Guide for 2001-2002 Evaluation of Community Based Care Programs for Foster Care and Related Services

School of Social Work
Florida State University
Tallahassee, Florida

For
The State of Florida
Department of Children and Families

Principal Investigators:
Dr. Mary Kay Falconer
Dr. Scottye Cash
Dr. Scott Ryan

July, 2001
This guide serves as a reference for developing the research design and corresponding methodologies for evaluating the CBC programs for foster care and related services in Florida. It begins with an overview of the recommended best practices for the evaluation of child welfare programs. This overview emphasizes the importance of including information on client characteristics, procedures and outcomes in evaluations of the CBC programs. This combination of information in the research contributes to greater accountability in service delivery. The section ends by highlighting the need for a partnership between the participating agencies and the evaluation staff in an attempt to find ways to improve the service delivery system for the children and their families.

Second, research questions posed for the 2000-2001 evaluation are listed with additional questions recommended. Third, a matrix comparing methodologies and analytical techniques in evaluating the CBC programs providing foster care and related services is presented. The guide should assist Department staff and the members of the research team in the selection of the questions that need to be addressed and the appropriate methods for the required research.

### Best Practices in Evaluating Child Welfare Services

Successful evaluations are comprised of several different components, some of which are elements of the logic model (Alter & Egan, 1997; Savas, 1996). The elements of the logic model are:

- **Problems/Needs** *(The current situation and what needs to be changed.)*
- **Goal** *(The desired state to be achieved.)*
- **Objectives** *(Milestones or minigoals that lead to goal achievement.)*
- **Inputs** *(Concrete and intangible resources needed to achieve the objectives.)*
- **Methods** *(Services and activities that put resources into operation.)*
- **Results** *(Short-term impacts of applying inputs and methods.)*
- **Outcomes** *(Long-term impacts of applying inputs and methods.)*

The components of the evaluation include both formative and summative aspects. One of the mistakes that has been made in researching/evaluating child welfare services, has been an over emphasis on outcomes, with little or no attention given to the process of services. In turn, this has created a disconnect between processes and outcomes. As has been noted, it is difficult to ascertain which programs are successful and why, and what components of the program are successful and with which client populations.
Pulling from the family preservation literature, Pecora, Fraser, Nelson, Meezan and McCroskey (1995) discuss why the understanding of service characteristics is important, within the broad framework of family preservation services, there is wide variation across the nation in the kind of interventions, duration of services, size of caseloads, and components of services that characterize these programs…Despite a growing body of literature on family preservation programs, it is not clear what these services are and who benefits from them (p. 6).

Fraser and Haapala (1988) reemphasize the need to understand service components: our failure to carefully measure the elements of treatment may have been a function of the urgency that has characterized mental health treatment research in the last 20 years…Careful measurement of independent variables is needed in order to correlate selected dimensions or types of treatment events with desirable social outcomes. Unfortunately, research designs that combine process and outcome evaluation are rare (p. 6).

Based on these discussions, formative and summative evaluations will be discussed as to what components need to be included and how these can possibly be measured within the context of child welfare.

Formative Evaluations

Client Characteristics

For the formative aspects it is important to obtain information on the clients as well as the services. Capturing information on client characteristics provides information that can be used for multiple purposes. First, obtaining information on client characteristics helps define the program parameters and can be used to set the agency apart from other agencies who work with similar client populations. Second, gathering information on client characteristics helps the program remain consistent and true to the mission of the agency; that is, it helps the agency stay focused on providing services to the population in which they are intended. Third, when agencies seek additional funding from granting agencies, this information will be readily available to be inserted into grant applications. Finally, knowing which clients are served will help refine the types of services that are offered and to understand if services are matched to client needs.

The measurement of client characteristics and needs is analogous to the “Problems/Needs” component in the logic model (Alter & Egan, 1997; Savas, 1996).

Measurement of Client Characteristics

The measurement of client characteristics needs to be a dynamic process that should be conducted throughout the management of the case. Assessment instruments have been created that are useful for measuring client characteristics throughout the case
plan, and can also be used in treatment planning (i.e., Family Assessment Form) (Meezan & McCroskey, 1996) and the Strengths and Stressors Tracking Instrument (Berry, 1997). It is recommended these or similar instruments be used in assessing clients once they become a part of the specific agency. It is also recommended that client characteristics be assessed throughout the case, or if that is not possible, that they be assessed around case closure to determine if the needs have been resolved. By assessing at intake and case closure, this may reduce the “revolving door” phenomenon that plagues many child welfare programs.

