIEW**

The purpose of this report is to provide supplemental information of the outcomes for the 2009-2012 Family Connection Demonstration Project (FCDP). The report is comprised of four sections. In the Introduction section, we provide a brief summary of the project, its overall goals, and objectives, and services provided, and outline the evaluation and statistical analyses used in the present evaluation study. In the Program Description section, we begin with a summary of each program strategy then provide descriptive statistics, frequency data, and results of statistical analyses conducted. Third, we detail outcomes on the objectives of focus for the FCDP grant. Finally, we conclude with a summary of project outcomes and recommendations.

**I.      INTRODUCTION**

The Family Connection Demonstration Project (FCDP) was a three year federally funded public/private/tribal partnership designed to put into place and test a distinctive approach aimed at reducing foster care placements, reducing lengths of stay for children in care, reducing the disproportionality of Native American children in non-relative care, increasing relative placements for children and achieving permanency through a strength based, culturally sensitive approach that maximized family/relative search and engagement practices and systems navigation. FCDP is one element of the 2008 Fostering Connections to Success and Increasing Adoptions Act which is focused on promoting permanent families for children and youth in foster care through relative guardianship and adoption and improving education and health care. This demonstration project was one of 24 projects nationwide initiated in 2009 and implemented in Washington's Congressional District 4 and 5 with the goal of serving 840 children. Project outcomes intended to highlight the value of innovative strategies for improving child welfare practices. Similar Family Connection projects were initiated in 2011 and 2012.

The Family Connection project, the only one implemented in Washington State in 2009, was the result of the collaborative work of Catholic Family & Child Service, Children's Administration/Department of Children and Family Services (DCFS), Casey Family

Programs, the Area Agency on Aging, and the Yakama Nation.  The project moved beyond traditional "stand alone" models, by weaving together the three well-established models of Family Team Decision Making (FTDM), Intensive Family Finding (IFF)/Family Search & Engagement (FSE) and Kinship/Tribal Navigator (KN) to create a systematic, complementary approach to child welfare practices. The net result of combining these three models was to not only create systems change locally and regionally and to increase capacity, but also to generate momentum by simultaneously implementing these evidenced-based approaches in a mutually supportive manner resulting in symmetry of practice within the child welfare system.

By considering new ways to reach out to families and testing these methods, services were enhanced. Thereby improving family participation and follow-through with case plans, access to child-focused, family-centered, culturally relevant resources that were responsive to the needs of each family and child while facilitating increased capacity, improved efficiency and better outcomes relative to child placement changes, permanency and reunification.

Further, the project was implemented based on a cohesive, unified plan, modeled after evidence-based practices and was aligned with key strategies outlined in Children's Administration (CA) Performance Improvement Plan (PIP). CA's PIP is a strategic plan for improving the state's child welfare practices and was the result of Washington State's Child and Family Services Review (CFSR), a federal review of performance-based outcomes for children and families as well as the department's own quality assurance measures.

FCDP's three scopes of work support CAs priorities, especially relative to family engagement, child and family well-being, legal permanency for children and the service array available to children and families. By broadening the scope of existing services and changing delivery methods and practices, the project sought to contribute to increased positive outcomes for children in dependency and their families. Additionally, the FCDP public/private/tribal partnership demonstrated the value of collaboration to

leverage resources in support of initiatives that hold promise for improving the safety, permanency and well-being of Washington's children and youth.

## A. Project Goals & Objectives

The goals of the Family Connection project were to:

- Implement the project to fidelity

- Reduce the number of dependent children and youth.

- Increase the rate of adoptions by relatives.

- Increase family involvement

- Reduce the time to achieve pre-permanency length of stay

- Increase the percentage of relative placements

- Reduce the number of placement moves for children

- Identify additional familial connections for youth to aid in detecting long term family support options.

Project objectives were identified following a thorough assessment of the child welfare system, review of existing barriers and challenges to achieving positive outcomes for children and families and meetings with key stakeholders. The objectives reflect a comprehensive approach to achieving the established goals for each of the three scopes of work. The following provides a brief overview of the key components of each of the program components.

### Intensive Family Finding/Family Search & Engagement

- Improve efficiencies of current family finding methods to increase the success rate of engaging suitable relatives for child placement with the intent of achieving permanency for the child.

- Identify and integrate innovative search technologies to enhance family finding efforts through improved case reviews, information gathering, and documentation techniques.

- Conduct comprehensive training for caseworkers to enhance knowledge and

skills through a nationwide search.

- Identify, contact, and communicate with family member(s) to enhance assessment and engagement with the intent of achieving permanent family placement/relationships.

## Family-Team Decision Making

- Increase capacity, quality and scope of meetings to facilitate improved safety, permanency, well-being and mental health for the child, while engaging the family and child as appropriate in decision-making and case planning.
- Establish protocol for ensuring meetings occur at all placement changes - entry, exit and transition.
- Create a Family Engagement Case Consultant position and utilize additional FTDM Facilitators and Assistant to increase biological family engagement/communication while simultaneously creating balance and capacity between public/private entities.
- Integrate Information Technology to streamline the process and increase efficiency of meetings.
- Evaluate and track effectiveness of new FTDM processes and their impact on improving family and child outcomes.

## Kinship Navigator/Tribal Navigator

- Identify appropriate, culturally relevant support and ancillary services based on documented family strengths, weaknesses, and risks.
- Ensure access for families to resources and supports by initiating contact with service providers during FTDM to facilitate follow-through with plan.
- Evaluate and improve service delivery by collecting regional data and tracking outcomes for kinship caregivers and families, including the development of shared data collection and analysis methods.
- Develop effective communications that facilitate kinship caregiver and family referrals and access to supports, services, and resources community wide in rural, tribal, and urban areas.

- Enhance practice and services through joint staff training opportunities and technical assistance.

- Families, relevant members of the kinship network and children (as appropriate) were be encouraged to actively participate in the decision-making process and development of the case plans.

- Youth in foster care had better opportunities for permanency and stability.

- Children had an improved chance of fewer placement changes with greater numbers of suitable relatives identified.

- Reunification with family occurred sooner due to appropriate services and supports in place more quickly.

- Native American children and families had access to resources and supports currently unavailable and were able to achieve greater parity in service offerings.

- Children had increased access to mental health services.

- Kin caregivers had increased access to parent education workshops.

## B. Evaluation Methods

The evaluation design for this supplemental report, built upon Catholic Family & Child Services existing goals and objectives identified in the Family Connection Demonstration Project. The purpose of the evaluation was to provide project management a broader understanding of the project impacts on selected FCDP goals, specifically:

Goal 2) Reduce the number of dependent children;

Goal 4) Increase family involvement;

Goal 7) Increase the percentage of relative placement; and

Goal 9) Identify additional familial connections for youth to aid in identifying long-term family support option.

We conducted analyses on existing data from each of the three program strategies. These data were summarized and analyzed by the UWTSCS evaluation team as described below.

## C. Statistical Analysis Methods

The following types of analyses were used to analyze grant outcomes. Descriptive statistics were calculated to determine the minimum, maximum, mean, and standard deviation for all numerical values. Frequency distributions were conducted to analyze the nominal data and report frequencies of all demographic data. Chi-square analyses were used to assess whether the differences in the distributions of groups (e.g., ethnicity, gender) are statistically significant. In other words, at the overall project level, Chi-Square Analyses were used to describe overall performance across project categorical components. Given that pre- and post- data were available for primary caregiver responses on the Family Needs Scale, the evaluation team computed paired-sample *t*-tests. These analyses were conducted to determine whether primary caregiver level of family need changed significantly from intake (pre-test) to six-month follow up (post-test). Again, paired samples *t*-tests were only conducted if data was reported at both pre- and post-test.

