

Systems and Organizational Change Resulting from the Implementation of Systems of Care

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Overview of the Appendices

This overview provides a brief description of the national evaluation plan for the Children’s Bureau *Improving Child Welfare Outcomes through Systems of Care* demonstration initiative, and describes how the various components in the appendices fit together. The overview highlights both the challenges inherent in this evaluation and the steps taken to overcome those challenges.

Goals of the Evaluation

The primary goal of this evaluation was to provide a broad assessment of a systems-based approach to improving child welfare outcomes. Achieving this goal requires nothing short of evaluating the entire system; an inherently complex endeavor that requires the triangulation of numerous data sources. Further adding to the complexity is that many aspects of systems development do not lend themselves easily to measurement. For example, the evaluation aimed to measure the six principles of systems of care:

- Interagency collaboration.
- Individualized, strengths-based care.
- Cultural and linguistic competence.
- Child, youth, and family involvement.
- Community based approaches.
- Accountability.

Each of these principles cannot be encapsulated in a single outcome measure. Moreover, the evaluation aimed to measure both direct and indirect impacts on systems and organizational change outcomes. As stated in the body of this report, the evaluation also aimed to document, assess, and understand grant communities’ experiences in order to provide the child welfare field with lessons learned on how to best implement a system of care approach.

Given these goals, the logical evaluation design was a mixed-method approach, blending quantitative and qualitative data to capture hard evidence of program

effectiveness (quantitative), while corroborating evidence with rich detail from staff on the “front lines” (qualitative) of the Systems of Care initiative. This evaluation included a structural equation model to determine how major aspects of the evaluation logic model fit together to produce significant and substantive organizational changes within child welfare agencies.

Overview of the National Evaluation Approach

The national evaluation used both process and outcome components to assess and understand each grant community’s planning and implementation of its local Systems of Care initiative and the corresponding impact such work had on collaboratives, agencies, communities, and children and families.

The process component of the national evaluation was designed to understand the important dynamics involved in planning, implementing, evaluating, and sustaining a systems change initiative in child welfare. Process data were collected annually through interviews with project personnel, child welfare staff, partner agency representatives, and participating families and community members. Collaborative members¹ also were surveyed about their efforts in planning and implementing their local System of Care three times over the course of the initiative.

The outcome evaluation was designed to assess how Systems of Care efforts and activities resulted in systems and organizational change, and ultimately in improved outcomes for children. At the collaborative level, system level outcomes included collaborative dynamics (e.g., collaborative leadership, collaborative formalization) and perceived effectiveness of local collaboratives’ efforts in changing policies, procedures, and practices and increasing positive child

¹ Collaborative members refer to those individuals who participated on interagency structures that were charged with planning for and guiding the implementation of Systems of Care activities in grant communities.

welfare outcomes. Within the child welfare agency, organizational change outcomes included agency support for systems of care principles, systems of care casework practices, and changes in other perceived organizational constructs such as organizational climate, organizational culture, and job satisfaction. The national evaluation team also attempted to link how such changes in systems and organizational level outcomes could lead to changes in child welfare practices and services, and ultimately, improved child and family outcomes.

As the research literature indicates, systems change initiatives require extensive planning and implementation phases and one can infer from this that individual-level outcomes are not likely to occur during the typical funding stream of grants and other government or privately funded initiatives (Foster-Fishman & Behrens, 2007; Kreger, Brindis, Manuel, & Sassoubre, 2007).^{2,3} Moreover, linking changes at the system level to the individual level is extremely difficult, particularly in a demonstration initiative such as Systems of Care where grant communities selected different target populations, implementation activities, and principle emphases. Finally, without an appropriate comparison group equivalent at baseline on important demographic factors for the child welfare population (e.g., age, type of maltreatment and service episode type, agency size, and community indicators such as percent in poverty), it is difficult to establish causation between systems level activities and individual outcomes. Although we cannot causally link changes in case planning and service participation to child and family outcomes, we are able to infer, through the triangulation of data from multiple sources, how Systems of Care efforts and activities may have had

an impact on individual-level outcomes. Thus, the main focus of the outcome evaluation was to assess how Systems of Care activities and efforts led to systems and organizational change, with individual outcomes as a secondary focus. The national evaluation team defined systems change as changes in interagency partnerships and collaboration and focused on measuring such changes at the collaborative level. Organizational change was defined as changes in policy, procedure, and practice within child welfare agencies.

Using the national evaluation framework as a guide to link how systems-level change can result in changes in individual-level outcomes, the national evaluation focused on three primary research questions:

1. To what extent has the implementation of Systems of Care led to systems and organizational change?
2. What types of systems and organizational change resulted? What actions and processes were undertaken to create these changes?
3. To what extent has the implementation of Systems of Care led to changes in case practice and service delivery, and subsequent changes in outcomes for children and families (i.e., safety, permanency, and well-being)?

Data Sources and Analyses

The sources of data used in the final evaluation report included site visit interviews (annual), surveys of collaborative members and child welfare workers (at 3 time points), and case file data (at 2 time points). See Appendix B (Data Collection Timeline), which displays when each of the data sources was collected over the course of the demonstration initiative.

Site Visit Interviews and Focus Groups

Annual site visits to systems of care grantees provided the core data for the process evaluation and enabled evaluation staff to track improvements in agencies' policies, procedures, practices, services, and

2 Foster-Fishman, P. G., & Behrens, T. R. (Eds.) (2007). Systems change (Special Issue). *American Journal of Community Psychology*, 39, 191-418.

3 Kreger, M., Brindis, C.D., Manuel, D.M., Sassoubre, L. (2007). Lessons learned in systems change initiatives: benchmarks and indicators. *American Journal of Community Psychology*, 39(3-4), 301-20.

implementation of Systems of Care principles over time. By capturing a wide range of viewpoints and opinions about how Systems of Care was resulting in systems and organizational change, the evaluation team was able to ensure an in-depth understanding of systems change and the specific context for subsequent findings. Gathering front-line staff's perspectives is especially valuable for any study of systems change—and, particularly, a study where specific outcomes are difficult to measure.

Stakeholder Interviews

Approximately 5-10 stakeholders and collaborative members per grant community participated in interviews during each of the four years of site visits. Interview participants included project leadership, selected members of each collaborative body, and other community stakeholders who were most involved in grant activities (e.g., key family and youth participants). The collaborative interview assessed planning and implementation activities, obstacles and facilitators to progress, collaborative dynamics, and the impact of collaborative activities on the Systems of Care initiative.

Supervisor Interviews

Interviews were conducted with approximately 5-10 child welfare agency supervisors per grant community during each of the four years of site visits. Supervisors were selected for the interview based on their involvement in grant activities or supervisory relationship with workers whose caseloads included members of the Systems of Care target population. In addition to addressing the impact of Systems of Care principles and activities, the supervisor interview examined current practices, policies, and procedures within the child welfare agency and their changes over time.

Direct Service Worker Focus Groups

Two child welfare agency focus groups were conducted each year during site visits. Focus group participants were required to be direct service workers in the child welfare agency. Focus groups explored direct service

workers' perceptions regarding their agencies' efforts to implement changes in policy, procedures, and in particular, practices around the six Systems of Care principles, as well as resulting changes in case planning and service participation of their clients.

Partner Agency Focus Groups

One focus group was conducted per site visit each year with members of partner agencies. Each focus group consisted of about four to eight individuals from partner agencies, including both provider agencies and other child- and family-serving systems, who were most involved with grant activities. The partner agency focus groups targeted interagency collaboration with the child welfare agency, systemic change, and partner agency members' perceptions regarding both the child welfare agency and their agencies' implementation of Systems of Care.

Project Director Telephone Interviews

During the final phase of project implementation, telephone interviews were conducted with each of the nine Systems of Care project directors to identify critical events or activities that influenced the implementation of the Systems of Care demonstration initiative. Interviews explored facilitators and challenges to Systems of Care implementation as well as sustainable elements and legacies.

Surveys and Analyses

Data from surveys provided evaluation staff with key measures of systems and organizational change at the collaborative level (Collaborative Member Surveys) and at the agency level (Child Welfare Agency Surveys). Individual survey questions were grouped to form a number of scales that captured the core ingredients of organizational/systems change. Scales developed from the Child Welfare Agency Surveys provided the basis for the structural equation model analysis.

*Collaborative Member Surveys*⁴

The collaborative survey was administered three times: Fall/Winter 2005 (Time 1 or baseline), Fall/Winter 2006 (Time 2), and Summer/Fall 2008 (Time 3). All collaborative members at the State and local level who were involved in grant activities were eligible to participate in the survey. The survey collected information on member demographics, members' role(s) on the collaborative, perceived challenges and successes, and perceptions around their collaborative dynamics, functioning, and impact.

A total of 521 respondents participated across all three time-points, for an average of 174 at each administration. Similar to related empirical research on collaborative functioning, due to the small number of collaborative participants per community, surveys were aggregated across all grantee communities. Collaborative survey data were used to address whether or not Systems of Care was successful in creating effective interagency collaborative structures (i.e., collaborative leadership, formalization) and systems and organizational change (i.e., perceived effectiveness). Independent t-tests were conducted to compare average mean ratings over the three time points during the initiative.

*Child Welfare Agency Survey*⁵

The child welfare agency survey, which mainly targeted direct line staff, was administered three times: Fall/Winter 2005 (Time 1 or baseline), Fall/Winter 2007 (Time 2), and Fall 2008 (Time 3). The child welfare agency survey examined the child welfare agency environment (e.g., organizational climate) and representation of Systems of Care principles in agency policies, procedures, and practices.

A total of 1,722 respondents participated across all three time-points, for an average of 574 at each administration. Child welfare survey data were used to address whether or not Systems of Care was successful in creating organizational change (i.e., agency support for Systems of Care principles, Systems of Care casework practices, organizational culture, organizational climate, and job satisfaction). Independent t-tests were conducted to compare average mean ratings over the three time points during the initiative for individual States and Tribes, and the cross-site initiative as a whole.

Case-level Data

Case-level data represent the core individual-level outcome data for the Systems of Care evaluation. Although systems change—and not individual-level outcomes—was the focus of this evaluation, the case-level data nonetheless provide initial indications of the effects of Systems of Care on children and families.

*Case File Review*⁶

The national evaluation team reviewed child welfare case files twice over the evaluation period, once in January-June of 2003 and once in January-June of 2007. Each State chose 65-80 cases at random from the total pool of cases meeting their target population. Multi-county sites stratified cases based on county population, and each “case” was operationally defined as one child.

Case file reviews were conducted in order to assess changes in case planning, service participation (with an emphasis on family and interagency collaboration), and the child and family outcomes of safety, permanency, and well-being. Case file data were used to address whether or not Systems of Care was successful in creating changes in case practice, service participation, and child and family outcomes (i.e., safety, permanency,

4 Appendix D provides a listing of all variables, items, and scale reliabilities.

5 Appendix F provides a listing of all variables, items, and scale reliabilities.

6 Appendix I contains a copy of the case file review protocol.

and well-being). Since the majority of these data were dichotomous, chi-square analysis was used to assess change over time during the initiative.

Summary of Appendix A-Appendix J

Appendix A: Systems of Care Grantee Profiles—This appendix contains an overview of the nine Systems of Care grant sites, and includes important background information on each community, such as target population, areas served, contact information, and a summary of the program. It is evident from these descriptions that the nine Systems of Care grant sites had largely different approaches to systems change; however, their core purpose and commitment to Systems of Care principles are congruent with one another.

Appendix B: Evaluation Framework and Data Collection Timeline—This appendix contains two exhibits. The first exhibit provides a general overview of the Systems of Care evaluation framework, and illustrates the evaluation team’s hypothesis that Systems of Care activities will lead to systems and organizational change at both the collaborative level and the agency level. These changes should, in turn, lead to improvements in Systems of Care practices, case planning and service participation, which ultimately lead to improvements in child welfare outcomes. Systems of Care principles need to be present across all levels of the child welfare agency in order to facilitate the linkages between Systems of Care activities and long-term improvements in safety, permanency, and well-being. The second exhibit provides a detailed timeline of data collection activities.

Appendix C: Collaborative Development Framework—This appendix contains a logic model change framework that provides in-depth pathways for collaborative development and capacity building, which can result in changes at the system level. The model focuses on the three main stages of collaborative development: (1) collaborative formation (including input resources and initial mobilization), (2) collaborative development and

capacity building (including changes in organizational structure/climate and member/collaborative capacity), and ultimately, (3) perceived effectiveness (including outputs, impacts, and perceived effectiveness).

Appendix D: Collaborative Scales, Items, and Reliability Information—This appendix contains detailed information—including survey questions and reliability statistics (i.e., Cronbach’s alpha) for the subscales that were used to encapsulate the three main stages of collaborative development: (1) collaborative formation, (2) collaborative development and capacity building, and (3) perceived effectiveness.

Appendix E: Collaborative Survey Findings (Systems Change Findings)—This appendix contains detailed cross-site findings for collaborative development and capacity building (e.g., collaborative formalization and leadership) and systems level variables (e.g., perceived effectiveness) for each time point.

Appendix F: Child Welfare Scales, Items, and Reliability Information—This appendix contains information, including specific survey questions and reliability information, for the five constructs that comprised the structural equation model: (1) agency support for Systems of Care principles, (2) organizational culture, (3) organizational climate, (4) caseworker Systems of Care practices, and (5) job satisfaction.

Appendix G: Findings at the Organizational and Intra-Agency Levels—This appendix contains detailed results for organizational level variables (e.g., principles, climate, job satisfaction) for each time point—both overall and by State/Tribe, as well as detailed results for intra-agency level variables for each time point—both overall and by State/Tribe.

