

# Evaluation of Collaborative Family Engagement

---

## Year Four Report

### *Final Report to Texas CASA*

*Deliverable 4: Final Report*

Original submission date: July 31, 2019

Submitted by:

Cynthia Osborne, Ph.D.

Director, Child and Family Research Partnership

Child & Family Research Partnership

[childandfamilyresearch.org](http://childandfamilyresearch.org) • [info@childandfamilyresearch.org](mailto:info@childandfamilyresearch.org) • 512.471.3536 • Toll Free 855.471.CFRP (2377)

The University of Texas at Austin • The LBJ School of Public Affairs • P.O. Box Y, Austin, Texas 78713

## Authors

*Cynthia Osborne, Ph.D.*

Director, Child and Family Research Partnership

Associate Professor

Lyndon B. Johnson School of Public Affairs

The University of Texas at Austin

*Jennifer Huffman, MPAff*

Senior Research Associate

Child and Family Research Partnership

## Data Support

*Erin Wu, MPH*

Research Associate

Child and Family Research Partnership

*McKenna LeClear, MA*

Research Associate

Child and Family Research Partnership

*Marjorie Crowell*

Graduate Research Assistant

Child and Family Research Partnership

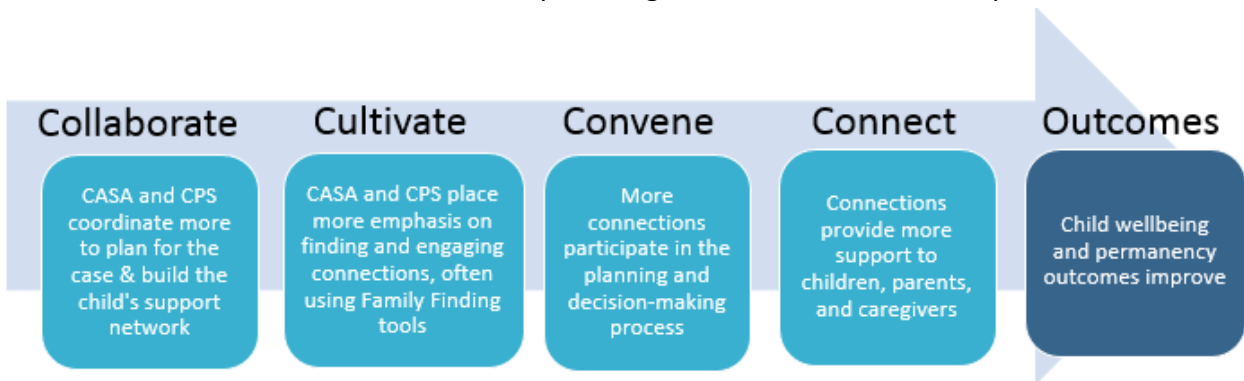
## TABLE OF CONTENTS

Executive Summary.....	4
Introduction and Background.....	8
Purpose .....	8
Child Welfare in Texas .....	9
Collaborative Family Engagement .....	13
Overview of the Evaluation.....	20
The Current Report .....	20
Evaluation Activities.....	21
Overview .....	21
Data Collection.....	21
Analytic Approach.....	23
Findings .....	30
Implementation of CFE .....	31
Collaboration, Engagement, and Child Outcomes.....	36
Ongoing Challenges and Considerations for the Future.....	57
Conclusion.....	63

## EXECUTIVE SUMMARY

Over the past decade, child welfare research has demonstrated the value of involving family members and fictive kin (close family friends) in children’s lives while they are in foster care – not only to provide a place to stay, but to serve as a support system for the child during care and afterwards. To increase family engagement in Texas, Texas Court Appointed Special Advocates (CASA) and the Texas Department of Family and Protective Services (DFPS) created the Collaborative Family Engagement (CFE) process in 2015 with funding from the 84th Texas Legislature, and continued implementation with funding from the 85th Texas Legislature. The 86<sup>th</sup> Texas Legislature provided funding for CFE to continue in Fiscal Years 2020 and 2021. CFE rolled out progressively to sites across Texas, and as of the end of Fiscal Year 2019, 31 local CASA programs in Texas are implementing CFE, with more sites expected to join in Fiscal Year 2020.

CFE was adapted from the Family Finding™ model developed by Kevin Campbell, and provides Child Protective Services (CPS) and CASA with a variety of tools and resources to find and engage with family members and fictive kin (who are referred to as connections). Once connections are located, CASA and CPS host a series of Family Meetings to involve connections in the planning and decision-making on the case and encourage connections to commit to supporting the child and family while the child is in state care and after the case ends. The primary purpose of CFE is to develop a lifetime network of support for children and families, with a focus on increasing collaboration between CPS and CASA, to improve child wellbeing, placement, and permanency outcomes for children in CPS conservatorship. The figure below shows the CFE process:



Texas CASA contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at The University of Texas at Austin to evaluate Collaborative Family Engagement. The primary purpose of this report is to provide Texas CASA, CPS, local implementers, and other stakeholders with an understanding of the extent to which CFE is working to facilitate improved collaboration, family support, and child placement, permanency, and wellbeing outcomes. We focus on outcomes for cases that were open and had

a CASA volunteer assigned at any point during calendar year 2018, including cases that began in 2018 and cases already open at the beginning of the year, across 18 Year One, Two, and Three CASA programs sites that provided CFRP with program rosters (N=3,681). Our final sample includes cases for which we matched CPS case outcomes data with a CASA volunteer survey on case activities and intermediate outcomes. To ensure that most CASA volunteers only had to complete one survey, we prioritized the longest-served case for CASAs who served multiple cases during the year. Our final sample includes 1,140 cases.

Though CASA and CPS work together to select cases for CFE services, CASA and CPS may also apply some or all of the CFE approach to other cases at their discretion, and some sites are using components of the CFE approach universally across cases. Therefore, instead of using a treatment versus comparison approach to compare cases selected for CFE with cases not selected for CFE, we use a more rigorous and nuanced approach to create an index of four key components of CFE and assess the extent to which having a higher CFE index score, or receiving more components of CFE, is associated with key outcomes. The four components of the index include: 1) Training: the CASA volunteer on the case attended CFE training; 2) Buy-in: the CASA volunteer reports a strong family engagement orientation; 3) Engagement: CASA volunteer or staff participation in family engagement; and 4) Meetings: at least two Family Meetings occur on the case. The following section highlights key outcomes findings from Year Four of the Collaborative Family Engagement evaluation. For more detailed outcomes findings and more information on implementation of the CFE approach, see the full report.

## **COLLABORATE**

Using more of the CFE approach, as measured by a higher CFE index score, is associated with more frequent communication and improved collaboration between CASA and CPS. As the CFE index score increases, CASA volunteers report more frequent communication with the CPS caseworker on the case, indicating a closer working relationship. Similarly, as the CFE index score increases, CASA volunteers report higher quality collaboration with CPS. Specifically, more CASA volunteers report dividing casework tasks and planning for the next steps in the case together with CPS as cases receive more CFE.

## **CULTIVATE**

The CFE process involves searching for and engaging with family and fictive kin connections to cultivate a support network for the child and family. CFE provides CASA volunteers with the training to search for and engage with families and fictive kin connections, allowing CASA and CPS to share responsibility on a task that had previously been CPS's role. Among cases with high CFE index scores ("3" or "4"), more than three-fourths of CASA volunteers report spending substantial time identifying or engaging connections for lifelong support, compared to fewer than half of CASA

volunteers on cases that did not use any elements of CFE. These results indicate that use of the CFE approach is associated with increased emphasis on family engagement among CASA volunteers.

## **CONVENE**

As CFE teams work to identify connections who could be part of a support network for the child and family on a CFE case, CASA and CPS invite the connections to attend Family Meetings to become involved with case planning and decision-making and, eventually, decide if they can commit to being a part of the lifetime support network. As the CFE index score increases, a greater number and variety of connections attend meetings for children on the case. Parents and grandparents commonly attend case planning meetings across all cases, however, use of more CFE elements is associated with increased participation specifically by extended family and fictive kin connections.

## **CONNECT**

After connections are located and brought into the case process through Family Meetings, the next step of CFE is to determine ways that each connection can provide support to the child, current caregivers, and/or birth parents (if they are involved in the case). As cases receive more CFE, support to children and parents increases, though support to caregivers is similar across CFE index scores. Among cases with an index score of “0”, connections support children and parents once a month or more on approximately half of cases. On cases with a CFE index score of “3” or “4”, nearly three-fourths of children and approximately 60 percent of parents receive support at least monthly from connections. Use of the CFE approach, as measured by the CFE index, is also associated with a greater number of supportive adults connected to the child.

## **PLACEMENT, PERMANENCY, AND WELLBEING OUTCOMES**

CFE aims to improve wellbeing, placement, and permanency outcomes for children in substitute care through increasing supports for the child and family. We find that more children on TMC cases with a high CFE index score (“3” or “4”) move into kin placements compared to cases with a low CFE index score (“0”, “1”, or “2”). For children on PMC cases, movements into kin placements are similar regardless of CFE index score. Another goal of the CFE process is to decrease the time spent in congregate care or other specialized substitute care placements and move children into more family-like settings. We find a preliminary trend indicating that children on cases with a high CFE index score may spend less time in congregate care than children on cases with a low CFE index score.

Permanency goals for CFE include facilitating safe reunification when possible and, when reunification cannot occur, identifying a permanent placement with family or fictive kin. Our findings indicate that CFE is not associated with increased reunification, permanency with kin, or

overall permanency among TMC or PMC cases. Similarly, child wellbeing, as reported by the CASA volunteer, is similar across cases regardless of CFE index score.

## **CONCLUSIONS AND CONSIDERATIONS FOR THE FUTURE**

Our findings indicate that the CFE approach, as measured by the CFE index, is associated with the four key intermediate outcomes: increased CASA and CPS collaboration, increased CASA volunteer emphasis on cultivating a support network, increased attendance from extended family and fictive kin connections at case planning meetings (e.g. FGCs, permanency conferences, Family Meetings), and increased support provided to children and parents. We find mixed results as to whether CFE is associated with better placement, permanency, and wellbeing outcomes for children and families.

During focus groups and through short answer survey items, CASA and CPS identify key challenges and considerations for ongoing CFE implementation. First, Family Meetings are only implemented on a small minority of cases across CASA programs, yet CASA and CPS consistently emphasize the value of Family Meetings. Decreasing barriers to holding more Family Meetings, such as holding meetings at convenient locations to decrease travel and supporting CASA to take on the work to prepare for Family Meetings, could promote wider use of Family Meetings. Similarly, sustaining family engagement remains an ongoing challenge, emphasizing the need for ongoing efforts to share best practice strategies for facilitating family follow-through with CFE teams across sites. Another key recommendation provided by CPS staff at numerous focus groups is to ensure that CASA volunteers are thoroughly trained in CPS policy and that local CASA programs work to ensure all CASA volunteers use the same criteria for safe placements and connections to ensure that CASA volunteers can best serve children and families.

As CFE implementers continue to develop new strategies to overcome challenges inherent to child protection work and build upon the numerous strengths of the CFE approach demonstrated through the evaluation, CFRP will continue to track the extent to which CFE moves the mark on strengthening Texas families and promoting better placement, permanency, and wellbeing outcomes for Texas children.

## INTRODUCTION AND BACKGROUND

### Purpose

Texas CASA (Court Appointed Special Advocates) contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at The University of Texas at Austin to evaluate the Collaborative Family Engagement (CFE) initiative. The 84<sup>th</sup> and 85<sup>th</sup> Texas Legislatures funded Texas CASA through the Texas Department of Family and Protective Services (DFPS) to implement the Collaborative Family Engagement (CFE) initiative in partnership with Child Protective Services (CPS), and the 86<sup>th</sup> Texas Legislature provided funding for CFE to continue in Fiscal Years 2020 and 2021. The purpose of this report is to inform Texas CASA on the first four years of CFE implementation. CFE is a Texas-specific approach that uses the Family Finding model to increase the involvement of family members and fictive kin (close family friends) in child welfare cases. Ultimately, the goal of the initiative is to provide the Texas CPS program and the Texas CASA programs with resources and skills to create a network of support for families and increase legal and emotional permanency for children during and after their time in substitute care.

The primary objectives of CFE are to:

1. Strengthen collaboration between CASA programs and local CPS staff to identify family members and fictive kin who wish to support children in care; and
2. Establish a lifetime network of adults who provide ongoing support to children and parents while they are involved in CPS cases and afterward.

CFE is built on the theory that strengthening the partnership between CPS and CASA and improving efforts to locate and engage family members and fictive kin, collectively referred to as “connections,” will lead to increased support for the children and families on CFE cases, which will in turn lead to better child and family wellbeing and permanency outcomes. The CFE approach involves four steps: CPS and CASA **collaborate** to identify and **cultivate** new family and fictive kin connections, who **convene** at Family Meetings to pledge support for children and families, and then **connect** to provide support to the children and their parents and/or caregivers on an ongoing basis (see Figure 3 on Page 13).<sup>1</sup>

CFRP’s evaluation examines the implementation of CFE and outcomes associated with CFE practice to provide Texas CASA, CPS, and the Texas Legislature with an understanding of the extent to which CFE influences collaboration between CPS and CASA (“collaborate” and “cultivate”), family support (“convene” and “connect”), and child wellbeing, placement, and permanency outcomes for children who receive CFE services. The current report focuses on collaboration, engagement, and permanency outcomes from cases open, with a CASA volunteer assigned, between January 1, 2018, and December 31, 2018, including cases that already had a CASA at the beginning of the year.



## Child Welfare in Texas

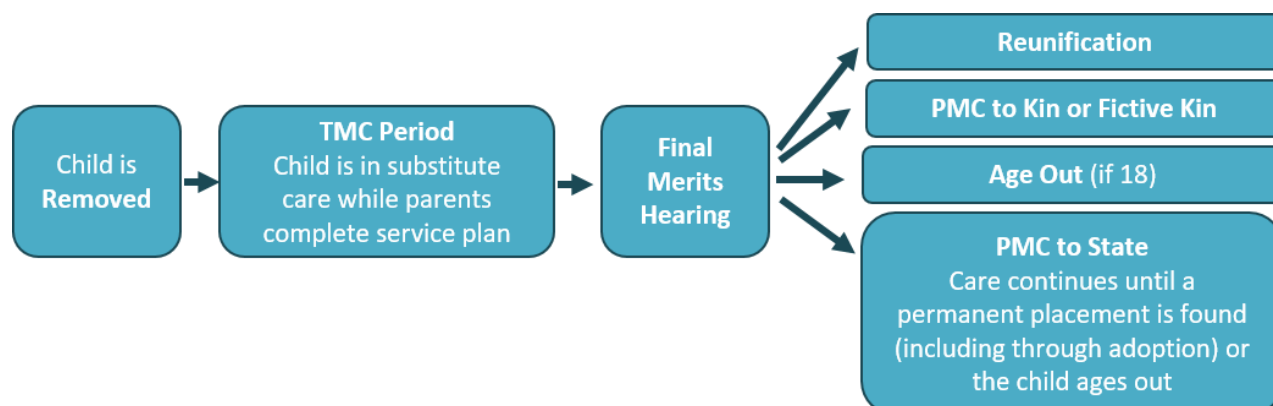
### CHILD PROTECTIVE SERVICES AND COURT APPOINTED SPECIAL ADVOCATES

In Texas, the CPS program within the Department of Family and Protective Services (DFPS) is responsible for providing services to children and families in their homes, placing children in foster care, providing services for youth in foster care, and placing children in adoptive homes.<sup>2</sup> As the state child welfare agency, DFPS is charged with the following responsibilities related to cases of confirmed abuse and neglect:

1. Preventing further harm to the child and keeping the child with family when possible;
2. Providing permanency for a child in substitute care by resolving family dysfunction and returning the child to the family; and
3. Providing permanency for a child who cannot return to the family by recommending permanent placement of the child with another family or caretaker.<sup>3</sup>

In Fiscal Year 2018, of the 66,381 children with confirmed investigations of abuse or neglect statewide,<sup>4</sup> DFPS removed 20,685 children from their homes.<sup>5</sup> After the DFPS Investigations Division takes legal custody of a child, CPS places the child in Temporary Managing Conservatorship (TMC), also known as substitute care, and for this period children live with relatives (kinship care) or in foster care. Parents have approximately 12 months to complete court-ordered services and plan for permanent placement of their child through a series of court appearances, as well as meetings and conferences with CPS. The primary goal during this period is to return the child to parental custody if the parent complies with the service plan and CPS determines it is safe. Legally, this case outcome is referred to as reunification.

When reunification is not possible, CPS begins pursuing an alternative permanent placement for the child, which could include placement with a relative, adoption, or permanent custody granted to DFPS. If the child cannot safely return home and the child is not adopted (by family or other adoptive parents), the child is placed in Permanent Managing Conservatorship (PMC), which can be granted to a guardian or to the state. When PMC is granted to a guardian (PMC to kin), CPS responsibility for the child ends. When PMC is granted to the state (PMC to state), the child remains in state conservatorship, which is sometimes referred to as long-term foster care. A child who does not reach permanency and remains in PMC until she turns 18 will “age out” of the custody of the foster care system. Figure 1 shows the CPS case process from the time of removal through the end of TMC, when the child either exits the system into a permanent placement or continues in state care in PMC.

**Figure 1: Outcomes of CPS Temporary Managing Conservatorship**

Source: DFPS Child Protective Services Handbook

Court Appointed Special Advocates (CASAs) are community volunteers who serve as advocates for children who have been removed from their parents' custody and placed in substitute care. Although practices vary in CASA programs across states, in Texas, CASAs are volunteers who are appointed by the judge to advocate for the needs of children, monitor placement conditions, and speak in court on behalf of the children on the case. CASA volunteers are tasked with promoting the best interest of the children on the case to which they are assigned and ensuring children are placed in safe, permanent homes as soon as possible.<sup>6</sup>

Texas CASA is a statewide nonprofit organization that provides financial support, training, and services to local CASA programs, with the mission "to support local CASA volunteer advocacy programs and to advocate for effective public policy for children in the child protection system."<sup>7</sup> There are 72 local CASA programs across the state of Texas. In Fiscal Year 2018, 10,856 volunteer advocates served over 30,000 out of approximately 50,000 Texas children in substitute care (including children in Temporary and Permanent Managing Conservatorship).<sup>8</sup>

The rationale for collaborative interagency partnerships, such as the relationship between CASA and CPS, is grounded in child welfare best practice. Since the mid-1980s, many child welfare agencies have increasingly implemented collaborative practices to align uncoordinated service delivery systems to improve outcomes for children and families.<sup>9</sup> Generally, best practices in child welfare focus on interagency collaborations and family-centered services, with an emphasis on professional cooperation and communication among providers.<sup>10</sup> As a result of enhanced communication, flexibility in role performance, shared expertise, and renewed enthusiasm, public-private agency partnerships have been able to improve permanency outcomes for children.<sup>11</sup> In addition to improving outcomes for children, organizational partnerships also strengthen workforces by fostering ongoing learning and sharing diverse perspectives.<sup>12</sup>

## FAMILY ENGAGEMENT ON CHILD PROTECTION CASES

Over the last decade there has been a growing emphasis on the value of increasing the involvement of extended family and fictive kin in child welfare cases, broadly referred to as family engagement. In particular, the passage of the Fostering Connections to Success and Increasing Adoptions Act in 2008 signaled this greater focus nationwide on finding family and fictive kin and engaging them in the child welfare process as a way to achieve better permanency outcomes for children.<sup>13</sup>

Support from family and other caring adults can benefit children while they are in foster care as well as once legal permanency is reached. Connections are defined as extended family and fictive kin who are close to or care about the children and family. These connections are particularly important for youth aging out of foster care, for whom a caring, long-term relationship with an adult or mentor can lead to a more successful transition out of foster care and into adulthood and result in improved feelings of self-worth among the youth.<sup>14</sup> Research has also shown that having larger networks of support is associated with a reduced likelihood of experiencing psychological distress among children in foster care.<sup>15</sup>

Connections with family and fictive kin can also benefit caregivers or parents whose children are removed by CPS. For example, a comparison of mothers' social connections found mothers who had neglected their children had fewer instrumental resources, such as babysitting assistance, and fewer emotional resources, such as companionship and decision-making assistance, compared to mothers who had not neglected their children.<sup>16</sup> Further, greater social support for caregivers has been associated with children displaying fewer severe behavioral issues.<sup>17</sup> In addition, when child welfare caseworkers believe a caregiver has less social support they may be more likely to place children outside the home.<sup>18</sup> Stronger levels of social support for the parents have been associated with an increased likelihood of reunification and lower chances of subsequent neglect.<sup>19</sup>

Involving extended family in the CPS case planning process can strengthen the relationship between caseworkers and families, promote family buy-in to the case plan, and build family decision-making skills.<sup>20</sup> Compared to standard child welfare case management practices, family engagement approaches have been shown to increase the involvement of noncustodial and incarcerated parents, and strengthen relationships between family members.<sup>21</sup> Active involvement of parents, extended family members, fictive kin, and the community nurtures a support system that further "promotes safety, increases permanency options, and provides links to needed services."<sup>22</sup>

Most family engagement approaches work to improve communication with and among the family in a way that addresses family dynamics and cultural differences to best meet the needs of the family and children.<sup>23</sup> For example, a family team may meet to create a plan on how they can support the parents in completing their service plan as they work toward reunification with their children. The plan of engagement activities could include identifying family members who will

give the parents a ride to parenting classes, call parents to make sure they attend mandatory counseling or drug treatment appointments, or drive the children to visits. In this way, families are able to “recognize their own needs, strengths, and resources and to take an active role in changing things for the better.”<sup>24</sup>

## THE FAMILY FINDING MODEL

One promising practice for increasing family engagement in child protection cases is the Family Finding model, which was developed by Kevin Campbell in 2001. Family Finding is a structured approach for extensively searching for and engaging a network of adults to support the legal and emotional permanency of a child who is in substitute care. Family Finding aims to support timely legal permanency by engaging family and fictive kin who will support parents as they work toward reunification and serve as placement options for children, however, the model is not focused solely on legal permanency. Instead, Family Finding emphasizes providing a child with emotional permanency regardless of the legal outcome of the case by fostering lifelong relationships with adults who commit to unconditionally care for, support, and maintain contact with the child throughout the child’s life. The model has been used with children who are in the equivalent of Texas’ TMC and PMC phases.