The evaluation team used two "reliable change" metrics to examine clinical significance of pre and post-test FNS data. Reliable change metrics allow the likelihood that primary caregiver changes on the FNS were reliable and not due to chance or extraneous factors (Gresham, 2005). The first reliable change metric was computation of effect sizes. Effect size estimates were computed by dividing the difference between the means from baseline and post-intervention by the standard error of difference between post-intervention and baseline values. To determine if effect sizes were clinically significant, we interpreted magnitude of effect sizes using Cohen (1988)—an effect size of 0.2 is considered small, an effect size of 0.5 is medium, and effect sizes of 0.8 or greater are large. The evaluation team used the empirically-based criterion for clinical significance of effect sizes of .25 or greater (Adams & Engelmann, 1996). The second reliable change metric used was pre- and post-test "absolute change". This is the difference between baseline (pre-) and post-test (6-month follow up) intervention scores. Statistical analyses were conducted using the Statistical Program for the Social Sciences (SPSS).

## II.      DESCRIPTION OF PROGRAM SERVICES

**A. Intensive Family Findings (IFF)/Family Search and Engagement**

Family Search and Engagement (FSE) services were provided by Family Finding staff who were specially trained in family search techniques and employed by Catholic Family & Child Service. Services were rendered to DCFS under a memorandum of understanding as part of FCDP. Initially program staff were co-located at the DCFS offices two days a week to allow for frequent collaboration with DCFS staff, an essential part of the implementation process. However, as the program evolved the need for co-location of program staff was no longer necessary.

Implementation of IFF/FSE Services

Family Search and Engagement was initiated following receipt of a referral from 1) a DCFS social worker or supervisor for existing dependency cases; or 2) the CPS Supervisor, upon a child's entry into foster care.  The referral was reviewed by the FSE team to determine if the family was familiar to any FSE Specialists to eliminate duplicating work. The referral was then assigned to a FSE Specialist who then followed a protocol that outlined timeframes for staffing the case, meetings, and follow-up. The FSE Coordinator and two Specialists each carried a caseload of 18-24 cases.

A FSE protocol was developed and implemented in the following ways:

1) The FSE Specialist met with the assigned social worker for an initial meeting.  Details of the case pertinent to FSE were discussed to provide context for initiating relative contact, including any information gained from parents. Family finding and engagement techniques involved the use of a variety of internet-based (Accurint, etc) and traditional search methods (letters, phone contact, etc) to engage relatives in the process. As expected, engagement is critical to the success of the program.  As family members were engaged, they became a source for identifying additional connections for the child. Throughout the process, FSE staff assessed relatives to ensure they were "fit and willing" resources for the social worker. The social worker was updated about found relatives throughout the process

2) Four to six weeks following the initial meeting, a "Discovery" meeting was convened to discuss outcomes of FSE activities. This meeting involved a team comprised of the social worker, DCFS supervisor, and FSE Specialist. This team outlined next steps to engage relatives by connecting them to the child and/or considering them as a placement option (i.e., initiate background check, home study, etc.). Action items were developed for each team member to continue the FSE process for fidelity purposes. All team members, including the DCFS Area Administrator, received email updates outlining meeting details, outcomes, next steps, as appropriate.

3) The team reconvened 30 days following the initial "discovery" meeting to discuss outcomes of prior action items. Throughout the process, the team was updated and informed about progress, changes in the plan, etc. The DCFS Area Administrator was invited to this meeting to provide feedback and offer input.  The team assessed engagement efforts and identified new action items as needed.

4) At six months, open FSE cases were reviewed by the team to determine future action items. At this point, there may have been cases that were closed due to a positive outcome (e.g., placement) or no additional steps were completed because of family or case dynamics.

5) Cases closed to FSE were determined by the social worker, supervisor or Area Administrator. Upon closure, the social worker and supervisor received a Summary Report, electronic and hardcopy, and the Family Tree documenting all family resources, contact information and case notes.

Quality Assurance/Fidelity Measures
The FSE Coordinator monitored the work of all FSE Specialists and their caseloads. The FSE Coordinator regularly met one-on-one with FSE Specialists to staff ongoing cases to ensure work was progressing and implemented with fidelity. Cases were staffed by the FSE staff to brainstorm ideas, offer input and gain insight. This process ensured cases were completed from every angle and that the process was done with

practice fidelity and inclusivity (rule everything "in"). Additionally, random, file reviews were conducted throughout the project period by the FSE Coordinator to monitor practices and ensure

Demographics

Over the course of the project period, 258[1] children were engaged in Intensive Family Finding (IFF) services. Of these children, males (47.7%) and females (46.9%) were similarly represented. Gender was not reported for 5.4 percent. Most children were white (77.1%), with 6.6 percent reported as Black/African American, 5.0 percent were multi-racial, and less than 1 percent were American Indian/Alaska Native. Race was not reported for 10.9 percent. Among these children, 44.6 percent were of Hispanic/Latino origin. English was the primary language spoken in most homes (82.6%), with Spanish spoken in 5.8 percent of households. Primary language was not reported for 11.2% of participants.

Intensive Family Findings/Family Search and Engagement

Staff reported 1,940 contacts with relatives, kin, or other supportive adults across the project period on behalf of the 258 children. Overall, 38.5 percent (746) of FSE episodes resulted in a positive contact either as a connection, placement (temporary), or permanent placement e.g., adoption, custody. In reviewing engagement data by relative type e.g., maternal, paternal or other, maternal contacts were twice as likely to be reported as compare to episodes with the relatives, kin, or others from the father's side (59.7% vs. 32.6%, respectively).

Connections, Placement (Temporary) and Permanent Placement Episodes

The data in Table 1, below, illustrates the types and number of family connections discovered throughout the course of the project period. These data indicate that the most likely connections were made with aunts (25.9%) including great aunts, followed by cousins (22.2%), and grandmothers including great grandmothers, and uncles (15.7%) including great uncles.

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[1] Among these 258 cases, 13 were duplicate entries into program services.

**Table 1: Number and Types of Family Connections Discovered**

| Relationship | Number of Connections | Percent |
|---|---|---|
| Aunt (including great) | 503 | 25.9% |
| Biological Mother | 2 | <1.0% |
| Biological Father | 1 | <1.0% |
| Cousin | 431 | 22.2% |
| Grandfather (including great) | 110 | 5.7% |
| Grandmother (including great) | 326 | 16.8% |
| Sibling | 68 | 3.5% |
| Uncle (including great) | 304 | 15.7% |
| Fictive Kin | 160 | 8.2% |
| Other | 35 | 1.8% |
| **Total** | **1940** | **100%** |

Figure 1 demonstrates the number of positive episodes by relative/kinship type e.g., maternal, paternal, other. Findings indicate that across all engagement categories, positive linkages were more likely to happen with members of the mother's side as compared to paternal or other family types.



Figure 1: Family Search & Engagement by Family Type
Number of Positive Engagments
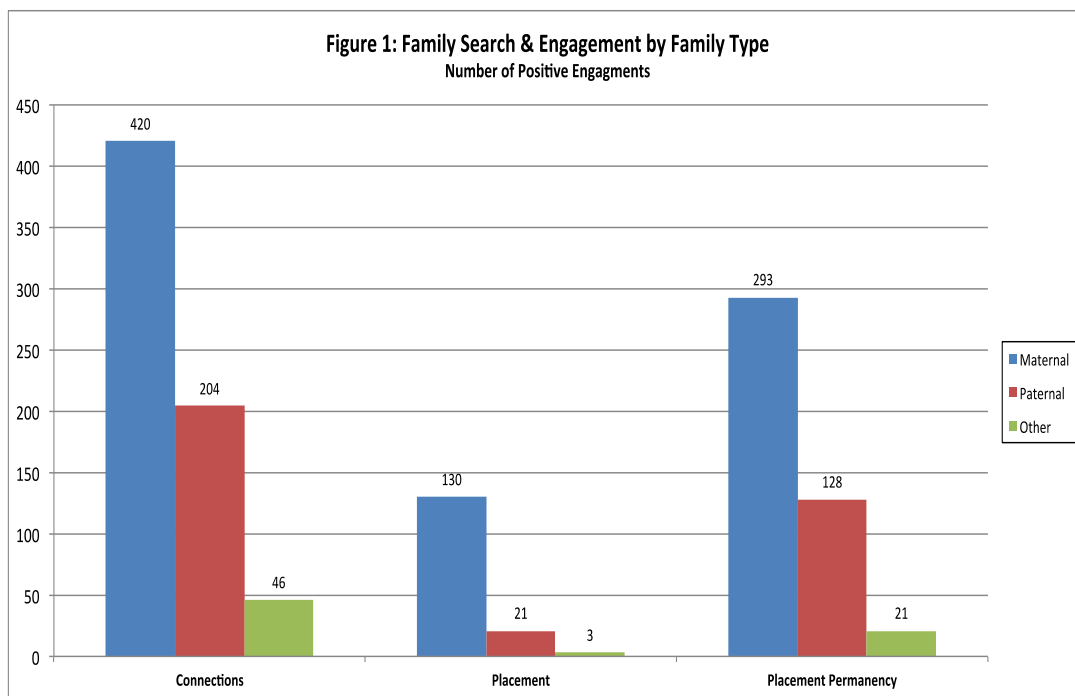
Among the 670 connection episodes, 420 (62.7%) were made with maternal family members, with 204 (30.4%) linking to paternal kin, and 41 (6.1%) to some other supportive adult.

