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2015  
Out-of-Home  
Care Analysis:  
Key Findings  
for Service  
Delivery

JULY 2017

# FROM DATA TO PRACTICE

## ACKNOWLEDGMENTS

This report was authored by Yvonne Humenay Roberts, Stephen Shimshock, Angie Ocampo, Matt Claps, and Kirk O'Brien. The authors wish to thank the many individuals who contributed their insights and stories.



# FROM DATA TO PRACTICE

REPORT SERIES | VOLUME 1





## Executive summary

### **BACKGROUND**

Casey Family Programs has implemented multiple continuous quality improvement initiatives over the past several years. Examples include a 2015 comprehensive evaluation, ongoing quality and compliance reviews (2014 to present), a 2016 predictive analytics feasibility analysis, and 2016–2017 Facilitated Collaborative Inquiry sessions. These initiatives have produced important data regarding the characteristics of youth and families served, the types of services provided, and the quality and consistency of these services.

To build on these insights, our Child and Family Services (CFS) and Research Services (RS) teams partnered on an analysis of youth served in out-of-home care (OOHC). The analysis examined the characteristics of a cohort of youth, services they received, and correlations of services with outcomes for youth who achieved legal permanency, remained in OOHC (as of September 28, 2016), or exited from care for other reasons. Analyses focused on the services and practices, and how they are related to permanency outcomes.

This *From Data to Practice* report summarizes the results of this analysis and explores the relationship between services and outcomes. It includes the youth's demographic characteristics, primary findings of factors correlated with legal permanency exit status, and stories highlighting themes of the results. The report also presents findings from various analyses in an effort to understand the relationship between services received by youth and their outcomes.

# FROM DATA TO PRACTICE

## STUDY POPULATION

The population for this analysis was the cohort of youth enrolled in OOHC from January 1 to June 30, 2015. The group included youth receiving both placement supervision and nonplacement supervision services. Data were extracted from the CFS electronic case management system (ECM) in September 2016 to allow for at least one year of service provision for all youth in the cohort. Various statistical analyses were completed to identify emerging themes and patterns.

## PRELIMINARY FINDINGS

The main findings of the analyses include the following:

- Youth who achieved legal permanency had more fully achieved goals and/or services that social workers rated as more helpful.
- Staff create individualized plans with youth and relentlessly pursue permanency options.
- The path to permanency does not solely depend on a youth's trauma history or functioning at baseline.
- Placement stability and caregiver willingness to be a permanency resource play an important role in achieving legal permanency.

Preliminary findings of this OOHC analysis were shared with CFS staff to assist in interpretation of results and identification of next steps. The table on pages 6 and 7 illustrates the actions that social workers can take to build on these findings.

## DISCUSSION: VALUES TOWARD PERMANENCY AND CORE CASEWORK FUNCTIONS

The analysis also yielded indicators of the urgency and relentlessness of Casey social workers and other direct services staff in achieving permanency. Youth and family with higher needs were more likely to receive a higher quantity, variety, and intensity of contact and services. These youth were also more likely to exit from OOHC without achieving legal permanency. Social workers continued to adjust the mix and match of services to meet unique youth and family needs in these instances. This finding highlights staff efforts in pursuing the achievement of outcomes for all youth and families. The value of permanence and its relentless pursuit characterizes the work of Casey Family Programs and is the key factor in what makes the difference for the youth we serve.

Especially when considered alongside findings from other Casey evaluation efforts, this research contributes to an emerging body of data on core casework functions delivered by Casey social workers in collaboration with youth, young adults, and families enrolled for services. These functions — including youth and family engagement, individualized assessment and action planning, advocacy, teamwork, and collaboration among individual child and family teams — are components of the CFS Practice Model. They reflect the values and approach of CFS' practice and are how social workers put these values into action for youth and families served.

### **CORRELATION OF SERVICE PROVISION AND PERMANENCY**

Data correlations suggest that the frequency and intensity of contact and the number and types of services provided increase with youth who do not exit to legal permanency. The characteristics of these youth and families indicate the presence of a number of co-occurring risk factors that make the achievement of legal permanency challenging.

When findings from the OOHC entry cohort are combined with other Casey evaluation and continuous quality improvement activities, an emerging evidence base suggests that no single practice strategy or intervention is likely to help youth achieve permanency safely. Rather, the role of our individualized, family-centered, team-based approach is central to the effectiveness of our service delivery.

The value of permanence and its relentless pursuit characterizes the work of Casey Family Programs and is the key factor in what makes the difference for the youth we serve.

## Key findings

Casey staff reviewed the results of this analysis and discussed several potential next steps that could be taken in light of the data. The following table recaps the study's main findings and offers considerations for how these findings might inform service delivery.

### 1

#### **RIGHT AND EFFECTIVE SERVICES**

Youth who achieved legal permanency had more fully achieved goals and/or services that social workers rated as helpful.