Family Finding provides child welfare practitioners, typically CPS caseworkers, with a framework and set of tools to find biological relatives and fictive kin and engage them in a process of making concrete commitments regarding the ways they will support the child. This support network collaboratively develops and implements a plan to provide for the child’s emotional and legal stability. Family Finding can also be a resource to identify legal permanency options for a child with a relative through adoption or legal guardianship when a child will not be reunified with his or her parents.<sup>25</sup>

In 2011, the federal Administration for Children and Families (ACF) awarded Family Connection Discretionary grants to 12 sites to implement and evaluate Family Finding models. A 2015 review of 11 of the federally-funded models and two privately-funded Family Finding studies found substantial variation in the effectiveness of the programs. Of eight experimental evaluations, which included treatment and control groups, three studies found positive impacts of the program on legal permanency and the one evaluation that assessed emotional permanency found positive impacts in this area.<sup>26</sup> The evaluations did consistently find, however, that children who received Family Finding developed more meaningful connections with family and fictive kin than children in the control groups. The review concludes that inconsistent implementation is likely a major reason for the variation in outcomes. Implementation challenges cited in the studies include lack of stakeholder buy-in, negative attitudes toward relatives among child welfare workers, lack of communication and collaboration among stakeholders, and high caseworker workload.<sup>27</sup>

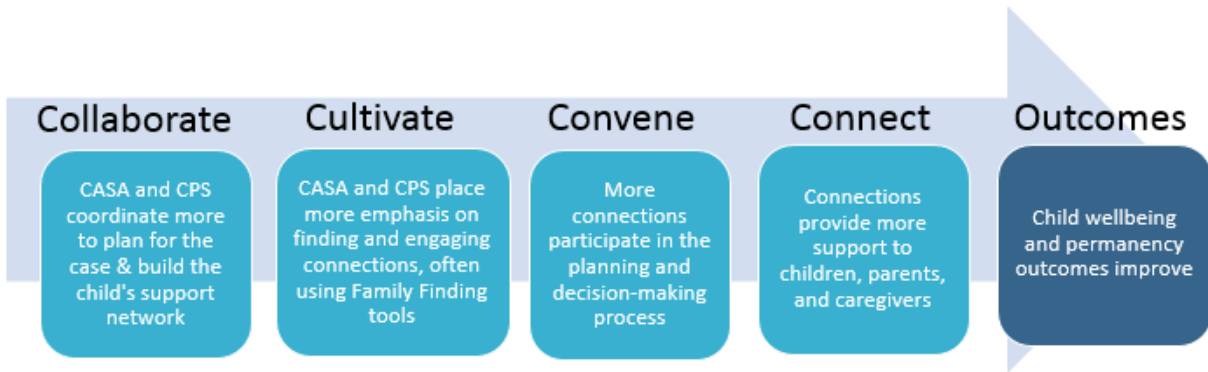
## Collaborative Family Engagement

The CFE approach adapts the Family Finding tools and meetings, described in the next section, to support a team-based approach wherein local CASA programs and CPS staff collaborate to establish a network of family and fictive kin who wish to be involved in the child's life. The goal of CFE is to create a lifetime network of supportive, caring people who will provide relational permanence while working toward finding legal permanence. Because collaboration was identified as a barrier to success in previous evaluations of Family Finding, Texas partners intentionally designed CFE with a focus on strengthening collaboration between CPS and CASA.

Under CFE, each case is supported by a team consisting of the CPS caseworker and the CASA volunteer assigned to the case, as well as the CPS supervisor, the CASA volunteer supervisor, a family meeting facilitator, and potentially other professionals such as the attorney *ad litem* and additional CPS caseworkers. The team members work together to use Family Finding tools and techniques to find and engage family members and other important people in a child's life. The CFE team meets with these connections to develop a shared plan for supporting the child and, as appropriate, to involve these connections in case planning.

The CFE approach is used on cases in which the child's parents are working toward reunification (TMC) as well as for children in long-term foster care, whose parental rights typically have been terminated (PMC). During TMC, the CFE approach is used to locate and engage family and fictive kin to create a network of support for children, substitute caregivers, and parents as the family works toward reunification. If reunification cannot occur, the children may be placed permanently with a member of the support network, who may already be serving as a kin or foster placement. On PMC cases, CFE is used to locate and re-engage family and fictive kin connections who often lose contact with children when they enter foster care, to re-connect children with important relationships, to look for permanent homes, and to provide support for older teens who are preparing to age out of care and begin living independently.

The theory of change in Figure 2 presents the main steps of the CFE approach and the outcomes targeted by CFE.

**Figure 2: CFE Theory of Change**

*Note: Connections are defined as extended family and fictive kin (close family friends) who are close to or care about the children and family.*

As shown in Figure 3, the CFE approach aims to strengthen collaboration between CASA programs and local CPS staff to cultivate a support network for children and families on CPS cases. The support network convenes to participate in case planning and developing a plan to connect with the child or children. The network should then directly connect and provide support to each child, which may include either a temporary or a permanent placement, but does not have to. Support provided by the network can include attending a child's sports game, celebrating birthdays or special events, visiting a child on the weekend at a residential treatment center, or taking a child back-to-school shopping. Through increased family support, CFE aims to improve wellbeing and permanency for children in substitute care.

The CFE process includes both the use of tools for finding and engaging family and fictive kin and the use of meetings with family and fictive kin. Below are descriptions of the tools and meetings included in the CFE approach at each of the four steps of the process.

### **COLLABORATE: TEAM MEETINGS**

The objective of the CFE meetings, described in Table 2, is for the CFE team to work collaboratively to meet the child's immediate needs while she or he is in substitute care and plan and prepare for permanency, increasingly engaging family and fictive kin connections in this process throughout the life of the case. Four meetings define the CFE approach: the Team Meeting and three Family Meetings (described on Page 15). The CFE meetings were originally designed as part of the Family Finding model and adapted for Collaborative Family Engagement. At Team Meetings, CFE teams meet to plan for the case and set goals for cultivating the support network, and discuss the child and family's needs. Team Meetings provide a unique opportunity for CASA and CPS to come together, plan, divide up tasks, and set timeframes for next steps.

## **CULTIVATE: CFE TOOLS**

CFE provides two categories of tools- search and engagement- that CASA and CPS can use to cultivate a support network for children and parents involved with the child welfare system; a number of the tools are described in more detail in Table 1. CFE encourages speaking directly with children and family members and using interactive engagement tools as a first step to identify connections. These tools, such as the Mobility Map or Connectedness Map, offer creative ways to learn first-hand about a child's extended family to gain a picture of who might be willing and able to provide support. In contrast to interviewing, which may be intimidating and therefore ineffective with children, these tools provide a more engaging alternative.

Search tools, including Quick Finds & Diligent Search, Seneca Search, Find Families in Mexico (FFIM), and internet/social media searches, are used to identify and/or locate connections. CFE teams also frequently look through case records (a process known as "file mining") to identify names of family and fictive kin in the child's life. Although CPS frequently uses some of the search tools outside of CFE, CASA volunteers also have access to and training on the search tools with CFE.

**Table 1: Collaborative Family Engagement Tools**

Tool	Description
<b>Search Tools</b>	
<b>Quick Finds &amp; Diligent Search</b>	Used to identify and locate family members.
<b>Seneca Search</b>	Used to identify and locate family members.
<b>Find Families in Mexico</b>	Used to identify and locate family members in Mexico.
<b>Engagement Tools</b>	
<b>Genogram</b>	Visual representation of family tree used to map family and fictive kin relationships.
<b>Ecomap</b>	With the child or parent at the center, surrounding circles map different spheres of influence with important people from each sphere listed.
<b>Connectedness Map</b>	The child and/or parent is at the center surrounded by connections. If few connections are listed, this indicates an urgent need for connections.
<b>Circles of Trust</b>	Circles represent connections to the child or parent, who is at the center. Circles are placed in proximity to represent closeness to the child or parent.
<b>Mobility Map</b>	A visual timeline in which the child or parent illustrates and reflects on important people and events at each place they've lived.
<b>My Three Houses™</b>	Signs of Safety™ tool. The child draws people and things into three categories: House of Worries, House of Good Things, and House of Dreams.
<b>Tree of Life</b>	The child draws her hopes, dreams, gifts, people, and other important things in the areas she thinks they fit on a tree.
<b>Calendar</b>	Connections schedule outings and engagement activities with the child and family.
<b>Fairies and Wizards</b>	The child uses illustrations of fairies and wizards to explore what is working well in her life and what she wishes would change.
<b>Rapid Appraisal</b>	Participants create an inventory of resources to help them determine their role in the safety and permanency planning process.
<b>Rescue and Engage 100</b>	Participants think of 100 ways to support and engage the child and decide which of those things they can commit to doing and create an action plan.

*Source: Collaborative Family Engagement Manager, Texas CASA. Note: Connections are defined as extended family and fictive kin who are close to or care about the children and family.*

## **CONVENE: CFE FAMILY MEETINGS**

Family Meetings provide the opportunity for family and fictive kin connections to become involved with case planning and decision-making and plan to connect with and provide support to parents, children, and caregivers. Table 2 outlines the meeting structure and key activities that occur at each meeting. Each site establishes guidelines for the timeline of when each meeting should occur, and the CFE team can often adjust these timelines based on the needs of a case. CFE teams



often integrate CFE Family Meetings with existing meetings required by CPS policy, specifically Family Group Conferences (FGCs) or Permanency Conferences, to avoid burdening staff and families with additional meetings.

**Table 2: Collaborative Family Engagement Meetings**

CFE Meeting	Timeframe	Purpose	Key Activities
<b>Team Meeting</b>	Ideally immediately after the case is designated for CFE and CASA is assigned.	The CFE team meets to discuss the needs of the child and family and develop a plan for finding and engaging family and fictive kin connections.	<ul style="list-style-type: none"> <li>• Define needs of children and family</li> <li>• Divide responsibilities for finding and engaging connections</li> <li>• Schedule the first family meeting</li> </ul>
<b>Family Meeting 1</b>	Within 45 days of removal (Often at CPS Family Group Conference)	The CFE team and connections meet to develop the family service plan, identify ways to support the plan, and to identify the biggest unmet need of the children.	<ul style="list-style-type: none"> <li>• Define the biggest unmet need for each child in the case</li> <li>• Develop the family service plan and/or identify ways for connections to support service plan</li> <li>• Identify other potential connections (as needed)</li> </ul>
<b>Family Meeting 2</b>	Within 60-180 days of removal	The CFE team and connections develop action plans to meet the biggest unmet needs of the children and support the family in completing the service plan.	<ul style="list-style-type: none"> <li>• Develop plan of support for connections to assist family with completing service plan.</li> </ul>
<b>Family Meeting 3</b>	Around 6-9 months after removal (Typically at Permanency Conference or Reconference)	The CFE team and connections who commit to becoming a part of a lifetime support network for the family meet. They revise the plans of support as needed and ensure the support network is sustainable.	<ul style="list-style-type: none"> <li>• Commit to a lifetime of support for the children and family.</li> <li>• A connection co-facilitates and network members take responsibility for support planning.</li> <li>• Ensure that support is sustainable.</li> <li>• Create a calendar of support</li> </ul>

*Source: Collaborative Family Engagement Manager, Texas CASA. Note: Timeframes are flexible and can be adapted by CFE sites or on a case-by-case basis. This table illustrates the timeline for a typical TMC case.*

Under CFE, CPS meeting facilitators, who normally conduct CPS Family Group Decision Making (FGDM) meetings, are trained to schedule and administer the CFE meetings. Ideally, a trained representative from CASA will co-facilitate the CFE Family Meetings, depending on the area’s implementation progress. A key feature of the CFE Family Meeting is the facilitation style used at the meetings. The CFE team prepares for the meeting by placing chairs in a circle or semi-circle, without any tables, to create a more open environment among participants. The team works toward a goal of having a ratio of family and fictive kin connections to CFE team members that is at least 70/30 so that the family voice is the dominant voice at the meeting. Last, during the meeting the facilitator asks participants to each answer the same questions, going around the

room so that everyone can speak. Together, these facilitation strategies are intended to build trust and rapport among the group and help everyone to focus on the child's needs.

### **CONNECT: THE LIFETIME NETWORK**

At the last step of the CFE process, responsibility is gradually transferred to family and fictive kin to connect with the child and family and begin to provide support and strengthen relationships with the child, caregiver, and the child's parents, if they are involved in the case. Ultimately, the goal of CFE is for connections to develop strong and lasting relationships with the child and family, and for the support that connections provide to continue long after the CPS case ends.

### **CHILD OUTCOMES: WELLBEING, PLACEMENT, AND PERMANENCY**

The primary goal of CFE is to increase the connectedness of children in state conservatorship, so that children develop and maintain a support network. CFE theorizes that this support network will lead to increased child wellbeing during and after the time that a child is in foster care, increase the number of children who live in kinship placements, and increase the number of children who find timely, positive permanency, as well as increase the number of children who reach permanency with a family member or close family friend.

### **COLLABORATIVE FAMILY ENGAGEMENT SITES**

CFE is progressively rolling out to CASA programs across the state, with 31 CASA programs currently implementing CFE. Texas CASA and DFPS selected three local CASA programs to implement CFE in the first year (Year One sites). Year One sites began serving families in January 2016. Texas CASA and DFPS selected six additional sites to begin serving families with CFE in January 2017 (Year Two sites) and CFE expanded to 11 additional sites in Year Three, beginning in January 2018. For the fourth year of CFE, 11 new sites began implementing CFE in January 2019. Table 3 lists the CASA programs that participate in CFE.

CASA and CPS leadership at each CFE site work together to select a portion of cases with a CASA to receive the CFE intervention. Sites choose how many cases will receive CFE and develop their own process for selecting cases for CFE, including whether they prioritize CFE for TMC or PMC cases. CFE sites vary widely in CASA program size, both by the total number of children served each year and by the proportion of children on CPS cases served by the local CASA program. Texas CASA provides recommended goals for the proportion of children served by the CASA program who should receive CFE services each year based on how long the site has implemented CFE. In the first year of a new site's implementation, the goal is for 10 percent of children served by CASA to receive CFE. Then, in the second year of implementation, sites target 20 percent of the children the CASA program serves with CFE, and then try to reach 30 percent with CFE by the third year of implementation.

**Table 3: CASA Programs and Counties Implementing Collaborative Family Engagement**

CASA Program	County (CPS Region)	Children Served by CASA (FY18)*
<b>Year One Sites</b>		
CASA of the Coastal Bend	Aransas, Nueces, and San Patricio (11)	27.0%
Child Advocates of Fort Bend	Fort Bend (6b)	91.8%
CASA Child Advocates of Montgomery County	Montgomery (6b)	100%
<b>Year Two Sites</b>		
CASA of Hidalgo County	Hidalgo (11)	27.2%
Mission Granbury, Inc.	Hood & Somervell (3b)	100%
CASA – Hope for Children	Parker & Palo Pinto (3b)	100%
CASA of Johnson County	Johnson (3b)	83.3%
CASA of Liberty/Chambers Counties	Liberty & Chambers (6b)	88.6%
CASA of Tarrant County	Tarrant (3b)	60.2%
<b>Year Three Sites</b>		
Voices for Children, Inc. – CASA of Brazos County	Brazos, Burleson, & Grimes (7a)	86.0%
CASA of Central Texas, Inc.	Comal (8b)	51.2%
CASA of Collin County	Collin (3a)	97.6%
CASA for the Cross Timbers Area, Inc.	Erath (3b)	78.5%
CASA of El Paso	El Paso (10)	100%
CASA of Galveston County	Galveston (6b)	80.1%
Golden Crescent CASA	Calhoun, DeWitt, Lavaca, & Victoria (8b)	97.1%
Child Advocates of Navarro County	Navarro (3a)	100%
CASA of North Texas	Cooke (3a)	100%
CASA of West Texas	Howard & Midland (9)	100%
CASA of Williamson County	Williamson (7a)	49.8%
<b>Year Four Sites</b>		
CASA of the Pines	Angelina, Houston, & Polk (5)	97.5%
Matagorda County CASA, Inc.	Brazoria, Matagorda, & Wharton (6b)	35.8%
Child Advocates of Harris County	Harris (6a)	37.9%
CASA of South Texas	Atascosa, Frio, La Salle, Karnes, & Wilson (8b)	63.4%
Bluebonnet CASA	Kimble, Mason, McCulloch, & Menard (9)	100%
CASA of Jack and Wise Counties	Jack, Wise (2, 3b)	76.1%
CASA of Red River	Wichita (2)	77.1%
CASA of Permian Basin	Ector & Crane (9)	32.3%
Children’s Advocacy Center of Tom Green	Irion & Tom Green (9)	92.5%
Lone Star CASA	Rockwall (3a)	96.8%
Dallas CASA	Dallas County (3a)	68.3%

Sources: Department of Family and Protective Services, 2018. FY2018 Annual Report and Data Book; Texas CASA, 2018. Texas CASA Information System. \*Note: “Children served by CASA” represents the proportion of all children in DFPS legal responsibility in the county or counties covered by each local CASA program who were served by CASA in Fiscal Year 2018. Several CASA programs serve additional counties to those listed above. Only counties that are implementing CFE are shown.

## Overview of the Evaluation

Texas CASA contracted Dr. Cynthia Osborne and CFRP to evaluate the CFE process. Specifically, CFRP is evaluating the extent to which CFE promotes collaboration and practices to locate and engage with family and fictive kin connections, and, in turn, the extent to which CFE leads to increased family support and improved child wellbeing and case outcomes for children in state conservatorship. We are focused on understanding how CFE influences changes in perspective and practice and the extent to which CFE facilitates increased family support, child wellbeing, and placement and permanency outcomes.

## The Current Report

The purpose of the current report is to inform Texas CASA on the first four years of CFE implementation, with a focus on the extent to which the CFE approach is associated with an increase in collaboration between CPS and CASA, increased family and fictive kin support to children and families on CFE cases, and improved placement, permanency, and wellbeing outcomes. To examine the influence of CFE on outcomes during and at the end of the case, we assess the extent to which having more components of CFE incorporated into a case is associated with improved outcomes. The current report focuses on findings from CFE cases that were open with a CASA assigned at any point between January 1, 2018 to December 31, 2018, including new cases that opened in 2018, as well as cases that were already open at the start of the year.

## EVALUATION ACTIVITIES

### Overview

CFRP's evaluation examines the implementation of CFE and outcomes associated with CFE practice to provide Texas CASA, CPS, and the Texas Legislature with an understanding of the extent to which CFE influences collaboration between CPS and CASA, the development of networks of family support, and placement, permanency, and wellbeing outcomes for children who receive CFE services. Because CASA volunteers and CPS caseworkers can use strategies learned at CFE training on any case, CFRP developed a CFE index score for each case that measures the number of key CFE components that occurred on each case. This more nuanced approach allows us to better understand how CFE is associated with child and case outcomes based on the CFE services a case actually receives rather than simply by whether the case was designated to receive CFE by the CASA program. We examine the extent to which having more components of the CFE approach incorporated on a case is associated with improved collaboration, family support, and wellbeing outcomes, as well as improved placement and permanency outcomes.

The evaluation has three primary research aims:

1. Assess whether the use of the CFE approach leads to increased collaboration between CPS and CASA;
2. Assess whether the use of the CFE approach leads to increased family support; and
3. Assess the extent to which CFE is associated with better child wellbeing and permanency outcomes.

CFRP used a combination of administrative data, original survey data, and focus group data to address the evaluation research aims. The evaluators collected and analyzed data used for the current report throughout the four-year evaluation, though the report focuses on cases served during the third and fourth year of implementation, or Fiscal Years 2019 and 2020.