Of the 154 placement episodes, program findings indicate that considerably more were

completed with maternal family members (130 or 84/4%) as compared to paternal (3 or 1.9%) or other adult placements (21 or 13.5%). Similarly, among the 442 placement permanency episodes, positive linkages with maternal family members (293 or 66.2%) outpaced those with paternal (21 or 4.8%) and other family member types (128 or 29.0%).

Program findings indicate that the number of connections with relatives varied from a low of 1 to a high of 42, with 7.39 the average number of relative contacts (Table 2). These data indicate that for a large minority of children (45.3%) the number of relatives contacted was from one to five, with 34.9 percent reported as having connections conducted with between 6 to 10 relatives. The total number of relatives identified was tracked separately however staff reported identifying on average, 61 relatives per child.

**Table 2: Number and Percent of Family Members Contacted**

| Number of Relative Contacts | Number of Children | Percent |
|---|---|---|
| 1 to 5 Relatives | 117 | 45.3% |
| 6 to 10 Relatives | 90 | 34.9% |
| 11 to 15 Relatives | 33 | 12.8% |
| More than 15 | 18 | 7.0% |
| Total | 258 | 100% |
| **Average Number of Contacts** | **7.39 Relatives Contacted** | |

Table 3 shows that for nearly one-quarter of the children (23.2%), connections with a relative, kin, or other supportive adult were not established. For nearly half of these children (46.9%) connections were made with three or more potential kinship relations.

**Table 3: Number and Percent of Family Members Engaged**

| Number of Relatives Connected | Number of Children | Percent |
|---|---|---|
| None | 60 | 23.2% |
| 1 to 2 | 77 | 29.8% |
| 3 to 4 | 73 | 28.3% |
| 5 or more | 48 | 18.6% |
| Total | 258 | 100% |
| **Average Number of Relatives Connected** | **2.44 Relatives** | |

Table 4 illustrates the positive engagement by connection, placement, and long-term relations by kinship type. In this particular case, long-term indicates that the adult agreed to continue the relationship with the child for a sustained period through continued contact, custody, or adoption.

**Table 4: Relations and Percentage of Positive Connections by Type**

| Relationship | Connections | Placement | Long-Term |
|---|---|---|---|
| Aunt n=503 | 33.8% | 13.1% | 22.1% |
| Cousin n=431 | 14.9% | 5.3% | 9.3% |
| Father n=1 | 0.0% | 100.0% | 100.0% |
| Fictive Kin n=160 | 33.8% | 6.9% | 16.3% |
| Grandfather n=110 | 43.6% | 2.7% | 34.5% |
| Grandmother n=326 | 61.7% | 6.4% | 44.2% |
| Mother n=2 | 100.0% | 0.0% | 0.0% |
| Other n=35 | 3.7% | 0.0% | 2.9% |
| Sibling n=68 | 52.9% | 2.9% | 29.4% |
| Uncle n=304 | 27.0% | 8.9% | 20.1% |

These data indicate that linkages with grandmothers and siblings resulted in a positive connection. Few attempts to temporarily place children with kinship relations resulted in positive outcomes. Sustained relationships were most likely to occur between children and their grandparents and siblings. In addition, although placement with maternal relatives was higher, program staff indicated that the program was successful in identifying paternal relatives as well.

**B. Kinship Navigator**

Kinship Navigator (KN) services were provided by specially trained Kinship Navigator staff, employed by Catholic Family & Child Service, a private agency. Direct support and navigation services were provided to primary kin caregivers based on family needs as identified by the family needs scale.

Implementation of Kinship Navigator Services

KN staff provided services based on referrals from DCFS staff or kin caregivers that directly contacted KN staff. Caregivers were screened to determine eligibility for program services. Eligibility criteria for direct support and navigation services included: 1) First time client is the primary caregiver of the child under age 19 and the child is living in the client's residence in consistent absence of the biological parent's presence in the home; 2) Children must be related to the caregiver by blood or marriage or have an established fictive kin relationship; 3) Fictive kin caregivers must pass a criminal background check (Fictive kin are caregivers who are not related to the child by blood or

marriage, i.e. neighbor, family friend, etc.); 4) The caregiver's annual household income must fall at or below 200% of the Federal Poverty Level Income Guidelines. Exceptions were made to eligibility criteria specific to direct support for repeat clients with significant change in circumstance (i.e., caring for a new child, seeking legal custody, unforeseen issues/expenses impacting family stability such as loss of job, unforeseen/atypical expenses medical, eviction, utilities due to excessive weather, damage to home/vehicle, etc.)

Once eligibility was established, caregivers participated in an intake interview with the KN and completed the Family Needs Scale (FNS) assessment. The results of the FNS enabled the KN to assess client needs and to more appropriately assist caregivers in navigating community-based resources. As are result of this project, a KN resource database was developed to expedite the navigation process. In addition, routine reviews and updates of the database ensured accuracy of information. Caregivers were encouraged, but not required, to return six months following intake to complete a FNS follow-up.

Demographics

Three hundred eleven (311) primary caregivers were engaged in Kinship Navigator (KN) services across the project period. Most primary caregivers (89.7%) were female and English speaking (90.6%). Two-thirds of participants were White (66.9%), 28.9 percent American Indian/Alaska Native, 2.8 percent multiracial, 1.3 percent Black, and less than one percent were Hawaiian/Pacific Islander. One quarter of caregivers (25.7%) were of Hispanic/Latino origin and 26.7 percent were identified as tribal family members.

Family Needs Scale: At program intake and again at 6-months post intake primary caregivers complete the Family Needs Scale (FNS). The purpose of screening tools is to identify appropriate, support and ancillary services based on documented family strengths, weaknesses, and risks. Data were available for 291 caregivers that completed the Family Needs Scale at program intake, representing 94 percent of the

primary caregivers enrolled in program services. The Kinship Navigator program focused on changing level of needs across several areas of focus including legal, transportation, and access to resources for families engaged in program services. Participants were asked to assess the family's current needs in the past 30 days. Items were rated on a 6-point Likert scale with 1=Never and 6=Always. The following table shows the level of client need across these areas of concern at program intake. Percent of responses is shown in Table 5. (Full results for the FNS Intake and 6-month Follow Up are included in Appendix A).