#### **WHAT WE CAN DO**

- Ensure inclusion of all multidisciplinary team (MDT) members, including youth and families, in assessing how interventions are working.
- Continue to develop strategies to ensure that each youth's MDT is regularly updated on progress.
- Find ways to increase the inclusion of trauma-informed strategies and practices at the individual and system levels.

### 2

#### **RELENTLESS EFFORTS**

Staff create individualized plans with youth and relentlessly pursue permanency options.

#### **WHAT WE CAN DO**

- Develop a set of predictors for outcomes, beyond legal permanency, that are associated with long-term young adult success.
- Explore opportunities to better capture social worker efforts to attain relational permanency for youth.
- Provide greater clarity on key definitions of data elements in the ECM to ensure similar understanding.
- Continue to carefully match youth needs and strengths with one or more helpful strategies.

# FROM DATA TO PRACTICE

## 3

### FACTORS LEADING TO PERMANENCY

The path to permanency does not solely depend on a youth's trauma history or functioning at baseline.

#### WHAT WE CAN DO

- Explore what other factors beyond trauma history and youth needs may be driving outcomes.
- Develop shared learning opportunities across offices that share similar strengths and challenges.
- Develop a better way of collecting and analyzing information on systemic barriers to permanency.

## 4

### PLACEMENT STABILITY AND CAREGIVER WILLINGNESS

Placement stability and caregiver willingness play an important role in achieving legal permanency.

#### WHAT WE CAN DO

- Encourage MDT members to think creatively to limit the number of placement changes once in Casey care.
- Encourage nonjudgmental communication between MDT members when there are different opinions about the appropriateness of an identified permanency resource. This includes paying attention to how we communicate about and across difference (e.g., ethnic/racial, gender, sexual identity).
- Work with birth families, foster parents, and jurisdictional partners to strengthen relationships and increase understanding of the impact of untreated trauma.

## What we did

For this *From Data to Practice* report, Casey Family Programs' Child and Family Services (CFS) and Research Services (RS) teams explored the relationship between services and outcomes. Analyses focused on the services and practices, as currently captured in the electronic case management system (ECM), and how they are related to permanency outcomes (e.g., remaining in care, exiting to permanency, and exiting without permanency). This brief report presents findings from various analyses in an effort to tease out the relationship between services received by youth and their outcomes.

The target population for this report included youth who entered Casey out-of-home care (OOHC) between January 1, 2015, and June 30, 2015 ("entry cohort"). After pulling data for the cohort of youth from ECM, descriptive statistics were run for demographics, youth status (as of September 28, 2016, the day the data were pulled), services received while in Casey OOHC, and goals achieved. Information obtained from the 2015 CFS evaluation report and Facilitated Collaborative Inquiry work with individual offices was used to inform analyses. Facilitated Collaborative Inquiry is a continuous quality-improvement process that helps staff discover pressing challenges, develop a rigorous approach for making measured improvements, share lessons learned, and ultimately build a culture of evidence-based change. Specific Child and Adolescent Needs and Strengths (CANS) items were used in a latent class analysis (LCA), including information from the trauma, mental/behavioral health, life functioning, and risk domains. LCA was then used to find groups or subtypes of related cases based on patterns in the data, and legal permanency outcomes were explored for each identified group. Finally, statistical analyses were run to ascertain specific barriers to achieving permanency.

As a new way of working together, CFS and RS engaged the field in a review of the preliminary findings and asked staff to actively assist in interpreting results and identifying next steps. Staff were also encouraged to suggest questions to explore in future evaluation efforts. These discussions were held via videoconference and attended by staff from each of Casey's nine field offices. Lead authors then shared the final results and staff discussion with CFS' extended leadership team, which worked together to finalize recommendations and next steps, and decided on the next evaluation question to explore.

## Who was served

The entry cohort consisted of 232 youth served in OOHC for at least 30 days. They were aged birth to 18 years old. The average age of youth at enrollment in Casey OOHC was 10.6 years (SD = 4.6), and 54% identified as male. More than half of youth served, or 134 (58%), were identified as Latino/Hispanic, 39 (17%) were identified as white, and 36 (16%) were identified as African American (see Figure 1).

As of September 28, 2016 (the time of analysis), 73 youth (32%) were still in Casey OOHC, 107 (46%) had exited to legal permanency, and 52 (22%) had exited Casey OOHC without legal permanency. Forty-two percent of youth in placement supervision had exited care, of which 74% exited to legal permanency. Seventy-seven percent of youth in nonplacement supervision had exited care, of which 66% exited to legal permanency.

At the time of analysis, youth in the 2015 entry cohort had completed 1,288 different services and had another 1,278 in-progress services during their time in Casey OOHC. Of the completed services, 980 (76%) had been completed satisfactorily, and 683 (53%) were reported to have been effective toward achieving the stated action plan goal, per social worker report.