Appendix H: Structural Equation Modeling—This appendix contains detailed results of a structural equation modeling analysis that investigate the relationship between (1) agency support for Systems of Care principles, (2) organizational culture, (3)

organizational climate, (4) caseworker Systems of Care practices, and (5) job satisfaction. The appendix includes the measurement model, including factor loadings for all outcome variables and correlations among constructs, as well as the results of the final structural model.

Appendix I: Case File Review Protocol—This appendix contains the protocol for abstracting case files. Case

file data were used to address whether or not Systems of Care was successful in changing case practice, service participation, and child and family outcomes (i.e., safety, permanency, and well-being).

Appendix J: Case File Review Findings—This appendix contains results from the case file reviews, conducted in 2003 and 2007. Findings are presented regarding case planning, service participation, safety, permanency, and well-being.

Appendix A:
Systems of Care Grantee Profiles

California: Profile of Contra Costa Child and Family Services

Name:	Family-to-Family System of Care
Target Population:	<ul style="list-style-type: none">· Children and families entering Emergency Shelter Care who are assessed to be at risk for repeated placement failure.▪ Transitional age youth who have not participated in independent living skills services.▪ Youth who are jointly supervised by Children and Family Services, Juvenile Probation, or Children's Mental Health.
Geographical Area:	Contra Costa County, California
Summary:	Contra Costa County developed and implemented a Family-to-Family System of Care. The plan used a neighborhood, consumer-driven team decision-making (TDM) approach, which was linked to existing wraparound approaches and flexible funding to ensure a seamless System of Care. Assessment, service delivery, and evaluation efforts took into account the family's culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual orientation, geographical origin, neighborhood location, and immigration status. To help ensure cultural competence, the system emphasized active involvement of the family and members of the community, strength-based assessment, and a program to recruit and hire former consumers to serve on the teams.
Grant Manager:	Neely McElroy
Contact Information:	Contra Costa County California Employment and Human Services Children and Family Services 2530 Arnold Drive, Suite 200 Martinez, CA 94553 925-335-7100 mcelrn@ehsd.cccounty.us

Colorado: Profile of Jefferson County Department of Human Services

Name: Jefferson County Systems of Care

Target Population: Children, youth and families involved in the child welfare system.

Geographical Area: Jefferson County, Colorado

Summary: The vision of the project was Keeping Our Children Safe Through Healthy Families and Strong Communities. The mission was to promote the welfare of children and families through the development of sustainable partnerships that provide integrated, quality services that are individualized, strengths-based, family-centered, and culturally sensitive. The project had five goals:

- Strengthen the child welfare infrastructure for interagency and community collaboration.
- Institutionalize individualized, strength-based care practice.
- Enhance the cultural competency of Jefferson County agencies and providers.
- Assure family involvement in all aspects of the system.
- Institutionalize effective accountability mechanisms.

The approach was developed through an interagency planning process that sustained the county's history of interagency planning and providing resources to implement a true collaborative project. In partnership with the University of Denver, the approach was evaluated at four levels: individual, community, system, and policy, and targeted key areas highlighted in the State and county Program Improvement Plans.

A variety of traditional and innovative practices were combined to meet the goals of the initiative, including case flow management changes; cross-system training; cultural research and presentations; participatory evaluation models; geo-mapping to assess the resources and resource accessibility of the community; a Parent Partner Model of working with families; and comprehensive and representative client, staff, family, and community participation. As partnerships extended beyond child welfare to other agencies and the community, the initiative maintained the flexibility needed to adopt varied approaches, possibilities, and ideas to design and implement Systems of Care for Jefferson County.

Project Director: Susan Franklin

Contact Information: Jefferson County Department of Human Services
900 Jefferson County Parkway
Golden, CO 80401
303-271-4051
SFrankli@jeffco.us

Kansas: Profile of Department of Social and Rehabilitation Services

Name:	Developing Family-Centered Systems of Care for Local Communities in Kansas
Target Population:	All children and youth at risk of entering or who have already entered the child welfare or juvenile justice systems in two pilot communities. Children and youth already in either system were targeted for reduction in length of time in out-of-home placement or for return to their home community if they are not able to return home.
Geographical Area:	Cherokee and Reno Counties in Kansas
Summary:	<p>The project's focus was to positively affect children and youth at risk of entering or who already are in the child welfare system in the pilot communities and to implement/integrate the family centered Systems of Care guiding principles into practice, policies, and procedures statewide.</p> <p>To assist with operationalizing and infusing the family-based Systems of Care guiding principles into child welfare practice in Kansas, a statewide steering committee was formed. The statewide steering committee created this vision for the grant: Kansas families have supports to raise their children. The mission was: partnering for the continual growth of families one community at a time. The steering committee was composed of youth and family, community partners and providers, agency staff, and grant team members. The key to sustainability and success lies in the ability to successfully model collaboration throughout child welfare in Kansas. Statewide steering committee members acted as agents of change to assist in achieving that goal.</p> <p>Kansas has a history of collaborative efforts in children's mental health, juvenile justice, education, child welfare, and substance abuse prevention. The demonstration grant was structured to leverage those earlier efforts and to take advantage of infrastructure already in place.</p>
Project Director:	Beth Evans
Contact Information:	Kansas Department of Social and Rehabilitation Services Docking State Office Building 915 SW Harrison, Rm 515-South Topeka, KS 66612 785-296-5254 beth.evans@srs.ks.gov

Nevada: Profile of Clark County Family Services

Name:	Caring Communities Demonstration Project
Target Population:	Children in the child welfare system and the kin caregivers with whom they reside.
Geographical Area:	Clark County, Nevada
Summary:	<p>The goal of the initiative was to use a community-based Systems of Care approach to improve the safety, permanency, and well-being of children living with kin caregivers. The objectives were to:</p> <ul style="list-style-type: none">▪ Increase placements of children with kin when they must be removed from their homes.▪ Increase the safety of children living with kin.▪ Improve physical and mental health of children living with kin.▪ Increase stability of placements with kin.▪ Increase timely permanency for children living with kin.▪ Increase the capacity of kin caregivers to care for the children living with them. <p>Child and family needs were addressed more effectively by conducting early assessments; involving parents and kin in developing case plans that identify both a primary and alternate permanency plan; and linking children, families, and kin caregivers to culturally and linguistically competent community-based services. Kin Care Coordinators were located at each of five community-based neighborhood family service centers. They recruited, trained, and sustained a culturally and linguistically diverse network of volunteer Kin Care Mentors, who had prior experience as caregivers, to provide home-based support to new caregivers. They also helped mentors facilitate orientation and support groups for kin caregivers. Child welfare workers, Kin Care Coordinators, project partners, and community providers received training in strengths-based Systems of Care, wraparound approaches, and culturally and linguistically competent practices.</p>
Project Director:	Thomas D. Morton
Contact Information:	Clark County Department of Family Services Director's Office ATTN: Caring Communities Project 701K N. Pecos Rd. Las Vegas, NV 89101 702-455-5483 mortontd@co.clark.nv.us

New York: Profile of New York City Administration for Children's Services

Name:	The CRADLE in Bedford Stuyvesant: A Systems of Care Initiative
Target Population:	Families who have children ages birth to 1 year old, with a primary focus on families who are either the subject of a substantiated maltreatment report, whose children have already been placed in foster care, or both.
Geographical Area:	The Bedford-Stuyvesant community of Brooklyn, New York (Community District #3)
Summary:	The CRADLE developed a System of Care that facilitated a more effective coordination of local services to better serve the safety, permanency, and well-being needs of this target population. The CRADLE was guided by the Systems of Care principles, with interagency collaboration placed at the core of its work. Within that core there are five priorities that were focused on to build a sustainable System of Care for infants and their families: building community networks, establishing shared outcomes, incorporating shared data practices, creating interagency training and protocols, and developing processes and partnerships to effect policy change.
Project Director:	Nigel Nathaniel
Contact Information:	CRADLE in Bedford Stuyvesant: A Systems of Care Initiative 150 William Street, Room 11-H5B 212-341-3116 Nigel.Nathaniel@dfa.state.ny.us

North Carolina: Profile of Department of Health and Human Services

Name: Improving Child Welfare Outcomes Through Systems of Care

Target Population: Children who are victims of, or are at risk of, child abuse and neglect.

Geographical Area: Mecklenburg, Alamance, and Bladen Counties in North Carolina

Summary: Under the grant, three counties provided services to strengthen families within their own homes and neighborhoods. By collaborating with community agencies, these three counties built an infrastructure to increase the safety, permanency, and well-being of all children. The county social services staff hired coordinators with the ability to navigate the complexity of working with such a variety of institutions and families. Oftentimes, families' needs were met within their own homes and neighborhoods.

One of the strategies named in North Carolina's Program Improvement Plan for addressing the concerns identified through the State's Child and Family Services Review (CFSR) was building upon North Carolina's system reform efforts through the application of Systems of Care principles to child welfare practice. The intended effects of Systems of Care principles were to: help prevent repeat maltreatment, ensure individualized services are identified and delivered in a timely way, and ensure that family input is obtained. The combination of these efforts addresses many of the underlying concerns outlined in the initial report resulting from the CFSR. The goals of the Improving Child Welfare Outcomes through the Systems of Care grant are the same as those identified in the CFSR. Family-centered practice and Systems of Care principles have been adopted as the foundation for social work practice in the State's Family Support and Child Welfare Services Section.

Project Director: Eric Zechman

Contact Information: North Carolina Division of Social Services
325 N. Salisbury St
2406 Mail Service Center
Raleigh, NC 27699
919-334-1108
eric.zechman@ncmail.net

North Dakota: Profile of Native American Training Institute

Name:	Medicine Moon Initiative to Improve Tribal Child Welfare Outcomes Through Systems of Care
Target Population:	Native American children and families who are involved with tribal and State child welfare agencies.
Geographical Area:	Statewide across North Dakota, including the Fort Berthold Indian Reservation, Spirit Lake Nation Reservation, Standing Rock Sioux Reservation (also includes an area of South Dakota), and the Turtle Mountain Indian Reservation.
Summary:	<p>The Medicine Moon Initiative (MMI) was administered through the Native American Training Institute in partnership with the four tribal nations of North Dakota. The MMI facilitated the development of a comprehensive, culturally competent System of Care for North Dakota's Native American children and families in the child welfare system. This was accomplished by enhancing and formalizing a link among the four emerging tribal Systems of Care and the State System of Care, which incorporates the wraparound process, State Child and Family Services Review process, State Program Improvement Plan, and improved Tribal-State Planning.</p> <p>The North Dakota tribal child welfare agencies demonstrated their increased capacity to improve child welfare outcomes and individual outcomes for North Dakota tribal children and families through improved data collection, analysis, and the implementation of an electronic management information system. These changes allowed for improved case management practice using the wraparound process, informed collaborative decision-making, and an enhanced ability to maximize third-party reimbursements, including Medicaid. The MMI also assisted the North Dakota tribal child welfare agencies in developing a culturally appropriate quality assurance process for the tribal child welfare system.</p>
Project Director:	Deb Painte
Contact Information:	Medicine Moon Initiative Native American Training Institute 3333 East Broadway Avenue Suite 1210 Bismarck, ND 58501 701-255-6374 debp@nativeinstitute.org

Oregon: Profile of Department of Human Services

Name:	Improving Permanency Outcomes Project
Target Population:	Children who have been in out-of-home care for longer than 8 months with a reunification case plan. Children in out-of-home care with alternative permanent planned living arrangement designations that do not include reunification, adoption, or guardianship.
Geographical Area:	Clackamas, Washington and Umatilla/Morrow Counties in Oregon
Summary:	<p>Oregon has been working within a System of Care perspective since the mid-1990s. This project further expanded this approach in the target communities. The focus was on achieving permanency for two different child populations:</p> <ul style="list-style-type: none">▪ Anticipated outcomes are to improve permanency, increase family and youth participation in case planning decisions, and reduce the likelihood of abuse or reentry into care for the children served.▪ The project adapted and tested approaches developed in the field of children's mental health to create a more comprehensive System of Care that significantly advanced practice reform in Oregon. Key principles that helped guide the efforts were: to plan services collaboratively with family members; build service plans on strengths and needs rather than deficits of children and families; and to individualize services, using flexible funding when necessary.
Federal Compliance Manager:	Sherril Kuhns
Contact Information:	Oregon Department of Human Services Administrative Services Division 500 Summer St, NE, E-94 Salem, OR 97301-1087 503-945-6679 sherril.kuhns@state.or.us

Pennsylvania: Profile of Dauphin County Systems of Care

Name: Locally Organized Systems of Care for Children in Pennsylvania

Target Population: Children and adolescents ages 6 to 18 who are involved in the child welfare system and at least one other child-serving system (juvenile probation, mental health, drug and alcohol, or education).

Geographic Area: Northumberland and Dauphin Counties in Pennsylvania

Summary: This project integrated Systems of Care principles with child welfare practices through an approach that builds on Family Group Conferencing (FGC) as the foundation for practice development.

Pennsylvania's System of Care demonstration project focused on a comprehensive, broadly conceived plan for organized, community-based, and culturally competent systems of natural resources and professional services as systems that support effective, value-based practices, consistent with and accountable to the goals and needs of children and families.

The target counties built on existing policies, programs, and practices, focusing on children with emotional and behavioral needs and multi-system involvement by:

- Organizing project implementation across child-serving systems through a cross-system implementation team that included representative families and community leaders; managed Medicaid Behavioral Health was included as a resource on that team.
- Establishing direct family and community involvement and accountability through stakeholder groups and committees that represent the culture and neighborhoods of the youth and families served.
- Building a core operational staff of project directors, care managers, and family peer mentors to develop practices.
- Establishing a rapid, mobile, and community-based response to anticipated and emerging crises to ensure stability of living situations and prevent disruption to out-of-community placement.
- Developing a network of available community resources across life domains, consistent with the cultures and ethnic identities of the children and families served.
- Organizing specific mental health, physical health, and substance abuse services tailored to the identified needs of the target population.
- Organizing and developing training, consultation, and technical assistance for specific skills needed in all key areas.
- Developing a mechanism for funding and financial management to support flexible individual plans of care.