### Data Collection

For the fourth year of the evaluation, CFRP collected and analyzed data from a number of primary data sources, including surveys and focus groups conducted by CFRP, as well as DFPS administrative data from the IMPACT system.

#### ***Family Meeting Survey***

Family Meeting Surveys are completed by participants who attend Family Meetings in-person to provide data on meeting facilitation quality, attendance, and participants' plans to support the child and family. Family members and/or fictive kin connections who participate by phone do not complete

a survey. CFRP began Family Meeting Survey administration in February 2018. Between February 2018 and June 14, 2019, we collected 1,055 participant surveys and 161 CASA volunteer surveys.

### ***Connectedness Reflection***

CFE Teams complete the Connectedness Reflection at the last Team Meeting, or another convenient time, near the end or shortly after a case closes. The CASA volunteer typically completes the reflection, with input from other members of the team. The Connectedness Reflection provides quantitative data on the number of individuals who are connected to the child at the beginning and end of the case and qualitative data detailing the family engagement process. Between February 2018 and June 14, 2019, we received 51 Connectedness Reflections.

### ***Child Connections Survey***

The goal of the Child Connections Survey was to compare CASA advocacy and case related activities, collaboration, family engagement and support, and child wellbeing across cases that receive more of the CFE approach with cases that receive less of the CFE approach. The four components of the CFE index score are created from responses to Child Connections survey items and include:

1. Training: CASA volunteer has ever participated in CFE training (online or in person);
2. Buy-in: CASA volunteer strongly agrees that it is worthwhile to engage family and fictive kin to support children in care even if they cannot serve as a placement option;
3. Engagement: CASA volunteer or another person at the CASA program searched for or contacted family members or fictive kin who could provide support to the child outside of serving as a placement at any point during the child's case; and
4. Meetings: Two or more CFE Family Meetings have occurred for the case.

Using program rosters obtained from CASA programs that contain child and CASA volunteer information on each case served by a CASA volunteer in 2018, CFRP sent 2,185 surveys to CASA volunteers and received 1,209 completed surveys, for a 55.3 percent response rate.<sup>28</sup> CASA volunteers participated in the Child Connections Survey online through Qualtrics after receiving an email containing a unique link to the survey. Each completed survey represents one child and one case served by a CASA volunteer.

CFRP developed the questions used in the Child Connections Survey, with the exception of a selection of the child wellbeing measures, which were adapted from the Child and Youth Resilience Measure-Person Most Knowledgeable (CYRM-PMK).

### **IMPACT Administrative Data**

CFRP used administrative data records of child, placement, and case outcomes from the IMPACT system to compare movement to kin care, proportion of time spent in congregate care or other settings, reunification, permanency with kin or fictive kin, and any permanency by the CFE index score.

### **Focus Groups**

Between July 2016 and June 2019, CFRP conducted over 40 focus groups with nearly 150 CPS and 150 CASA participants to learn about CFE successes and challenges from frontline program implementers. The evaluators led each session using a focus group instrument designed for this study. Details on focus group locations and participants are found below in Table 4.

**Table 4: Focus Group Participants**

Year	Program Sites	CPS Staff	CASA Volunteers & Staff
One	Corpus Christi, Fort Bend, Montgomery	18	27
Two	Liberty/Chambers, Montgomery, Fort Bend, Hidalgo, Hood/Somervell, Tarrant	63	49
Three	Fort Bend, Hood/Somervell, Liberty/Chambers, Montgomery, Parker/Palo Pinto, Williamson	30	42
Four	Johnson, Tarrant, Victoria, Nueces, Williamson	35	28
<b>Total</b>		<b>146</b>	<b>146</b>

### **Observations**

To collect information on the elements of the Family Finding model used under CFE in Texas, the evaluators observed two CFE trainings for CPS and CASA staff in Fort Bend and Montgomery Counties in November 2015. The evaluators also observed a CFE training in Weatherford in September 2016, in Liberty in October 2016, and in Houston in November 2018.

### **Analytic Approach**

For the current report, CFRP used the evaluation data sources to examine the extent to which applying the CFE approach to cases is associated with improved case and child outcomes. Rather than take a treatment vs. comparison approach using the CASA program’s designation of a case as “CFE” or “non-CFE”, we compared the outcomes of cases with high CFE index scores to cases with lower CFE index scores. This more nuanced and rigorous approach accounted for the fact that CASA volunteers and CPS caseworkers can use strategies learned at CFE training on non-CFE cases, and thus non-CFE-designated cases may receive the CFE approach. Additionally, at some sites all cases are designated to receive components of CFE, and at the remaining sites cases are

not randomly assigned to CFE. Focus group participants and CASA leadership report that more complex cases are often selected for CFE, indicating that CFE and non-CFE cases likely differ from one another at baseline, further emphasizing the importance of the CFE index approach. CFRP assigned each case a CFE index score and used this score to compare child and case outcomes. The CFE index score ranges from zero to four, with zero indicating none of the four components are present, one indicating that any one of the four components is present, and four indicating that all four components are present on the case. For each outcome measure of interest, we assessed whether a higher CFE index score was associated with a better outcome.

### **COLLABORATE, CULTIVATE, CONVENE, CONNECT, AND CHILD OUTCOMES MEASURES**

To assess the extent to which a higher CFE index score is associated with collaboration, family support, and child wellbeing and case outcomes, CFRP compared cases by CFE index score on a series of quantitative measures described below.

To supplement quantitative findings about collaboration, family support, and child wellbeing and case outcomes, CFRP qualitatively coded notes from each focus group to identify key themes from the session related to one of the outcome measures. We focused on identifying themes that were consistent across sites and identifying findings that differed regionally or across different sites.

#### ***Analytic Sample***

CFRP created an analytic sample of cases open and assigned a CASA volunteer during the year 2018 that met the following criteria: CASA volunteer responded to and completed at least 89 percent of the Child Connections Survey questions, CASA volunteer confirmed that they currently serve or have served the focal child named in their unique survey, CASA volunteer answered all four questions used to create the CFE index score, and the data provided in the roster about the child and the child's case matched with IMPACT administrative data. We also only surveyed CASA volunteers one time if they served multiple cases (with one exception; when a CASA served two CFE-designated cases, we surveyed the CASA twice). The final matched analytic sample size is 1,140 cases, out of 3,681 total cases served by CASAs across 18 CFE sites in 2018. We used the matched analytic sample as the basis for all analyses, however, additional sample limitations were applied as needed to calculate specific outcomes, as noted in the sections that follow.



**Table 5: Summary of Quantitative Data Sources**

Data Source	Description	Collection Schedule	Sample Size (Response/ Match Rate)	Matched Sample
Child Connections Survey	Administered to CASA volunteers to assess casework activities, collaboration, child wellbeing, and use of CFE. We sent 2,187 surveys.	March 2019	N = 1,209 (55.3%) CFE n = 215 (63.4%) Non-CFE n = 994 (53.8%)	N = 1,140 CFE N = 205 Non-CFE N = 935
IMPACT Administrative Data	Case-specific placement outcomes on all cases	Data current through November 30, 2018	N = 2,130 (96.7%) <sup>^</sup>	N = 1,140
Family Meeting Surveys (Participant and CASA Volunteer Versions)	Administered at the end of CFE Family Meetings to assess facilitation quality, attendance, and plans to support the child and family.	February 2018 through June 10, 2019	CASA n = 161 Participant n = 1,055	Not applicable

Note: <sup>^</sup> 96.7 percent is not a response rate, but rather indicates the percent of cases from the Child Connections Survey distribution list who matched with IMPACT Administrative data.

**Collaborate**

CFRP used Child Connections Survey data to compare the frequency and quality of collaboration between CASA and CPS, as reported by the CASA volunteer. We descriptively analyzed survey data responses to learn about the CASA and CPS working relationship. Additionally, we conducted bivariate linear regressions to examine the extent to which a higher CFE index score is associated with stronger CASA-CPS collaboration, as reported by CASA.

**Cultivate**

Child Connections Survey data allowed CFRP to understand who completed activities related to finding and engaging family and fictive kin connections on the CASA volunteer’s case. Child Connections Survey data were also used to determine if search and engagement tools were used and which specific types of tools were used to search for and engage family and fictive kin on the case. Additionally, we used the Child Connections Survey data to understand how much time the CASA volunteer or someone else at their program spent identifying, locating, or engaging

relatives or other individuals to develop the child's support network. For each of these measures, we descriptively analyzed survey data responses to learn about the CASA and CPS working relationship. Additionally, we conducted bivariate linear regressions to examine the extent to which a higher CFE index score is associated with the use of search and engagement tools and time spent developing the child's support network, as reported by CASA.

### ***Convene***

CFRP examined Child Connections Survey data on CASA volunteer-reported attendees at case planning and decision-making meetings for their cases. Specifically, CFRP descriptively analyzed survey data responses to learn about who attends planning and decision-making meetings. Additionally, we conducted bivariate linear regressions to examine the extent to which a higher CFE index score is associated with more unique attendees at case planning and decision-making meetings, as reported by CASA.

CFRP also conducted descriptive analyses of the Family Meeting Surveys to assess the quality of Family Meetings, as reported by professional connections (including CPS and CASA personnel, members of the legal community, and therapists) and personal connections (family members and fictive kin) who attend Family Meetings. CFRP analyzed Family Meeting Survey data to learn about the types of professional and personal connections who typically attend Family Meetings and the activities that take place at Family Meetings.

### ***Connect***

CFRP assessed several measures related to family connectedness to learn the extent to which having a higher CFE index score is associated with more connections and support provided at least once per month by family and fictive kin to children, caregivers, and parents on child protection cases. We conducted bivariate linear and logistic regressions to examine the extent to which a higher CFE index score is associated with more family connections and support, as reported by CASA.

### ***Placement and Permanency Outcomes***

To examine the extent to which having a higher CFE index score is associated with child-level outcomes, CFRP examined child wellbeing during care using the Child Connections Survey and placement and permanency outcomes overall and separately for TMC and PMC cases using IMPACT data. Because cases change from TMC to PMC over time, we used the date that a site began implementing CFE (January 1 of the first year the site implemented CFE) as a reference point to assign cases to the TMC or PMC groups. All new cases that were assigned to CASA after the site began implementing CFE are assigned to TMC or PMC based on their status on the day of CASA appointment. For cases that were already open when CFE began, we consider a case a "TMC case"

if the case remained in TMC for at least 90 days after CFE implementation began<sup>a</sup>. A case already open when CFE began is considered a “PMC case” if the case was already in PMC when CFE began or moved from TMC to PMC within 90 days of CFE’s start.

To understand placement and permanency outcomes in the context of when CFE was implemented at a site, we created a variable called “CFE time” which is the amount of time that a case could have been exposed to CFE. For cases assigned to CASA before their CFE site implementation date, CFE time starts at the site implementation date and ends when the case reaches a final outcome or November 30, 2018, whichever is earlier. For cases that were assigned to CASA after the site CFE site implementation date, CFE time starts on the date the case is assigned to CASA and ends when the case reaches a final outcome or November 30, 2018, whichever is earlier.

For each of the following placement and permanency outcomes, we analyzed IMPACT data to conduct bivariate linear or logistic regressions to examine the extent to which a higher CFE index score is associated with placement, permanency, and wellbeing outcomes. We assessed each outcome separately for TMC and PMC cases by high CFE index score (“3” or “4”) and low CFE index score (“0”, “1”, or “2”). We used the high/low CFE index score grouping rather than the full CFE index score because the sample sizes became too small once we separated the sample into TMC and PMC cases.

### *Movements into Kin Care*

To assess the extent to which a higher CFE index score is associated with movement from a non-kin substitute care placement into a kin placement, we limited the analytic sample to children who had been in substitute care for at least six months as of November 30, 2018 and were not in a kin placement as of January 1<sup>st</sup> of their CFE site implementation year or CASA program assignment date (as reported by the CASA program in the roster), whichever was later. This definition allowed for sufficient time for placement movements to occur.

Evaluators constructed the movement into kin care outcome by assessing the placement history for each case using IMPACT placement history data to identify whether each individual placement was with kin or non-kin. Cases in which the child moved from a non-kin placement to a kin placement during their “CFE time” are placed in the “movement to kin” group and cases without a movement into a kin placement are placed in the “no movement to kin” group.

---

<sup>a</sup> There is one exception to this definition. A case was in PMC when it was assigned to CASA and only spent one day in PMC after being assigned to CASA before going back to TMC. We have categorized this one case as a TMC case.

### Time in Congregate Care

To examine the association between a higher CFE index score and the proportion of “CFE time” a child spent in congregate care or other specialized substitute care placements,<sup>b</sup> we limited the analytic sample to all children who had been in substitute care for at least six months on November 30, 2018 and who spent at least some “CFE time” in congregate care or other specialized substitute care placements.

### Permanency Outcomes: Reunification, Permanency with Kin, and Any Permanency

Evaluators assessed permanency outcomes using IMPACT discharge and legal status information to identify the child’s case outcome at the end of their case, or when the child spent at least six months in a PMC to state status, allowing time for pending adoptions to occur when a case transitions from TMC to PMC to state. Case outcomes include reunification with the home of removal, adoption to a relative, adoption to a non-relative, PMC to kin or fictive kin, PMC to another individual, state PMC, child ran away, and child aged out (indicating state conservatorship ended because the child turned 18). We excluded cases that ended with child death (n=3), cases missing an outcome (n=1), cases that were still in TMC on November 30, 2018 (n=474), and cases that had been in state PMC for less than six months as of November 30, 2018 (n=99) from the permanency outcomes analyses.

To assess the proportion of cases with a specific permanency outcome we examined the proportion of children who 1) reunified with their home of removal; 2) reached permanency to kin or fictive kin including through reunification with their home of removal, adoption to a relative, and PMC to kin or fictive kin; and 3) reached any permanency including through reunification with their home of removal, adoption to a relative, adoption to a non-relative, PMC to kin or fictive kin, and PMC to another individual.

### Child Wellbeing

For children at least three years of age (n=935), we assessed whether a higher CFE index score is associated with child wellbeing for each of 12 wellbeing questions on the Child Connections Survey and by creating an overall average wellbeing score.

---

<sup>b</sup> Other specialized substitute care placements include the following living arrangements: State hospital; psychiatric hospital; hospital; substance abuse treatment center; city or county jail or TDC; emergency shelter; halfway house; DFPS supervision; TYC Institution; other juvenile detention; independent living arrangement; supervised independent living youth in an apartment, non-college dorm, college dorm, or shared housing; abducted by a known person; unauthorized placement; runaway; adult – basic; or other.

### Case Characteristics

CASA volunteers and CPS caseworkers can use the CFE process on CFE-designated and non-CFE-designated cases at their discretion, therefore we considered that there could be important differences in the case and child characteristics among cases with different CFE index scores. We compared case characteristics by CFE index score to determine if there were any significant differences that could influence placement and permanency outcomes between the groups, in order to control for case and child differences in subsequent analyses. CFRP compared child race and ethnicity, child's age at removal, the number of prior CPS removals, and the number of siblings on the case using regression models to identify any case or child characteristics that differ significantly by high CFE index score ("3" or "4") or low CFE index score ("0", "1", or "2") separately for TMC and PMC cases.

For both TMC and PMC cases, the case characteristics looked similar regardless of whether the case had a high or low CFE index score. Therefore, in Table 6 we display the distribution of case characteristics among TMC and PMC cases overall.

**Table 6: Case Characteristics by Case Type**

Case Characteristic	Case Type		
	All	TMC Cases	PMC Cases
<b>N</b>	1140	920	220
<b>Child race/ethnicity</b>			
White	42.7%	44.1%	36.8%
African American	15.6%	15.8%	15.0%
Hispanic	34.1%	32.5%	40.9%
Other	7.5%	7.6%	7.3%
<b>Child's age at removal*</b>			
Less than 13 years	82.0%	82.3%	80.9%
13 years and older	18.0%	17.7%	19.1%
<b>Number of prior CPS removals</b>			
0	92.5%	92.1%	94.1%
1 or 2	7.5%	7.9%	5.9%
<b>Number of siblings on case</b>			
0 or 1	70.3%	72.0%	63.2%
2 or more	29.7%	28.0%	36.8%

Note: \*One child with a TMC case is missing their date of removal and therefore we are unable to calculate the child's age at removal; N=1139 for all cases, N=919 for TMC cases, N=220 for PMC cases.

## FINDINGS

The current report presents findings from the fourth year of the Collaborative Family Engagement evaluation and includes cases served during the third and fourth year of CFE implementation. We focus on collaboration, family engagement, placement, and permanency outcomes for cases that were open and had a CASA volunteer assigned at any point during calendar year 2018, including cases that began in 2018 and cases already open at the beginning of the year. This report expands upon our previous findings in several key ways. First, we examine case outcomes over a longer timeframe with a larger sample, including through expanding the sample to include Year Three sites in addition to Year One and Year Two sites. Second, we use a more rigorous methodology that takes into account implementation factors that affect the evaluation. Specifically, CASA volunteers apply CFE strategies to cases that are designated to receive CFE services, as well as cases that are not formally designated for CFE, limiting the usefulness of a treatment versus comparison group approach to the evaluation. To address this limitation, we create an index of four key components of CFE and assess the extent to which having a higher CFE index score, or receiving more components of CFE, is associated with key outcomes, including increased collaboration, family involvement, and better case and wellbeing outcomes.

Consistent with previous reports, we find that the use of CFE is associated with better collaboration between CASA and CPS, more time and focus spent on finding and engaging family and fictive kin connections, and having more extended family and fictive kin connections in attendance at case planning meetings. Additionally, as measured by the CFE index score, on cases with more CFE, a greater proportion of children and parents receive support from connections at least once a month. Similarly, as TMC cases receive more CFE, a greater proportion of children move from non-kin into kin placements, but the difference is not statistically significant among PMC cases. The CFE index score is not associated with improved permanency outcomes or child wellbeing.

Two selection issues make it necessary to interpret the results of this report with caution. Because cases are not selected to receive CFE at random and because CASA volunteers can choose to use components of CFE on their cases at any time, cases with a higher CFE index score may be systematically different from cases with a lower CFE index score. Though we examined case characteristics to the extent possible and found that cases look similar across CFE index scores, there may be additional factors that IMPACT data do not measure. Targeting limited resources to the most complex or hardest to serve children is an important strategy for maximizing the benefits of CFE, however, the implementation strategy of CFE limits the extent to which we can determine a causal relationship between CFE and case and child outcomes. Using a more nuanced methodology to examine the CFE services a case receives, the following section presents descriptive data on CFE implementation, case and child outcomes associated with CFE, and summarizes key ongoing challenges to inform the ongoing implementation of Collaborative Family Engagement.

## Implementation of CFE

When CFE implementation begins at a new site, CASA and CPS work together to choose a selection of cases to receive CFE services, and begin implementing the new approach on the selected, or CFE-designated cases. Over time, more and more cases are designated for CFE, and the goal is that eventually all cases that need CFE services will receive them. In addition to designating cases for CFE, CASA volunteers can apply the tools and strategies they learn at CFE training on their cases whenever they find it useful, even if the case was not formally chosen for CFE. In the following section, we examine several key aspects of CFE implementation, including the extent to which cases are designated for CFE and the extent to which cases receive CFE services to inform ongoing implementation and provide context for the outcomes findings.

### ***CASA volunteers worked on 3,681 cases in 2018 across 18 Year One, Two, and Three CFE sites, including 358 cases officially designated to receive CFE services.***

Among the 18 CFE sites that provided CFRP with program rosters for the year 2018, CASA volunteers served 3,681 cases, approximately ten percent of which were formally designated to receive CFE. With the exception of one small program that designated nearly half of its 20 CASA cases from 2018 as CFE (CASA for the Cross Timbers Area), CASA programs designated between three percent (CASA of Brazos County) and 30 percent (CASA of Liberty/Chambers Counties) of all cases for CFE. Table 5 presents the number of cases CASA programs served in 2018 along with the proportion of cases designated to receive CFE services.

The extent to which programs designated cases for CFE services varies considerably across programs. The proportion of cases designated for CFE does not correspond well to the length of time a given site has been implementing CFE, but rather it appears as though other site-level factors are likely responsible for the variation across sites in case designation. Further, only one Year One or Year Two site (CASA of Liberty/Chambers Counties) has reached the goal of designating 30 percent of cases for CFE by the third implementation year and only two Year Three sites (Child Advocates of Navarro County and CASA for the Cross Timbers Area) have reached the goal of designating 20 percent of cases for CFE in the second implementation year, indicating that scaling up CFE implementation continues to be a challenge. In the next section, we examine the extent to which cases receive CFE services, with a focus on examining the extent to which the CFE approach is applied to cases selected for CFE.