**Table 5: Level of Need at Intake**

| Area of Need | Never | Almost Never | Some times | Often | Almost Always | Always |
|---|---|---|---|---|---|---|
| Legal assistance related to being a kinship caregiver (adoption or third party custody). N=289 | 40.8 | 18.7 | 13.1 | 6.2 | 4.5 | 16.6 |
| Legal assistance related to benefits (Medicaid, Social Security, child support, other). N=288 | 54.9 | 13.5 | 13.5 | 7.3 | 3.5 | 7.3 |
| Other legal assistance. N=285 | 61.1 | 16.5 | 10.2 | 4.2 | 2.1 | 6.0 |
| Help transporting my child places, including appointments. N=287 | 36.6 | 16.4 | 22.0 | 12.2 | 4.9 | 8.0 |
| Help managing the daily needs of my child at home. N=286 | 44.8 | 20.6 | 22.7 | 5.6 | 3.1 | 3.1 |
| Help getting and keeping public assistance. N=285 | 53.0 | 17.5 | 10.2 | 6.7 | 4.2 | 8.4 |

For the most part, caregivers assessed family's current needs as mostly minimal during the previous 30-day period at intake, although data indicate some level of need across all areas of concern. Among caregivers, three areas of need were more likely to be identified as compared to others. First, respondents were concerned about transportation with nearly half (47.0%) rating this as an issue at least sometimes (8.0% always). The second most common concern was legal assistance related to adoption or custody issues (kinship), with 40.5 percent rating this as a need at least some of the time – 16.6 percent always. Additionally, caregivers identified concerns with their ability to manage their child's daily needs, with over one-third (34.6%) assessing this as an issue at least some of the time.

Caregivers were also asked to assess two additional indicators related to risk of placement disruption and caregiver's ability to maintain child in the household. These questions were rated on a 4-point scale with 1=No/No evidence, 2=Mild concern, 3=Moderate concern, and 4=Serious immediate concern. The table below shows

participants' rates of response.

**Table 6: Level of Concern: Placement Disruption and Capacity at Intake**

| Area of Concern | No/No Evidence | Mild concern | Moderate concern | Serious/ immediate concern |
|---|---|---|---|---|
| Does the child appear to be at risk of placement disruption? N=272 | 77.9 | 13.6 | 5.5 | 2.9 |
| Is the current caregiver concerned that they might not be able to keep the child in their home? N=272 | 81.7 | 11.0 | 4.8 | 2.6 |

Among the respondents, over one in five (22.1%) rated some level of concern about placement disruption however, few (2.9%) felt this to be a serious concern. Caregivers reported little concern related to the family's capacity to house the child, with most (81.7%) assessing this as not an issue/concern; nonetheless, 18.3 percent were at least mildly concerned.

**C. Family-Team Decision Making**

Two trained Family-Team Decision Making (FTDM) facilitators and a FTDM program assistant, employed by Catholic Family & Child Service, were co-located at the DCFS offices under a memorandum of understanding with DCFS as part of FCDP. The staff from CF&CS joined two DCFS FTDM staff, with four FTDM Facilitators serving clients during the project period. The FTDM program assistant coordinated meetings for the FTDM staff.

Implementation of FTDM Services

The FTDM assistant received referrals from DCFS social workers to contact families to participate in the meetings based on DCFS protocol. Referrals documented the meeting purpose, list of approved family members, extended relatives, professional, community members, etc., invited to attend these meetings. Cases were randomly assigned to FTDM facilitators for entry, transition (placement change) and exit. FTDM facilitators facilitated meetings, assisted family members in discussing strengths, concerns, assessing need for services and timeframes for completion of services, developed action plans and provided the completed documents to all meeting participants.

**Challenges to Program Implementation**

Overall, project implementation was impacted by several challenges including:

- Washington State HB2106 legislative mandate to implement performance-based contracting in 2010 resulted in limited collaboration between DCFS and private agency staff.

- Changes in DCFS leadership over the three year period resulted in lack of consistency in support for the overall project and in DCFS staff engagement in the process.

- Children's Administration/DCFS implemented new policies specific to the Department's liability for children's safety. The policy changes limited private agency FTDM facilitators from conducting all types of FTDMs, particularly emergent meetings from the CPS unit and/or those involving significant safety planning, which are the primary meeting types, thereby limiting FTDM data.

- Lack of timely WSIRB approval limited the ability of evaluators to routinely review and evaluate the FCDP outcomes and the impact of practice on affecting those outcomes. The intent of continuous review was to assess the impact of service provision for families and children however these activities were unable to be accomplished.

- Limited involvement in the project by the Yakama Nation presented challenges to implementing the project specific to Tribal Kinship Navigator.  A non-Native Tribal Navigator was employed by the Yakama Nation in 2010. However, subsequent changes in Yakama Nation policies relative to Native children in dependency and non-Native involvement in the process resulted in the release of the Tribal Navigator. This position was in place for less than 12 months during the project period, thereby limiting the data available for evaluation.

## III.    FAMILY CONNECTION PROJECT OUTCOMES

This supplemental review addresses four goals of the Family Connections project services and their targeted indicators, specifically: 1) Reduce the number of dependent children; 2) Increase family involvement; 3) Increase the percentage of relative

placement; and 4) Identify additional familial connections for youth to aid in identifying long-term family support. We report overall outcomes on these goals below.

## A. Intensive Family Findings/Family Search and Engagement

Connection: In general, findings suggest that program services were effective in establishing familial connections for children engaged in program services. For example, of the 258 children served in the Intensive Family Finding/Family Search & Engagement program, over three-quarters (76.7%) made a positive engagement with some type of relative, kin, or other supportive adult as a result of program services. However, the likelihood that an engagement episode would result in a positive outcome for the child varied by engagement type.



Figure 2: Connection by Gender and Race
Percent of Established and Not Established Connections
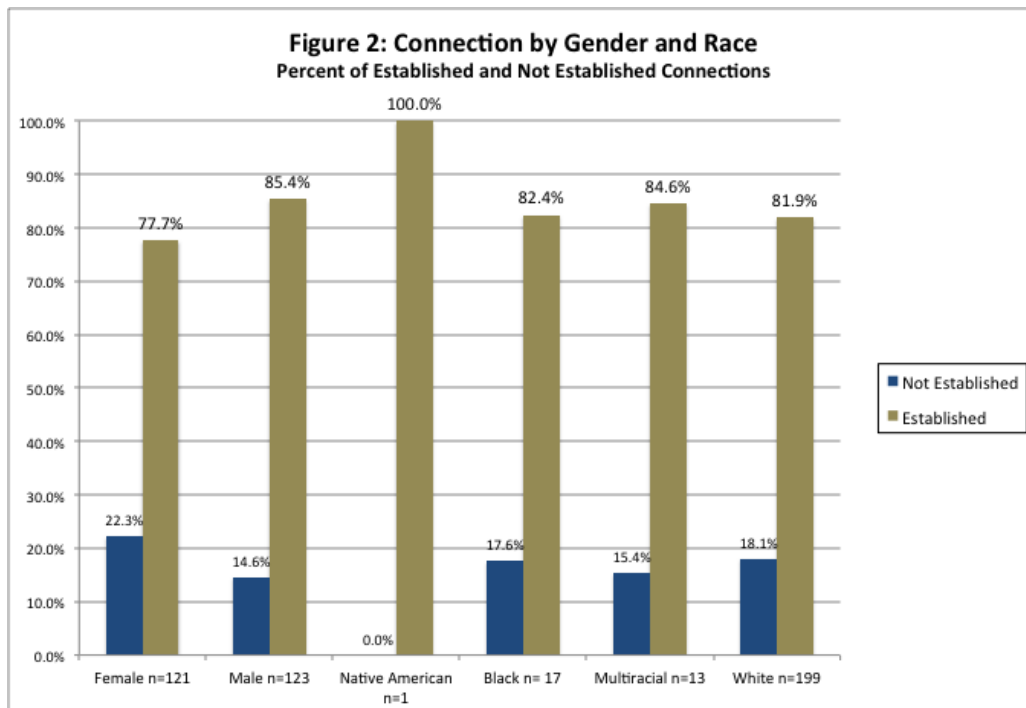
Figure 2 shows the percentage of connections established, or not, across gender and racial categories. Overall, these data indicate that male children were somewhat more likely to be successfully connected as compared to female children (85.4% vs. 77.7%). Across racial categories, rates of connections were similar for black, multi-racial and white children.