**Service Provision**

In the current stage of accountability in social work and other helping professions, saying that a program works is no longer enough—more is required to ensure that clients are receiving the services that they need (based on validated assessment instruments) and funding agencies are getting what they paid for. The documentation of service provision should go beyond what is recommended for clients and what is documented in the case plan as what the client “should do”. Documenting service provision also provides feedback on what services are being provided and/or recommended and understand how these fit within the mission and goals of the agency. Through this documentation, the frequency in which particular services are used or not used can be examined to assist in strategic planning efforts to make sure that the array of services in the agency are being provided. This is a particularly important issue as agencies can become entrenched in providing one service (i.e., parent training) and lose sight of the notion that a “one size fits all model” doesn’t necessarily ensure that clients will make skill gains in areas that aren’t addressed by one service. Furthermore, the relationship between client characteristics and services referred/received can be examined.

In a managed care environment, many of the services are provided by “provider agencies”. Managed care principles suggest that a managed care approach should assist the system in providing services in a more efficient and effective manner. If this is the case, then it is necessary to have provider agencies also document the type of services that they are providing and provide a rationale as to how these services are matched to family/client need. By ensuring that all parties involved in the provision of services are documenting and tracking these services, a new level of accountability can be established; and theoretically, the system should run in a more efficient and effective way: duplicate services are minimized and clients needs are addressed.

In regards to the logic model, the service provision component could be classified as the “program components” and the “program processes” (Savas, 1996, p. 43).

**Measurement of Services**

The measurement of services can be rather difficult, as we don’t know what inside the “black box” of services really matters. Many question that the rapport and relationship between the worker and the client is the most significant, where others have found that treatments oriented in the cognitive behavioral and behavioral approaches are the most effective (Lindsey, 1994; Littell, 1997). Measuring rapport and the worker/client relationship is difficult. However, the measurement of services is possible
and can be accomplished in a number of different ways. Specifically, it is important to measure both the structure and nature of services. The structure of services includes the number of days the case is open, the number of face-to-face contacts, and if possible, the intensity of services (time/days open). The nature of services would examine the type of services: referred, provided, and completed. There are multiple ways in which the services can be captured. For more intensive evaluation purposes, the worker would keep a daily service log that addresses the type of services provided, the problem the services are addressing, the amount of time spent with the client, where the services were provided and to whom the services were provided. A less intensive model of service tracking would involve workers keeping a monthly log of what services were referred, provided, and completed. This would be used in an aggregate form to assess service provision throughout the life of a case.

**Summative Evaluations**

For summative evaluations, both proximal and distal outcomes need to be examined. These are analogous with developing the specific goals of the program (that can be entered into the logic model) and the outcomes expected. These outcomes can be applied across agencies and can be measured easily as identified and discussed below.

**Proximal Outcomes**

Proximal outcomes address the immediate client outcomes. Examples of proximal outcomes could be:

- A reduction in the risks that brought the family to the attention of the child welfare system,
- Changes from pre to post on assessment scales,
- When indicated as a goal, the reunification of the child with his or her family,
- When maintain and support family is the goal, prevention of the removal of the child, and
- No additional reports of maltreatment while services are being provided.

The proximal outcomes focus on the important steps that are necessary at the client level to ensure the attainment of the more global distal outcomes.

**Distal Outcomes**

Distal outcomes are associated with success at the programmatic and systemic level and maintenance of client gains over time. The distal outcomes are discussed below: first at the client level and then the program level.

**Client Level**

- Families are able to maintain a safe family environment even after services have ended (i.e., no more additional reports of maltreatment or re-entry into the child welfare system).
- Children are able to be productive and successful in their environments: school, community, etc.
• Quicker achievement of permanency goals.

Program and System Levels
• A reduction in foster care caseloads;
• A reduction in repeat “revolving door” clients into the child welfare system; this in turn can reduce the caseload of investigations.
• A decrease in the amount of time for permanency, including finalization of adoptions.
• Other performance based budgeting outcomes.

Summary of Best Practices

By ensuring that each of these aspects (client characteristics, services, and outcomes) are measured by the lead agency and the provider agencies, accountability can be assessed and programs can function more efficiently and effectively.

The most critical ways to ensure the success of this program evaluation are:

• to create partnerships between the lead agencies, provider agencies, DCF staff, and the evaluators. When everyone comes together for the common goal of protecting children, ensuring expedient permanency, and focusing on the well-being of children, these goals can be accomplished.;
• to ensure that the agencies have “bought in” to assisting with the conduction of the evaluation. When obstacles are encountered a mechanism needs to be in place that systematically addresses the obstacle and generates solutions for overcoming the obstacle.;
• to create a feedback loop for the evaluation findings. This would include establishing a dialogue/communication vehicle for synthesizing and sharing the results of the evaluation with key participants. The key participants would include the administrators of the programs as well as project staff.; and
• to work together to develop creative strategies for accomplishing the goals of the program and the goals of the evaluation.
Research Questions

The research questions developed for the research conducted during 2000-2001 are listed in this subsection. Questions can be added or other questions can replace those listed depending on the specific interests of department officials. During the 2000-2001 evaluation project, information necessary to answer questions #1 and #2 was not sufficient. Information required to answer other questions was often limited. Questions addressing costs per child (i.e., by type of service or time in the program) could be added based on the availability of the necessary fiscal and client information.