**Table 5: Active CASA Cases Across CFE Sites, January to December 2018**

CASA Site	Not Designated CFE	Designated CFE	Total	Percent of Cases Designated CFE
<b>Year One (Fourth Implementation Year)</b>				
CASA of the Coastal Bend	141	23	164	14.0%
Child Advocates of Fort Bend	141	25	166	15.1%
CASA Child Advocates of Montgomery County	404	64	468	13.7%
<b>Year Two (Third Implementation Year)</b>				
Mission Granbury, Inc.	101	7	108	6.5%
CASA – Hope for Children	243	19	262	7.3%
CASA of Johnson County	153	8	161	5.0%
CASA of Liberty/Chambers Counties	119	50	169	29.6%
CASA of Tarrant County	550	46	596	7.7%
<b>Year Three (Second Implementation Year)</b>				
Voices for Children, Inc. – CASA of Brazos County	171	6	177	3.4%
CASA of Central Texas, Inc.	130	9	139	6.5%
CASA for the Cross Timbers Area, Inc.	11	9	20	45.0%
CASA of El Paso	304	23	327	7.0%
CASA of Galveston County	206	24	230	10.4%
Golden Crescent CASA	207	9	216	4.2%
Child Advocates of Navarro County	45	12	57	21.1%
CASA of North Texas	113	10	123	8.1%
CASA of West Texas	146	3	149	2.0%
CASA of Williamson County	138	11	149	7.4%
<b>Total</b>	<b>3323</b>	<b>358</b>	<b>3681</b>	<b>9.7%</b>

Note: Two sites, CASA of Hidalgo County (Year 2) and CASA of Collin County (Year 3) did not provide us with 2018 rosters and were therefore not included in the evaluation.

***The extent to which cases assigned to CFE receive CFE services varies widely from case to case.***

Given that CASA volunteers can apply CFE to their case irrespective of whether the case was “officially” designated to receive CFE services, we examine the extent to which cases receive the CFE approach by whether the case was selected for CFE or not, with two key goals. First, we examine implementation by CFE designation to understand whether designating a case for CFE is associated with actually receiving CFE services and, second, to understand the whether CFE practice is diffusing onto cases that are not formally designated to receive CFE.

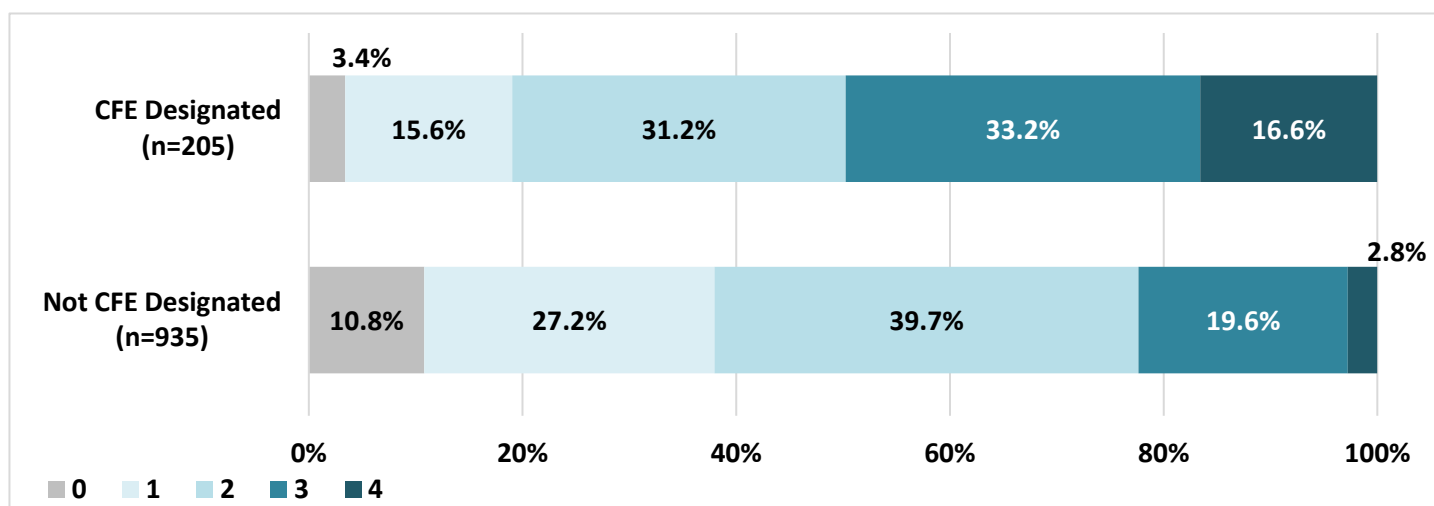
We measure the extent to which cases receive CFE services by creating an index of four key components of CFE: 1) Training: CASA volunteer has attended CFE training; 2) Buy-in: CASA volunteer reports a strong family engagement orientation; 3) Engagement: CASA volunteer or staff participation in family engagement; and 4) Meetings: at least two Family Meetings occur on the case. Cases might receive all of these components, none of them, or any combination of the components. In addition to using the CFE index to better understand CFE implementation, we use



the index to assess the extent to which having more components of CFE, or a higher CFE index score, is associated with improved case, child, and family outcomes.

One way to measure the extent to which CFE is diffusing onto cases is to compare the CFE index score of cases that were formally designated to receive CFE with cases that were not. As shown in Figure 3, which displays the distribution of CFE index scores among CFE-designated and non-CFE-designated cases, more than twice as many CFE-designated cases have an index score of “3” or “4” (49.8%) compared to non-CFE-designated cases (22.4%). However, even among CFE-designated cases, fewer than 17 percent of cases have a CFE index score of “4” (including 15% of open cases and 29% of closed cases), indicating that even among CFE-designated cases, most cases are not receiving the full breadth of CFE activities.

**Figure 3: CFE Index Score by Designated CFE Status (n=1140)**



Source: Child Connections Survey B (March 2019).

Overall, we find that CFE is diffusing across cases regardless of whether the case is designated to receive CFE, but the extent to which the components of CFE occur on cases varies widely. The occurrence of Family Meetings is the most resource-intensive component of CFE, and the ability to have a Family Meeting depends on the availability of family and fictive kin connections, CPS and CASA resource availability, and the needs of the case. Therefore, we expect a lower proportion of cases to have two Family Meetings, particularly among the group of cases not formally designated for CFE. In contrast, the remaining three components of the CFE index (CFE training, family engagement orientation, and participation in family engagement) lie within the control of the CASA volunteer and could be incorporated into standard practice on every case through additional training and reinforcement of the Collaborative Family Engagement philosophy and practice, allowing a greater number of cases to reach higher CFE index scores. From this perspective, we find there is room to grow across sites in ensuring that CFE becomes

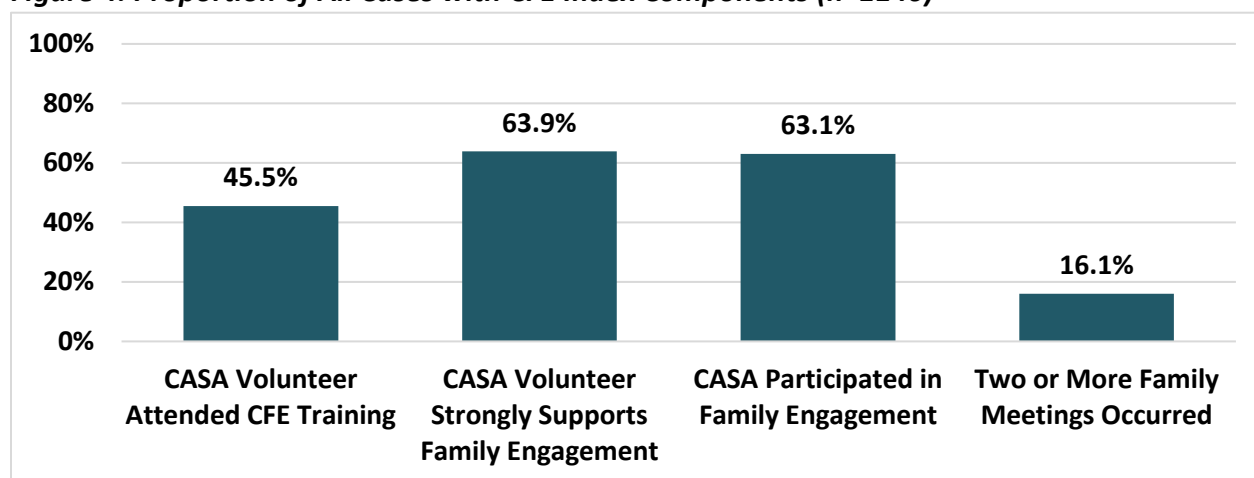
incorporated into standard practice across cases. Importantly, components of the CFE index occur similarly across closed and open cases, indicating that maintaining newer cases in the sample, in which some activities may simply have not happened yet, does not explain why cases have lower CFE index scores. Similarly, we find no substantial differences in CFE index scores across sites.

***Approximately nine out of ten cases across CFE sites receive at least one of the four components of the CFE index, but only five percent of cases receive all four components.***

Across CFE sites, 90 percent of cases receive some component of CFE, including having at least two family meetings or having a CASA volunteer who is trained in CFE, reports a strong family engagement orientation, or participates in family engagement activities (not shown). However, only approximately five percent of all cases received all four components of CFE at the time of the survey, with similar figures across closed and open cases (not shown). Among CFE-designated cases, the average CFE index score is 2.44, compared to an average CFE score of 1.76 among non-CFE-designated cases.

Figure 4 shows the proportion of cases that have each component of the CFE index. Nearly two-thirds of all CASA volunteer survey respondents report that they strongly support family engagement work by reporting on the Child Connections Survey that they “strongly agree” that “it is worthwhile to engage family and fictive kin to support children in care even if they cannot serve as a placement” on the Child Connections Survey. Similarly, almost two-thirds of CASA volunteers report that they, or another CASA volunteer or staff member at their program, participated in locating and engaging connections to build a support network on their case. Just under half of CASA volunteers report that they attended a CFE training at any point since CFE began.

**Figure 4: Proportion of All Cases with CFE Index Components (n=1140)**

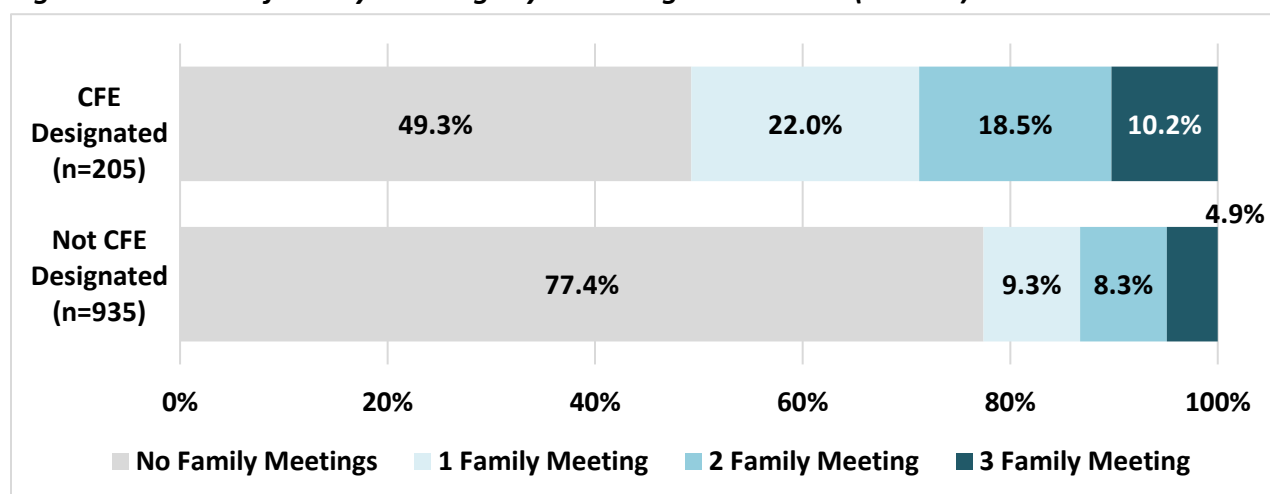


Source: Child Connections Survey B (March 2019).

Family Meetings are the least common component of the CFE index, with only 16 percent of cases receiving at least two Family Meetings. Two or more Family Meetings occur almost exclusively on cases with an index score of “4”, though the other index components occur in many different combinations. In other words, among cases that have an index score of “3”, having two of more Family Meetings is consistently the piece of the CFE approach that is missing.

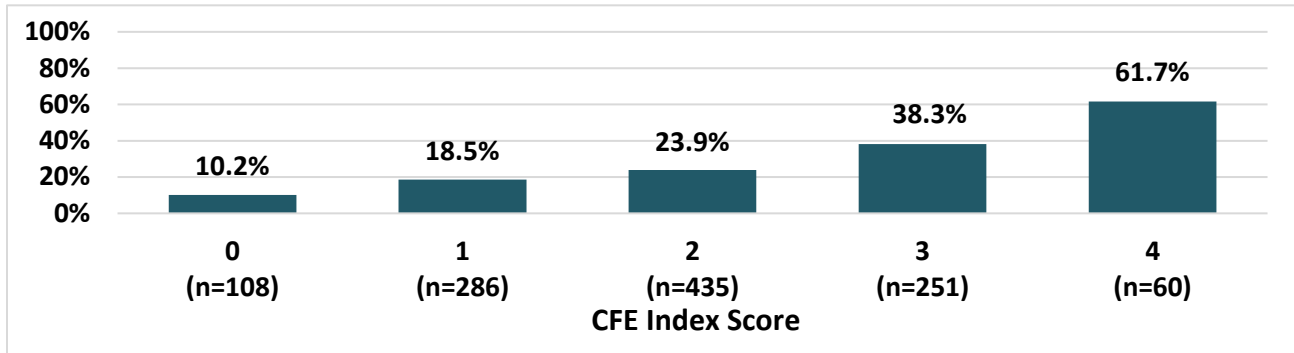
Figure 5 displays the number of Family Meetings reported by CASA volunteers on CFE-designated and non-CFE-designated cases. At least one Family meeting occurred on half of CFE-designated cases and just under one-fourth of non-CFE-designated cases. The relatively small number of cases (n=315) that report any family meetings, including only half of CFE-designated cases, indicates that organizing and conducting Family Meetings continues to be a limiting factor in the extent to which cases receive CFE.

**Figure 5: Number of Family Meetings by CFE-Designated Status (n=1140)**



Source: Child Connections Survey B (March 2019). Note: We did not test for significant differences in number of Family Meetings by CFE-designation.

In addition to the four components of CFE used to create the index, Team Meetings are another important component of the CFE approach. At the beginning of the CFE approach, and subsequently as needed, CASA, CPS, and other members of the CFE team gather together to plan and set goals for a case at a Team Meeting. Overall, CASA volunteers report that at least one Team Meeting occurred on 26 percent of cases across CFE sites. As shown in Figure 6, as the CFE index score increases, a higher proportion of cases had at least one Team Meeting. Fewer than one in five cases with an index score of “0” or “1” had a Team Meeting, but among cases with a CFE score of “4”, six in ten report at least one Team Meeting, indicating that Team Meetings are associated with higher CFE index scores.

**Figure 6: Proportion of Cases with At Least One Team Meetings by CFE Index Score (n=1140)**

Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with having at least one Team Meeting, as indicated by a bivariate linear regression.

## Collaboration, Engagement, and Child Outcomes

Collaborative Family Engagement is a four-step process that aims to improve child wellbeing and permanency outcomes for children in CPS substitute care by facilitating a stronger partnership between CASA and CPS and increasing the involvement and support of extended families and fictive kin of children on CPS cases. To evaluate the extent to which CFE is moving the mark across these target outcomes, we assess whether the CFE approach is associated with improved placement, permanency, and wellbeing outcomes for children in care. Additionally, we assess whether the use of the CFE approach is associated with improved collaboration and family engagement outcomes across each of the four steps of the CFE approach: collaborate, cultivate, convene, and connect.

We present outcome results stratified by CFE index score or with cases grouped into “low CFE index score” and “high CFE index score” to illustrate the trends in the outcomes findings. Unless noted otherwise, all differences by CFE index score are statistically significant, as determined by a bivariate linear regression or logistic regression examining whether the outcome differs significantly as the CFE index score increases.

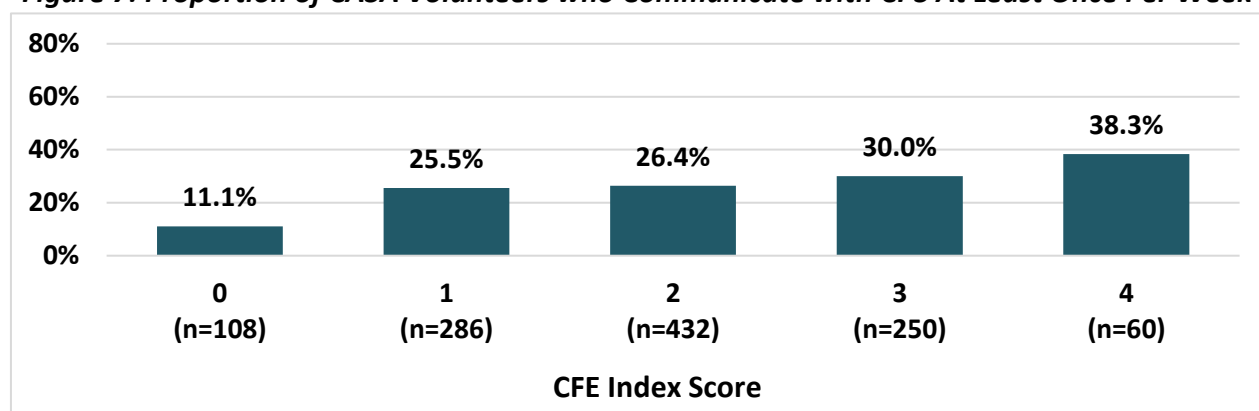
### COLLABORATE

The first step of the CFE approach is for CASA and CPS to set aside time, often through a Team Meeting, to plan together for the next steps in the case and divide the work of locating and engaging family members and fictive kin connections for the children on the case. By involving more people in the process of locating and engaging family, CPS and CASA may identify a greater breadth and depth of connections, increasing the chances that a youth will find a permanent placement and establish a committed network of supportive adults. We find that as the CFE index score increases, the frequency of communication and quality of collaboration between CASA and CPS increase (see Figure 7 and Figure 8).

***As the CFE index score increases, CASA volunteers report communicating more frequently with CPS caseworkers.***

Consistently during focus groups with CASA and CPS over the past four years, participants report that the CFE approach promotes collaboration between CASA and CPS. Specifically, participants often describe that Team Meetings facilitate increased teamwork between CASA and CPS by providing a set time to meet and a framework for planning for next steps and dividing responsibilities. CFE promotes sharing information and cultivates teamwork between CASA and CPS beyond what is done in standard casework practice. Across all cases, CASA volunteers most commonly report speaking with the CPS caseworker on their case approximately twice per month (42% of CASA volunteers; not shown). However, as the CFE index score increases, we see a clear trend of more frequent communication with CPS, as shown in Figure 7. On cases with a CFE index score of 0, only 11 percent of CASA volunteers speak with the CPS caseworkers at least once per week, compared to 38 percent of CASA volunteers on cases with a CFE index score of 4, demonstrating the increase in collaboration among cases with higher CFE scores.

**Figure 7: Proportion of CASA Volunteers who Communicate with CPS At Least Once Per Week (n=1136)**



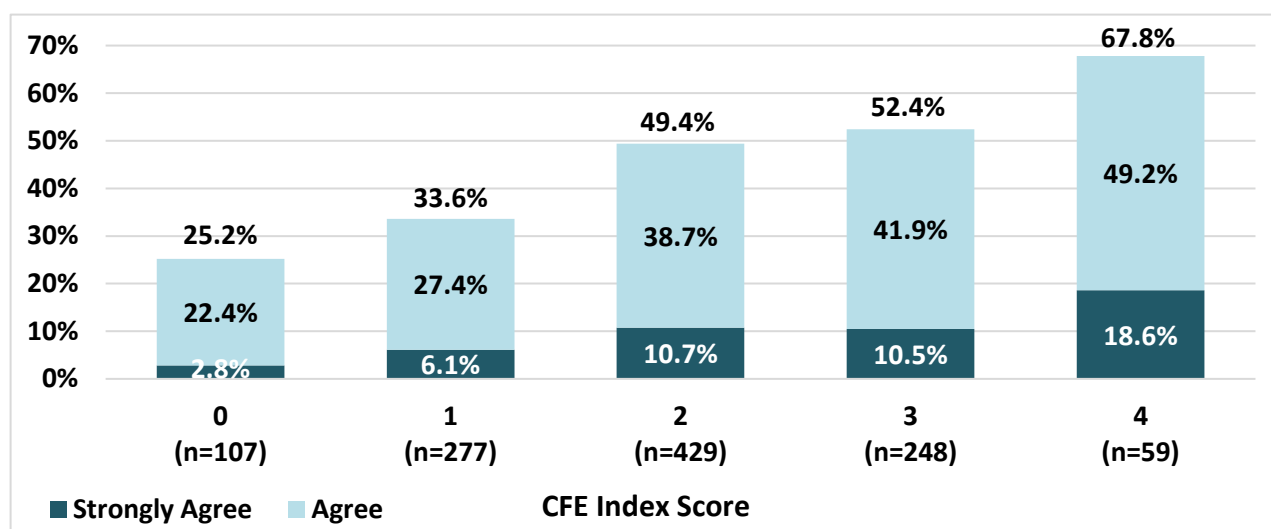
Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with weekly communication, as indicated by a bivariate logistic regression.