Supplemental research shows that "children who have regular, frequent contact with

their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that the reunification will be lasting, overall improved emotional well-being and positive adjustment to placement."[2] Research studies also suggest, "Young children experience their world through their relationships with parents and caregivers. These relationships are fundamental to the healthy development of the brain and, consequently the development of physical, emotional, social, behavioral and intellectual capacities."[3]

Placement (Temporary): Overall, nearly one-third of children engaged in IFF/FSE program services (30.6% or 79) were temporarily placed with a relative, kin, or other supportive adult during the project period (Table 7) including 9.7 percent who were temporarily housed with one or more kinship households.

**Table 7: Number and Percent of Children Placed with Relatives/Kin/Other**

| Number of Relatives Connected | Number of Children | Percent |
|---|---|---|
| None | 179 | 69.4% |
| One | 54 | 20.9% |
| More than One | 25 | 9.7% |
| Total | 258 | 100% |

More positively, of the 79 children temporarily placed during the project period, nearly all (89%) remained with families with the intent for long-term placement e.g., adoption, guardianship, or reunification.

Among these 79 children (Figure 3), male and female children were as likely to be housed temporarily, with 30.6% of girls and 30.9% of boys placed with a relative, kin, or other supportive adult. Across racial groups, placement rates varied. In fact, over half of children identified as multi-racial (53.8%) were placed as compared to 28.6% of white children, 23.5% of black children, and 0% of Native American children.

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[2] From Evidence to Practice: Family Visitation in Child Welfare, Partners for our Children, April 2011.
[3] Preventing Child Maltreatment Through the Promotion of Safe, Stable, and Nurturing Relationships Between Children and Caregivers, Centers for Disease Control, 2012.

**Figure 3: Placement (Temporary) by Gender and Race**
Percent of children temporarily placed with a relative, kin, or other supportive adult
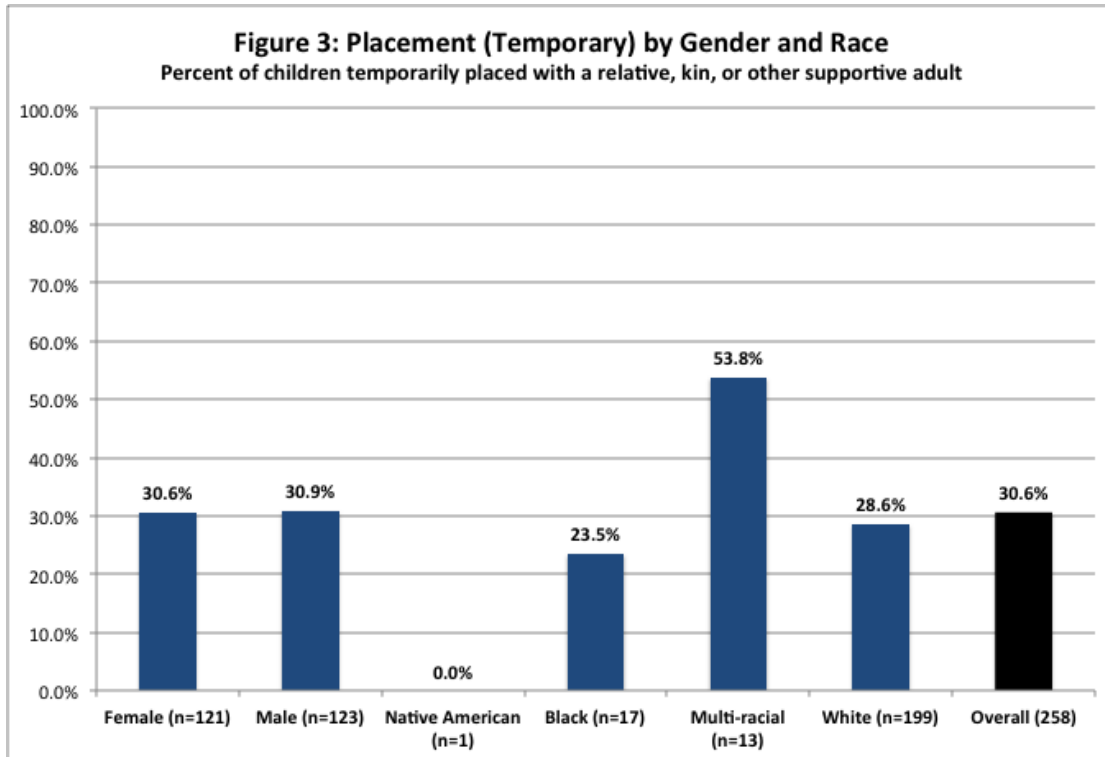
Permitted Placement: A main goal of the IFF/FSE component is to increase the rate of permanent or long-term placement with kinship members of dependent children. Figure 4, below, illustrates the rates of permanent placement by gender and race, and overall.



**Figure 4: Permanent Placement by Gender and Race**
Percent of children permanently placed with a relative, kin, or other supportive adult
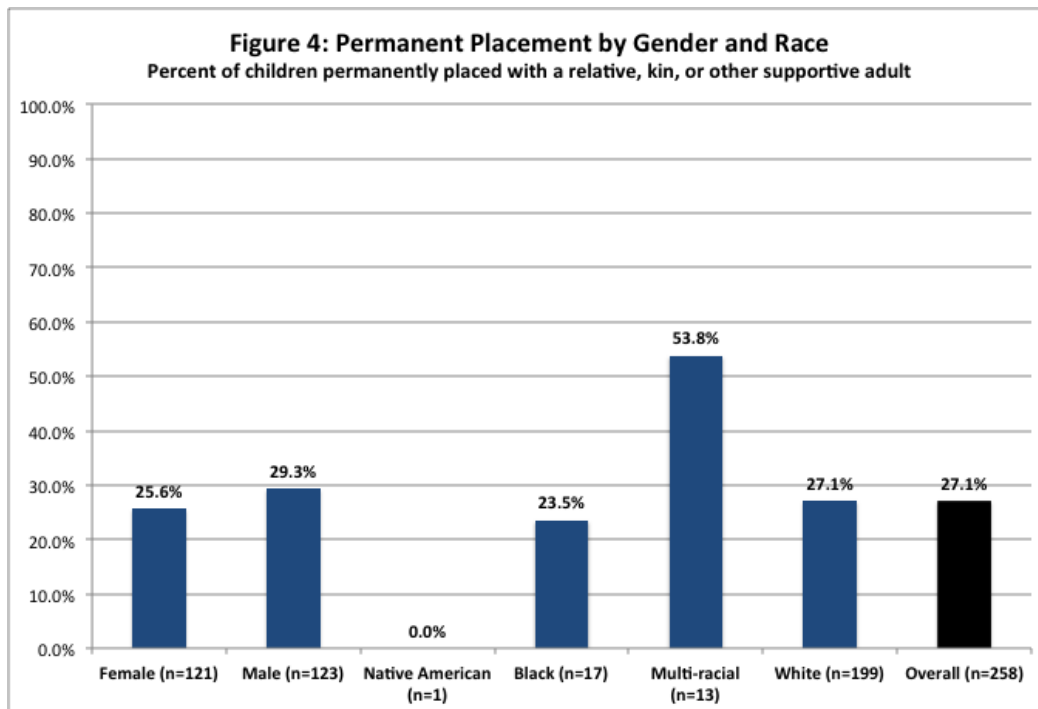
Program data indicate that of the 258 children served by the program, 70 (27.1%) were linked to a relative, kin, or other supportive adult with the long-term intent of providing the child with a home. Male children were slightly more likely to be permanently placed as compared to female children (29.3% vs. 25.6%). Across racial groups, similar to temporary placement, children identified as multiracial were considerably more likely to be placed with a family with the intent to provide permanent placement.