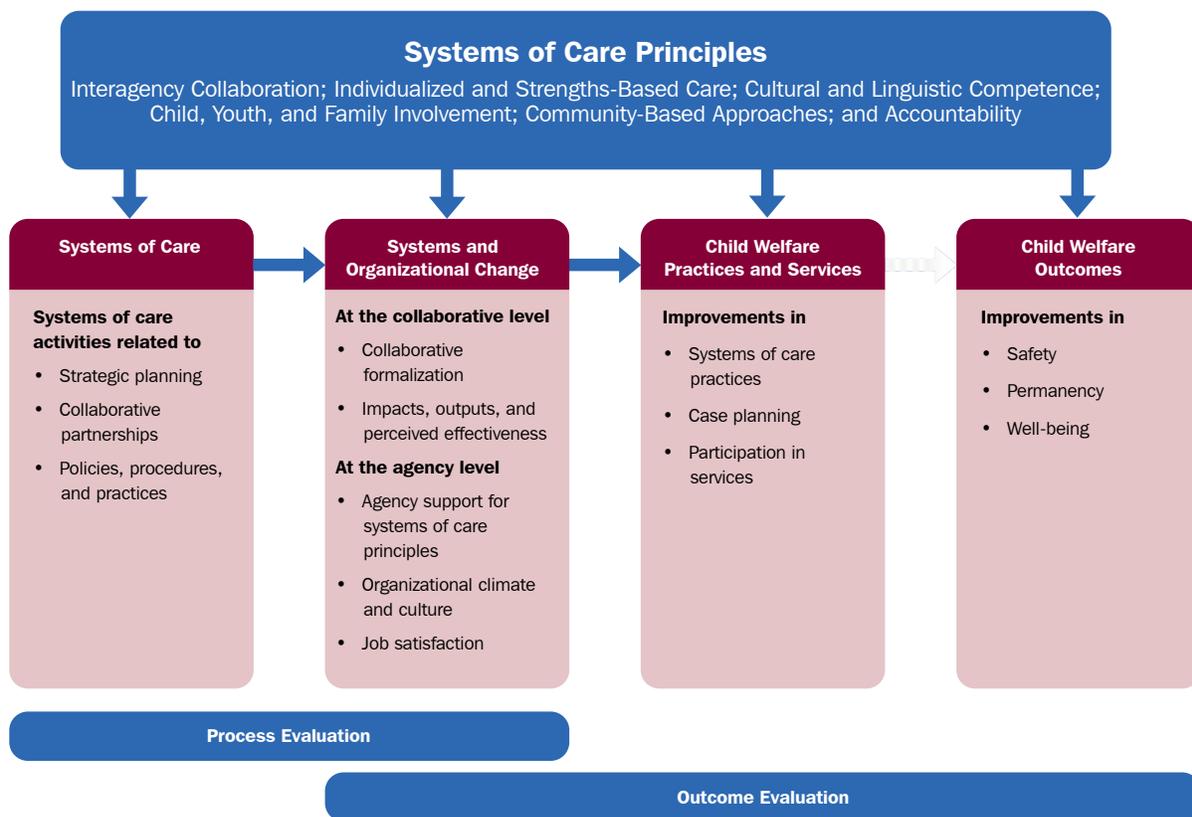
Project Director: Andrea Richardson

Contact Information: University of Pittsburgh
Pennsylvania Child Welfare Training Program
403 E. Winding Hill Road
Mechanicsburg, PA 17055
717-606-5097
anr63@pitt.edu

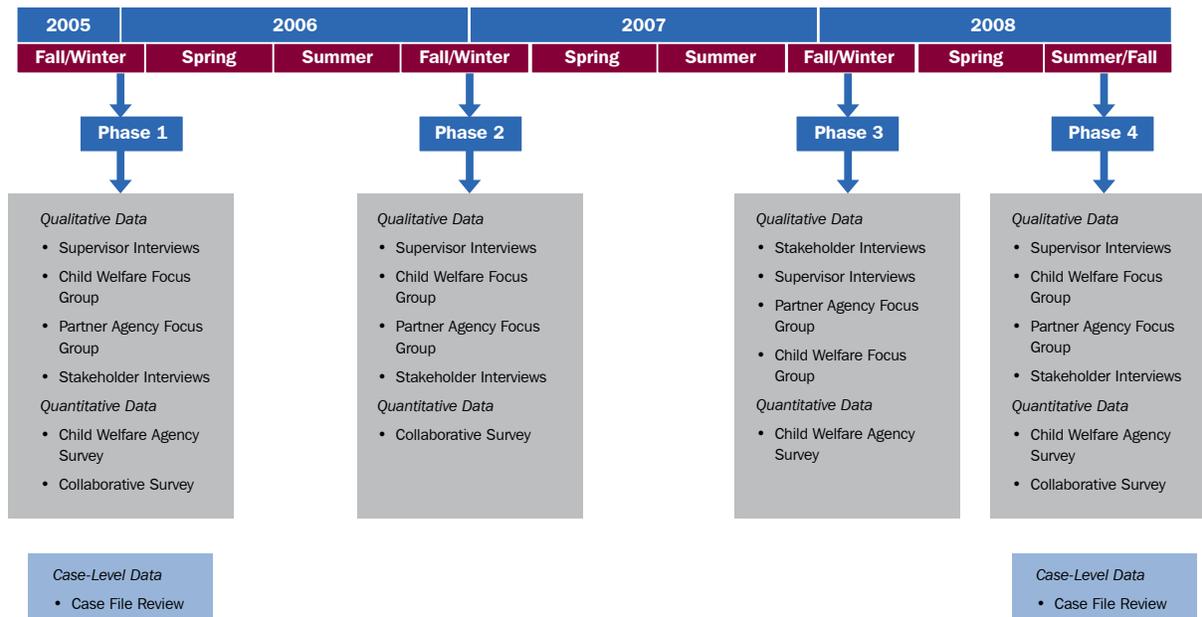
Appendix B:

Evaluation Framework and Data Collection Timeline

Systems of Care Evaluation Framework



Systems of Care National Evaluation Data Collection Timeline



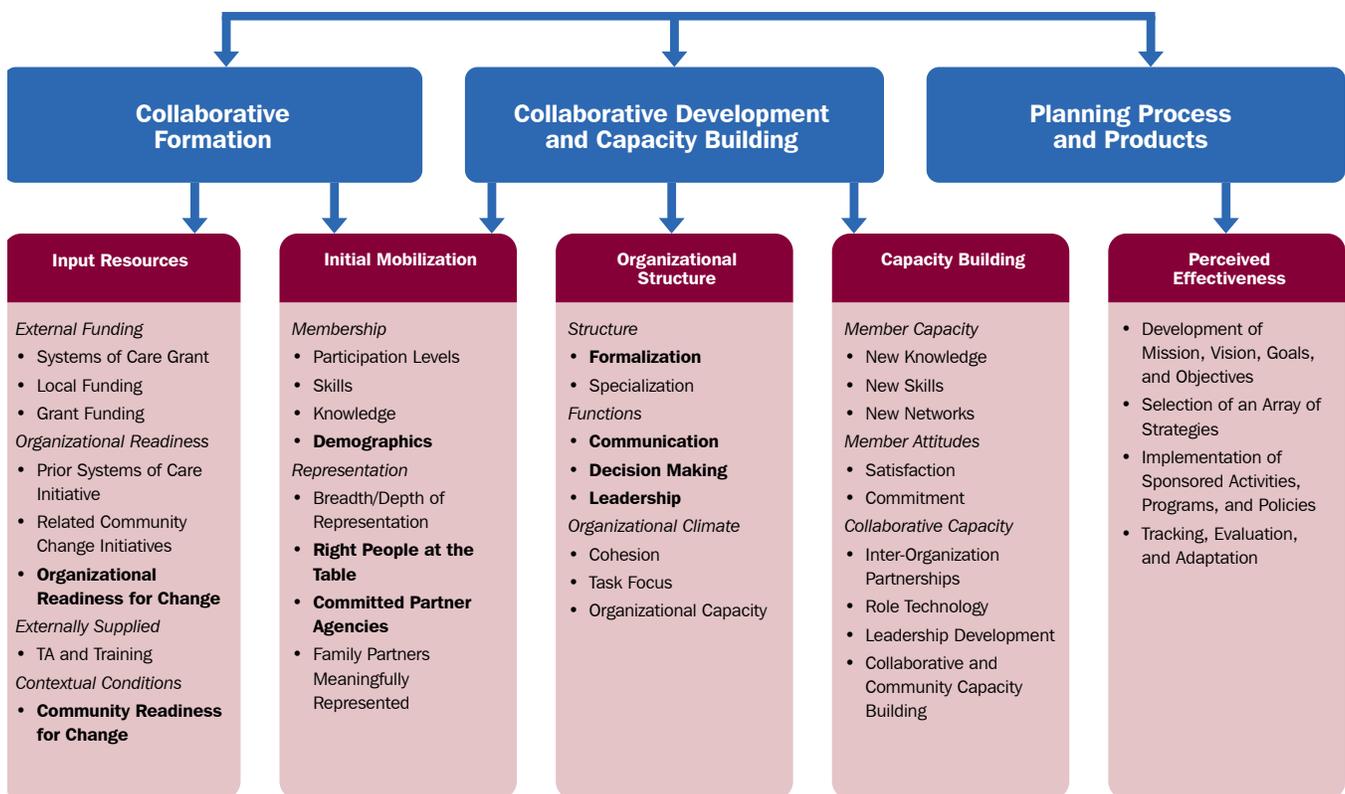
Appendix C:
Collaborative Development
Framework

Collaborative Development Framework

The National Technical Assistance and Evaluation Center incorporated a systems approach to document and evaluate Systems of Care collaborative efforts. Such an approach acknowledges that collaborative development is not a linear process, as indicated by the multiple feedback loops among and between the three main stages of collaborative development: (1) collaborative formation, (2) collaborative development and capacity building, and (3) outputs, impacts, and perceived effectiveness. For instance, once a collaborative develops a comprehensive strategic and action plan (considered outputs of the collaborative), they may return to an earlier stage to recruit missing key players

and constituencies or seek specific technical assistance and coaching in order to improve their organizational structure and climate. Thus, there is a constant revisiting of stages in order to improve collaborative performance and effectiveness in planning, implementing, and adapting their strategies of systems change. The collaborative development framework was adapted to meet the needs of the national evaluation of Systems of Care from prior collaborative research that focused on documentation of the immediate and intermediate outcomes of prevention collaboratives (Florin, Mitchell, Stevenson, & Klein, 2000).

Systems of Care Collaborative Development Framework



Appendix D:
Collaborative Scales, Items,
and Reliability Information

Collaborative Data Documentation Guide

Table D.1: Collaborative Scales	
Scale Name	Scale Items
Collaborative Formation	
Collaborative Readiness for Change 11 items $\alpha = .86$	<ul style="list-style-type: none"> ▪ There is widespread knowledge about the Systems of Care initiative among participating agencies, organizations, and individuals. ▪ There is widespread support for the Systems of Care Initiative among participating agencies, organizations, and individuals. ▪ There is a high level of expertise available to improve the safety, permanency, and well-being of children and families in the child welfare system. ▪ Local policies are conducive to developing interagency collaborative relationships. ▪ There is a history of productive interaction among the stakeholders involved in designing and implementing the Systems of Care Initiative. ▪ Senior managers and directors of key organizations are prioritizing the improvement of the safety, permanency, and well-being of children and families in the child welfare system. ▪ Leaders of participating organizations are willing to commit resources, including staff time, for the Systems of Care initiative. ▪ Local data on the safety, permanency, and well-being of children and families in the child welfare system are available. ▪ State policies are conducive to developing interagency collaborative relationships. ▪ Financial resources are readily available to support efforts to improve the safety, permanency, and well-being of children and families in the child welfare system. ▪ Services and supports – formal and informal – are readily available in the community to support efforts to improve the safety, permanency, and well-being of children and families in the child welfare system.
Community Readiness for Change 5 items $\alpha = .71$	<ul style="list-style-type: none"> ▪ There is widespread knowledge about the Systems of Care initiative in the community. ▪ There is widespread support for the Systems of Care Initiative in the community. ▪ Community leaders are concerned about improving the safety, permanency, and well-being of children and families in the child welfare system. ▪ Community members and stakeholders are concerned about improving the safety, permanency, and well-being of children and families in the child welfare system. ▪ Existing programs within the community are conducive to developing interagency collaborative relationships.