***A larger proportion of CASA volunteers report dividing tasks between CASA and CPS and planning for next steps in the case together on cases with higher CFE index scores.***

In addition to assessing how often CASA volunteers and CPS caseworkers communicate, we also examined the content and perceived quality of collaboration to better understand if and how CFE helps promote meaningful collaboration between CPS and CASA. We asked CASA volunteers to rate collaboration quality across five metrics that assess both the way that CASA and CPS collaborate as well as CASA's overall perception of the working relationship. Overall, the average collaboration quality score increases significantly as the CFE index score increases.

Regardless of CFE index score, the vast majority of CASA volunteers “strongly agree” or “agree” that on their current case CASA and CPS share information, value each other’s role, and have a positive working relationship, indicating that CASA volunteers generally work together well (not shown). As the CFE index score increases across these three measures, however, the proportion of CASA volunteers who “strongly agree” (compared to “agree”, “disagree”, or “strongly disagree”) increases from approximately one-third (on cases with no CFE components) to nearly one-half (on cases with a CFE index score of “4”), indicating that CFE facilitates high-quality collaboration, rather than just collaboration that meets basic expectations (not shown).

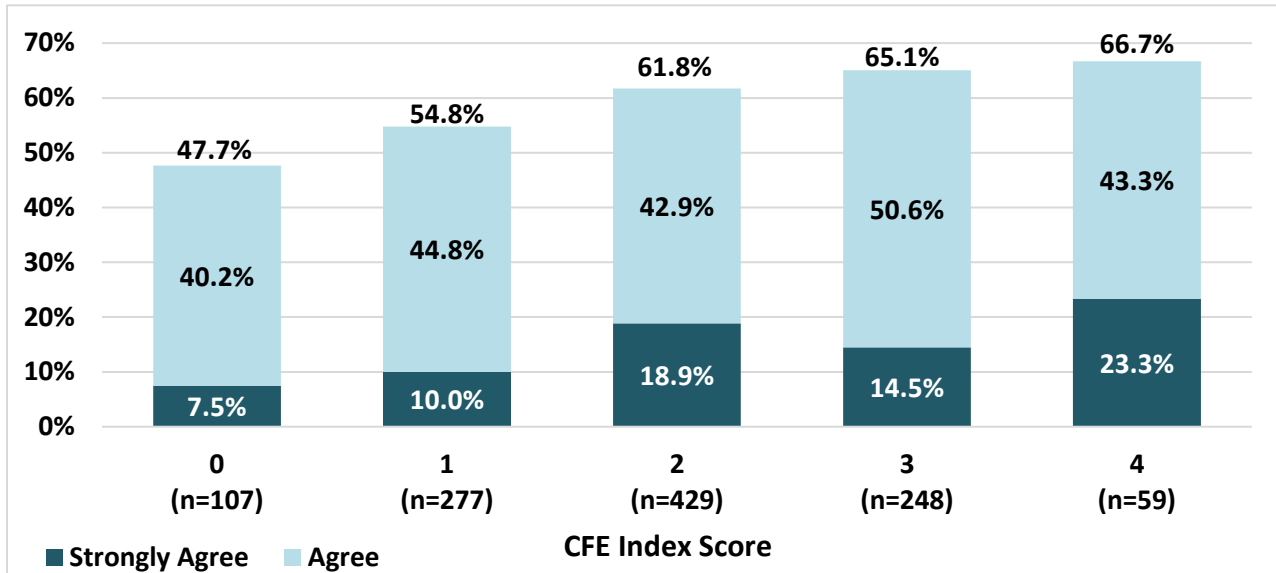
**Figure 8: Proportion of CASA Volunteers who Divide Tasks with CPS, by CFE Index Score (n=1120)**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with dividing casework, as indicated by a bivariate logistic regression.

The last two collaboration quality items assess the extent to which CASA and CPS “divide casework tasks relating to finding and engaging family kin” and “plan for next steps in the case together.” As the CFE index score increases, the proportion of CASA volunteers who “strongly agree” and “agree” increases substantially, as shown in Figure 8 and Figure 9. Without any CFE components, only one-fourth of CASA volunteers report dividing family engagement tasks with CPS caseworkers, and just under half report planning for next steps in the case together. In contrast, on cases with a CFE index score of “3” and “4”, more than half of CASA volunteers reporting dividing tasks and approximately two-thirds report planning for next steps in the case together. These results indicate that CFE is associated with more collaboration and a better working relationship between CASA and CPS.

**Figure 9: Proportion of CASA Volunteers who Plan for the Case with CPS, by CFE Index Score (n=1131)**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with planning together, as indicated by a bivariate logistic regression.

## CULTIVATE

The second step of the CFE process involves searching for and engaging with family and fictive kin connections to cultivate a support network for the child and family. Under CFE, CASA volunteers become more involved in finding and engaging family members and fictive kin and often spend substantial time building the child’s support network.

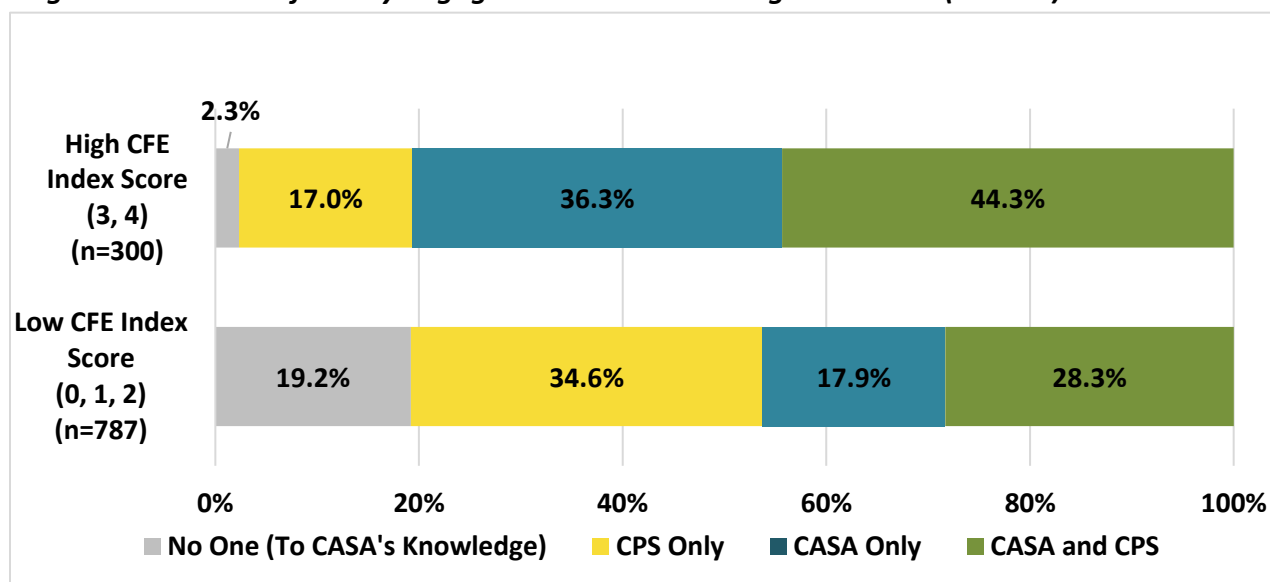
### ***CASA volunteers take on more responsibility for family engagement and dedicate more time to finding and engaging connections on cases with a higher CFE index score.***

One of the most common and consistent elements of feedback we hear about the CFE approach during focus groups with CASA and CPS each year is that the CFE approach brings a shift in perspective and practice surrounding family engagement work. Before CFE implementation, CASA volunteers typically describe that they were not directly involved in working with family and fictive kin connections, and the CASAs who were involved with family typically report that their contact was placement-focused, not support-focused. CFE provides CASA volunteers with the training to search for and engage with families and fictive kin connections and shifts the perspective of both CASA and CPS in such a way that finding and engaging family and fictive kin connections is seen as everyone’s role, not just CPS’ role.

A higher CFE index score is associated with more teamwork across family engagement tasks. On cases with a low CFE index score (“0”, “1”, or “2”), just under half of CASA volunteers report that they were involved in finding connections to provide support for the child on the case, and on 20

percent of cases, CASA volunteers report that no one worked to identify connections to provide support, to the best of their knowledge of the case. In contrast, identifying connections for support occurred on almost all cases (97.7%) with a high CFE index score (“3” or “4”), and on nearly half of cases both CASA and CPS participated. On an additional one-third of high CFE cases, CASA took on this responsibility independently, ostensibly preserving CPS caseworker time for other critical case tasks, such as identifying placement options or obtaining needed services for the child on the case.

**Figure 10: Division of Family Engagement on Low and High CFE Cases (n=1087)**

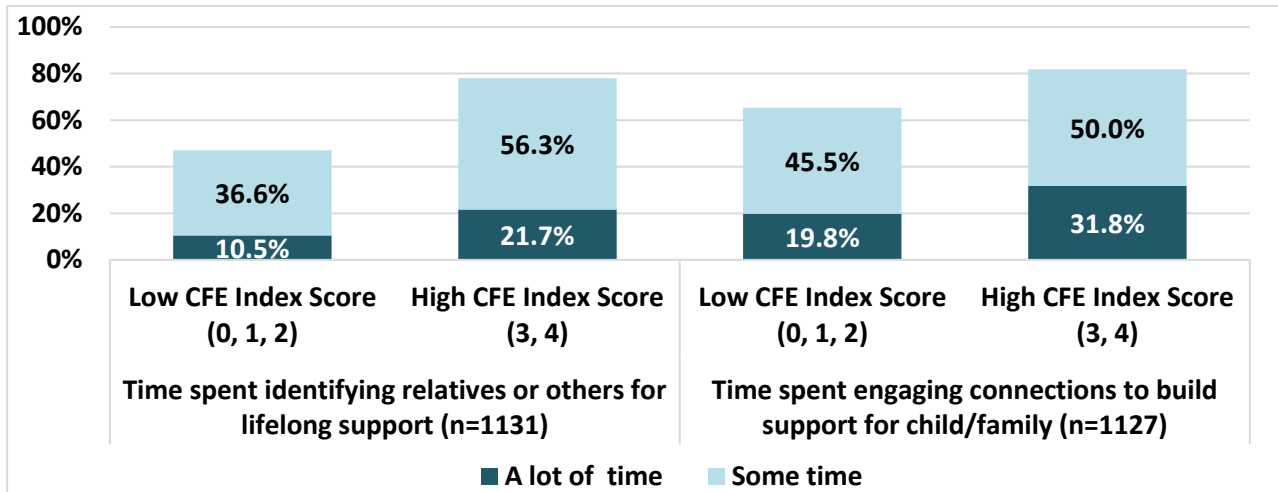


Source: Child Connections Survey B (March 2019). Note: We did not test for significant differences in division of family engagement by CFE index score.

We also examined the amount of time that CASA volunteers report spending on family engagement work by CFE index score as a way to understand the priority placed on family engagement work. As shown in Figure 11, approximately 80 percent of CASA volunteers on high CFE cases report spending “a lot of time” or “some time” on both identifying relatives for lifelong support and engaging connections to build support, compared to one-half to two-thirds of low CFE CASA volunteers. Across all cases, approximately 56 percent of CASA volunteers report spending “a lot of time” or “some time” on identifying or engaging connections for lifelong support (not shown). Considering that CASA and CPS consistently report that developing lifetime networks of support for children and families was not a focus of their work until they began using the CFE approach, these results indicate that the use of the CFE approach is associated with increased emphasis on family engagement among CASA volunteers.



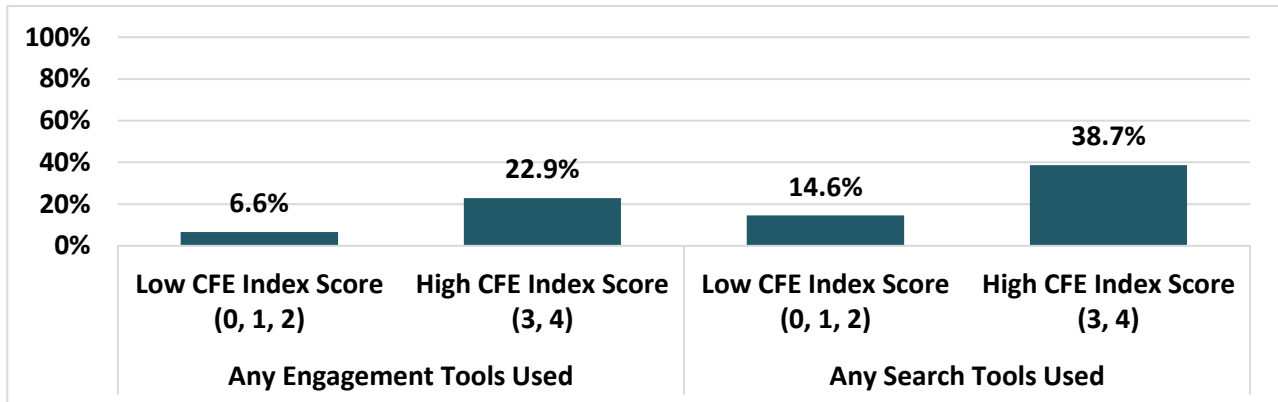
**Figure 11: Time Spent on Family Engagement Activities by CFE Index Score**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with spending “a lot” or “some time” on family engagement, compared to “very little time” or “no time”, as indicated by a bivariate logistic regression.

One component of the CFE approach is providing CASA and CPS with a variety of tools that are used to find and engage family and fictive kin connections on the case. For example, the Seneca Search can be used to generate a list of names and locations of relatives for a child, and the Mobility Map is used to help a child tell the story of her life, including the places she has lived and who she was connected to in each place, so that the CFE team can identify important people in the child’s life. CASA volunteers on both high and low CFE cases report that CASA volunteers and staff use the CFE tools relatively infrequently, with CASAs on high CFE cases reporting that they or another person at their CASA program used CFE engagement tools on only 23 percent of cases and search tools on 39 percent of cases. CASAs on low CFE cases report using engagement tools on fewer than seven percent of cases and search tools on approximately 15 percent of cases.

**Figure 12: CFE Tool Use by CFE Index Score (n=1118)**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with using engagement and search tools, as indicated by a bivariate logistic regression.

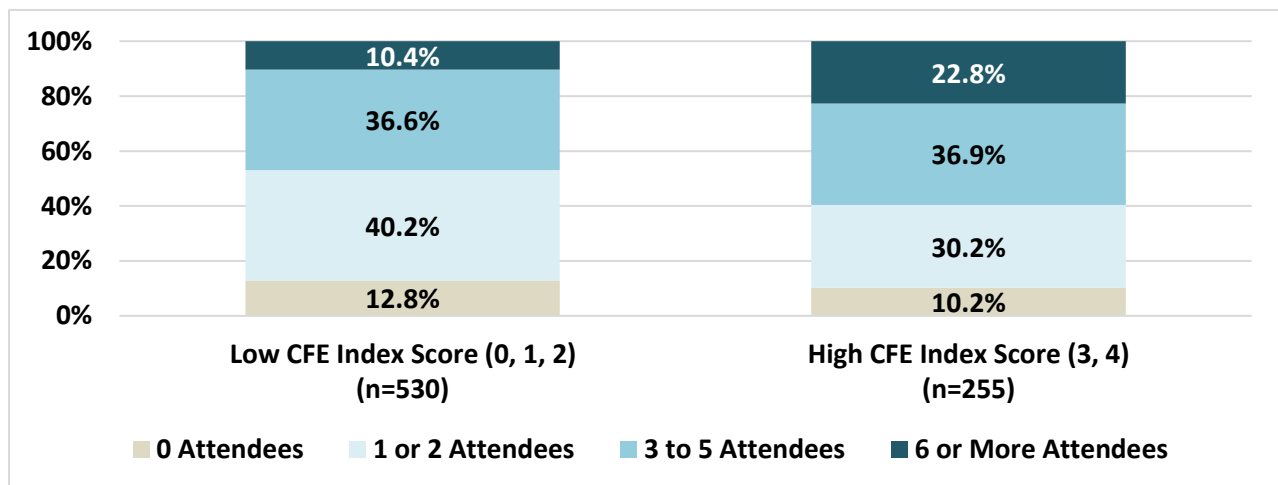
## CONVENE

As CFE teams work to identify connections who could be part of a support network for the child and family on a CFE case, CASA and CPS invite the connections to attend Family Meetings and other case planning meetings, such as Family Groups Conferences (FGCs) or Permanency Conferences, so that they can become involved with case planning and decision-making, and, eventually decide if they can commit to being a part of the lifetime support network. As the CFE index score increases, a greater number and variety of connections attend meetings, including Family Meetings, FGCs, Permanency Conferences, and other meetings, for children on the case. Family meeting participants consistently report that Family Meetings are inclusive of all participants’ opinions and perspectives.

***As the CFE index score increases, a greater number of connections attend case planning meetings, driven by increased participation by extended family and fictive kin connections.***

As the CFE index score increases, CASA volunteers report more people in attendance at case planning meetings, including Family Group Conferences, Family Meetings, and other types of meetings. On cases with a CFE index score of “3” or “4”, six or more different connections have attended a case planning meeting for nearly one-fourth of cases, and on nearly 60 percent of cases at least three connections have attended. In comparison, six or more connections participated in case planning meetings on only 10 percent of low CFE cases, and three or more connections participated on just under half of cases. Figure 13 shows the distribution of meeting attendees by CFE index score.

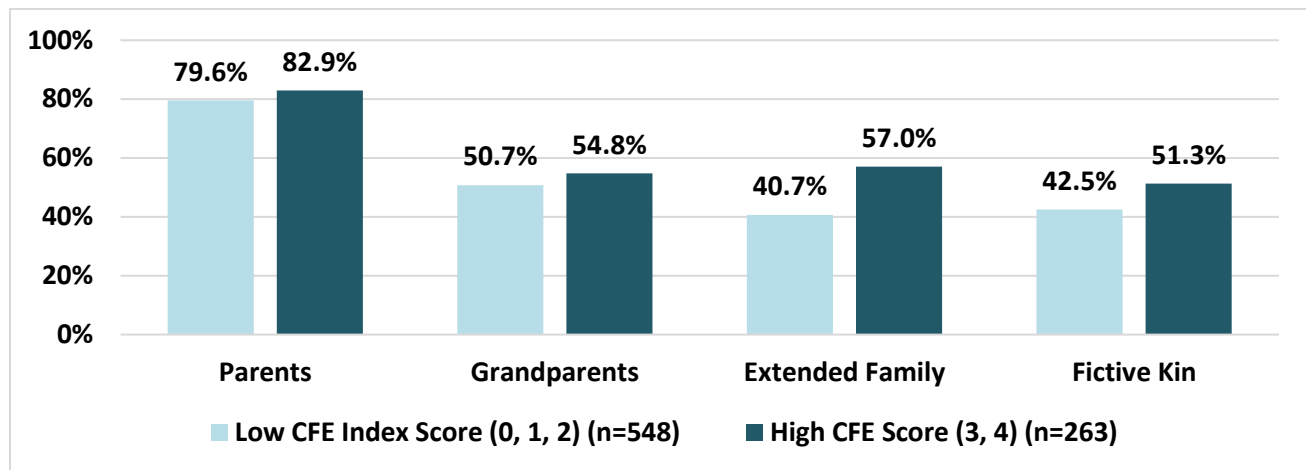
**Figure 13: Number of Connections who Ever Attended a Case Planning Meeting, by CFE Index Score (n=785)**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with having more connections attend case planning meetings, as indicated by a bivariate linear regression. This measure is limited to cases in which the CASA volunteer reported at least one case planning meeting occurred.

Examining the relationship between the child and meeting attendees provides context for the finding that more connections attend case planning meetings on cases with a higher CFE score. As shown in Figure 14, the proportion of cases in which parents and grandparents attended a case planning meeting is similar on cases with high and low CFE index scores. However, cases with high CFE index scores are more likely to have extended family and fictive kin connections in attendance at case planning and decision-making meetings.