Chi-square analyses were conducted to examine whether statistically significant differences of child placements (placed or not placed) based on the proportion of males and females, and races (American Indian, Black, Multiple Races, and White). In the case of both gender and race, there were no significant differences in the percentages of children being placed or not placed. However, given that 88% of children were classified as "White" there was not a large enough sample size in the other racial categories to make valid conclusions with these data (See Figure 4 above). Out of 230 cases, only one child (who went unplaced) was identified as American Indian/Alaskan Native, 17 as Black (13 not placed, 4 placed), and 13 as Multiple Races (6 not placed, 7 placed). The reader is encouraged to use caution in interpreting these data to assume that either there were or were not placement differences based on race with very small sample sizes racial categories other than White. In remains unclear whether race was a determining factor in child placement.

Family Search and Engagement: According to program records, staff worked with 320 children (unduplicated) in FSE services during the course of the project. Of these children:

- 148 (46%) children reached a permanent placement outcome e.g., the case was dismissed at DCFS – exceeding the 38.1% placement rate reported for Region 2 (DSHS, 2010, In-Home and Out-of-Home Cases Managed by Children's Administration).  Following is the breakdown of the dismissed cases:
99 - Return Home to Parent(s), 14 - Title 13 Guardianship, 14 – Adoption, 13 - Aged Out,  8 - 3rd Party Custody.

- 86 (27%) children were placed in their forever home and the legal plan was in progress e.g., finalizing of paperwork. Following is the breakdown of cases with a legal plan in progress: 45 – Adoption, 26 - Return Home (in-home Dependency), 15 - Title 13 Guardianship

  - 38 (12%) children were actively in the process of reunifying with a parent.

  - 28 (9%) children have a legal plan identified (per court order) but a forever family has not been identified to carry out that plan.

  - 7 (2%) children do not have a permanent plan of Return Home, Adoption, or Guardianship.

  - 13 (4%) children the status of permanency was unknown because either the social worker was unavailable or the case was restricted.

Overall, 73% of these children were in their forever home and had permanency finalized or in progress at time of project completion.

<u>Finding and Engaging Missing Parents and their Families</u>: Program staff reported that 80 children, representing 25% of those served, had missing parents at time of enrollment in program services. As a result of FSE program services, a missing parent and/or extended family for 86 percent (69 children) were located. Among the remaining 11 children whose parents were not located, six had fathers with families residing outside of the United States, which inhibited search efforts, as international searches were not supported by grant funds.

## B. Kinship Navigator

One hundred ten (110) primary caregivers had matched intake and 6-month post Family Needs Scale assessments, representing 38% of those caregivers enrolled that completed the form at intake (291). Four primary analyses were conducted to examine whether changes in intake and six-month follow up FNS scores were statistically and clinically significant. First, paired-sample t-tests were conducted to determine if primary caregivers showed statistically significant change on the FNS. As a control for multiple comparisons, Bonferonni corrections were used to set a significance level of .01. Second, effect sizes were used as a reliable change metric (Gresham, 2005). "Reliable

change" metrics allow the likelihood that primary caregiver changes on the FNS were reliable and not due to chance or extraneous factors (Gresham, 2005). Effect size estimates were computed by dividing the difference between the means from baseline and post-intervention by the standard error of difference between post-intervention and baseline values. To determine if effect sizes were clinically significant, we interpreted magnitude of effect sizes using Cohen (1988)—an effect size of 0.2 is considered small, an effect size of 0.5 is medium, and effect sizes of 0.8 or greater are large. Third, we offer pre- and post-test "absolute change". This is the difference between baseline (pre-) and post-test (6-month follow up) intervention scores. FNS items are found in Table 8 below.

Inspection of Table 8 reveals that statistically significant reductions were made in primary caregiver level of need as reported on the Family Needs Scale (FNS) from intake to six-month follow-up across all eight items. However, change from intake to six-month follow-up was significant at the p < .05 level, but not the .01 level in the case of items 3, 16, and 27. Thus, while statistically significant, change from intake to six-month follow-up should be interpreted cautiously given that the significance level did not exceed p < .01 (significance level using Bonferonni corrections). Moreover, examination of effect size estimates indicates that reduction in family needs on every item was clinically significant. To be clinically significant, the effect sizes must be above .25 (Adams & Engelmann, 1996). Further examination of effect size estimates reveals that, with three exceptions (item 3—Legal assistance—benefits, Item 16—Managing daily needs, and Item 27—Getting and keeping assistance), the magnitude of change from intake to six-month follow-up was moderate across all items. While clinically significant, the magnitude of change from intake to six-month follow-up for items 3, 16, and 27 was small in magnitude. Note that the change on these same three items was statistically significant, but only at the .05 level, as discussed above. Given that effect sizes estimates are a reliable change metric, these data indicate that change in primary caregiver level of need across all FNS items were reliable and not due to chance or extraneous factors (Gresham, 2005). It is clear that change was more pronounced with items 2, 4, 9, 38 and 40.

We also provided the reliable change indicator of Absolute Change in Table 8. As highlighted in Table 8, the largest reductions in primary caregiver reported need were related to items 2 (Legal assistance—caregiver), 4 (Other legal assistance), and 9 (Transporting my child places), respectively. It is interesting to note that the fourth largest absolute change was shared by items 3 and 27 (Absolute change of -.46), yet the effect size change from intake to six-month follow-up narrowly missed being moderate in magnitude and statistically significant at the .01 level. Perhaps the variance in primary caregiver change (variance in how caregivers responded to the intervention) on these items could explain the robust absolute change, but small effect size and statistical insignificance. The range in Absolute Change scores was -.23 to -1.00. All of the absolute change scores were negative values, thus following the expected direction of primary caregiver reduction in need from intake to six-month follow-up.

**Table 8: *Pre- and Post-Test FNS scores, Paired-Sample t-statistics, and Reliable Change Metrics by FNS item***

| | N | FNS Means | | | | Reliable Change Metric | |
|---|---|---|---|---|---|---|---|
| | | Pre (SD) | Post (SD) | | *t* | Absolute Change | Effect Size |
| **FNS Item** | | | | | | | |
| Legal assistance—caregiver [item 2] | 107 | 3.06 (1.97) | 2.06 (1.51) | | 5.08*** | -1.00 | .57 |
| Legal assistance—benefits [3] | 105 | 2.45 (1.68) | 1.99 (1.50) | | 2.28* | -.46 | .29 |
| Other legal assistance [4] | 104 | 2.26 (1.65) | 1.57 (1.10) | | 4.31*** | -.69 | .49 |
| Transporting my child places [9] | 106 | 2.77 (1.60) | 2.28 (1.39) | | 2.70** | -.49 | .33 |
| Managing daily needs [16] | 104 | 2.23 (1.32) | 1.88 (1.24) | | 2.23* | -.35 | .27 |
| Getting & keeping assistance [27] | 103 | 2.41 (1.64) | 1.95 (1.51) | | 2.26* | -.46 | .29 |
| Risk of placement disruption? [38] | 93 | 1.46 (.88) | 1.17 (.57) | | 3.33** | -.29 | .39 |
| Concerned keep child in home? [40] | 91 | 1.32 (.74) | 1.09 (.38) | | 3.47** | -.23 | .39 |

Note 1. Pre- and Post-test FNS item scores are in mean averages. Numbers in parentheses are standard deviations. Numbers in brackets [] represent the FNS item number. The absolute change metric is equivalent to pre- and post-test differences.

Note 2. Effect sizes in the range of 0 to .29 are considered small, 0.3 to 0.79 are considered moderate, and 0.8 and above are considered large (Cohen 1988). Effect sizes above .25 are clinically significant (Adams & Engelmann, 1996). All the above effect sizes were clinically significant. * $p < .05$, ** $p < .01$, ** $p < .001$.