# FROM DATA TO PRACTICE

FIGURE 1: Demographics and outcomes

# 232

youth served in Casey out-of-home care



**107**  
exit to permanency

**73**  
in care

**52**  
exit without permanency



\*Other race/ethnicity category includes American Indian/Alaska Native, Chinese, and other.

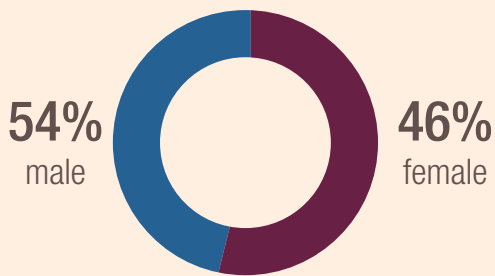
**11.6** | current average age (years)

**25%** | youth in placement supervision



**3.5** | average number of placements prior to Casey care

**2.0** | average number of placements while in Casey care



**74%** of youth in placement supervision exited to permanency

**66%** of youth in nonplacement supervision exited to permanency

In placement supervision cases, Casey is operating as the child-placing agency and has oversight over the placement.

In nonplacement supervision cases, Casey works side by side with the jurisdiction, which has oversight of the child's placement.



## Tiffany | AUSTIN FIELD OFFICE

**Background:** Tiffany\* was referred to Casey's Austin Field Office when she was 11 years old. After many years of Child Protective Services involvement that included accusations of abuse and neglect, Tiffany and her siblings were brought into foster care. Tiffany experienced multiple acts of sexual abuse as well as six placement changes while in foster care, prior to coming to Casey.

**Barriers:** The largest barrier to permanency was Tiffany's lack of a suitable identified permanency resource (IPR). Both of Tiffany's parents were incarcerated at the time she was enrolled in Casey OOHC, and no other permanency options were emerging. Tiffany also had some unmet mental health needs that needed to be addressed to improve her overall well-being. Opportunity arose when the Casey social worker learned that Tiffany's birth mother, Anna, had been released from jail and was having contact with Tiffany. Anna had recently run away from a rehab center, which made her involvement extremely complicated. She also had warrants out for her arrest, due to her past behaviors and incarceration. Anna had no job and no housing. While the multidisciplinary team (MDT) was not comfortable with Anna, the Casey social worker began to notice that Anna was having a positive influence on Tiffany.

**Casey's services:** Initially Tiffany's action plan focused on education, mental health, and finding an IPR. Once Anna entered the picture, services and supports were added to help Anna clear her warrants, find housing, and maintain a job — all of which were critical if the MDT were to see Anna as a potential permanency option. Anna was extremely suspicious of the system and scared about her warrants. The Casey social worker worked diligently with Anna to establish trust and encouraged her to meet with the MDT to show her support and devotion to Tiffany. The Casey social worker worked closely with Anna and coached her as she prepared to meet with the MDT.

**The turning point:** Anna met with the MDT, explained how she had turned her life around, and emphasized how committed she was to getting her daughter back. The attorney ad-litem in particular was opposed to the idea of Tiffany reuniting with her mom based on the stated belief that any parent who has spent time in prison did not deserve to have their child back. The Casey social worker challenged this belief by focusing on Anna's current behaviors, which did not pose a safety threat to Tiffany if she were to be reunified. Once the MDT was able to see that Tiffany would be safe if she were to reunify with Anna, reunification became Tiffany's permanency goal.

Learn more about Tiffany later in this report.

\*All names have been changed to protect individuals' privacy.



## Kevin | IDAHO FIELD OFFICE

**Background:** Kevin\* had lingered in state foster care for more than three years before being referred to Casey's Idaho Field Office. Kevin came into care due to allegations of physical and sexual abuse and neglect.

**Barriers:** Kevin was enrolled in Casey OOHC with no permanency options. Kevin had some family, but no one was a viable permanency option. Kevin's birth father, Mark, was low functioning with a low IQ, which impacted his ability to care for Kevin in the long term. Adding to this, Kevin was facing mental health and emotional issues, chronic medical conditions, developmental delays, and cognitive impairment, and he had a history of aggressive behaviors, all of which played a role in his ability to achieve permanency.

**Casey's services:** Services were put into place to address Kevin's barriers to permanency, including his mental health and well-being needs, and lack of an identified permanency resource (IPR). After his first year, Kevin was making progress on some of his goals. The Casey social worker continued to assess Kevin and add services that were needed, continued services that were deemed "helpful," and removed the ones that were rated as "did not affect progress."

**The turning point:** Kevin had been staying connected to extended family members, but the team continued to struggle to find a permanent resource for him. Opportunity came when the state social worker suggested that perhaps Mark, with the right coaching, support, and tools, could be reconsidered as a permanency option, despite his low functioning. Mark had a huge support, his partner Theresa, who showed a great ability to help care for Kevin and supported the plan for reunification. Casey and the rest of the team got on board to see if Mark could be a permanency resource for Kevin. His Casey social worker and the state worker partnered to make a case to the court that Mark was indeed Kevin's best chance for permanency. The court agreed to a trial home visit, and the social worker immediately began engaging Mark and Theresa in a family-centered plan to support the entire family on their path to reunification.