**Figure 14: Meeting Attendees by CFE Index Score (n=811)**

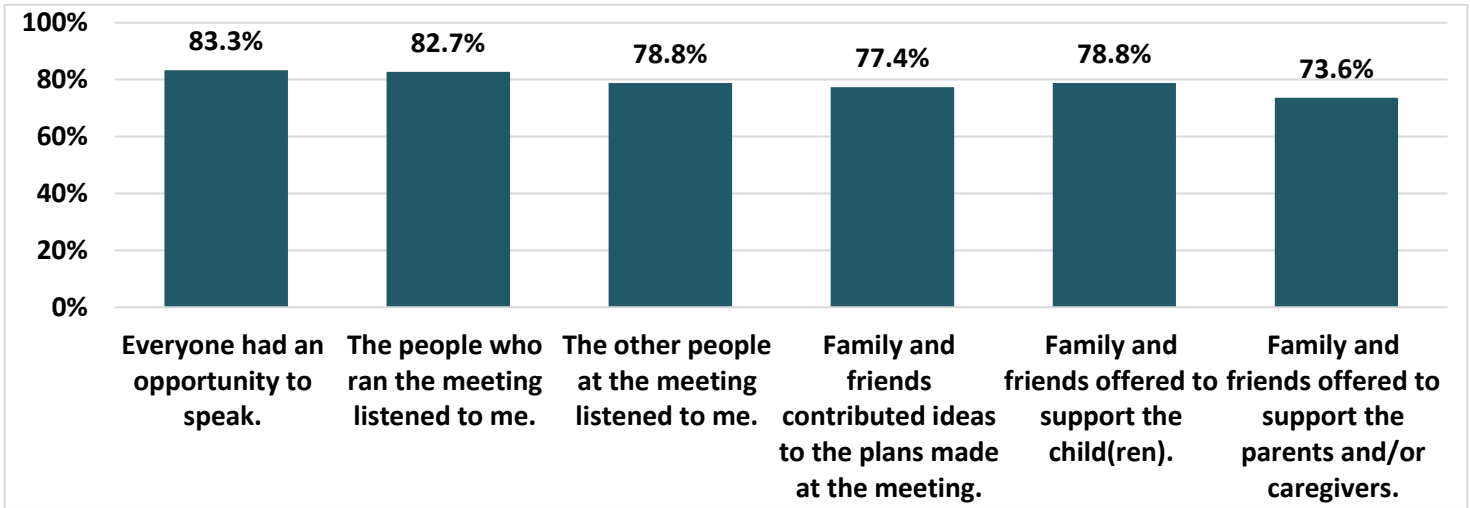


Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with extended family and fictive kin attendance at case planning meetings, as indicated by a bivariate logistic regression. Attendance of parents and grandparents are similar across CFE index scores. This measure is limited to cases in which the CASA volunteer reported at least one case planning meeting occurred.

**CASA, CPS, family, and fictive kin attendees consistently report that CFE Family Meetings are high-quality meetings that provide attendees the opportunity to engage with case planning and decision-making.**

Consistent with feedback provided throughout the evaluation, Family Meeting attendees report high levels of satisfaction with the Family Meeting process. Across two years, we collected data from more than 1,000 Family Meeting participants, including professional and personal family connections. Between seven and eight out of ten participants “strongly agree” that Family Meetings provide opportunities to speak and be listened to and to meaningfully contribute to the case planning process. Approximately 75 percent of respondents “strongly agree” that family and friends offered to support both the child and the parents and/or caregivers during the meeting, as shown in Figure 15.

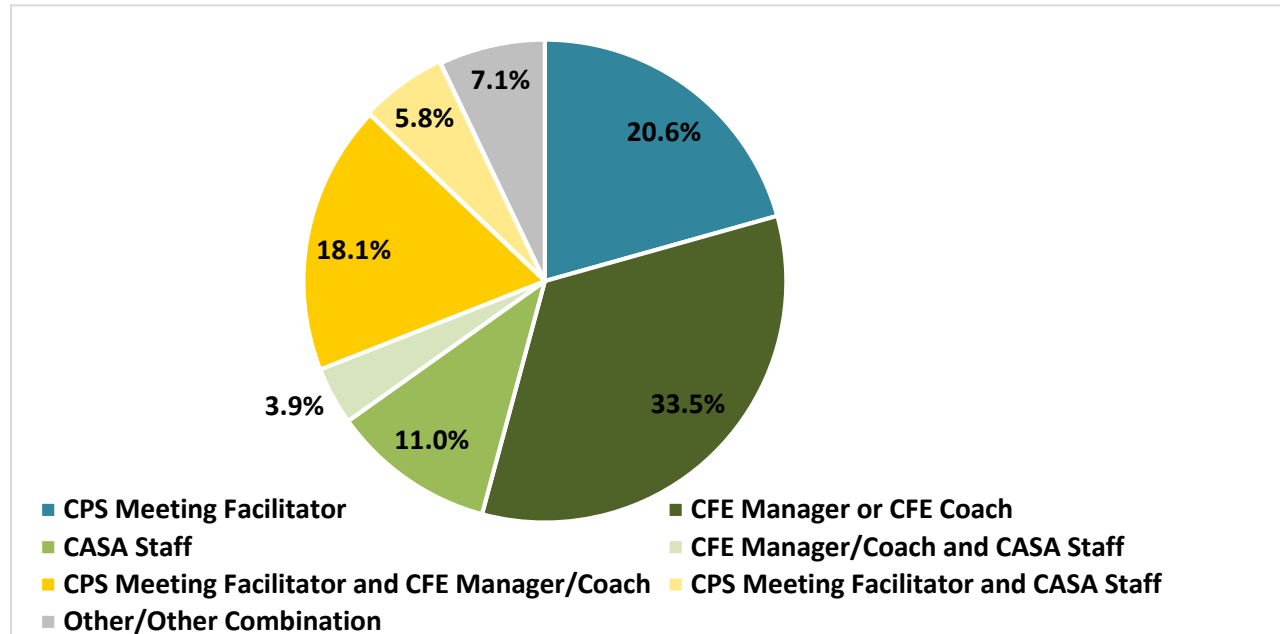
**Figure 15: Family Meeting Quality, Proportion of Attendees who “Strongly Agree” (n=1047)**



Source: Family Meeting Survey- CASA Volunteer and Participant Versions (February 2018 – June 2019).

In addition to collecting feedback from Family Meeting participants, we collect data on the facilitation and activities completed from the CASA volunteer on the case. As shown in Figure 16, Family Meetings are most commonly facilitated by a CFE coach or the CFE manager (34%), a CPS meeting facilitator (20%), or both a CFE coach or manager and CPS facilitator (18%). The variation in facilitators across Family Meetings aligns with the flexible nature of the CFE approach that encourages a variety of CASA and CPS team members to take on leadership tasks for CFE, both at the site and case level, depending on the unique needs and processes of each site.

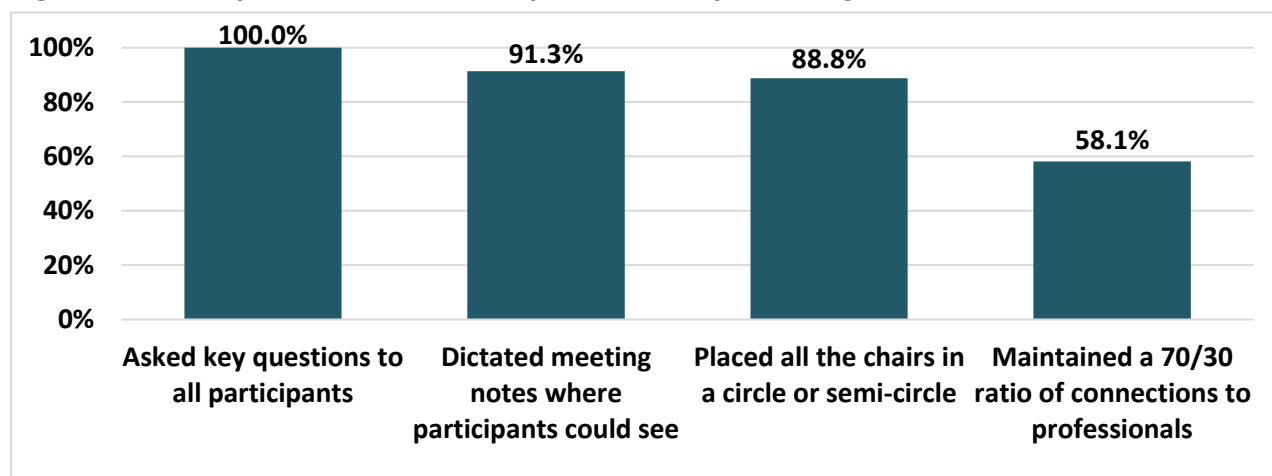
**Figure 16: Family Meeting Facilitator(s) (n=155)**



Source: Family Meeting Survey- CASA Volunteer Version (February 2018 – June 2019).

Consistent with findings from the previous evaluation year, Family Meeting facilitation techniques are used at the majority of Family Meetings (see Figure 17). Asking key questions to each participant, dictating notes where all participants can see, and placing chairs in a circle or semi-circle are each incorporated into at least nine out of ten Family Meetings. Maintaining a 70/30 ratio of family to professional connections appears to be an ongoing challenge, with fewer than 60 percent of Family Meetings meeting this criteria.

**Figure 17: Use of Facilitation Techniques at Family Meetings (n=160)**



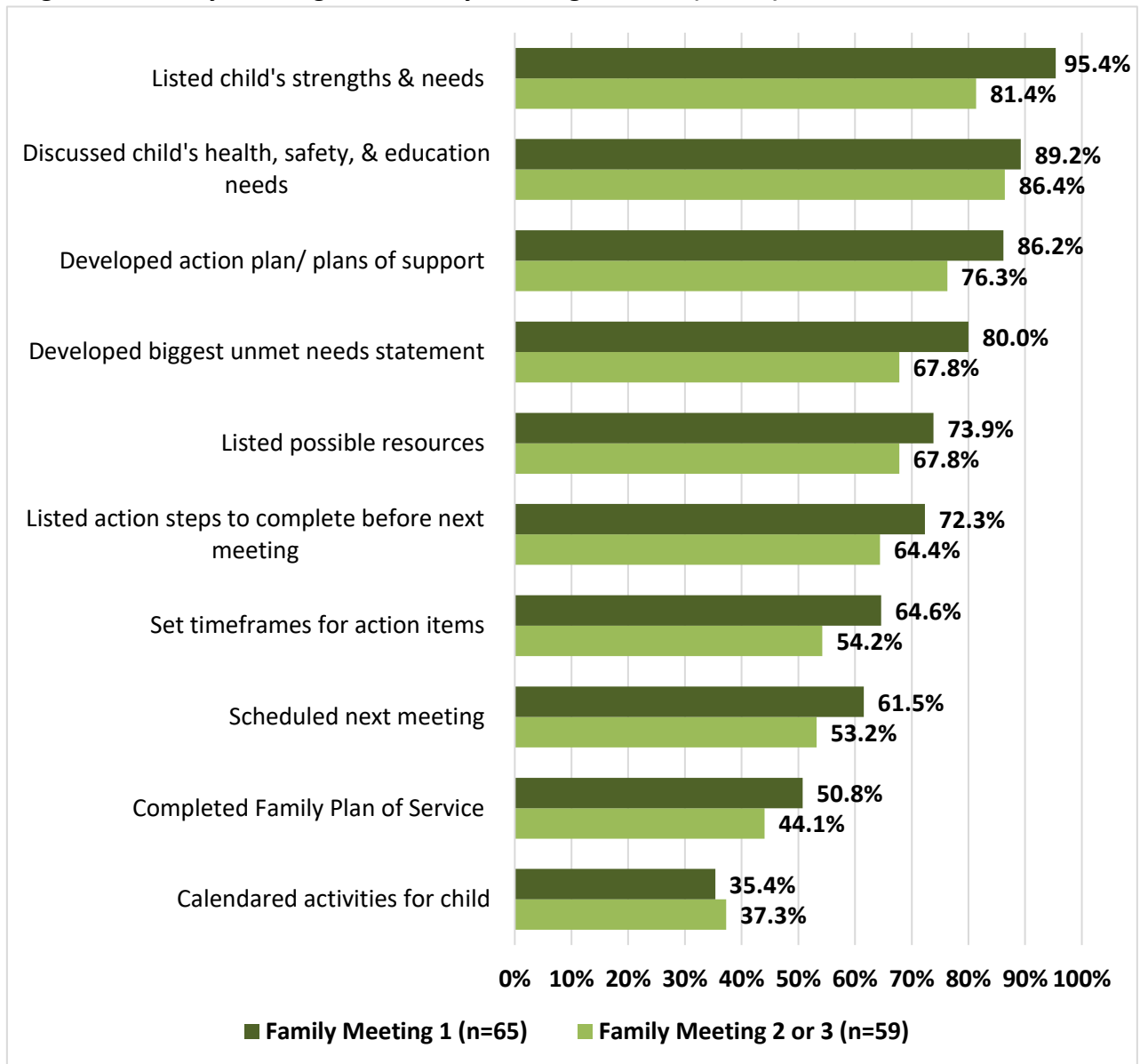
Source: Family Meeting Survey- CASA Volunteer Version (February 2018 – June 2019).

In addition to examining Family Meeting facilitation, we assess the extent to which different activities occur at Family Meetings, as reported by the CASA volunteer, providing an understanding of how common different Family Meeting activities are and whether the activity occurs most commonly at the first Family Meeting or subsequent Family Meetings. Because we have a small number of surveys from the third Family Meeting (n=14), we present the second and third Family Meeting together. Additionally, we are missing data on the meeting number from nearly one-fourth of Family Meeting Surveys (n=37), and therefore these surveys are excluded from the activities analysis.

Overall, we find that the most common activities include listing and discussing the child's needs and developing action plans, and each of these activities occurs at more than 75 percent of first Family Meetings and second/third Family Meetings. The least common activity is calendaring, which occurs at only one-third of Family Meetings, including second and third meetings. Calendaring is one of the most important activities to building and sustaining a support network for the child or children on the case, indicating important room for growth in ensuring cases have a sufficient number of Family Meetings to incorporate calendaring and conveying to CFE teams the importance of calendaring.

The CFE approach was initially designed to conduct different CFE activities at each Family Meeting in a way that corresponds to case progress. For example, at the first Family Meeting, connections would not be asked to make any decisions or commitments, but rather the focus of the meeting would be on information gathering. Then, at subsequent meetings connections would be asked to make specific commitments to support the child and family during and after the case. As shown in Figure 18, however, the activities reported from first Family Meetings and later Family Meetings are very similar, with no major differences in activities reported from first and later Family Meetings.

**Figure 18: Family Meeting Activities by Meeting Number (n=124)**



Source: Family Meeting Survey- CASA Volunteer Version (February 2018 – June 2019). Note: Because of the relatively small sample, we did not test for significant differences between Family Meeting 1 and Family Meeting 2 or 3.

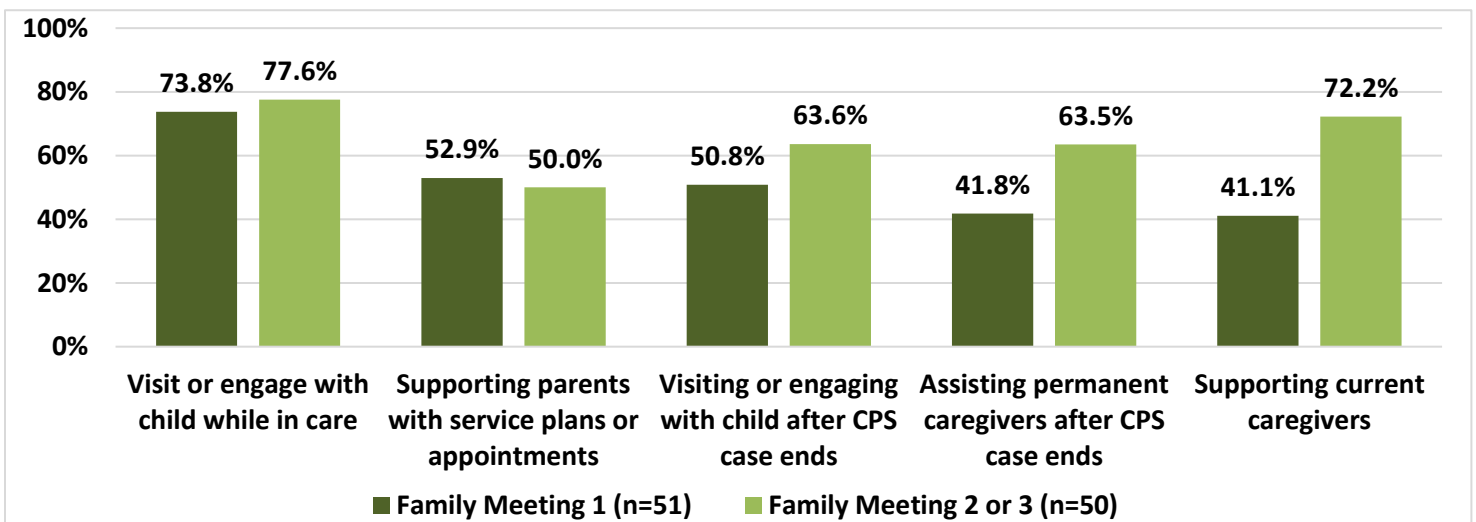
**At least one personal or professional connection made a plan to support the child, parent, or caregiver at 90 percent of Family Meetings.**

CASA volunteers report that at the vast majority of meetings, at least one personal or professional connection makes a plan to support the child, parent, or caregiver on the case. Most commonly, at approximately 75 percent of Family Meetings, connections make plans to visit or engage with the child while the child is in care. At approximately half of Family Meetings, one or more connections make a plan to support the parents to complete their service plan or attend appointments.

Making plans to support current caregivers and making plans to support the child or parents after the CPS case ends occur somewhat differently at first Family Meetings and subsequent Family Meetings. At 40 to 50 percent of first Family Meetings connections make these types of plans, compared to 63 to 72 percent of later Family Meetings, indicating that decisions to support caregivers and remain involved after the case are made somewhat more commonly later in the case, but decisions to visit the child while the child is in care happens across the case process. Figure 19 shows the different types of plans made at Family Meetings. Overall, making plans to support the child or family is a very common activity across the Family Meetings we collected data from, indicating that this step in the CFE process occurs most of the time during Family Meetings.

Importantly, though we collected data from 161 Family Meetings over two evaluation years, we do not know the total number of Family Meetings that occurred over this timeframe, and therefore do not know the survey response rate. It is possible that the Family Meetings represented in the survey sample are different from the Family Meetings from which we do not have any data.

**Figure 19: Plans of Support Made by Family Meeting Number (n=101)**



Source: Family Meeting Survey- CASA Volunteer Version (February 2018 – June 2019). Note: Because of the relatively small sample, we did not test for significant differences between Family Meeting 1 and Family Meeting 2 or 3.

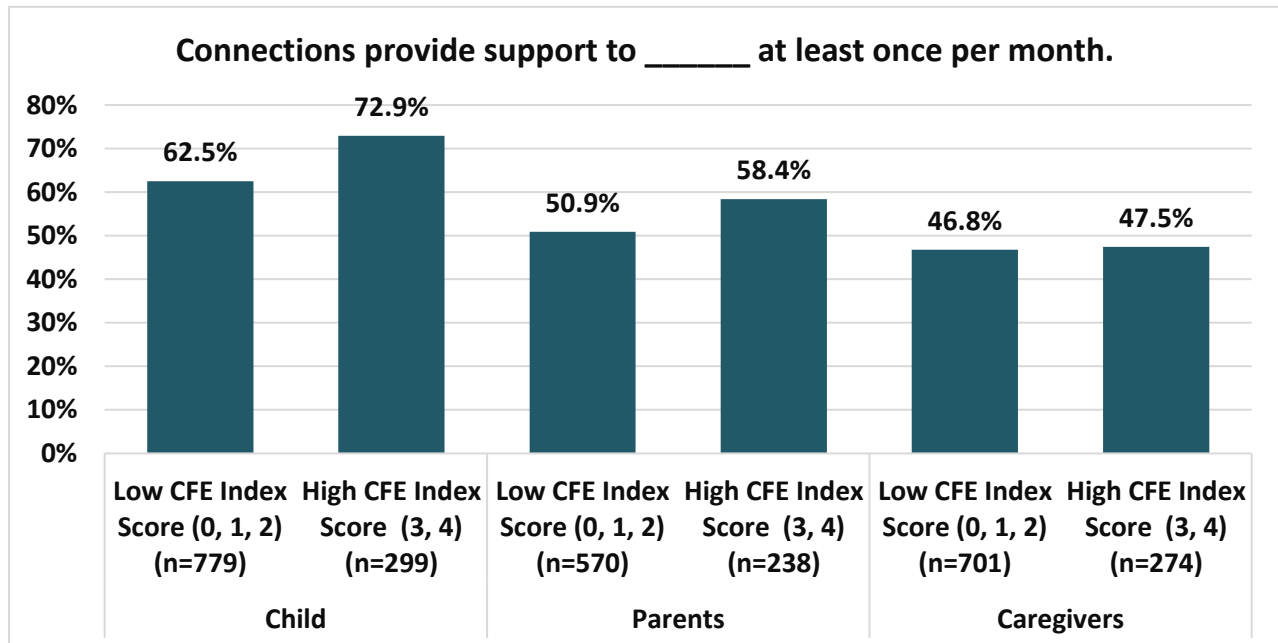
## CONNECT

After connections are located and brought into the case process through Family Meetings, the next step of CFE is to determine ways that each connection can provide support to the child, current caregivers, and/or birth parents (if they are involved in the case). This step is perhaps the most difficult; CFE teams can encourage connections, help them think of ways to provide support, and ask for specific commitments to support the child and family, but at this point responsibility for completing the step is transferred to the connections. Across all cases, irrespective of whether the case received any case planning meetings, we find that on cases with a higher CFE index score, a higher proportion of children and parents receive support from connections. Caregiver support looks similar as CFE index score increases.