## IV. SUMMARY & RECOMMENDATIONS

Findings from the supplemental review of the Family Connection Demonstration Project indicate that the project made some positive strides toward the accomplishment of several stated goals and objectives. Intensive Family Finding/Family Search and Engagement program services were effective in identifying additional familial connections. Across the project period, 1,940 Family Search and Engagement episodes were reported, averaging 7.39 contacts per child. Moreover, among the 258 children served by this program component, 76.7 percent made a positive connection with a relative, kin, or other supportive adult. *As a result of IFF/FSE services, the project met its goal to identify additional familial connections for children engaged which in turn led to improvements in relative placements.* Additionally, 70 children (27.1%) were linked to a relative, kin, or other supportive adult with the long-term intent of providing the child with a home. More positively, of the 79 children temporarily placed during the project period, nearly all (89%) remained with families with the intent for long-term placement e.g., adoption, guardianship, or reunification.

Additionally, among the 320 children (unduplicated) in FSE services during the course of the project, 46 percent reached a permanent placement outcome e.g., the case was dismissed at DCFS – *exceeding the 38.1 percent placement rate reported for Region 2* (DSHS, 2010). *Overall, nearly three-quarters (73%) of these children were placed in homes and had permanency finalized or in progress at time of project completion. These data suggest that the program was effective in decreasing the number of dependent children and increasing the number of relative placements.* Finally, primary caregivers engaged in Kinship Navigator program services *demonstrated statistically and clinically significant reductions in level of need* across the 8 areas of focus as reported on the Family Needs Scale (FNS) from intake to six-month follow-up including legal needs, transportation needs, and basic daily living needs. Program findings also demonstrate reductions in concerns about placement disruption or the family's capacity to keep the child in the home as compared to program entry.

Less positively, the project was not able to report on goals and objectives directly linked to Family Team Decision Making. This was a result of changes at the state level, which limited the project's capacity to track and report data internally on targeted indicators. Although access to data for this element of the project was limited, staff reported that being a part of this process contributed to increased capacity to facilitate meetings at key decision making junctures (entry, exit & transition).

Several limitations to this evaluation require understanding. First, the evaluation team from the Center for Strong Communities and Schools was requested to perform a supplemental review of the project post-project services. As such, these reviewers had limited knowledge of the project design, implementation of program services and activities, and the evaluation design and data collection system. During the course of the review, multiple issues with the datasets were identified, including missing and inconsistent data, and had to be addressed before analysis could be conducted. Lack of historical content of the project and the logic of evaluation design and database as well as missing and inconsistent data makes it difficult to draw concrete conclusions.

**Recommendations:**

Several recommendations warrant discussion. First, given the importance of monitoring program outcomes, we recommend that CFCS establish quality assurance standards for all data entry systems including staff training in data entry with follow up or booster sessions as needed. Doing so will provide systemic, long-term support to allow for the success of future Family Connection efforts. Second, we urge CFCS to use implementation science to create agency-level systemic supports necessary for implementation and sustainability of evidence-based practices aimed at reducing foster care placements, reducing lengths of stay for children in care and achieving permanency (see http://nirn.fpg.unc.edu/ or http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf). Finally, the lack of baseline data limited the project's ability to fully understand the impacts that program services had on participants. For future projects, it is recommended that baseline data be identified prior to project implementation either at

the agency level or through some other comparative data sets e.g., POC, DSHS, or data from similar agencies serving like populations.

# Appendix A

## Family Needs Scale Intake Results

## Family Needs Scale 6-Month Follow Up Results

# Kinship Navigator Program
## Family Needs Scale: Intake Results

Two hundred ninety-one (291) individuals completed the Family Needs Scale at intake, representing 94 percent of primary caregivers enrolled in Kinship Navigator program services. Not all respondents answered each question. Following are the results displayed in percentages.

| How frequently do you need help to get or keep this support? | Never | Almost Never | Some-times | Often | Almost Always | Always | Total N |
|---|---|---|---|---|---|---|---|
| 1. Extra money to buy necessities and pay bills. | 4.5 | 8.6 | 36.1 | 16.5 | 15.8 | 18.6 | 291 |
| 2. Legal assistance related to being a kinship caregiver (adoption or third party custody). | 40.8 | 18.7 | 13.1 | 6.2 | 4.5 | 16.6 | 289 |
| 3. Legal assistance related to benefits (Medicaid, Social Security, Child Support, Other). | 54.9 | 13.5 | 13.5 | 7.3 | 3.5 | 7.3 | 288 |
| 4. Other legal assistance | 61.1 | 16.5 | 10.2 | 4.2 | 2.1 | 6.0 | 285 |
| 5. Help getting enough food daily for two meals for your family. | 27.3 | 16.3 | 24.6 | 13.1 | 7.3 | 11.4 | 289 |
| 6. Help getting a place to live. | 68.2 | 11.4 | 6.9 | 3.1 | 3.1 | 7.3 | 289 |
| 7. Help getting a job. | 63.8 | 9.3 | 9.0 | 4.8 | 4.5 | 8.6 | 290 |
| 8. Help getting places you need to go for yourself. | 45.5 | 16.0 | 17.7 | 7.6 | 5.2 | 8.0 | 288 |
| 9. Help transporting my child places, including appointments. | 36.6 | 16.4 | 22.0 | 12.2 | 4.9 | 8.0 | 287 |
| 10. Someone to talk to about your child(ren). | 39.2 | 14.9 | 24.7 | 10.8 | 4.2 | 6.3 | 288 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 11. Someone to talk to about how things are going for you. | 33.1 | 13.4 | 30.7 | 11.7 | 4.1 | 6.6 | 290 |
| 12. Medical care for your family. | 44.7 | 15.1 | 15.8 | 7.9 | 6.2 | 10.3 | 291 |
| 13. Dental care for your family. | 41.7 | 15.2 | 16.6 | 9.0 | 7.2 | 10.3 | 290 |
| 14. Time to do things for yourself. | 27.4 | 13.2 | 26.0 | 14.9 | 7.3 | 11.1 | 288 |
| 15. Emergency health care for your family. | 52.6 | 17.1 | 17.8 | 4.9 | 2.1 | 5.6 | 287 |
| 16. Help managing the daily needs of my child at home. | 44.8 | 20.6 | 22.7 | 5.6 | 3.1 | 3.1 | 286 |
| 17. Emergency child care | 52.8 | 18.1 | 18.8 | 2.8 | 1.4 | 6.0 | 282 |
| 18. Routine child care | 57.0 | 19.7 | 11.6 | 3.9 | 3.2 | 4.6 | 284 |
| 19. Respite care (someone to help care for my child when I need a break). | 48.1 | 14.8 | 21.9 | 3.9 | 4.6 | 6.7 | 283 |
| 20. Mental health services for your child. | 55.6 | 14.4 | 14.1 | 6.3 | 3.2 | 6.3 | 284 |
| 21. Special education services for your child. | 63.5 | 9.9 | 13.8 | 5.3 | 2.5 | 5.0 | 282 |
| 22. Vocational training services for your child. | 70.6 | 11.3 | 9.9 | 3.5 | 2.1 | 2.5 | 282 |
| 23. Time to do fun things with your family. | 36.1 | 13.0 | 20.7 | 15.4 | 5.6 | 9.1 | 285 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 24. To belong to parent groups or clubs, | 50.0 | 18.0 | 19.0 | 6.7 | 3.5 | 2.8 | 284 |
| 25. Help learning how to be a more effective parent. | 41.7 | 18.4 | 21.9 | 9.9 | 4.2 | 3.9 | 283 |
| 26. Assistance with alcohol or other substance abuse problems either for myself or family member. | 71.2 | 9.5 | 8.4 | 3.9 | 0.7 | 6.3 | 285 |
| 27. Help getting and keeping public assistance (for example Medicaid, SSI, TANF, Other). | 53.0 | 17.5 | 10.2 | 6.7 | 4.2 | 8.4 | 285 |
| 28. Support groups for kinship caregivers. | 40.7 | 17.2 | 23.2 | 8.1 | 4.9 | 6.0 | 285 |
| 29. School services for my child. | 52.8 | 13.0 | 17.6 | 7.7 | 2.8 | 6.0 | 284 |
| 30. Help enrolling my child in school. | 73.9 | 12.3 | 5.6 | 1.4 | 3.2 | 3.5 | 284 |
| 31. Help understanding government agencies. | 42.5 | 12.3 | 25.6 | 7.7 | 5.3 | 6.7 | 285 |
| 32. Help dealing with Social Services. | 53.3 | 12.0 | 18.8 | 6.2 | 4.3 | 5.4 | 276 |
| 33. Other supports? | 87.4 | 1.1 | 5.3 | 2.1 | 1.1 | 3.2 | 95 |
| 34. Other supports? | 83.8 | 4.4 | 1.5 | 4.4 | 1.5 | 4.4 | 68 |
| 35. Other supports? | 88.5 | 3.3 | 1.6 | 3.3 | 3.3 | 0.0 | 61 |