Continue reading to find out what happened to Kevin.

\*All names have been changed to protect individuals' privacy.



## What we found



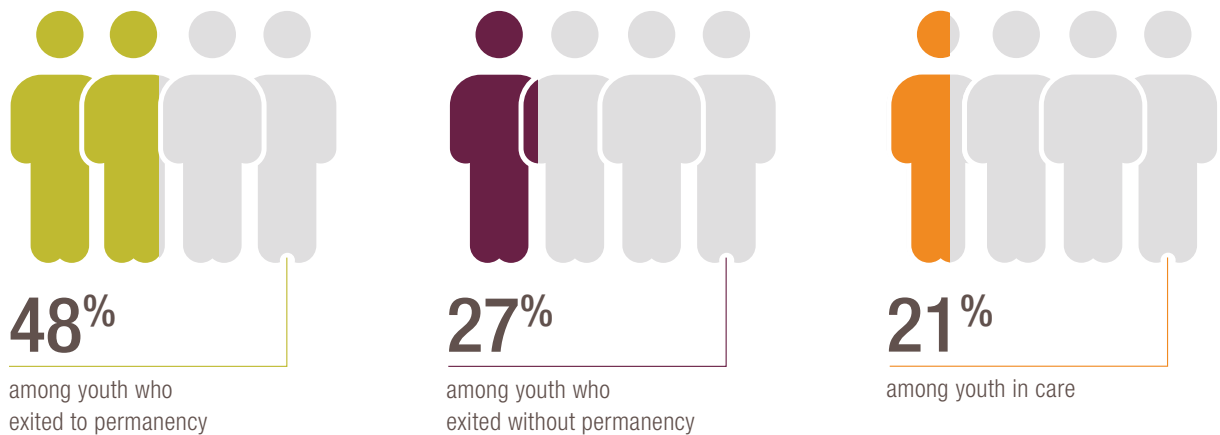
### **RIGHT AND EFFECTIVE SERVICES**

**Youth who achieved legal permanency had more fully achieved goals and/or services that social workers rated as helpful.**

Permanency outcomes are better when the ratio of helpful services to the total number of services received is higher, and when the ratio of fully achieved goals to the total number of goals is higher. Currently, we cannot determine whether the youth, the services, or something else in the life of the case makes the difference. But it is clear that the right services provided in an effective way can contribute to positive outcomes.

Figure 2 shows the ratio of fully achieved goals to the total number of goals during the life of the case by permanency outcome. Youth who exited to permanency had a higher ratio of fully achieved goals of 48%, or almost half, of their total goals, whereas youth currently in care have a ratio of fully achieved goals of 21% of their total goals.

**FIGURE 2:** Percent of fully achieved goals (lifetime) by outcome



Services rated as being the most helpful across the life of a case include home study services (caregiver services category), other therapeutic interventions (mental and behavioral health category), general services (educational/developmental category), and relational permanency services (permanency category).

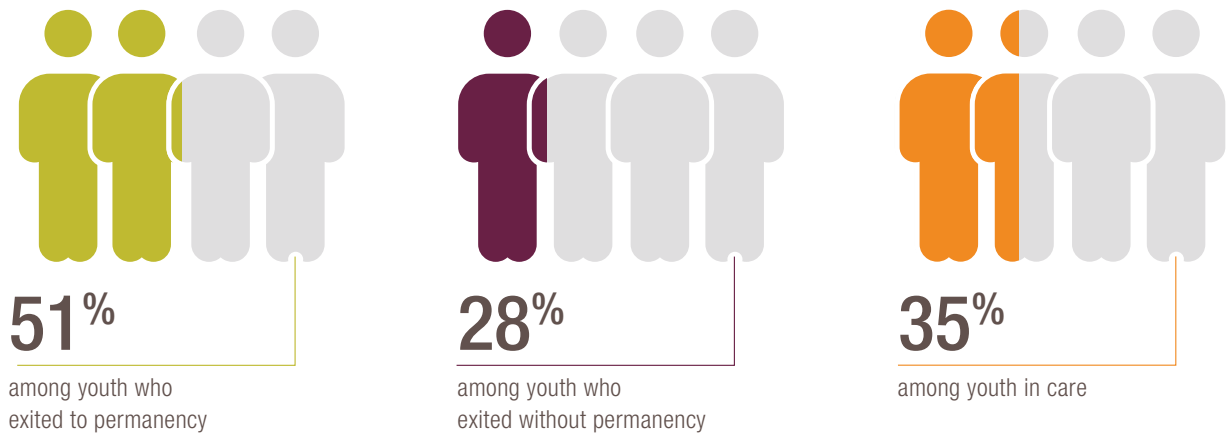
When comparing the same type of ratios of helpful services provided, youth who achieved permanency were most likely to have higher ratios of helpful to total number of services. These services include all services provided throughout the life of the case (those services listed as