***As the CFE index score increases, a higher proportion of children and parents receive support from connections once a month or more.***

As the CFE index score increases, the proportion of children who receive support from family or fictive kin connections also increases. On cases with a CFE score of “0”, approximately half of cases have any support provided to children at least once a month by a connection. On cases with a CFE index score of “3” or “4”, nearly 75 percent of cases have support provided to children once a month or more, indicating that a higher CFE index score is associated with more support provided to children, as shown in Figure 20.

**Figure 20: Proportion of Cases with Support by Connections Once Per Month or More, by CFE Index Score**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with monthly support to the child and parents, as indicated by a bivariate logistic regression. There is no significant difference in caregiver support by CFE index score.

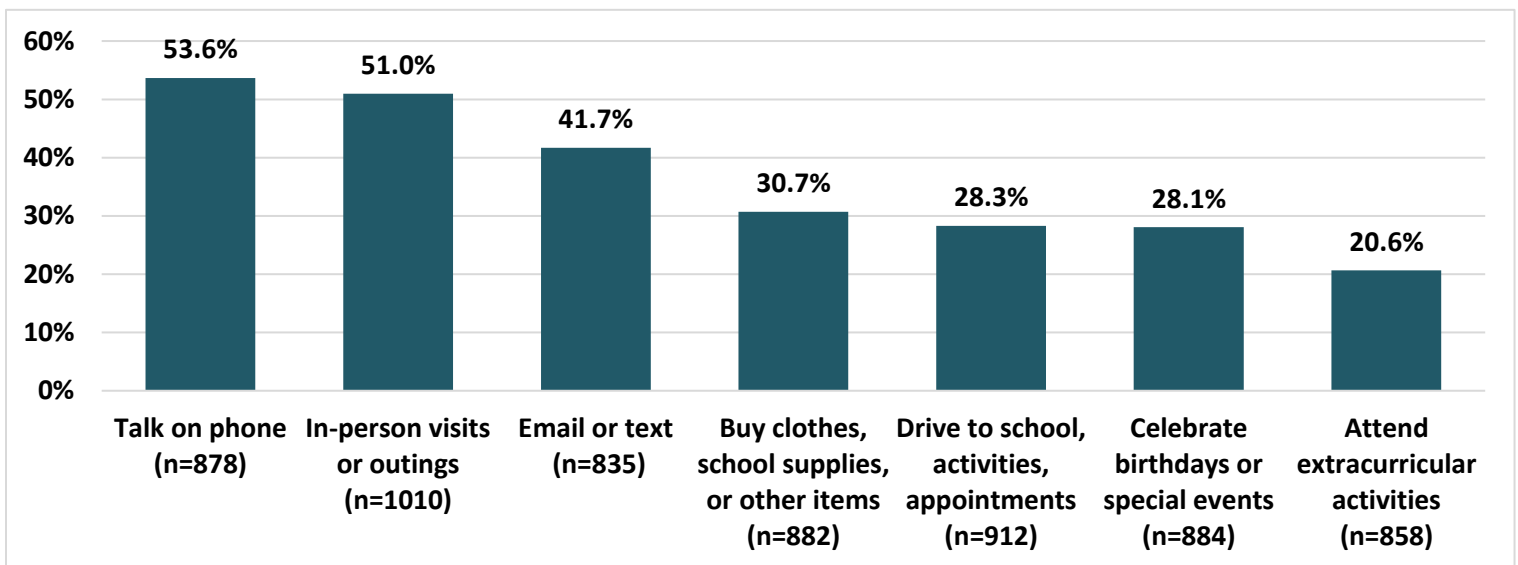


Though the increase is much less pronounced than with support to children, support to parents also increases as the CFE index score increases. On cases with a CFE index score of “0”, 46 percent of parents receive support at least once per month, compared to 58 percent of parents on cases with a CFE index score of “3” and “4”. Regardless of CFE index score, just under half of cases receive support to caregivers at least once a month.

In addition to examining frequency of support that connections provide to children, parents, and caregivers, we measured the different types of support provided to children to better understand how connections typically support children. The most common type of support that connections provide to children is talking on the phone or visiting in person, which occur on half of all cases in a given month, indicating that support to children commonly occurs in person and over the phone. CASA volunteers report that connections engage with children through email or text at least once a month on four out of ten cases, as shown in Figure 21. Connections provide other types of support monthly, such as buying the child needed items, driving the child to school or activities, celebrating special events, and attending extracurricular activities on 20 to 30 percent of cases.

Importantly, the difference in support between cases that receive more CFE and less CFE, as measured by the CFE index score, is driven primarily by two types of support, talking on the phone and emailing or texting. For each of the other types of support, connections provide the support at similar rates on high CFE and low CFE cases. However, connections support the child by talking on the phone at least once a month on 51 percent of low CFE cases compared to 60 percent of high CFE cases. Similarly, connections email the child at least once a month on 40 percent of low CFE cases, compared to 46 percent of high CFE cases.

**Figure 21: Proportion of Cases with Support to Child At Least Once Per Month, by Type of Support**

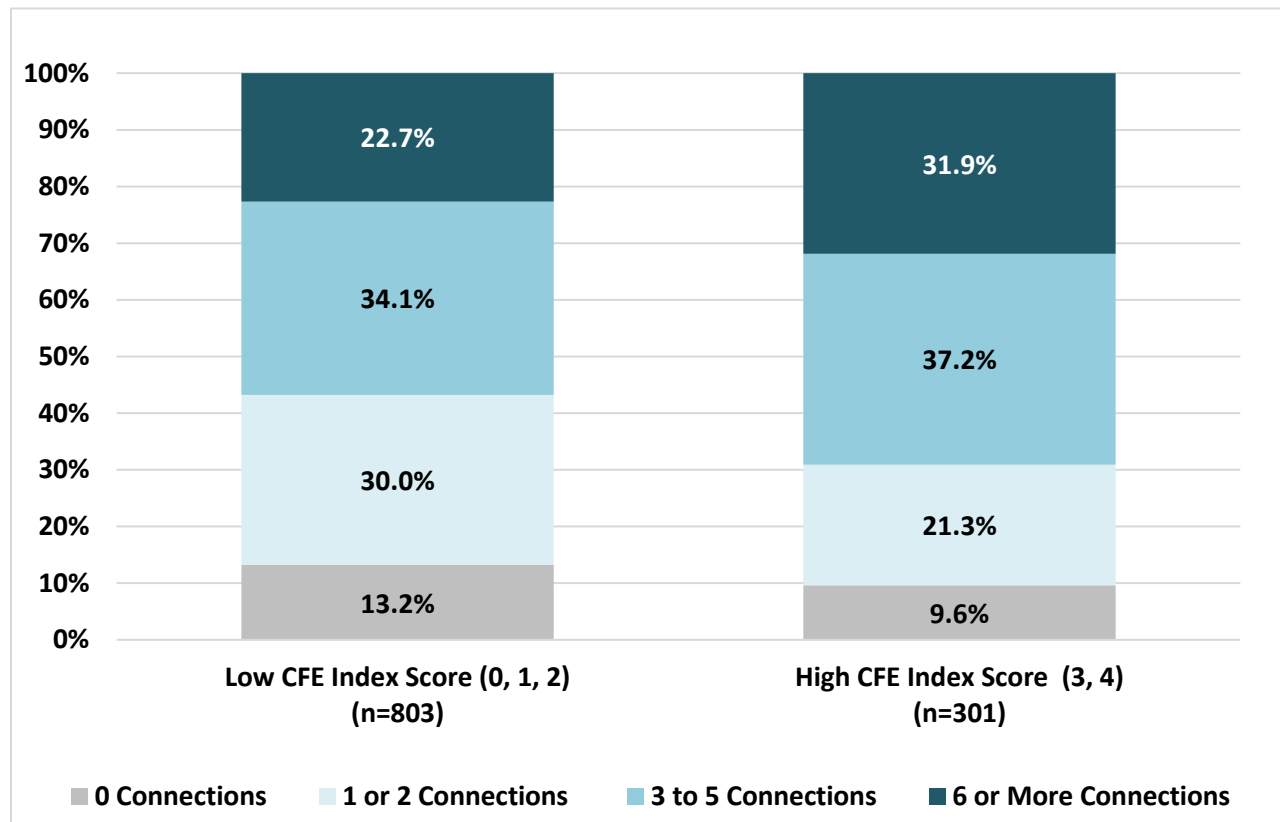


Source: Child Connections Survey B (March 2019).

**CASA volunteers report a greater number of connections for children on cases with a higher CFE index score compared to cases with a lower CFE score.**

The ultimate goal of CFE is to build a lifetime network for children and families to provide a support network of loving individuals to support safe permanency and connectedness throughout the child’s life, regardless of the outcome of the case. As the CFE index score increase, cases have a greater number of connections reported. On cases with a high CFE index score (“3” or “4”), for example, nearly seven in ten cases report at least three connections to the child, compared to fewer than six in ten for cases with a low CFE index score. Overall, we find that applying the CFE approach to cases facilitates an increase in the number of individuals connected to the child.

**Figure 22: Number of Connections to the Child (n=1140)**



Source: Child Connections Survey B (March 2019). Note: A higher CFE index score is significantly associated with a higher number of connections, as indicated by a bivariate linear regression.

***CFE teams report that the CFE process supports building healthy connections, discouraging unhealthy connections, and identifying kin placements options.***

Supporting the Child Connections Survey findings that the CFE approach is associated with increased child connectedness, 51 CFE teams provided Connectedness Reflections from their case that detail the ways that the child’s connectedness changed over the course of the CFE process. At the median, CFE teams reported that the child on CFE cases had three connections at the beginning of the case, including one strong connection. At the median, children gained four connections during the CFE process, including a gain in three strong connections. Key themes that CFE teams reported in the reflections include that the CFE approach facilitated development of new connections, supported healthy boundaries or discontinued relationships with unhealthy connections, and supported the team to identify placement options for the child as well as resources to meet the child’s needs, such as medical care or educational support. The following quotes from Connectedness Reflections highlight key themes from the end-of-case surveys:

*“It was a joy to attend the child’s 5<sup>th</sup> birthday party, the week she was reunited with her family, where over 30 extended family members attended. In my opinion, this reunification would not have happened without the CFE process.”*

*“The child has at least five supportive adults who will be there for the child now that the case has closed. The parents, paternal great-grandparents, and maternal aunt are all a part of the lifetime network. I believe they were strengthened through this CFE process.”*

*“Through CFE we were able to locate other family who became placement and are a good support network.”*

*“After being in care for over 3 years, family was finally located and relationships built and strengthened; a stronger bond continues to develop! Child is in a RTC, but [family] sends packages and letters consistently.”*

**PLACEMENT, PERMANENCY, AND WELLBEING**

CFE aims to improve wellbeing, placement, and permanency outcomes for children in substitute care through increasing family and community supports for the child and family. Specifically, placement goals of CFE include identifying kin placements for children in care and decreasing the time spent in congregate care or other specialized substitute care placements. CFE also aims to facilitate safe reunification, identify permanent placements with family and fictive kin when reunification cannot occur, and, if no placements are available with family or fictive kin, to identify another permanency option for children in care.

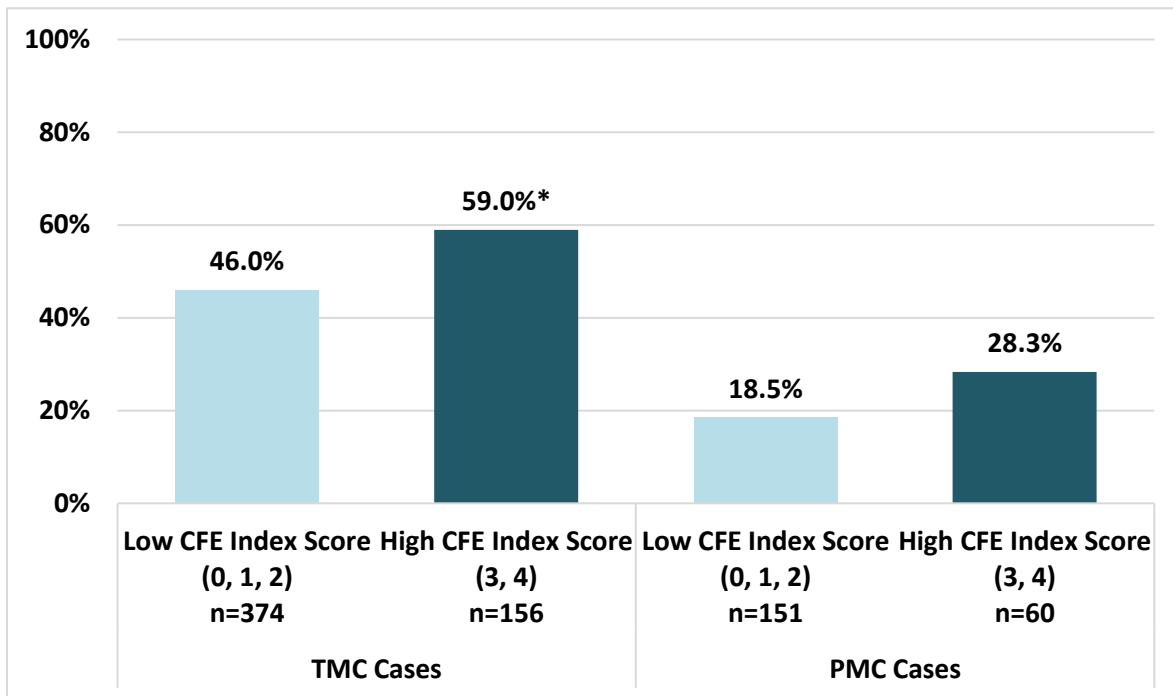
In prior evaluation years we provided preliminary outcomes results, but up to this point it has been too early in the implementation of CFE to assess case outcomes. In the following section, we present placement, permanency, and wellbeing outcomes for cases that were open at any

point during the year 2018 and reached a final case outcome or had been in a PMC to state status for at least six months as of November 30, 2018.

**More children on TMC cases with a high CFE index score move from non-kin into kin placements compared to children on cases with a low CFE index score. Movements into kin placements are similar across PMC cases regardless of CFE index score.**

One important goal of the CFE approach is to locate family and fictive kin who might be able to care for the child or children so that the children do not have to remain in foster care with caregivers who they do not know. In addition to helping children feel more comfortable and at home while they are in CPS conservatorship, identifying relative caregivers during the case is also important because these relative caregivers may be able to provide a permanent home for the children if they are unable to return home to their parents. As the CFE index score increases, significantly more children move from non-kin into kin placement. On cases with a CFE index score of “0”, 40 percent of children who did not begin in a kin placement moved into a kin placement, compared to 54 percent of children on cases with a CFE index score of “4”.

**Figure 23: Proportion of Cases with a Movement into Kin Care, by CFE Index Score (n=741)**



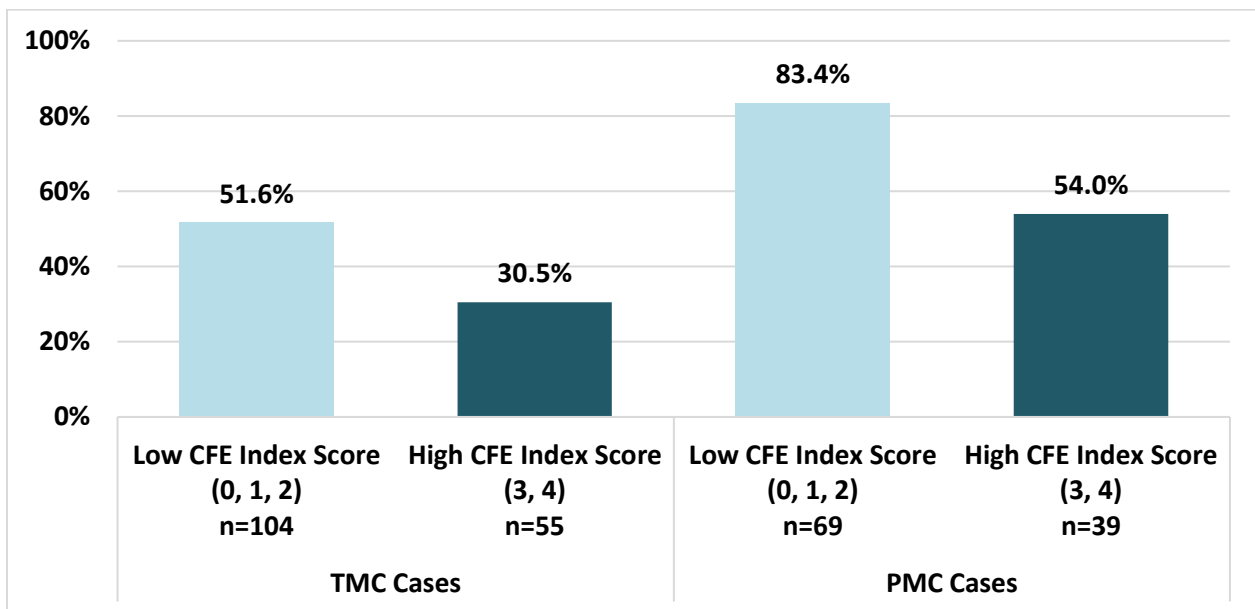
Source: Child Connections Survey B (March 2019) and DFPS IMPACT data current through November 30, 2018. Note: A higher CFE index score is significantly associated with movements into kin care among TMC cases, as indicated by a bivariate logistic regression. There is no association between CFE index score and movements into kin care among PMC cases. The sample for this measure is limited to cases that did not begin in kin care.

**Among children who spend any time in congregate care, receiving more CFE may be associated with spending less time in congregate care.**

Another placement goal of CFE is to decrease the amount of time that children and teens spend in congregate care or other specialized placement types, such as psychiatric hospitals or juvenile detention. The theory is that an increase in family and fictive kin support to the child will facilitate more stable behavior that will allow the child to move into less restrictive and more family-like settings, including kin placements. Considering that fewer than 30 percent of children spend any time in congregate or other placement types, we compared time spent in congregate settings among only children who ever had a congregate or other specialized placement.

We find a preliminary trend indicating that children on cases with a high CFE index score (“3” or “4”) may spend less time in congregate care than children on cases with a low CFE index score (“0”, “1”, or “2”). On both TMC and PMC cases, the time a child at the median spent in congregate care on a high CFE case was 30 percentage points lower than the median child on a low CFE case. Though the results are not statistically significant, the sample of children who spent any time in congregate care and for whom we had at least six months to observe is relatively small (TMC n=159; PMC n=108), indicating that we should continue measuring this outcome in the future when the sample is larger to better assess the association between CFE and time in congregate care.

**Figure 24: Median Proportion of Case Spent in Congregate Care or Other Settings, by CFE Index Score (n=267)**



Source: Child Connections Survey B (March 2019) and DFPS IMPACT data current through November 30, 2018. Note: Among TMC and PMC cases, CFE index score is not significantly associated with the proportion of time spent in congregate care or other specialized settings among cases in which the child spent at least one day in congregate care or another specialized setting.