Table D.1: Collaborative Scales

Scale Name	Scale Items
<p>Right People at the Table</p> <p>9 items</p> <p>$\alpha = .80$</p>	<ul style="list-style-type: none"> ▪ There are key players missing from the collaborative. ▪ The collaborative obtains input for planning from the broader community. ▪ The collaborative makes every effort to engage missing players and bring them to the table. ▪ The collaborative seeks regular input from the community and resource providers ▪ Representation from key players within the initiative is adequate. ▪ The number of stakeholders involved in the initiative is adequate. ▪ The collaborative includes representatives from the community. ▪ Family members assume active representation/leadership throughout collaborative efforts. ▪ The partnership includes members who are representative of the cultural/ethnic diversity of the community.
<p>Commitment</p> <p>3 items</p> <p>$\alpha = .69$</p>	<ul style="list-style-type: none"> ▪ Collaborative members are committed to working together to improve conditions for children, youth, and families. ▪ Stakeholders have adequate time to commit to the Systems of Care initiative. ▪ The collaborative has a strong commitment from the policy-making level of each organization that is represented.
<p>Meaningful Roles</p> <p>2 items</p> <p>$\alpha = .62$</p>	<ul style="list-style-type: none"> ▪ Roles and responsibilities of members are clear. ▪ The collaborative enjoys the commitment of key leaders.
<p>Collaborative Development and Capacity Building</p>	
<p>Collaborative Formalization</p> <p>5 items</p> <p>$\alpha = .80$</p>	<ul style="list-style-type: none"> ▪ The collaborative is disorganized and inefficient. ▪ The skills and expertise of members are utilized effectively by the collaborative. ▪ The collaborative is flexible enough to accept diversity in members' views and backgrounds. ▪ The collaboration needs more formalization and structure. ▪ Each member has an equal voice in the partnership.

Table D.1: Collaborative Scales

Scale Name	Scale Items
<p>Communication and Conflict Management</p> <p>6 items</p> <p>$\alpha = .72$</p>	<ul style="list-style-type: none"> ▪ The communication procedures are clearly understood among collaborative members. ▪ Decision-making within the collaborative is participatory and inclusive. ▪ There is a formal process for resolving conflicts among participating organizations. ▪ Differences among collaborative members are recognized and worked through. ▪ Conflicts arise frequently among participating organizations in the collaborative. ▪ Communication between member organizations is closed and guarded.
<p>Shared Vision and Cohesion</p> <p>5 items</p> <p>$\alpha = .87$</p>	<ul style="list-style-type: none"> ▪ The collaborative has a feeling of cohesiveness and team spirit. ▪ There is a shared vision for desired outcomes for children and families throughout the system. ▪ Collaborative members feel valued and important. ▪ There are clearly defined, attainable goals for the initiative. ▪ There is a shared vision of what the collaborative should accomplish.
<p>Leadership</p> <p>1 item</p>	<ul style="list-style-type: none"> ▪ The collaborative enjoys the commitment of key leaders.
<p>Impacts & Perceived Effectiveness</p>	
<p>Current Collaborative Activities</p> <p>12 items</p>	<ul style="list-style-type: none"> ▪ Has regularly scheduled meetings ▪ Has workgroups or subcommittees ▪ Conducts work on activities outside of meetings ▪ Has bylaws ▪ Has an agenda for each meeting ▪ Distributes minutes from meetings ▪ Has a vision statement ▪ Has a mission statement ▪ Has a written strategic plan ▪ Tracks progress on strategic plan (goals, objectives) ▪ Revisits strategic plan (at least once annually) ▪ Has formalized rules and procedures

Table D.1: Collaborative Scales

Scale Name	Scale Items
<p>Perceived Effectiveness (Overall)</p> <p>12 items</p> <p>$\alpha = .93$</p>	<ul style="list-style-type: none"> ▪ Systems of Care activities and efforts have been successful in creating positive changes in the safety of the Systems of Care identified target population. ▪ Systems of Care activities and efforts have been successful in creating positive changes in the well-being of the Systems of Care identified target population. ▪ Systems of Care activities and efforts have been successful in creating positive changes in the permanency of the Systems of Care identified target population. ▪ Systems of Care activities and efforts have been successful in increasing community awareness of Systems of Care. ▪ Systems of Care activities and efforts have been successful in creating positive changes in child welfare practices. ▪ Systems of Care activities and efforts have been successful in creating positive changes in child welfare policies and procedures. ▪ Systems of Care activities and efforts have been successful in addressing issues related to cultural competence in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing individualized strengths-based approaches in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing community-based approaches in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing family involvement in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing accountability in the child welfare system ▪ Systems of Care activities and efforts have been successful in increasing interagency collaboration in the child welfare system.
<p>Perceived Effectiveness regarding Systems of Care Principles</p> <p>6 items</p> <p>$\alpha = .87$</p>	<ul style="list-style-type: none"> ▪ Systems of Care activities and efforts have been successful in addressing issues related to cultural competence in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing individualized strengths-based approaches in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing community-based approaches in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing family involvement in the child welfare system. ▪ Systems of Care activities and efforts have been successful in increasing accountability in the child welfare system ▪ Systems of Care activities and efforts have been successful in increasing interagency collaboration in the child welfare system.

Table D.1: Collaborative Scales

<i>Scale Name</i>	<i>Scale Items</i>
Perceived Effectiveness regarding Child Welfare Outcomes 3 items $\alpha = .92$	<ul style="list-style-type: none"> ▪ Systems of Care activities and efforts have been successful in creating positive changes in the safety of the Systems of Care identified target population. ▪ Systems of Care activities and efforts have been successful in creating positive changes in the well-being of the Systems of Care identified target population. ▪ Systems of Care activities and efforts have been successful in creating positive changes in the permanency of the Systems of Care identified target population.
Perceived Effectiveness regarding Policies, Procedures, & Practices 2 items	<ul style="list-style-type: none"> ▪ Systems of Care activities and efforts have been successful in creating positive changes in child welfare practices. ▪ Systems of Care activities and efforts have been successful in creating positive changes in child welfare policies and procedures.

Table D.1: Collaborative Scales

Scale Name	Scale Items
<p>Sustainability</p> <p>17 items</p> <p>$\alpha = .92$</p>	<ul style="list-style-type: none"> ▪ The collaborative has specific plans to provide ongoing training on Systems of Care principles to staff of child serving agencies. ▪ The collaborative has plans for continuing to hold Systems of Care steering committee/ collaborative meetings. ▪ The collaborative has plans for continuing family involvement on the Systems of Care steering committee/collaborative. ▪ The collaborative has plans to continue compensating family members for their participation on Systems of Care collaborative groups. ▪ The collaborative has plans for compensating family members who train staff of child serving agencies. ▪ The collaborative has plans for continuing the family navigator/parent partner program in the child welfare system. ▪ The collaborative has specific plans for increasing family centered practices in child serving agencies. ▪ The collaborative has specific plans for increasing an individualized, strengths-based approach in child serving agencies. ▪ The collaborative has plans for continuing to provide training on cultural competence to child serving agencies. ▪ The collaborative has specific plans to increase the ethnic and racial diversity of staff of child serving agencies. ▪ The collaborative has specific plans to continue to increase the safety, well-being, and permanency of children <i>in the target population</i>. ▪ The collaborative has specific plans to continue to increase the availability of community-based services. ▪ The collaborative has plans to continue to assess the effectiveness of services for children and families in the child welfare system. ▪ Key child serving agencies will continue to have access to each other’s data systems. ▪ Key child serving agencies have signed MOUs agreeing to continue to collaborate in serving children and families. ▪ Procedures for continuing to share case information across agencies have been established. ▪ The collaborative has developed strategies to continue to combine agency resources to better serve children and families (e.g., blended funding, identification of alternative funding, etc.).

Table D.1: Collaborative Scales

Scale Name	Scale Items
<p>Sustainability of Interagency Collaboration</p> <p>4 items</p> <p>$\alpha = .74$</p>	<ul style="list-style-type: none"> ▪ The collaborative has plans for continuing to hold Systems of Care steering committee/ collaborative meetings. ▪ Key child serving agencies have signed MOUs agreeing to continue to collaborate in serving children and families. ▪ Procedures for continuing to share case information across agencies have been established. ▪ The collaborative has developed strategies to continue to combine agency resources to better serve children and families (e.g., blended funding, identification of alternative funding, etc.).
<p>Sustainability of Family Involvement</p> <p>5 items</p> <p>$\alpha = .81$</p>	<ul style="list-style-type: none"> ▪ The collaborative has plans for continuing family involvement on the Systems of Care steering committee/collaborative. ▪ The collaborative has plans to continue compensating family members for their participation on Systems of Care collaborative groups. ▪ The collaborative has plans for compensating family members who train staff of child serving agencies. ▪ The collaborative has plans for continuing the family navigator/parent partner program in the child welfare system. ▪ The collaborative has specific plans for increasing family centered practices in child serving agencies.
<p>Sustainability of Family Involvement on Collaborative</p> <p>1 item</p>	<ul style="list-style-type: none"> ▪ The collaborative has plans for continuing family involvement on the Systems of Care steering committee/collaborative.

Appendix E:
Collaborative Survey Findings

Appendix Overview

The collaborative survey was administered three times: Fall/Winter 2005 (Time 1 or baseline), Fall/Winter 2006 (Time 2), and Summer/Fall 2008 (Time 3). All collaborative members at the State and local level who were involved in grant activities were eligible to participate in the survey. The survey collected information on member demographics, members' role(s) on the collaborative, perceived challenges and successes, and perceptions around their collaboratives' dynamics, functioning, and impact.

A total of 521 respondents participated across all three time points, for an average of 174 at each administration (see sample sizes in the Table below).⁷ Similar to prior collaborative research, due to the small number of collaborative participants per community, surveys were aggregated across all grant communities. Collaborative survey data were used to address

whether or not Systems of Care was successful in creating effective interagency collaborative bodies (i.e., collaborative leadership, collaborative formalization) and systems change (i.e., perceived effectiveness). Independent t-tests were conducted to compare average mean ratings over the three time points during the initiative. Since there were three analyses for each of the collaborative level variables, significant findings are highlighted using the subscripts below and are noted throughout the appendix.

- a Statistical significance was found between Time 1 and Time 2.
- b Statistical significance was found between Time 1 and Time 3.
- c Statistical significance was found between Time 2 and Time 3.
- ^ Statistical significances were found between all three time points.⁸

Grant Community ⁸	Collaborative Survey Sample Size			
	2005	2006	2008	Total
A	20	13	17	50
B	17	21	13	51
C	16	8	4	28
D	1	0	0	1
E	9	21	11	41
F	15	0	22	37
G	0	35	25	60
H	34	57	28	119
I	31	63	40	134

⁷ Due to changes in collaborative membership, individual survey respondents were not tracked longitudinally over time.

⁸ Grant communities were randomly assigned letters for presentation.

Overall Findings - Collaborative Survey

Table E.1: Cross-Site Findings – Collaborative Survey						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Collaborative Readiness for Change [^]	124	3.25	204	3.55	143	3.75
Community Readiness for Change [^]	124	3.33	205	3.64	144	3.80
Shared Vision and Cohesion	129	3.87	192	3.81	137	3.90
Communication & Conflict Management	107	3.62	160	3.62	117	3.67
Leadership ^{^c}	123	3.67	192	3.58	134	3.82
Collaborative Formalization	124	3.68	192	3.64	134	3.76
Perceived Effectiveness - Systems of Care Principles	-	-	177	3.73	126	3.79
Perceived Effectiveness - Systems of Care Policies & Practices	-	-	165	3.65	125	3.79
Perceived Effectiveness – Child Welfare Outcomes (safety, permanency, & well-being) ^{^c}	-	-	169	3.71	127	3.90

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Appendix F:
Child Welfare Scales, Items, and
Reliability Information

Child Welfare Survey Data Documentation Guide

Table F.1: Organizational Culture Construct	
<i>Organizational Culture Subscales</i>	<i>Scale items</i>
<p>Organizational Culture Scale—Supportive</p> <p>7 items</p> <p>$\alpha = .93$</p>	<ul style="list-style-type: none"> ▪ Give support to others. ▪ Show concern for the needs of others. ▪ Take time with people. ▪ Be a good listener. ▪ Resolve disagreements constructively. ▪ Encourage others. ▪ Help others grow.
<p>Organizational Culture Scale—Interpersonal</p> <p>7 items</p> <p>$\alpha = .95$</p>	<ul style="list-style-type: none"> ▪ Treat people as important. ▪ Be skilled in human relations. ▪ Be thoughtful and considerate. ▪ Show concern for people. ▪ Be empathetic and warm. ▪ Deal with others in a friendly, pleasant way. ▪ Interact positively with others.
<p>Organizational Culture Scale—Individualized</p> <p>10 items</p> <p>$\alpha = .93$</p>	<ul style="list-style-type: none"> ▪ Be genuine and open. ▪ Grow as individuals. ▪ Develop their own full potential. ▪ Be themselves. ▪ Think in unique and independent ways. ▪ Learn new tasks. ▪ Enjoy their work. ▪ Maintain their personal integrity. ▪ Communicate ideas. ▪ Enjoy their work.
<p>Organizational Culture Scale—Motivational</p> <p>7 items</p> <p>$\alpha = .89$</p>	<ul style="list-style-type: none"> ▪ Take on challenging cases. ▪ Pursue a standard of excellence. ▪ Have up-to-date knowledge. ▪ Openly show enthusiasm. ▪ Strive for excellence. ▪ Work to achieve self-set goals. ▪ Plan for success.