# FROM DATA TO PRACTICE

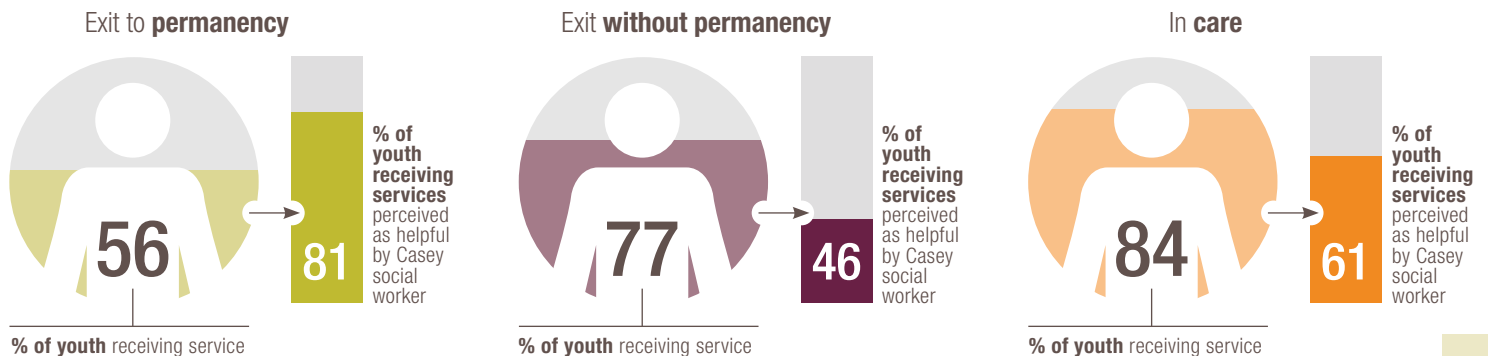
“completed,” “in progress,” or “ended but not complete”). Figure 3 shows the ratios of helpful services and all services for youth who exited to permanency, exited without permanency, and youth still in care.

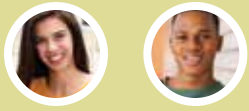
**FIGURE 3:** Percent of helpful services (lifetime) by outcome



A similar trend appears when looking at helpfulness of services received across the life of the case. Figure 4 shows the percentage of youth who received mental and behavioral health services during their time in Casey OOHC (including all services either in process or completed when the data were pulled) and, for youth who received services, the social workers’ perception of whether the mental and behavioral health services were helpful toward achieving the specific goal on the youth’s action plan to which they were tied. As the figure illustrates, 56% of youth who exited to permanency received a mental and behavioral health service, and 81% of the time, that service was rated as helpful. In contrast, 77% of youth who exited without legal permanency received mental and behavioral health services, but that service was rated as helpful only 46% of the time.

**FIGURE 4:** Youth who received mental and behavioral health services (lifetime) and the perceived helpfulness of those services received by outcome (as rated by social workers)





**TIFFANY** and **KEVIN**

Tiffany and Kevin received services and supports that were individualized to meet their needs. Throughout the life of their cases, both had services: Tiffany received educational/developmental services, while Kevin received mental and behavioral health services. These were rated as “helpful” by their Casey social worker. These services ultimately led to the achievement of their larger goals.



**RELENTLESS EFFORTS**

**Staff create individualized plans with youth and relentlessly pursue permanency options.**

Casey staff co-create individualized action plans with youth. The data show that Casey staff work with others to relentlessly pursue permanency for every youth. In fact, in many instances youth who exited without legal permanency received more services than did youth who remained in care and youth who exited to permanency. The average number of services per action plan for youth was 4.9 for those in care, 5.5 for those who exited to permanency, and 5.0 for those who exited without permanency. (The difference between outcome groups is not statistically significant.)

A closer look at the average number of services received per plan by outcome group shows that, in most cases, a higher percentage of youth who exited without legal permanency received more types of services in the life of their case compared to youth who exited to permanency and youth who remained in care. While a smaller percentage of youth who exited to legal permanency had services named on their action plans, for youth who had a service named, their services were seen as effective toward achieving their goal, as rated by social workers.

One example can be seen in the rate of mental and behavioral health services provided. Eighty-two percent of youth who exited without permanency received at least one mental and behavioral health service in the life of their case; those youth received on average 1.6 services per action plan. In contrast, 59% of youth who exited to legal permanency received mental and behavioral health services during the life of their case; those youth received on average 2.4 services per action plan. (The difference in averages by outcome group is not statistically significant.)

When looking at the average number of activities per month by outcome across the life of a case, youth who exited without permanency received more case consultation, family finding, and contact per month compared to youth who exited to legal permanency.