Questions 36 and 37 are missing.

| | No/No Evidence | Mild Concern | Moderate Concern | Serious Concern | Total N |
|---|---|---|---|---|---|
| 38. Does the child appear to be at risk of placement disruption? | 77.9 | 13.6 | 5.5 | 2.9 | 272 |
| 39. Does the child appear to have unmet mental/behavioral health needs? | 72.1 | 13.0 | 11.5 | 3.3 | 269 |
| 40. Is the current caregiver concerned that they might not be able to keep the child in their home? | 81.7 | 11.0 | 4.8 | 2.6 | 272 |
| | No | Yes | Unknown | Total N | |
| 41. Is the child receiving mental health services to address problem behavior? | 55.0 | 13.8 | 31.2 | 260 | |

## Kinship Navigator Project
## Family Needs Scale: 6 Month Follow-Up Results

One hundred ten (110) individuals completed the Family Needs Scale at intake, representing 38 percent of those who completed the form at intake. Not all respondents answered each question. Following are the results displayed in percentages.

| How frequently do you need help to get or keep this support? | Never | Almost Never | Some-times | Often | Almost Always | Always | Total N |
|---|---|---|---|---|---|---|---|
| 1. Extra money to buy necessities and pay bills. | 2.7 | 5.5 | 35.5 | 19.1 | 20.0 | 17.3 | 110 |
| 2. Legal assistance related to being a kinship caregiver (adoption or third party custody). | 56.4 | 15.5 | 10.9 | 91.1 | 18.8 | 6.4 | 110 |
| 3. Legal assistance related to benefits (Medicaid, Social Security, Child Support, Other). | 58.7 | 14.7 | 12.8 | 3.7 | 4.6 | 5.5 | 109 |
| 4. Other legal assistance | 70.6 | 12.8 | 10.1 | 2.8 | 1.8 | 1.8 | 109 |
| 5. Help getting enough food daily for two meals for your family. | 25.5 | 12.7 | 42.7 | 12.7 | 4.5 | 1.8 | 110 |
| 6. Help getting a place to live. | 70.6 | 15.6 | 8.3 | 0.9 | 1.8 | 2.8 | 109 |
| 7. Help getting a job. | 64.2 | 10.1 | 11.0 | 4.6 | 4.6 | 5.5 | 109 |
| 8. Help getting places you need to go for yourself. | 44.5 | 13.6 | 27.3 | 3.6 | 5.5 | 5.5 | 110 |
| 9. Help transporting my child places, including appointments. | 40.9 | 13.6 | 32.7 | 4.5 | 3.6 | 4.5 | 110 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 10. Someone to talk to about your child (-ren). | 40.0 | 15.5 | 32.7 | 4.5 | 2.7 | 4.5 | <u>110</u> |
| 11. Someone to talk to about how things are going for you. | 39.1 | 13.6 | 36.4 | 4.5 | 0.9 | 5.5 | <u>110</u> |
| 12. Medical care for your family. | 53.6 | 20.9 | 17.3 | 2.7 | 4.5 | 0.9 | <u>110</u> |
| 13. Dental care for your family. | 50.9 | 18.2 | 18.2 | 5.5 | 5.5 | 1.8 | <u>110</u> |
| 14. Time to do things for yourself. | 33.6 | 19.1 | 27.3 | 9.1 | 5.5 | 5.5 | <u>110</u> |
| 15. Emergency health care for your family. | 64.5 | 17.8 | 10.3 | 5.6 | 0.9 | 0.9 | <u>107</u> |
| 16. Help managing the daily needs of my child at home. | 55.1 | 18.7 | 19.6 | 1.9 | 0.9 | 3.7 | <u>107</u> |
| 17. Emergency child care | 67.3 | 22.4 | 7.5 | 0.9 | 0.9 | 0.9 | <u>107</u> |
| 18. Routine child care | 67.2 | 19.6 | 5.6 | 2.8 | 2.8 | 1.9 | <u>107</u> |
| 19. Respite care (someone to help care for my child when I need a break). | 61.7 | 12.1 | 15.9 | 5.6 | 0.9 | 3.7 | <u>107</u> |
| 20. Mental health services for your child. | 57.9 | 16.8 | 13.1 | 4.7 | 4.7 | 2.8 | <u>107</u> |
| 21. Special education services for your child. | 72.9 | 10.3 | 4.7 | 5.6 | 1.9 | 4.4 | <u>107</u> |
| 22. Vocational training services for your child. | 77.6 | 15.0 | 3.7 | 1.9 | 0.9 | 0.9 | <u>107</u> |

| | | | | | | |
|---|---|---|---|---|---|---|
| 23. Time to do fun things with your family. | 41.5 | 15.1 | 25.5 | 7.5 | 3.8 | 6.6 | 106 |
| 24. To belong to parent groups or clubs, | 48.6 | 17.8 | 20.6 | 4.7 | 3.7 | 4.7 | 107 |
| 25. Help learning how to be a more effective parent. | 48.1 | 17.9 | 22.6 | 6.6 | 0.9 | 3.8 | 106 |
| 26. Assistance with alcohol or other substance abuse problems either for myself or family member. | 73.8 | 15.9 | 8.4 | 0.9 | 0.9 | 0.0 | 107 |
| 27. Help getting and keeping public assistance (for example Medicaid, SSI, TANF, Other). | 60.1 | 16.2 | 8.6 | 5.7 | 2.9 | 6.7 | 105 |
| 28. Support groups for kinship caregivers. | 49.5 | 15.9 | 21.5 | 4.7 | 3.7 | 4.7 | 107 |
| 29. School services for my child. | 63.8 | 16.2 | 9.5 | 4.8 | 1.9 | 3.8 | 105 |
| 30. Help enrolling my child in school. | 77.4 | 15.1 | 3.9 | 0.9 | 0.9 | 1.9 | 106 |
| 31. Help understanding government agencies. | 61.0 | 18.1 | 12.4 | 1.9 | 1.9 | 4.8 | 105 |
| 32. Help dealing with Social Services. | 60.8 | 17.6 | 13.7 | 3.9 | 1.0 | 2.9 | 102 |
| 33. Other supports? | 89.7 | 0.0 | 0.0 | 0.0 | 0.0 | 10.3 | 81 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 34. Other supports? | 81.8 | 0.0 | 0.0 | 9.1 | 0.0 | 9.1 | <u>11</u> |
| 35. Other supports? | 100 | 0 | 0 | 0 | 0 | 0 | <u>7</u> |

Questions 36 and 37 are missing.

| | No/No Evidence | Mild Concern | Moderate Concern | Serious Concern | Total N |
|---|---|---|---|---|---|
| 38. Does the child appear to be at risk of placement disruption? | 91.0 | 3.0 | 5.0 | 1.0 | 100 |
| 39. Does the child appear to have unmet mental/behavioral health needs? | 83.2 | 12.9 | 3.0 | 1.0 | 101 |
| 40. Is the current caregiver concerned that they might not be able to keep the child in their home? | 94.9 | 2.0 | 3.1 | 0.0 | 98 |
| | No | Yes | Unknown | | Total N |
| 41. Is the child receiving mental health services to address problem behavior? | 50.0 | 30.9 | 19.1 | | 94 |