Table F.2: Organizational Climate Construct

<i>Organizational Climate Subscales</i>	<i>Scale items</i>
<p>Organizational Climate Scale—Role Agreement^R</p> <p>9 items</p> <p>$\alpha = .88$</p>	<ul style="list-style-type: none"> ▪ Interests of the clients are often replaced by bureaucratic concerns (e.g., paperwork). ▪ Rules and regulations often get in the way of getting things done. ▪ The amount of work I have interferes with how well it gets done. ▪ I have to do things on my job that are against my better judgment. ▪ Inconsistencies exist among the rules and regulations that I am required to follow. ▪ How often do you end up doing things that should be done differently? ▪ How often do you have to bend a rule in order to carry out an assignment? ▪ How often do you feel unable to satisfy the conflicting demands of your supervisors? ▪ How often does your job interfere with your family life?
<p>Organizational Climate Scale—Role Clarity</p> <p>6 items</p> <p>$\alpha = .84$</p>	<ul style="list-style-type: none"> ▪ I understand how my performance will be evaluated ▪ My job responsibilities are clearly defined. ▪ I know what the people in my agency expect of me. ▪ How well are you kept informed about things that you need to know? ▪ To what extent are the objectives and goals of your position clearly defined? ▪ To what extent is it possible to get accurate information on policies and administrative procedures?
<p>Organizational Climate Scale—Workload Balance^R</p> <p>8 items</p> <p>$\alpha = .86$</p>	<ul style="list-style-type: none"> ▪ I have to work a lot of overtime. ▪ How often do you have to work irregular hours? ▪ No matter how much I do, there is always more to be done. ▪ The amount of work I have to do keeps me from doing a good job. ▪ There are not enough people in my agency to get the work done. ▪ Once I start an assignment, I am not given enough time to complete it. ▪ To what extent are you constantly under heavy pressure on your job? ▪ How often do your co-workers show signs of stress?

^RThese scales were recoded; higher numbers reflect more positive ratings of organizational climate.

Table F.3: Job Satisfaction Construct

<i>Job Satisfaction Subscales</i>	<i>Scale items</i>
<p>Job Satisfaction Scale—Intrinsic</p> <p>7 items</p> <p>$\alpha = .87$</p>	<ul style="list-style-type: none"> ▪ How satisfied working with clients? ▪ How satisfied with challenge your job provides? ▪ How satisfied with chance for acquiring new skills? ▪ How satisfied with the amount of client contact? ▪ How satisfied with opportunities for helping people? ▪ How satisfied with feeling of success as a professional? ▪ How satisfied with the field of specialization you are in?
<p>Job Satisfaction Scale—Organizational</p> <p>5 items</p> <p>$\alpha = .85$</p>	<ul style="list-style-type: none"> ▪ How satisfied with the amount of authority given to do the job? ▪ How satisfied with the quality of supervision you receive? ▪ How satisfied with the clarity of guidelines for doing the job? ▪ How satisfied with opportunities you have for involvement in decision making? ▪ How satisfied with recognition given to your work by your supervisor?
<p>Job Satisfaction Scale—Global</p> <p>1 item</p>	<ul style="list-style-type: none"> ▪ All in all, how satisfied would you say you are with your job?

Table F.4: Systems of Care Principles Construct

<i>Agency Support for Systems of Care Principles</i>	<i>Scale items</i>
<p>Interagency Collaboration Scale</p> <p>3 items</p> <p>$\alpha = .76$</p>	<ul style="list-style-type: none"> ▪ Encourages staff to work with other child and family-serving organizations (in case planning and other activities). ▪ Provides the resources and infrastructure necessary for staff to work with other child and family-serving agencies and organizations. ▪ Rewards staff who collaborate with other relevant child and family-serving organizations.
<p>Individualized, Strengths-Based Scale</p> <p>6 items</p> <p>$\alpha = .85$</p>	<ul style="list-style-type: none"> ▪ Encourages staff to tailor services to children’s and families’ unique needs. ▪ Provides the resources and infrastructure necessary for staff to provide individualized care to families. ▪ Rewards staff who provide individualized care to the children and families they serve. ▪ Encourages staff to identify and build upon families’ strengths. ▪ Provides the resources and infrastructure necessary for staff to provide strengths-based care to families. ▪ Rewards staff who provide care to families that builds upon their strengths.
<p>Family Involvement Scale</p> <p>4 items</p> <p>$\alpha = .71$</p>	<ul style="list-style-type: none"> ▪ Regularly includes family members as co-facilitators or co-trainers in staff trainings and/or meetings. ▪ Encourages staff to treat families as partners (including actively engaging them in case planning). ▪ Provides the resources and infrastructure necessary for staff to actively engage families in case planning. ▪ Rewards staff who work in partnership with families.
<p>Cultural Competence Scale</p> <p>3 items</p> <p>$\alpha = .77$</p>	<ul style="list-style-type: none"> ▪ Encourages staff to respond to the cultural needs and values of every family they work with. ▪ Provides the resources and infrastructure necessary for staff to work with children and families from diverse cultures. ▪ Rewards staff who assess and address families’ cultural and ethnic needs and preferences.

Table F.4: Systems of Care Principles Construct

<p>Community-Based Services Scale</p> <p>6 items</p> <p>$\alpha = .87$</p>	<ul style="list-style-type: none"> ▪ Encourages staff to identify placements or services within children’s and families’ communities. ▪ Encourages staff to identify informal and formal services available in children’s communities. ▪ Informs staff of the array of services and supports (formal and informal) available in the community. ▪ Rewards staff who identify informal and formal services in children’s communities. ▪ Rewards staff who keep children within their communities. ▪ Rewards staff who connect children and families with community-based services.
<p>Accountability Scale</p> <p>5 items</p> <p>$\alpha = .79$</p>	<ul style="list-style-type: none"> ▪ Encourages staff to update electronic or paper records on all their cases in a timely manner. ▪ Adequately trains staff to understand data reports generated from electronic systems or case records. ▪ Trains supervisors to use data to monitor the progress of their supervisory teams and their staff. ▪ Provides staff the time and resources needed to keep their case records up to date. ▪ Rewards staff who keep updated and complete case records.
<p><i>Caseworker Systems of Care Practices</i></p>	<p><i>Scale Variables</i></p>
<p>Interagency Collaboration</p> <p>4 items</p> <p>$\alpha = .85$</p>	<ul style="list-style-type: none"> ▪ Believe it is important to help families rather than to determine which agency has responsibility for them. ▪ I identify other organizations working with families and include them in case planning. ▪ Believe that collaborating and coordinating with other organizations helps provide quality services. ▪ I work closely with other organizations and agencies.
<p>Individualized Strengths-Based</p> <p>4 items</p> <p>$\alpha = .86$</p>	<ul style="list-style-type: none"> ▪ Assess children’s and families’ individual needs. ▪ I pay attention to families’ past successes and consider them in case planning. ▪ I focus on the families’ potential for the future. ▪ Believe all families have strengths that can be built upon.

Table F.4: Systems of Care Principles Construct

<p>Culturally Competent</p> <p>4 items</p> <p>$\alpha = .85$</p>	<ul style="list-style-type: none"> ▪ I assess the cultural needs and preferences of children and families. ▪ I address and accommodate families' cultural and religious needs and preferences. ▪ Believe that there is strength in the diversity of our community. ▪ Believe it is necessary to understand the cultural background of families.
<p>Community-Based</p> <p>4 items</p> <p>$\alpha = .84$</p>	<ul style="list-style-type: none"> ▪ Believe it is important for children to remain connected to their community. ▪ I provide services to children and families that are located within their communities. ▪ Believe families fare best when they remain in community. ▪ I place children in their communities when they must be removed from home.
<p>Family Involvement</p> <p>6 items</p> <p>$\alpha = .71$</p>	<ul style="list-style-type: none"> ▪ Believe that a child's safety is primarily the responsibility of his/her parents. ▪ Believe families are the best experts about their own lives. ▪ Think it is important to consider parents' desired outcomes and goals in addition to agency goals. ▪ I only hold case planning meetings without the family when it is absolutely necessary. ▪ Believe in generating solutions jointly with families. ▪ I work with families to find informal resources.

Appendix G:
Findings at the Organizational
and Intra-Agency Levels

Appendix Overview

The child welfare agency survey, which mainly targeted direct line staff, was administered three times: Fall/Winter 2005 (Time 1 or baseline), Fall/Winter 2007 (Time 2), and Fall 2008 (Time 3). The survey examined the child welfare agency environment and implementation of Systems of Care principles in agency policies, procedures, and practices.

A total of 1,722 respondents participated across all three time points, for an average of 574 at each administration (see number and percentages in the Table below).⁹ Child welfare survey data were used to address whether or not Systems of Care was successful in creating organizational change (i.e., agency support for Systems of Care principles, organizational culture, and organizational climate). Independent t-tests were conducted to compare

average mean ratings over the three time points for individual States and Tribes and cross-site. Since there were three analyses for each of the organizational level variables, significant findings are highlighted using the subscripts below and are noted throughout the appendix. The appendix contains detailed results for overall or cross-site findings as well as detailed results for each of the grant communities (A-I) across a number of perceived organizational variables and constructs.

- a Statistical significance was found between Time 1 and Time 2.
- b Statistical significance was found between Time 1 and Time 3.
- c Statistical significance was found between Time 2 and Time 3.
- ^ Statistical significances were found between all three time points.

Grant Community ¹⁰	Number and Percentage of Child Welfare Agency Survey Participants							
	2005		2007		2008		Overall	
	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>
A	14	2%	33	5%	3	1%	48	3%
B	59	9%	56	9%	96	19%	211	12%
C	75	11%	93	16%	28	5%	196	11%
D	17	3%	7	1%	14	3%	38	2%
E	147	22%	89	15%	61	12%	297	17%
F	36	5%	55	9%	60	12%	151	9%
G	101	15%	79	13%	69	13%	249	14%
H	141	21%	116	20%	55	11%	312	18%
I	80	12%	68	11%	131	25%	279	16%

⁹ Due to child welfare agency staff turnover, individual survey respondents were not tracked longitudinally over time.

¹⁰ Grant communities were randomly assigned letters for presentation.

Overall Findings—Child Welfare Survey

Table G.1: Cross-Site Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles¹¹						
Interagency Collaboration [^]	642	2.64	582	2.85	498	3.01
Strengths-Based [^]	667	2.70	593	2.88	517	3.04
Cultural Competency [^]	666	2.55	592	2.79	517	2.91
Community-Based [^]	649	2.51	584	2.73	508	2.89
Family Involvement [^]	651	2.55	588	2.73	510	2.99
Accountability [^]	642	2.56	587	2.73	510	3.02
Caseworker Systems of Care Practices¹²						
Interagency Collaboration ^a	529	5.74	485	5.85	427	5.81
Strengths-Based	531	5.82	486	5.79	428	5.84
Cultural Competency	530	5.68	486	5.66	428	5.71
Community-Based	530	5.70	486	5.76	427	5.76
Family Involvement	527	5.58	486	5.60	425	5.63

11 Agency Support for Systems of Care Principles, Organizational Culture, and Organizational Climate were comprised of items on a 5-point Likert type scale from (1) Not At All to (5) To A Very Great Extent.

12 Caseworker Systems of Care Practices and Job Satisfaction were comprised of items on a 7-point Likert type scale from (1) Very Strongly Disagree to (7) Very Strongly Agree.

Table G.1: Cross-Site Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Culture						
Scale Total ^a	658	3.40	589	3.51	-	-
Supportive ^a	662	3.48	591	3.58	-	-
Interpersonal	661	3.60	591	3.69	-	-
Individualized ^a	660	3.12	590	3.28	-	-
Motivational ^a	661	3.37	589	3.49	-	-
Organizational Climate						
Scale Total [^]	661	2.68	584	2.83	512	2.94
Role Conflict [^]	664	2.76	587	2.92	512	3.06
Role Ambiguity [^]	665	3.10	589	3.23	515	3.32
Role Overload ^b	665	2.17	590	2.34	515	2.44
Job Satisfaction						
Scale Total [^]	660	4.49	587	4.68	511	4.99
Intrinsic Job Satisfaction [^]	664	4.64	589	4.84	513	5.06
Organizational Job Satisfaction [^]	661	4.47	588	4.63	512	4.99
Global Job Satisfaction [^]	664	4.35	590	4.57	515	4.93

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site A

Table G.2: Grant Site A Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration	14	3.10	11	2.88	3	3.56
Strengths-Based	14	3.22	12	3.28	3	3.17
Cultural Competency	14	2.76	12	3.36	3	3.47
Community-Based	14	3.02	12	3.15	3	3.39
Family Involvement	14	2.84	12	2.85	3	3.33
Accountability	14	2.68	12	2.75	3	3.87
Caseworker Systems of Care Practices						
Interagency Collaboration ^{a, b}	12	6.13	11	5.72	2	5.75
Strengths-Based ^{b, c}	12	6.06	11	5.93	2	5.50
Cultural Competency	12	6.08	11	5.52	2	5.75
Community-Based ^{b, c}	12	6.56	11	5.93	2	5.00
Family Involvement	12	6.17	11	5.62	2	5.42
Organizational Culture						
Scale Total	14	3.81	31	3.79	-	-
Supportive	14	3.95	31	3.90	-	-
Interpersonal	14	4.02	31	3.94	-	-
Individualized	14	3.48	31	3.54	-	-
Motivational	14	3.79	31	3.77	-	-

Table G.2: Grant Site A Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total	14	2.99	12	3.12	3	3.71
Role Conflict	14	3.13	12	3.16	3	3.89
Role Ambiguity	14	3.55	12	3.85	3	3.94
Role Overload ^b	14	2.28	12	2.60	3	3.29
Job Satisfaction						
Scale Total ^c	13	4.97	12	4.70	3	3.71
Intrinsic Job Satisfaction ^{b, c}	14	5.16	12	4.82	3	5.52
Organizational Job Satisfaction ^c	14	4.60	12	4.77	3	5.87
Global Job Satisfaction ^{a, c}	13	5.15	12	4.67	3	5.67