**TABLE 1: Average number of specific activity notes per month by outcome**

	Exit to permanency	Exit without permanency	In care
Case contact	1.9	2.6	1.6
Case consultation <sup>a</sup>	0.4	1.2	0.3 <sup>***</sup>
Family finding <sup>b</sup>	0.2	0.9 <sup>***</sup>	0.4

\*\*\*p<.001.  
<sup>a</sup>Average of youth in care is significantly lower than average of youth who exit to and without permanency.  
<sup>b</sup>Average of youth who exited without permanency is significantly higher than youth who exit to permanency and youth in care.

# FROM DATA TO PRACTICE



## FACTORS LEADING TO PERMANENCY

The path to permanency does not solely depend on a youth’s trauma history or functioning at baseline.

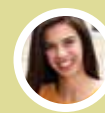
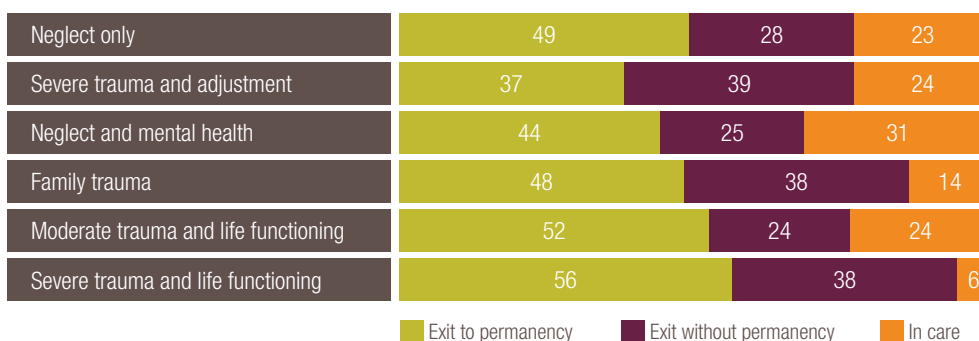
Latent class analysis was used to find groups or subtypes of related cases based on patterns in the data. Six groups of youth emerged from the data:

1. Neglect only (n=61; 26%)
2. Severe/complex trauma with difficulties adjusting to trauma (n=51; 22%)
3. Neglect and mental health needs (n=52; 22%)
4. Exposure to family trauma (n=29; 13%)
5. Moderate trauma and life functioning needs (n=21; 9%)
6. Severe/complex trauma and life functioning needs (n=18; 8%)

Even within each group identified by the LCA where youth had similar experiences, outcomes varied. This finding indicates that, even with youth who appear similar or share similar backgrounds, a number of factors may be influencing their chance of exiting to legal permanency.

Figure 5 shows the percentage of youth in each outcome category by LCA group. Within each group, permanency outcomes and demographic characteristics differ. For example, while all youth in the severe trauma and adjustment group have experienced severe/complex trauma and current difficulties with adjustment to trauma, their demographic characteristics — including age at enrollment, length of stay in care, and percent of services rated as helpful — varied, as did their permanency outcomes. Across the group, 37% exited to legal permanency, 23% exited without permanency, and 39% remained in care. Because outcome differences were found within groups of youth with similar experiences, these findings underscore the importance of providing individualized care.

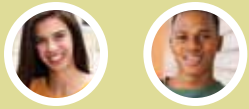
**FIGURE 5:** Percent of youth in each outcome category by LCA group



**TIFFANY** and **KEVIN**

In both Tiffany’s and Kevin’s cases, the Casey social workers were able to see opportunities where others did not. Their relentless efforts allowed for the permanency options to be pursued.

Tiffany’s social worker went above and beyond to support Anna and advocated for her when no one else believed she was a suitable permanency option. Kevin’s social worker provided incredible coaching and support to help prepare his caregivers for permanency. Not only did the social workers continue to add necessary services to the youths’ action plans to ensure all the case participants’ needs were being met, they also removed services that were no longer relevant.



**TIFFANY** and **KEVIN**

Both Tiffany and Kevin fell into the same LCA group: severe/complex trauma with difficulties adjusting to trauma. Despite this similarity, the pathways to permanency for Tiffany and Kevin were different. Casey social workers provided each youth with individualized services and supports to meet their unique needs and those of their potential caregivers. For Tiffany's mother, Anna, the work was to clear her warrants and find employment and housing that allowed the MDT to see her as a permanency resource. For Kevin's family, it was important that Mark and Theresa were prepared and educated to increase their parenting abilities.

## 4

### **PLACEMENT STABILITY AND CAREGIVER WILLINGNESS**

**Placement stability and caregiver willingness play an important role in achieving legal permanency.**

Finally, statistical analyses were run to ascertain what was related to achieving legal permanency using a decision tree algorithm. The first model looked at services and practices received in the life of the case and their relationship to achieving legal permanency. Analyses found that youth with two or more family team meetings and youth with two or more permanency services per plan were more likely to achieve permanency. Youth who received three or more mental health services per plan were less likely to achieve permanency. The first model looked at services and practices and their relationship to attaining legal permanency in isolation. When other important factors were included in the model to obtain a more complete picture, services and practices included in the first model were no longer significantly related to achieving legal permanency.