1. Are children and families receiving timely and adequate assessments of their service needs?
2. Are children and families receiving services based on their needs in a timely manner?
3. Was the program performance consistent with the Adoption and Safe Families Act?
4. What is the cost/financial structure of the Sarasota Family Young Men’s Christian Association, Inc. and its subsidiary, the YMCA Children, Youth & Family Services, Inc. (including the Sarasota and Manatee locations)?
5. How has the financial mix changed over the project’s life-cycle?
6. What is the level of financial support demonstrated by the community?
7. What system elements contribute to the successes or failures of the community-based care model?
8. What community factors contribute to the successes or failure of the community-based care model?
9. Are the consumers, stakeholders, and caseworkers satisfied with the services provided?

Comparison of Research Methodologies

In this guide, the primary methodologies and analytical techniques available for the CBC evaluation research are case file reviews, case study interviews, focus groups with concept mapping, fiscal analysis, mail surveys, and secondary analysis of program and department data files. Some of the attributes of each methodology and analytical techniques are displayed in the following matrix. More specific information on each methodology can be provided upon request.
## Comparison of Methodologies and Analytical Techniques

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Methodologies and Analytical Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case Files</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td></td>
</tr>
<tr>
<td>Case Files</td>
<td>Depending on content in files, comprehensive; Data based on formal documentation</td>
</tr>
<tr>
<td>Case Interviews</td>
<td></td>
</tr>
<tr>
<td>Focus Groups-Concept Mapping</td>
<td></td>
</tr>
<tr>
<td>Mail Surveys</td>
<td></td>
</tr>
<tr>
<td>Fiscal Analysis</td>
<td></td>
</tr>
<tr>
<td>Secondary Data Analysis</td>
<td></td>
</tr>
<tr>
<td><strong>Weaknesses</strong></td>
<td></td>
</tr>
<tr>
<td>Case Files</td>
<td>Costly; Program disruptions; Limited generalization to client pool; Dependent on availability of information in files</td>
</tr>
<tr>
<td>Case Interviews</td>
<td>Data based on opinion or recollection of respondent; limited generalization to client pool</td>
</tr>
<tr>
<td>Focus Groups-Concept Mapping</td>
<td>Data based on opinion or recollection of respondent; Access to computer software must be purchased</td>
</tr>
<tr>
<td>Mail Surveys</td>
<td>Data based on opinion or recollection of respondent; Analytical power dependent on sample size and survey return rate</td>
</tr>
<tr>
<td>Fiscal Analysis</td>
<td>Dependent on the availability and timely delivery of financial documentation; Dependent on cooperation of program staff if additional information on a sample of children is collected</td>
</tr>
<tr>
<td>Secondary Data Analysis</td>
<td>Incomplete or inadequate information; Reliability and validity of data cannot be ensured</td>
</tr>
<tr>
<td>Attributes</td>
<td>Case Files</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Outcome Measures (ASFA)</strong></td>
<td>Safety (abuse after services initiated); Permanency (achieved within 1 year; average days per placement); Well-being (scores on assessments)</td>
</tr>
<tr>
<td>Attributes</td>
<td>Case Files</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Other Measures</td>
<td>Procedural (timing of events); # and type of client contacts</td>
</tr>
<tr>
<td>Logic Model Elements</td>
<td>All</td>
</tr>
<tr>
<td>Costs</td>
<td>High</td>
</tr>
<tr>
<td>Relevant section of CBC report</td>
<td>Section II</td>
</tr>
</tbody>
</table>
### Methodologies and Analytical Techniques

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Case Files</th>
<th>Case Interviews</th>
<th>Focus Groups-Concept Mapping</th>
<th>Mail Surveys</th>
<th>Fiscal Analysis</th>
<th>Secondary Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Forms and Codes in CBC report</td>
<td>Data collection form; Response codes</td>
<td>Interview guides for birth, adoptive, and foster care parents</td>
<td>Questions and lists of statements by cluster provided by type of group</td>
<td>Questionnaire for CBC Implementation in Pinellas and Pasco; forms used in the CBC procurement and credentialing procedures</td>
<td>Ratios and formulas explained in report</td>
<td></td>
</tr>
</tbody>
</table>

Information highlighted in the above matrix and mentioned in the best evaluation practices section (client characteristics, services, and outcomes) should be collected by program. Additional uses for this information can be developed with program staff (i.e., formulating treatment plans and conditions for case closures).
References