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site B

Table G.3: Grant Site B Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration ^b	58	2.49	56	2.76	94	2.93
Strengths-Based ^{a, c}	58	2.63	56	2.74	96	3.03
Cultural Competency ^{a, b}	58	2.34	56	2.71	96	2.86
Community-Based ^{a, b}	57	2.28	56	2.64	95	2.79
Family Involvement ^{a, b}	58	2.49	56	2.92	95	2.93
Accountability ^{b, c}	58	2.44	55	2.56	96	2.98
Caseworker Systems of Care Practices						
Interagency Collaboration ^{a, b}	53	5.49	49	5.94	71	5.81
Strengths-Based	54	5.60	49	5.81	71	5.81
Cultural Competency	54	5.48	49	5.57	71	5.63
Community-Based ^b	54	5.43	49	5.70	71	5.82
Family Involvement	54	5.51	49	5.74	71	5.74
Organizational Culture						
Scale Total	58	3.35	56	3.34	-	-
Supportive	58	3.44	56	3.46	-	-
Interpersonal	58	3.53	56	3.50	-	-
Individualized	58	3.08	56	2.98	-	-
Motivational	58	3.34	56	3.43	-	-

Table G.3: Grant Site B Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total ^{b, c}	57	2.67	56	2.56	95	2.93
Role Conflict ^{b, c}	57	2.77	56	2.72	95	3.16
Role Ambiguity	57	3.15	56	3.10	96	3.29
Role Overload ^{b, c}	57	2.09	56	1.87	96	2.36
Job Satisfaction						
Scale Total	58	4.61	56	4.17	96	4.91
Intrinsic Job Satisfaction ^{b, c}	59	4.64	56	4.51	96	5.04
Organizational Job Satisfaction ^c	58	4.62	56	4.26	96	4.96
Global Job Satisfaction ^{a, c}	59	4.63	56	3.73	96	4.74

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site C

Table G.4: Grant Site C Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration	68	2.32	90	2.57	26	2.63
Strengths-Based ^a	74	2.52	93	2.76	28	2.53
Cultural Competency ^a	74	2.56	93	2.84	28	2.70
Community-Based ^a	71	2.29	89	2.53	28	2.49
Family Involvement	68	2.29	91	2.47	28	2.46
Accountability	69	2.74	92	2.83	28	2.71
Caseworker Systems of Care Practices						
Interagency Collaboration ^{a, c}	52	5.51	59	5.83	22	6.01
Strengths-Based	52	5.69	60	5.78	22	6.02
Cultural Competency	52	5.73	60	5.83	22	6.05
Community-Based	52	5.62	60	5.74	22	6.13
Family Involvement	52	5.32	60	5.52	22	5.76
Organizational Culture						
Scale Total	72	3.25	93	3.28	-	-
Supportive	73	3.28	93	3.33	-	-
Interpersonal	72	3.48	93	3.54	-	-
Individualized	73	3.03	93	3.03	-	-
Motivational	73	3.14	93	3.21	-	-

Table G.4: Grant Site C Findings of Organizational Level Changes

	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total	74	2.92	92	3.05	27	3.07
Role Conflict ^a	74	2.98	93	3.24	27	3.17
Role Ambiguity	74	3.21	92	3.18	27	3.30
Role Overload	75	2.57	92	2.74	28	2.69
Job Satisfaction						
Scale Total	73	4.81	92	4.93	26	4.79
Intrinsic Job Satisfaction	73	4.93	93	5.02	28	4.91
Organizational Job Satisfaction	73	4.81	92	4.76	26	4.76
Global Job Satisfaction	73	4.70	73	4.70	28	4.75

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site D

Table G.5: Grant Site D Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration	15	2.76	6	3.39	14	2.9
Strengths-Based	17	2.79	7	3.57	14	3.18
Cultural Competency	17	2.75	7	3.62	14	3.10
Community-Based	16	2.78	7	3.57	14	3.08
Family Involvement	16	2.72	7	3.39	14	2.91
Accountability	16	2.72	7	3.61	14	2.79
Caseworker Systems of Care Practices						
Interagency Collaboration	13	5.92	5	6.33	10	5.70
Strengths-Based	13	5.83	5	5.75	10	5.95
Cultural Competency	13	6.12	5	5.80	10	5.78
Community-Based	13	6.04	5	6.10	10	5.93
Family Involvement	13	5.77	5	6.07	10	5.70
Organizational Culture						
Scale Total	17	3.79	7	3.89	-	-
Supportive	17	3.85	7	3.98	-	-
Interpersonal	17	3.93	7	4.14	-	-
Individualized	17	3.73	7	3.76	-	-
Motivational	17	3.65	7	3.67	-	-

Table G.5: Grant Site D Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total	17	3.06	7	3.09	14	3.11
Role Conflict	17	3.38	7	3.11	14	3.38
Role Ambiguity	17	3.07	7	3.62	14	3.27
Role Overload	17	2.74	7	2.54	14	2.66
Job Satisfaction						
Scale Total	17	5.19	7	5.50	14	4.99
Intrinsic Job Satisfaction ^c	17	5.40	7	4.76	14	3.38
Organizational Job Satisfaction	17	4.81	7	5.00	14	3.27
Global Job Satisfaction	17	5.35	7	5.21	14	2.66

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site E

Table G.6: Grant Site E Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration ^{b, c}	142	2.51	87	2.72	57	3.09
Strengths-Based ^{b, c}	147	2.58	89	2.62	61	3.02
Cultural Competency ^b	146	2.46	89	2.64	61	2.87
Community-Based ^{b, c}	142	2.45	88	2.57	60	2.95
Family Involvement ^{b, c}	141	2.56	89	2.66	60	3.48
Accountability ^{b, c}	144	2.50	89	2.60	60	3.29
Caseworker Systems of Care Practices						
Interagency Collaboration	88	5.81	71	5.72	55	5.92
Strengths-Based	88	6.05	71	5.82	55	6.05
Cultural Competency ^a	88	5.84	71	5.51	55	5.71
Community-Based	88	5.75	71	5.61	55	5.59
Family Involvement	88	5.71	71	5.62	55	5.69
Organizational Culture						
Scale Total	145	3.35	89	3.34	-	-
Supportive	145	3.44	89	3.42	-	-
Interpersonal	145	3.57	89	3.47	-	-
Individualized	145	3.03	89	3.14	-	-
Motivational	145	3.35	89	3.34	-	-

Table G.6: Grant Site E Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total ^{b, c}	147	2.55	88	2.59	60	2.95
Role Conflict ^b	147	2.57	88	2.58	60	3.05
Role Ambiguity ^c	147	3.03	89	3.06	61	3.25
Role Overload ^{b, c}	147	2.06	89	2.11	60	2.54
Job Satisfaction						
Scale Total ^{b, c}	147	4.29	89	4.44	61	5.17
Intrinsic Job Satisfaction ^{b, c}	147	4.58	89	4.67	61	5.29
Organizational Job Satisfaction ^{b, c}	147	4.29	89	4.14	61	4.98
Global Job Satisfaction [^]	147	4.01	89	4.52	61	5.25

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site F

Table G.7: Grant Site F Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration ^{b, c}	33	2.64	54	2.61	57	3.46
Strengths-Based ^{b, c}	36	2.83	55	2.63	60	3.47
Cultural Competency ^{b, c}	36	2.69	54	2.55	60	3.46
Community-Based ^{b, c}	35	2.71	54	2.52	58	3.39
Family Involvement ^{b, c}	35	2.64	54	2.41	58	3.48
Accountability [^]	34	3.04	54	2.66	60	3.60
Caseworker Systems of Care Practices						
Interagency Collaboration	22	5.39	44	5.43	46	5.43
Strengths-Based	22	5.65	44	5.47	46	5.66
Cultural Competency	22	5.66	44	5.33	46	5.50
Community-Based	22	5.36	44	5.47	46	5.59
Family Involvement	20	5.31	44	5.14	46	5.39
Organizational Culture						
Scale Total	35	3.42	54	3.53	-	-
Supportive	36	3.43	54	3.59	-	-
Interpersonal	36	3.54	54	3.61	-	-
Individualized	35	3.24	54	3.31	-	-
Motivational	35	3.43	54	3.59	-	-

Table G.7: Grant Site F Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total ^c	36	2.62	53	2.49	59	2.80
Role Conflict ^c	36	2.53	53	2.36	59	2.71
Role Ambiguity ^{b, c}	36	3.16	54	3.26	60	3.53
Role Overload ^c	36	2.17	54	1.88	60	2.15
Job Satisfaction						
Scale Total ^{b, c}	35	4.30	53	4.39	60	4.90
Intrinsic Job Satisfaction ^c	35	4.48	53	4.54	60	4.96
Organizational Job Satisfaction ^b	35	4.24	53	4.42	60	4.86
Global Job Satisfaction ^c	35	4.20	53	4.21	60	4.88

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site G

Table G.8: Grant Site G Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration ^{a, c}	99	2.91	78	3.18	68	2.93
Strengths-Based ^a	101	2.92	79	3.20	69	3.06
Cultural Competency ^a	101	2.60	79	2.88	69	2.79
Community-Based	100	2.73	79	2.92	68	2.81
Family Involvement ^{a, c}	100	2.65	79	3.03	69	2.74
Accountability ^a	95	2.66	79	2.88	68	2.71
Caseworker Systems of Care Practices						
Interagency Collaboration	71	5.48	55	5.63	57	5.68
Strengths-Based	71	5.57	55	2.58	57	5.66
Cultural Competency	71	5.24	55	5.43	57	5.43
Community-Based	71	5.64	55	5.6	57	5.74
Family Involvement	71	5.54	55	5.54	56	5.5
Organizational Culture						
Scale Total	101	3.52	78	3.62	-	-
Supportive	101	3.64	79	3.69	-	-
Interpersonal	101	3.67	79	3.77	-	-
Individualized	101	3.23	79	3.45	-	-
Motivational	101	3.53	78	3.59	-	-

Table G.8: Grant Site G Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total ^b	99	2.84	77	3.00	69	3.03
Role Conflict	99	2.91	77	3.04	69	3.21
Role Ambiguity	100	3.17	79	3.33	69	3.25
Role Overload	101	2.43	78	2.62	69	2.63
Job Satisfaction						
Scale Total ^b	99	4.45	78	4.78	68	5.02
Intrinsic Job Satisfaction	100	4.69	78	4.98	68	5.17
Organizational Job Satisfaction	99	4.54	78	4.82	69	5.01
Global Job Satisfaction	100	4.12	79	4.58	69	4.87

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site H

Table G.9: Grant Site H Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration ^b	134	2.67	115	2.84	52	2.92
Strengths-Based ^{a, b}	140	2.66	116	2.83	55	2.95
Cultural Competency ^b	140	2.57	116	2.72	55	2.84
Community-Based ^{a, b}	135	2.46	113	2.73	54	2.87
Family Involvement ^b	139	2.48	114	2.58	55	2.69
Accountability [^]	133	2.35	113	2.72	53	2.96
Caseworker Systems of Care Practices						
Interagency Collaboration	113	5.98	102	6.04	49	6.05
Strengths-Based	114	5.86	102	5.86	49	5.89
Cultural Competency	113	5.70	102	5.87	49	5.89
Community-Based	113	5.79	102	5.96	49	5.98
Family Involvement	112	5.56	102	5.63	49	5.60
Organizational Culture						
Scale Total ^a	137	3.38	114	3.63	-	-
Supportive ^a	139	3.49	115	3.70	-	-
Interpersonal ^a	139	3.62	115	3.89	-	-
Individualized ^a	138	3.12	114	3.41	-	-
Motivational ^a	139	3.29	114	3.55	-	-

Table G.9: Grant Site H Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total ^{a, b}	138	2.56	116	2.90	55	2.95
Role Conflict ^{a, b}	140	2.76	116	3.07	55	3.21
Role Ambiguity ^{a, b}	140	2.98	116	3.25	55	3.26
Role Overload ^{a, b}	139	1.94	116	2.36	55	2.38
Job Satisfaction						
Scale Total ^{a, b}	140	4.46	114	4.79	55	4.95
Intrinsic Job Satisfaction ^{a, b}	140	4.43	115	4.85	55	4.89
Organizational Job Satisfaction ^{a, b}	140	4.43	115	4.88	55	5.07
Global Job Satisfaction	141	4.50	115	4.63	55	4.87

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Grant Site I

Table G.10: Grant Site I Findings of Organizational Level Changes						
	Time 1		Time 2		Time 3	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Agency Support for Systems of Care Principles						
Interagency Collaboration ^{a, b}	79	2.75	66	3.11	127	2.98
Strengths-Based ^{a, b}	80	2.76	67	3.11	131	2.99
Cultural Competency ^{a, b}	80	2.61	67	2.93	131	2.82
Community-Based ^{a, b}	79	2.54	67	2.84	128	2.82
Family Involvement ^{a, b}	80	2.62	67	2.96	128	2.97
Accountability ^{b, c}	79	2.53	67	2.68	128	2.92
Caseworker Systems of Care Practices						
Interagency Collaboration	73	5.88	45	6.02	99	5.81
Strengths-Based	73	5.93	45	5.97	99	5.85
Cultural Competency	73	5.88	45	5.86	99	5.80
Community-Based	73	5.66	45	5.93	99	5.69
Family Involvement	73	5.71	45	5.78	98	5.65
Organizational Culture						
Scale Total ^a	79	3.35	67	3.65	-	-
Supportive ^a	79	3.44	67	3.74	-	-
Interpersonal	79	3.53	67	3.80	-	-
Individualized ^a	79	3.04	67	3.43	-	-
Motivational	79	3.39	67	3.65	-	-

Table G.10: Grant Site I Findings of Organizational Level Changes

	<i>Time 1</i>		<i>Time 2</i>		<i>Time 3</i>	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Organizational Climate						
Scale Total ^{a, b}	79	2.58	65	2.88	130	2.88
Role Conflict ^{a, b}	80	2.57	66	2.97	130	2.94
Role Ambiguity	80	3.15	66	3.28	130	3.32
Role Overload ^{a, b}	79	2.01	67	2.36	130	2.39
Job Satisfaction						
Scale Total ^{a, b}	78	4.41	67	4.88	128	5.04
Intrinsic Job Satisfaction ^{a, b}	79	4.64	67	5.00	128	5.07
Organizational Job Satisfaction ^{a, b}	78	4.34	67	4.97	128	5.07
Global Job Satisfaction ^b	79	4.19	67	4.67	129	4.98

- ^a Statistical significance was found between Time 1 and Time 2.
- ^b Statistical significance was found between Time 1 and Time 3.
- ^c Statistical significance was found between Time 2 and Time 3.
- [^] Statistical significances were found between all three time points.