The second model included youth demographic characteristics, barriers to permanency, services and practices received, CANS data, LCA results, and information on helpfulness of services and percentage of goals attained. It found that, for this cohort of youth, the pathway to permanency was less about services received, and more about family and youth characteristics. Specifically, if the team was unable to overcome the barrier of the caregiver being unwilling/unsure, youth were not able to obtain permanency.

In addition, if a lack of protective capacities was a barrier at the beginning of a case, in most cases Casey staff and their casework partners were able to overcome that barrier and youth were able to obtain legal permanency. For youth who had been in foster care at least once before, placement stability at Casey became very important. Specifically, youth with no or one additional placement in Casey care did well when Casey provided legal interventions (based on activity notes). When a youth experienced two or more placements in Casey care, few cases overcame barriers and achieved legal permanency, as evidenced by the final monthly review.

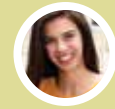
When looking at youth who achieved legal permanency compared with everyone else (e.g., those who exited without legal permanency and those who remained in care), two groups emerged based on the factors listed above. The group of youth who were at high risk of not achieving permanency (n=130) included youth who had caregivers who were unwilling or unsure, lacked protective capacities, and had more placements with Casey. Only 14 (11%) in this group achieved legal permanency. Youth at lower risk of exiting without permanency had willing caregivers, protective capacities, and more placement stability with Casey. In all, 93 (91%) of the youth at low risk (n=102) achieved legal permanency.



# FROM DATA TO PRACTICE

Of note, there are cases — including Kevin’s — where youth and families are at high risk of not attaining legal permanency but beat the odds. In these instances, the Casey social worker plays a critical role in creating a pathway to permanency that might not otherwise have been explored. For Tiffany, it was the Casey social worker’s ability to see Anna for who she was and support her as she improved her own well-being and legal status. In Kevin’s case, the Casey social worker provided extensive coaching and education to prepare the family to be together and stay together once Casey’s involvement was not necessary.

The probability of exiting to permanency for youth at higher or lower risk of attaining this outcome was created using the model generated by the decision tree algorithm (Figure 6). The astricks indicate where youth are exiting without permanency (for both the blue and the orange line). A step down in the line, or curve, represents a case moving to permanency. As shown, there are far fewer step-down signs in the blue line, meaning far fewer youth at low risk of not exiting without permanency (which would be expected). Note that the blue line starts to dip early and more often (i.e., more youth going to permanency and at a faster rate), whereas the orange line barely dips and, when it does, it does so slowly.



## TIFFANY

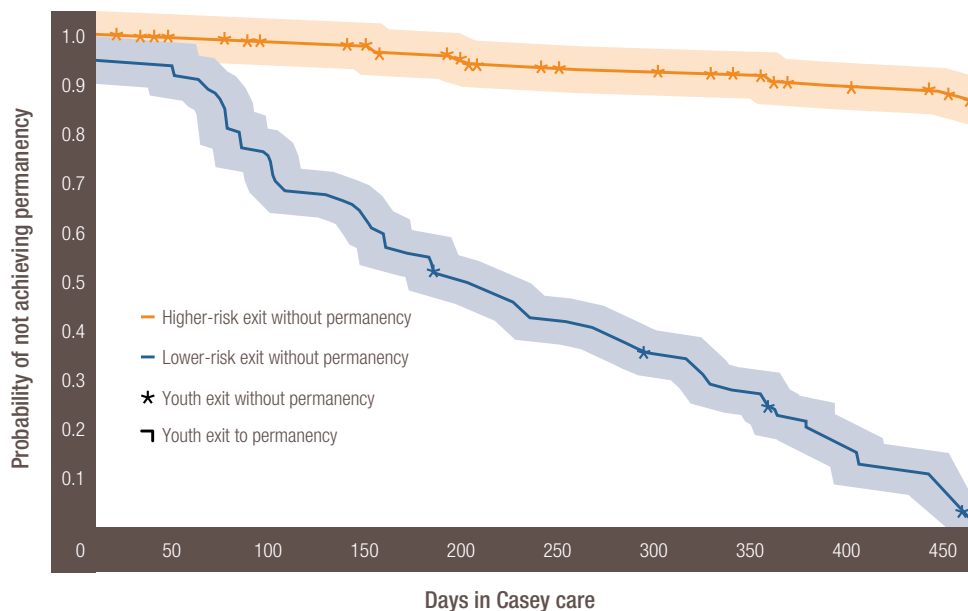
While Tiffany was in the low-risk group, her Casey social worker played a critical role in identifying Anna as the IPR for the case. Through the services and supports that were rated as helpful, Anna was able to clear her warrants, find housing, and obtain employment. Tiffany was able to focus on her education and mental health goals.