Appendix H:

Structural Equation Modeling Results

Structural Equation Modeling Detailed Results

Measurement Model Results

The first step in covariance structure analysis or structural equation modeling is the specification of a measurement model to assess both convergent and discriminant validity prior to assessing any structural relationships among the variables. Thus, a confirmatory factor analysis was conducted on all variables in the conceptual model to ensure that indicators loaded on their respective latent constructs.

The initial measurement model provided adequate fit statistics, except for the chi-square value χ^2 (160, N = 594) = 616, $p = .000$, RMSEA = .069, IFI = .952. The cutoff values of RMSEA and IFI for a good-fitting model (i.e., data “fits” the proposed variables) are less than 0.08 and larger than 0.95, respectively. Utilizing these cutoff values, the initial measurement model suggested adequate fit, although the chi-square value was rather large. However, past research has indicated that large sample sizes in SEM almost invariably lead to an inflation of the chi-square statistic.

By reviewing the standardized residual covariance matrix and modification indices, it was apparent that there were a couple of adjustments that could be made to improve model fit. Specifically, the modification indices suggested that correlating the error between two indicators (Family Involvement and Interagency Collaboration) underlying the Agency Support for Systems of Care Principles construct and correlating the error between two indicators (Community-Based Services and Inter-Agency Collaboration) underlying the Caseworker Systems of Care Practices construct would substantially reduce chi-square and improve fit. There was conceptual and empirical support for correlating the errors of these items. For the Agency Support for Systems of Care construct, the Family Involvement item asked about whether child welfare

organizations provided support and resources to caseworkers to interact with families, while the Interagency Collaboration item asked about interaction between caseworkers and other agency partners. Both of these items are associated with collaborations between partners and clients; thus, from a theoretical standpoint, these two items could easily share error variance. A similar conceptual argument can be applied to the Community-Based Services item and the Interagency Collaboration item for the Caseworkers Systems of Care Practices construct. When caseworkers were implementing principles in community-based services and working with other agency partners, some common skills and methods might be shared.

Empirically, the goodness of fit statistics improved and suggested good model fit when these errors were correlated in the second measurement model χ^2 (158, N = 594) = 528, $p = .000$, RMSEA = .063, IFI = .961. Please see Table H.1, which displays the factor loadings for all outcome variables.

Correlation analyses were conducted to assess the simple correlation among the five constructs. Table H.2 displays that all constructs have statistically significant positive relationship with each other.

Structural Model Results

As research recommends, a number of fit indices were utilized to assess model fit. They include incremental indices such as the incremental fit index (IFI), as well as absolute fit indices such as the root mean square error of approximation (RMSEA). To indicate good model fit (i.e., the conceptual or hypothetical model “fits” the data), RMSEA should be less than .08 and IFI should be greater than .95. The final structural model for the Job Satisfaction outcome produced good fit indices and is presented in Figure H.1: χ^2 (142, N=589) = 335, $p=.000$, RMSEA = .048, IFI = .98. Standardized estimates for all pathways were significant ($p<.01$).

A deductive approach was used to derive the final structural model. In the initial conceptual model, there were a few pathways that were dropped due to an

insignificant association with Systems of Care case practices and job satisfaction that resulted in improved fit. This included a couple of demographic pathways,

Table H.1: Final Measurement Model Factor Loadings (N=594)

<i>Latent Construct</i>	<i>Indicators</i>	<i>Factor Loadings</i>
Agency Support for Systems of Care Principles	Inter-Agency Collaboration	0.862
	Individualized, Strengths-based Approaches	0.835
	Cultural Competence	0.856
	Community-based Services	0.911
	Family Involvement	0.807
	Accountability	0.724
Organizational Culture	Supportive Organizational Culture	0.978
	Interpersonal Organizational Culture	0.948
	Individualized Organizational Culture	0.909
	Motivational Organizational Culture	0.876
Organizational Climate	Role Conflict	0.983
	Role Overload	0.822
Job Satisfaction	Intrinsic Job Satisfaction	0.874
	Organizational Job Satisfaction	0.820
	Global Job Satisfaction	0.801
Caseworker Systems of Care Practices	Implementing Interagency Collaboration	0.738
	Implementing Individualized and Strengths Based Care	0.825
	Implementing Culturally Competent Practices	0.831
	Implementing Community-based Practices	0.653
	Implementing Family Involvement	0.742

Note. All estimated factor loadings were statistically significant ($p < .001$).

	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. System of Care Principles	576	2.78	0.70	-				
2. Caseworker Implementation	485	5.73	0.70	0.265**	-			
3. Organizational Culture	589	3.51	0.82	0.503**	0.329**	-		
4. Organizational Climate	584	2.83	0.64	0.503**	0.164**	0.346**	-	
5. Job Satisfaction	587	4.68	1.3	0.532**	0.300**	0.436**	0.674**	-

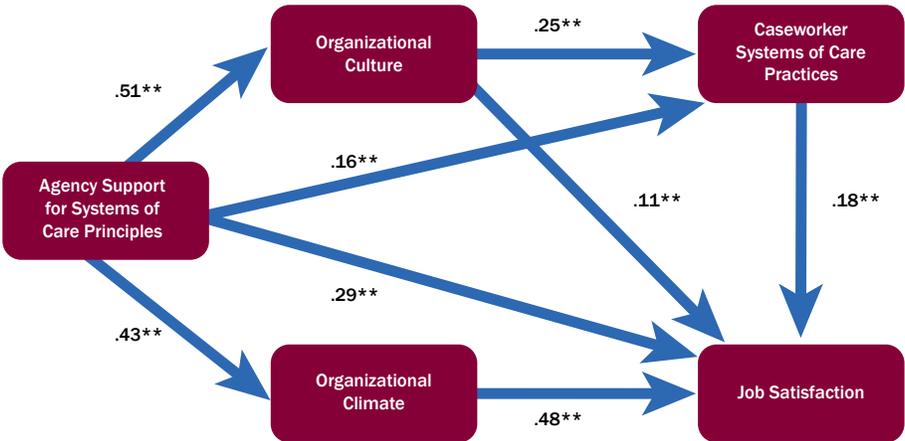
**p<.01

including caseload and number of years at the agency. Also, originally there was a pathway from organizational climate to Systems of Care case practices but this was dropped due to insignificance and fit improved. Finally, a pathway from organizational culture to climate was dropped due to insignificant association between the two variables.

In terms of a direct relationship between Agency support for Systems of Care and outcomes, results indicated that perceived agency support for Systems of Care principles was directly and significantly related to caseworker Systems of Care practices (.16**) and job satisfaction (.29**). Results also found a significant and direct relationship between organizational culture (.11**) and both organizational climate (.48**) and job satisfaction (.43**). Indirectly, agency support for Systems of Care facilitated the development of both organizational culture (.51**) and organizational climate (.43**), both of which were

significantly associated with higher job satisfaction ratings. Agency support for Systems of Care also exerted an indirect influence on job satisfaction through its significant association to Systems of Care caseworker practices (.18**), which was significantly associated with higher job satisfaction ratings (.18**). Overall, results supported the multiple pathways in which agency support for the implementation of systems of care principles can positively influence direct line staffs' ratings of job satisfaction.

Figure H.1. Final Structural Model for Job Satisfaction



**p<.01

Appendix I:
Case File Review Protocol

Systems of Care National Evaluation FINAL Case Read Protocol

LOCAL CASE ID	STATE/TRIBE	COUNTY	REVIEWER	REVIEW DATE ____/____/____
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CHILD IDENTIFYING CHARACTERISTICS				
1. CHILD BIRTHDATE ____/____/____		2. CHILD GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		3. CHILD HISPANIC OR LATINO ETHNICITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. CHILD RACE <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-racial/ mixed race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> The Indian Child Welfare Act applies <input type="checkbox"/> Unknown				5. REPORT DATE FOR CURRENT EPISODE ____/____/____
6. MALTREATMENT TYPE THAT LED TO REFERRAL FOR CURRENT SERVICE EPISODE <i>Check all that apply</i> <input type="checkbox"/> Physical maltreatment <input type="checkbox"/> Sexual maltreatment <input type="checkbox"/> Emotional maltreatment <input type="checkbox"/> Physical neglect (failure to protect) <input type="checkbox"/> Neglect (lack of supervision) <input type="checkbox"/> Moral/legal maltreatment <input type="checkbox"/> Abandonment <input type="checkbox"/> Educational maltreatment <input type="checkbox"/> Exploitation (e.g., sale of minor's time or behavior) <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			7. CURRENT REPORT DISPOSITION <i>Refer to operational definitions in guidebook.</i> <input type="checkbox"/> Substantiated <input type="checkbox"/> Neither substantiated or indicated <input type="checkbox"/> Indicated <input type="checkbox"/> As yet undetermined <input type="checkbox"/> The child welfare agency does not follow the operational definitions set forth in the guidebook. The case officially classified as: <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	
9. DATE OF TARGET POPULATION IDENTIFICATION ____/____/____			8. CURRENT SERVICE EPISODE TYPE <input type="checkbox"/> Family support <input type="checkbox"/> Voluntary services <input type="checkbox"/> Family preservation <input type="checkbox"/> No formal services provided <input type="checkbox"/> Foster care <input type="checkbox"/> Unknown	
10. DATE CASE FILE REVIEW ENDS <i>One year after target population identification or case closure date, whichever is first.</i> ____/____/____				
11. TARGET POPULATION CHARACTERISTICS (Specify the identifying characteristic that qualifies this child as part of your target population for each box checked). <input type="checkbox"/> N/A: Target population includes all child welfare cases <input type="checkbox"/> Service episode type _____ <input type="checkbox"/> At-risk for maltreatment _____ <input type="checkbox"/> Placement type _____ <input type="checkbox"/> At-risk for placement _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> Other _____				
12. CHILD LIVING SITUATION <i>At the date of target population identification</i> <i>Not in child welfare custody</i> <input type="checkbox"/> With biological parent/s <input type="checkbox"/> With adoptive parents or other legal guardian <input type="checkbox"/> With relatives <i>In care</i> <input type="checkbox"/> Foster care, relative <input type="checkbox"/> Foster care, non-relative <input type="checkbox"/> Group or institutional care under CPS supervision <input type="checkbox"/> Non-CPS institution <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown				
13. CHILD'S CAREGIVERS <i>INDICATE WITH A "1" THE PRIMARY CAREGIVER AND A "2" THE SECONDARY CAREGIVER.</i> <i>In addition to being the caregiver(s) at the time of target population identification, these caregivers are expected to be most involved in child welfare agency case planning activities and services during the review period. First consider birth parents, adoptive parents or other legal guardians followed by spouses of legal guardians, relative or other caregivers familiar to the birth parent or legal guardian. Lastly consider those responsible for care while the child is in custody but who are unfamiliar to the birth parent or legal guardian at the beginning of the child's placement with the caregiver.</i> <input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Relative caregiver <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____				

Sample Parameter: 9/1/6 – 2/28/07

Date of Target Population Identification (Item 9) _____

FAMILY ASSESSMENT, CASE PLANNING AND SERVICE RECEIPT – COVERING ENTIRE REVIEW PERIOD

<p>14. WAS THE CHILD ASSESSED FOR:</p> <input type="checkbox"/> Academic/ cognitive level <input type="checkbox"/> Physical health <input type="checkbox"/> Mental health <input type="checkbox"/> Dental health <input type="checkbox"/> Family, cultural and/or community strengths	<p>15. DOES THE FILE SHOW EVIDENCE OF CHILD'S</p> <input type="checkbox"/> Regular dental checkups <input type="checkbox"/> School records <input type="checkbox"/> CHIP/Medicaid enrollment <input type="checkbox"/> Immunization schedule <input type="checkbox"/> Health insurance coverage <input type="checkbox"/> Regular medical checkups <input type="checkbox"/> School identified
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INVOLVEMENT IN CASE PLANNING THROUGHOUT ENTIRE REVIEW PERIOD

Skip to Item 28 if the family is participating in voluntary services only (i.e., there is no formal case plan).

16. INDIVIDUALS INVOLVED IN CASE PLANNING	17. INVOLVED IN CASE PLANNING?			18. PARTICIPATE IN SERVICES? <i>Check one</i>
a. Child	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
b. Birth mother	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
c. Birth father	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
d. Sibling(s)	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
e. Relative caregiver	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
f. Other relative	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
g. Foster parent	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
h. Adoptive parent	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
i. Other caregiver:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
j. Other family support:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
k. CW caseworker	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
l. Other CW staff	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
m. CASA or GAL	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
n. Therapist/ counselor	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
o. Contract agency staff	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
p. Service provider:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
q. Other agency partner:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
r. Other:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
s. Other:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U
t. Other:	Y	N	U	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> U

Sample Parameter: 9/1/6 – 2/28/07

Date of Target Population Identification (Item 9) _____

FAMILY ASSESSMENT, CASE PLANNING AND SERVICE RECEIPT – COVERING ENTIRE REVIEW PERIOD

19. PERMANENCY PLAN 1 GOAL *(the goal at target population identification or, if none identified, the first plan goal identified)*

A. No goal identified Long-term foster care with a licensed or certified relative caregiver
 Maintain parent or guardian placement Independent living program
 Return to parent Other:
 Adoption
 Legal guardianship

20. PERMANENCY PLAN 2 GOAL *(new plan goal identified after Plan 1 and during review period)*

A. No goal identified Long-term foster care with a licensed or certified relative caregiver
 Maintain parent or guardian placement Independent living program
 Return to parent Other:
 Adoption
 Legal guardianship

21. PERMANENCY PLAN 3 GOAL *(new plan goal identified after Plan 2 and during review period)*

A. No goal identified Long-term foster care with a licensed or certified relative caregiver
 Maintain parent or guardian placement Independent living program
 Return to parent Other:
 Adoption
 Legal guardianship

22. IS THERE EVIDENCE THAT THE CONTACT BETWEEN THE CHILD WELFARE AGENCY AND THESE FAMILY MEMBERS THROUGHOUT THE REVIEW PERIOD MEETS THE MINIMUM REQUIREMENTS AT THE AGENCY?