The Austin staff did a great job of keeping a space where dissenting opinions could be expressed. The team was held accountable for putting aside value judgments while focusing on any behaviors in Anna that posed a safety risk.

Could Tiffany safely reunify with Anna? It was this focus on behaviors that ultimately helped the team see that Anna was a positive influence in Tiffany’s life and she was the best permanency option.

*Tiffany was successfully reunified with Anna in March 2016.*

**FIGURE 6:** Probability of not achieving permanency for youth at higher and lower risk





**KEVIN**

The state social worker's advocacy and Kevin's Casey social worker's support made it possible for the court to consider Mark as a permanency option. It was individualized action planning and meeting the needs of the entire family (Mark, Theresa, and Kevin) that eventually led to the successful reunification of Mark and Kevin. The Casey social worker recognized the need to build the caregivers' knowledge and parental capacities to ensure Kevin would be supported and prepare them to handle Kevin's behaviors in the future.

*Kevin was officially reunified with Mark in July 2016.*

## What we can do

This research provides important insights into how we approach our practice in the future. Especially when considered alongside findings from related efforts, this research helps increase understanding of how our values and services affect outcomes among the children we serve.

There were some limitations of this study that should be considered. While service categories (e.g., mental health services) and some core practices (e.g., family-finding efforts) were included in analyses, specific services (e.g., trauma-focused cognitive behavior therapy) could not be evaluated due to small sample sizes. Analyses also could not account for duration or intensity of services, as many of these are carried out by non-Casey providers, so information at this level is not consistently provided to the Casey social worker. Finally, there were certain practices (e.g., teaming) for which data were not available for the entire cohort of youth.

### **VALUES TOWARD PERMANENCY AND CORE CASEWORK FUNCTIONS**

Casey staff regularly share how the values related to achieving permanency are deeply entrenched within the organization. These values are defined in the CFS Practice Model, which is the foundation for our work with youth and families.

Data highlight efforts in pursuing the achievement of outcomes for youth and families as they are described in the practice. Our relentless pursuit of our value of permanence is the key factor in what makes the difference for the youth we serve.

When the results of this analysis are considered alongside similar Casey efforts, there is an emerging body of CFS data (both qualitative and quantitative) showing that these values are translated into action by how core casework functions are delivered by Casey social workers in collaboration with youth, young adults, and families enrolled for services. These core casework functions include:

- Youth and family engagement
- Individualized assessment and action planning
- Advocacy (such as in navigating complex child welfare systems)
- Teamwork and collaboration among individual child and family teams

These core casework functions are components of the CFS Practice Model and staff, youth, and families describe their importance in achieving outcomes. Certain processes are used with all youth and families that allow for an individualized approach to practice that are aspects of these core casework functions. This is how the need for consistency and individuality in practice is balanced. How these practices are applied will vary for each youth and family served. Each of these practices has an evidence base supporting its use in our day-to-day work and is part of the CFS Practice Model.

# FROM DATA TO PRACTICE

## CORRELATION OF SERVICE PROVISION AND PERMANENCY

Data correlations suggest that the frequency and intensity of contact and the number and types of services provided increase with youth who do not exit to legal permanency. This is not a surprising finding, as the characteristics of these youth and families indicate the presence of a number of co-occurring risk factors that make the achievement of legal permanency challenging. Such factors include having child welfare histories of multiple placement changes and longer times spent in foster care; significant traumatic experiences; current emotional and behavioral health challenges; and older age (12 years or older). The two stories included in this report illustrate how Casey social workers' relentless efforts benefit youth and families with complex needs.

Data highlight the role of our **individualized, family-centered, team-based approach** that is being applied in our service delivery.

When findings from the OOHC entry cohort are combined with other Casey evaluation and continuous quality improvement activities, an emerging evidence base suggests that no single practice strategy or intervention is likely to “solve” these cases. Data highlight the role of our individualized, family-centered, team-based approach that is being applied in our service delivery. This finding is consistent with the vision, values, approach, and process defined in the CFS Practice Model. These approaches are well established in the field of child welfare and are part of the foundation of effective direct services social work.

## Conclusion

Casey Family Programs is changing our data culture by collaborating with the field on data analysis, sense-making, and intervention selection. Together, we are learning and adapting based on the evidence our inquiry generates. Casey has made significant strides in using data to examine and understand outcomes across our youth and families. We want to use data to empower our social workers and field office leaders to develop strategies and interventions to respond directly to the patterns they identify. The findings described in this report add to our emerging evidence base that there is no single practice strategy or intervention for a youth. Rather, there are several potential strategies that could be used to lead to positive outcomes. The cases we serve are complex and require individualized services and supports, as outlined in our Practice Model.

For more information on methodology or analyses, please contact us at [contactCFS@casey.org](mailto:contactCFS@casey.org).