A. CHILD Yes No Unknown B. CARETAKER 1 Yes No Unknown C. CARETAKER 2 Yes No Unknown

CASE CHARACTERISTICS AT END OF REVIEW PERIOD

23. CHILD LIVING SITUATION

Not in child welfare custody

With biological
 With adoptive parents or legal guardian
 With relatives

Other: _____
 Unknown

In care

Foster care, relative
 Foster care, non-relative
 Group or institutional care under CPS supervision
 Non-CPS institution

24. EVIDENCE OF A RE-REFERRAL TO CHILD WELFARE?
 No Yes → Re-referral substantiated?

25. IF SUBSTANTIATED, INDICATE DATE(S) OF SUBSTANTIATED RE-REFERRALS

A. ___/___/___ Incident while child in care?
B. ___/___/___ Incident while child in care?
C. ___/___/___ Incident while child in care?

COMPLETE THIS SECTION ONLY IF THE CHILD WELFARE AGENCY PLACED THE CHILD IN OUT-OF-HOME CARE FOR MORE THAN A PARENTAL RELIEF BASIS DURING THE REVIEW PERIOD.

26. TOTAL PLACEMENTS DURING REVIEW PERIOD _____

27. TOTAL DAYS IN PLACEMENT DURING REVIEW PERIOD _____ DAYS

FACE-TO-FACE CONTACTS BETWEEN FAMILY MEMBERS ACROSS ALL PLACEMENTS

28. CONTACT BETWEEN CHILD AND	29. FRE Q. OF CONTACT			30. REASON FOR CONTACT <i>Check all that apply</i>	
<input type="checkbox"/> Biological mother	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other
<input type="checkbox"/> Biological father	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other
<input type="checkbox"/> Other legal guardian(s)	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other
<input type="checkbox"/> Siblings in other placements	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other
<input type="checkbox"/> Other biological relatives	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other
<input type="checkbox"/> Prospective foster parent(s)	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other
<input type="checkbox"/> Prospective adoptive parent(s)	1	IRREG	REG	UNK	<input type="checkbox"/> Family visit <input type="checkbox"/> Case planning <input type="checkbox"/> Placement move <input type="checkbox"/> Other

Sample Parameter: 9/1/6 – 2/28/07

Date of Target Population Identification (Item 9) _____

COMPLETE THIS SECTION ONLY IF THE CHILD WELFARE AGENCY PLACED THE CHILD IN OUT-OF-HOME CARE FOR MORE THAN A PARENTAL RELIEF BASIS DURING THE REVIEW PERIOD.

31. PLACEMENT 1					
A. PLACEMENT TYPE	B. EVIDENCE OF ANY CRITERIA EXPLORED / ACHIEVED WHEN IDENTIFYING THIS PLACEMENT?				C. TOTAL DAYS IN PLACEMENT _____ DAYS
	<input type="checkbox"/> Relative placement	Relative placement	EXP	ACH	
<input type="checkbox"/> Foster care	Siblings placed together	EXP	ACH	N/A	D. IS PLACEMENT TYPE /MOVE DIRECTLY RELATED TO CASE PLAN GOALS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Adoptive placement	To avoid changing schools	EXP	ACH	N/A	
<input type="checkbox"/> Emergency care	Proximity to birth parents	EXP	ACH	N/A	E. IF NOT, IS THERE EVIDENCE THAT EFFORTS WERE MADE TO PREVENT THE MOVE OR EXPLORE OTHER PLACEMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Juvenile detention	Proximity to other relatives	EXP	ACH	N/A	
<input type="checkbox"/> Residential treatment	To achieve child safety	EXP	ACH	N/A	
<input type="checkbox"/> Mental health facility	To reflect cultural background	EXP	ACH	N/A	
<input type="checkbox"/> Medical facility	To reflect racial or ethnic characteristics of child	EXP	ACH	N/A	
<input type="checkbox"/> Other facility	Other criteria related to placement explored/achieved:	EXP	ACH	N/A	
<input type="checkbox"/> Other:					
32. PLACEMENT 2					
A. PLACEMENT TYPE	B. EVIDENCE OF ANY CRITERIA EXPLORED / ACHIEVED WHEN IDENTIFYING THIS PLACEMENT?				C. TOTAL DAYS IN PLACEMENT _____ DAYS
	<input type="checkbox"/> Relative placement	Relative placement	EXP	ACH	
<input type="checkbox"/> Foster care	Siblings placed together	EXP	ACH	N/A	D. IS PLACEMENT TYPE /MOVE DIRECTLY RELATED TO CASE PLAN GOALS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Adoptive placement	To avoid changing schools	EXP	ACH	N/A	
<input type="checkbox"/> Emergency care	Proximity to birth parents	EXP	ACH	N/A	E. IF NOT, IS THERE EVIDENCE THAT EFFORTS WERE MADE TO PREVENT THE MOVE OR EXPLORE OTHER PLACEMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Juvenile detention	Proximity to other relatives	EXP	ACH	N/A	
<input type="checkbox"/> Residential treatment	To achieve child safety	EXP	ACH	N/A	
<input type="checkbox"/> Mental health facility	To reflect cultural background	EXP	ACH	N/A	
<input type="checkbox"/> Medical facility	To reflect racial or ethnic characteristics of child	EXP	ACH	N/A	
<input type="checkbox"/> Other facility	Other criteria related to placement explored/achieved:	EXP	ACH	N/A	
<input type="checkbox"/> Other:					
33. PLACEMENT 3					
A. PLACEMENT TYPE	B. EVIDENCE OF ANY CRITERIA EXPLORED / ACHIEVED WHEN IDENTIFYING THIS PLACEMENT?				C. TOTAL DAYS IN PLACEMENT _____ DAYS
	<input type="checkbox"/> Relative placement	Relative placement	EXP	ACH	
<input type="checkbox"/> Foster care	Siblings placed together	EXP	ACH	N/A	D. IS PLACEMENT TYPE /MOVE DIRECTLY RELATED TO CASE PLAN GOALS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Adoptive placement	To avoid changing schools	EXP	ACH	N/A	
<input type="checkbox"/> Emergency care	Proximity to birth parents	EXP	ACH	N/A	E. IF NOT, IS THERE EVIDENCE THAT EFFORTS WERE MADE TO PREVENT THE MOVE OR EXPLORE OTHER PLACEMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Juvenile detention	Proximity to other relatives	EXP	ACH	N/A	
<input type="checkbox"/> Residential treatment	To achieve child safety	EXP	ACH	N/A	
<input type="checkbox"/> Mental health facility	To reflect cultural background	EXP	ACH	N/A	
<input type="checkbox"/> Medical facility	To reflect racial or ethnic characteristics of child	EXP	ACH	N/A	
<input type="checkbox"/> Other facility					

Sample Parameter: 9/1/6 – 2/28/07

Date of Target Population Identification (Item 9) _____

COMPLETE THIS SECTION ONLY IF THE CHILD WELFARE AGENCY PLACED THE CHILD IN OUT-OF-HOME CARE FOR MORE THAN A PARENTAL RELIEF BASIS DURING THE REVIEW PERIOD.

<input type="checkbox"/> Other:	Other criteria related to placement explored/achieved:	EXP	ACH	N/A	
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Appendix J:
Case File Review Findings

Appendix Overview

The national evaluation team reviewed child welfare case files twice over the evaluation period, once in January-June of 2003 and once in January-June of 2007. Each State chose 65-80 cases at random from the total pool of cases meeting their target population. Multi-county sites stratified cases based on county population, and each “case” was operationally defined as one child.

Case file reviews were conducted in order to assess changes in case planning, service participation (with an emphasis on family and interagency collaboration), and the child and family outcomes of safety, permanency,

and well-being. The data were aggregated across grant sites and then further analyzed in two groups based on whether or not the grant site targeted an out-of-home care population (3 sites) or worked with the entire child welfare population (5 sites).¹³ The data were examined this way because the out-of-home care population is a higher risk population as compared to the entire child welfare population.

Since the majority of these data were dichotomous, chi-square analysis was used to assess change over time during the initiative. Since there were only two time points, significant findings are highlighted with the subscript (listed below) and bolded.

¹³ One grant community did not conduct case file reviews and is not included in these analyses.

Case Planning

	<i>Cases in Communities with Out-of-Home Care Target Population</i>		<i>Cases in Communities with Broad Child Welfare Target Population</i>		<i>Cases Across All Communities</i>	
	2003 (n=216)	2007 (n=241)	2003 (n=423)	2007 (n=409)	2003 (n=639)	2007 (n=650)
Family and Caregivers						
Child	37%	42%	30%	33%	32%	36%
Birth mother	53%	59%	52%	53%	52%	55%
Birth father ^a	24%	30%	22%	30%	22%	30%
Relative caregiver ^a	28%	32%	16%	20%	20%	25%
Foster parent	20%	21%	18%	15%	19%	17%
Interagency Partners						
CASA or GAL ^a	7%	10%	8%	14%	8%	12%
Therapist/Counselor ^a	31%	27%	12%	18%	19%	21%
Service providers and other agency partners ^a	22%	21%	22%	33%	22%	29%

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.

14 In the case file reviews, people and organizations were recorded as "involved" if there was evidence that they played a role in case planning activities during the review period. These included family members, caregivers, and partners who: were involved in the assessment process; were identified as a strength in the assessment process; were identified by the child welfare agency as being able to address a need identified in the assessment process; were consulted in the case planning process; and were invited and participated in case planning activities (e.g., Family Group Decision-Making meetings).

Participation in Services

Table J.2: Family Participation in Services						
Family and Caregivers	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003 (n=216)	2007 (n=241)	2003 (n=423)	2007 (n=409)	2003 (639)	2007 (650)
Child	58%	56%	40%	46%	46%	50%
Birth mother ^a	59%	60%	55%	48%	57%	53%
Birth father	28%	34%	23%	24%	25%	28%
Relative caregiver ^a	17%	25%	12%	18%	14%	21%
Foster parent	12%	12%	11%	15%	11%	14%

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.

Table J.3: Interagency Partners Provision of Services						
Interagency Partners	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003 (n=216)	2007 (n=241)	2003 (n=423)	2007 (n=409)	2003 (639)	2007 (650)
CASA or GAL ^a	2%	6%	1%	6%	2%	6%
Therapist/Counselor ^a	13%	12%	2%	20%	6%	17%
Service providers and other agency partners ^a	7%	12%	11%	32%	9%	24%

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.

Safety

Table J.4: Re-referral to Child Welfare						
	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003 (n=216)	2007 (n=241)	2003 (n=432)	2007 (n=409)	2003 (639)	2007 (650)
Evidence of a re-referral ^a	16%	10%	26%	12%	22%	11%
Referral substantiated ^a	2%	5%	13%	4%	9%	5%

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.

Permanence

Table J.5: Average Number of Placements and Average Days in Placement						
	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003 (n=210)	2007 (n=240)	2003 (n=209)	2007 (n=345)	2003 (n=419)	2007 (n=585)
Average placements during review period ^a	2	2	1.4	0.8	1.6	1.2
	(n=208)	(n=240)	(n=190)	(n=332)	(n=398)	(n=572)
Average days in placement during review period ^a	279	285	245	122	263	190
	(n=209)	(n=238)	(n=186)	(n=206)	(n=395)	(n=444)
Days in Placement 1 ^a	192	224	177	169	185	198
	(n=76)	(n=77)	(n=74)	(n=40)	(n=150)	(n=117)
Days in Placement 2 ^a	141	101	121	127	131	110
	(n=31)	(n=47)	(n=17)	(n=15)	(n=48)	(n=62)
Days in Placement 3	125	95	159	108	137	98

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.

Well-Being

Table J.6: Child Assessments						
Assessment	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003 (n=216)	2007 (n=241)	2003 (n=423)	2007 (n=409)	2003 (n=639)	2007 (n=650)
Academic/Cognitive Level	50%	54%	49%	44%	42%	48%
Physical Health ^a	75%	77%	50%	60%	58%	67%
Mental Health ^a	51%	59%	42%	48%	45%	53%
Dental Health	43%	45%	22%	26%	29%	33%
Family, cultural, and/or community strengths ^a	22%	37%	45%	23%	37%	28%

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.

Table J.7: Child Physical Health Indicators						
Indicator	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003 (n=216)	2007 (n=241)	2003 (n=423)	2007 (n=409)	2003 (n=639)	2007 (n=650)
Regular medical checkups	69%	64%	32%	37%	44%	47%
Regular dental checkups	46%	41%	18%	23%	28%	30%
CHIP/Medicaid enrollment ^a	28%	30%	28%	38%	28%	35%
Health insurance coverage ^a	41%	66%	25%	25%	31%	40%
Immunization schedule ^a	43%	65%	34%	40%	37%	49%

^a Statistical significance was found between Time 1 and Time 2. Findings are also bolded for easier identification.