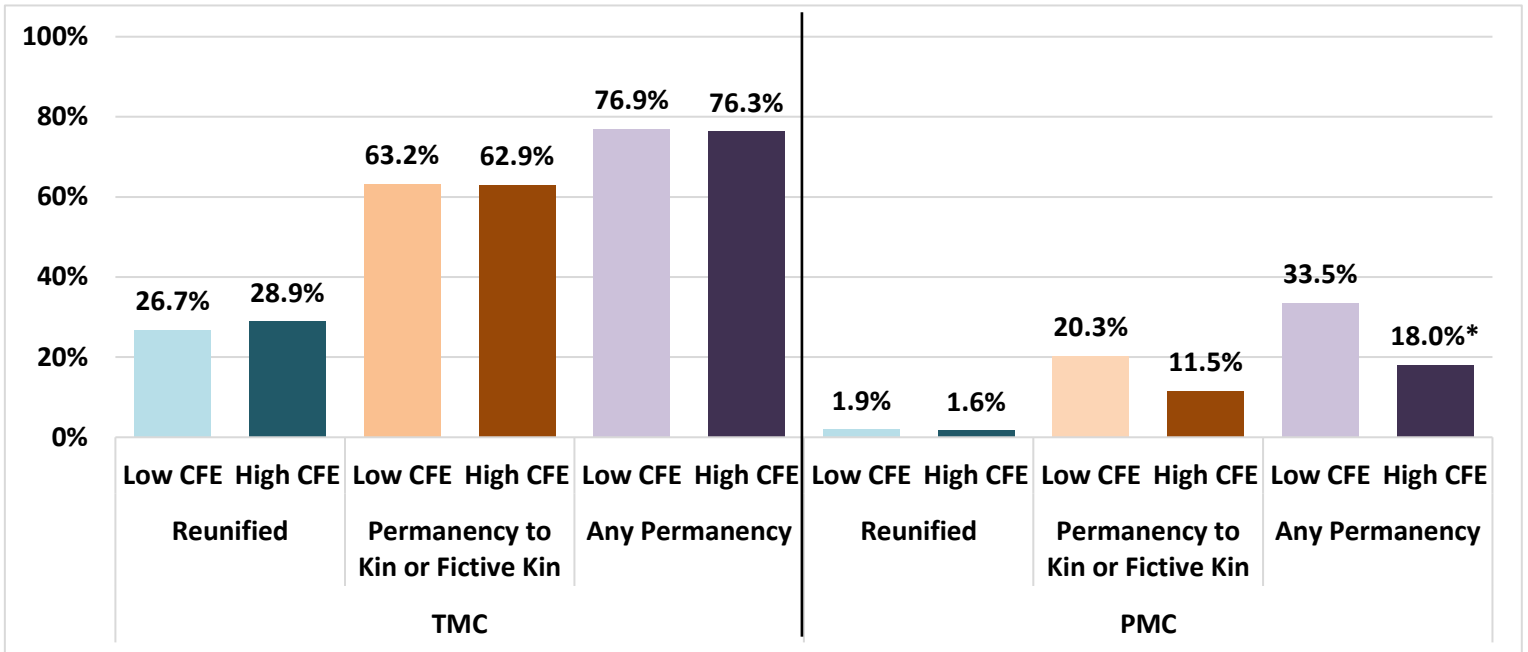
***The CFE approach is not associated with increased reunification, permanency with kin, or overall permanency among TMC or PMC cases.***

The ultimate goal of the CFE approach is to find a safe and loving permanent home for each child in care. The top priority for CFE cases is to reunify families when it is safe to do so. If reunification is not possible, the next goal is to find children a safe permanent placement with family or fictive kin connections, followed by identifying another permanency option if no family or fictive kin are available. The proportion of cases that reunify and the proportion of cases that reach permanency with family or fictive kin do not differ by CFE index score among TMC or PMC cases, indicating that receiving more CFE services is not associated with improved case outcomes in terms of reunification or finding permanency with kin.

We also examined overall permanency rates among cases with high (“3” or “4”) and low (“0”, “1”, or “2”) CFE index scores. Among TMC cases, permanency rates are similar as cases receive more CFE. For PMC cases, however, we find that cases with high CFE index scores have lower rates of permanency than cases with low CFE index scores. One possible explanation for lower permanency rates among cases that receive more CFE is case selection; we commonly hear during focus groups that PMC cases are selected for CFE specifically when the case has one or more teens, often teens who are preparing to age out, and thus have limited opportunity to find permanency.

Figure 25 shows the proportion of high CFE and low CFE cases, separated by TMC and PMC cases, that reach each of the three key case outcomes that CFE targets, limited to cases that have reached a final outcome or have been in PMC to state for at least six months. We allow six months in PMC to state from the date that CFE implementation began at a site (for cases that were already open and in PMC) or from the time a TMC case moves into PMC (for newer cases) to allow time for pending adoptions to occur or to provide opportunity for family engagement work to occur.

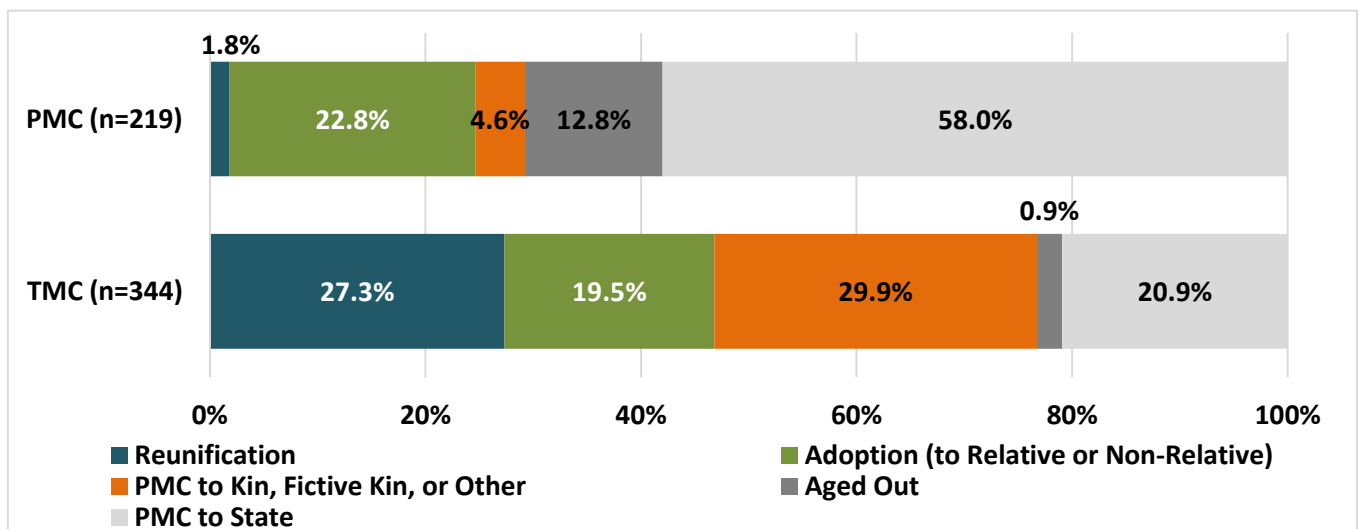
**Figure 25: Key Permanency Outcomes by Legal Status (n=563)**



Source: DFPS IMPACT data current through November 30, 2018. Note: “Low CFE” TMC n=247; “High CFE” TMC n=97; “Low CFE” PMC n=158; “High CFE” PMC n=61. Note: Among TMC cases, CFE index score is not significantly associated with permanency outcome. Among PMC cases, CFE index score is significantly associated with lower rates of permanency. Among PMC cases, CFE index score is not associated with rates of reunification or permanency with kin. The sample for this measure is limited to cases that have a final outcome or have been in a PMC to state status for at least six months as of November 30, 2018.

In addition to analyzing the key target case outcomes of CFE, Figure 26 presents the overall distribution of case outcomes for TMC and PMC cases that have reached a final outcome, or for which at least six months in PMC to state has passed.

**Figure 26: Case Outcome, by Legal Status (n=563)**

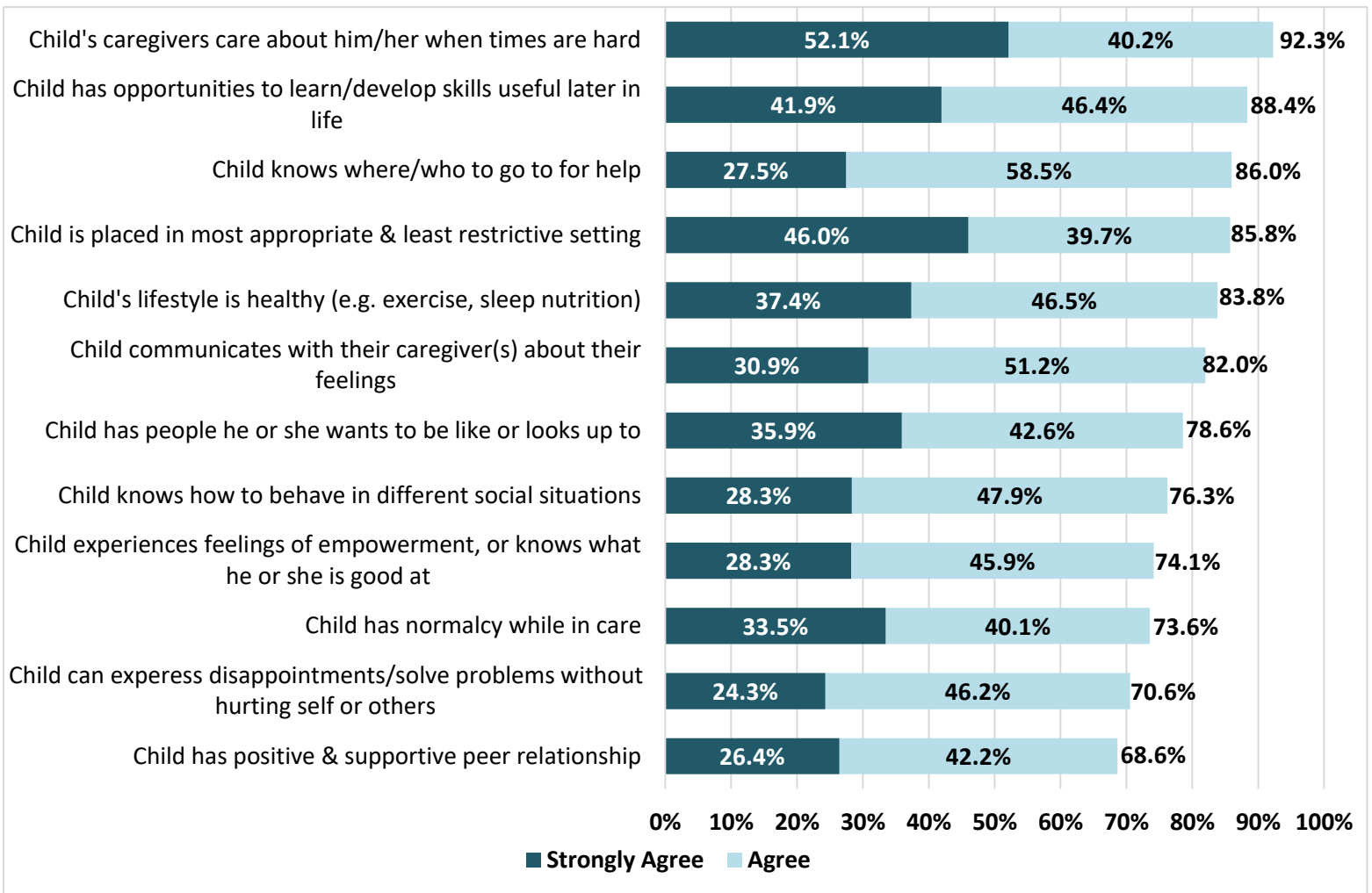


Source: DFPS IMPACT data current through November 30, 2018.

**CFE index score is not associated with higher levels of child wellbeing.**

Another key goal of the CFE approach is to facilitate greater child wellbeing among children who receive CFE services. Using a number of key metrics developed to assess various components of child wellbeing, we find that the CFE index score is not associated with child wellbeing, as reported by the CASA volunteer. Figure 27 presents the proportion of CASA volunteers who “strongly agree” and “agree” with each measure of child wellbeing. Because results are similar across cases with different CFE index scores, we show all cases together.

**Figure 27: Child Wellbeing, All Cases (n=910)**



Source: Child Connections Survey B (March 2019). Note: CFE index score is not significantly associated with child wellbeing, as reported by the CASA volunteer, as indicated by bivariate logistic regressions.



## Ongoing Challenges and Considerations for the Future

Year Four evaluation findings indicate the CFE practice is associated with increased CASA and CPS collaboration, increased emphasis on cultivating a family support network, increased involvement from extended family and fictive kin when teams convene to plan and make decisions about the case, and increased connectedness to children and parents as connections provide support. Findings are more mixed as to whether CFE is associated with better placement, permanency, and wellbeing outcomes for children and families. Further, the rates of implementation of some key components of CFE, particularly Family Meetings, remains limited across most sites, indicating continued room for growth to reach more families with CFE services and to move the mark on case outcomes for children and families served. The following section highlights key challenges and considerations for ongoing CFE implementation. The challenges presented highlight common themes discussed by CASA and/or CPS focus group participants during Year Four focus groups that are also consistent with themes from prior evaluation years.

### **1. Sustaining family engagement with connections identified and brought into the case process is a key challenge to CFE.**

*“The family was very for [engagement] to begin with and they started having visits but then a lot of them just kind of dropped off of it. I don’t think that’s necessarily CFE I think that’s just the reality of stress for that family. I’d spoken with one of them but they were just like ‘I want to do this’, but right now because of whether it’s job or other, personal, things, they just weren’t able to do it. But because we were able to do [the Family Meeting], there is a sister that continues to visit with [the children]...So that right there allowed us to be able to at least have something to continue with.” - CASA Focus Group Participant*

Across evaluation years, a key challenge that CASA and CPS continue to highlight is that sustaining family engagement over time can be extremely difficult, particularly on PMC cases when the child may have been isolated from the family for several years and may live far away from the connections, limiting the potential for regular in-person contact. The first three steps of the CFE approach (“collaborate”, “cultivate”, and “convene”) rely on the agency of CASA and CPS members of the CFE team. However, the success of the last step, “connect”, rests on the willingness of family and fictive kin to make commitments to the child and to follow through on developing and maintaining a relationship. Focus group participants describe that often family connections attend one or two Family Meetings, but then do not remain engaged with the child or the case after that point. One specific barrier to family engagement is physical distance between the child and connections; it can be particularly difficult to facilitate family engagement when the connections must travel a long distance to visit the child in-person. On half of the

Family Meeting Surveys, CASA volunteers indicated that the geographic distance between the child and the connections and being able to find and engage appropriate connections are challenges for their case, further emphasizing that family engagement challenges are common.

*“That is one of the things that was different about the family meetings that we have is we [decided], ‘ok you’re doing this, you’re doing this, you’re going to send me this by Thursday’, you know like we kind of delegated things, which I don’t think would have happened in like a family group conference...Because if there’s something that needs to be done and maybe this person assumes that person’s going to help them with it, so you know, and then nobody’s doing it because they think everybody else was doing it. So we kind of gave [connections] little chores too and then that kind of helped them stay involved. Like ‘yes I’m going to do this on Tuesday’.” - CASA Focus Group Participant*

CASA and CPS describe strategies during focus groups that they find effective to help family members follow through, such as supporting connections to make very specific and measurable commitments. To support CFE teams to mitigate this ongoing and inherent challenge, implementers can ensure all sites and all CFE teams are aware of promising family engagement strategies and continue to develop new strategies to support family follow-through.

**2. CASA volunteers often have insufficient knowledge of CPS policy, which can lead to issues communicating with families and can break down CASA/CPS collaboration.**

*“[CASAs need] to know that they cannot share all the information that we share with them... I’ve also had a CASA screenshot our conversation between me and CASA and send it to the caregiver or to a parent... I think it all goes back to training and [CASA] being taught that they cannot share the information or the text messaging or anything that is going between us and them because that is privy information that they’re only able to have because they are ordered by the court, so it’s not something that we can just share with everybody.” - CPS Focus Group Participant*

*“A lot of time I feel like they have unrealistic expectations...The understanding that the worker is not available 24 hours a day, 7 days a week to the children. Even though we care about our kids, there’s a time where you have your own family to attend to. [Volunteers] at max they have 5 cases?...so for them to expect the worker to just be able to just drop everything and go do something immediately when they’re carrying 30-40 [cases], that just doesn’t make sense.” - CPS Focus Group Participant*

Another key piece of feedback that we hear each year from CPS focus group participants, including caseworkers, supervisors, and meeting facilitators, is that CASA volunteers often have an inadequate understanding of the policies that dictate how CPS works with children and families, including the legal obligations and limits placed on the child welfare system by federal and state laws. These gaps in knowledge become even more pronounced when CASA volunteers begin working more directly with families under CFE, and can become problematic if a CASA volunteer shares confidential information with a connection or promises a family member something that will not be able to happen. Similarly, CPS staff commonly report that CASA volunteers do not appreciate the difference in caseload between CASA and CPS or recognize that spending additional time on one case means less time to spend on another case. CPS staff identify a better understanding of CPS policy and confidentiality rules as critical gaps in CASA volunteers' ability to best serve children and families, and as factors that can break down the CASA-CPS relationship. Though these issues do not arise on every case, CPS staff consistently bring them up as common issues that can negatively impact a case.

**3. Values and criteria for safe and appropriate placements and connections differ across CASA volunteers, which can be a barrier to children being able to engage with or even live with family or fictive kin.**

*"See, with [CPS], we're taught that we have to be unbiased with our own beliefs because everybody's different, and [our clients'] cultures are different and their expectations are different, so we can't push [our values] on how you're raising your child because this is how I think you should raise your child, so that becomes a little bit of an issue [with CASA]; pushing [their] expectations on a child...I think part of it is because you get comfortable with [children and families] and then you think you can tell them how you want them to do it but your way isn't necessarily the right way or the only way." - CPS Focus Group Participant*

*"I think [CASA needs] an understanding of what our role is – our role is safety; it's mitigating the reasons why children came into care, it's not fixing everything else in their life or dictating how the rest of their life looks like...If they're safe, they can go home and sleep on a mattress on the floor, that's safe...Not worrying about social class." - CPS Focus Group Participant*

CPS staff consistently report that a minority of CASA volunteers have unrealistic and inappropriate standards for placements or connections that fail to reflect the cultural and economic variation of families across the state. Though this is not an issue on every case, or even most cases, the repercussions of having a CASA volunteer assigned to a case who makes recommendations that are culturally or economically biased could be monumental, and even

change the outcome of a case, specifically when judges place strong emphasis on the recommendations of CASA, which both CASA and CPS focus group participants commonly report. CASA programs should continue working to align values and criteria for safe and loving placements and connections among CASA volunteers.

**4. Both CASA and CPS raise concerns about the perceived time-intensive nature of CFE as a barrier to scaling up implementation.**

*“Workloads have always been a challenge... and I think that’s why CASA is such a crucial part of this. At one time, very recent, the caseworkers were at 40-50 cases and it’s just unrealistic to think that the caseworkers could do CFE on all those cases and do it properly with that many cases when there are so many deadlines that already have to be met, outside of CFE. When you look at the meetings, when you’re looking at that, there’s no way that the caseworker can go to all of the meetings that are required for CFE when we have court...when there’s so much paperwork that needs to be done... CFE is very manageable and very accomplishable if our caseloads are restricted... But they’re not. So with everything else that needs to be done, by law and by policy, there’s no way that every case can be CFE.” - CPS Focus Group Participant*

*“I think sometimes it’s the professionals, the CPS people, it’s the proverbial, too few professionals and too many cases that they have so many things that they are having to take care of, you know, reports for this case...it really dawned on me the other day when [a colleague] emailed me the service plans for the mother, the father, the two kids, and the in-depth reporting that has to go through [CPS] and you take that CPS worker and then that is only one of their...cases that they have, so to be able then to focus on the CFE is sometimes I think kind of not realistic for them to be able to have that time. So it’s not saying that they don’t want to. Their day only has the same number of hours that our days have too and the capability to be able to go over and beyond just to keep their fingers on the pulse of what they have and the safety and all everything that goes along with the children...makes it sometimes I think a little unrealistic for them to be able to get out there and do the additional legwork that would be necessary [for CFE]. And that’s not a criticism it’s just kind of the reality of the system.” - CASA Focus Group Participant*

CASA and CPS consistently discuss the time-intensive nature of CFE during focus groups. Though some focus group participants believe that investing more time up front on cases to find and engage family will ultimately save resources by leading to shorter time to case closure, other participants remain concerned with the time CFE takes to implement. Participants consistently

agree that their goal is not to implement the full CFE approach on all cases, but rather to use the CFE tools on all cases that need them, and then conduct Family Meetings on a smaller selection of cases. The key resource constraint for CPS caseworkers and supervisors is time to attend Family Meetings associated with CFE. Participants consistently agree that meetings are useful and beneficial to children and families, but report that the number of cases on which they can implement CFE is limited by their ability to attend Family Meetings. Specifically, caseworkers and supervisors note that though hosting Family Meetings at alternate locations than the CPS office can be constructive for the family, it raises the time burden, and a Family Meeting can easily end up taking half of a work day. Reducing travel time to and from Family Meetings is an important way to help keep the workload from CFE more moderate. Consistent with previous evaluation findings, CPS focus group attendees also emphasize that having CASA complete the bulk of the legwork to find and engage families is key to ensuring that implementation of CFE realistically fits into caseworkers' workloads.

*"That's probably my biggest concern as an advocate is the time...I mean I'm retired so I should have plenty of time but if you look at my calendar I have no time. You know, I mentor the elementary schools, I do this, I have two new grandkids, so I'm pretty busy...I can work it all in there, it's just, I can see why, for someone who does have a full time job, that might be really hard. But I'm going to give it a shot."* - CASA Focus Group Participant

Rather than concern with the time demands of Family Meetings themselves, CASA volunteers tend to be most concerned with the time it takes to find and engage connections more broadly, and emphasize that this is a very different set of tasks than they initially "signed up for" when becoming a CASA. Though focus group attendees were generally willing to take on this additional responsibility and saw the value to the child and family, they note that the additional time burden might be especially difficult or prohibitive for CASA volunteers who work full time. Not all CASA volunteers may be willing or able to take on these new tasks, which may limit the extent to which the CFE tools can be widely implemented and may limit the extent to which the CFE approach can be scaled up.

**5. Though many CASA programs provide ongoing trainings and inservices for volunteers and staff, it is unclear whether CPS staff have opportunities for ongoing training, and some CASA volunteers need additional training.**

*"I feel like CFE isn't really widely known about...Most of my CASAs didn't know what CFE was." - CPS Focus Group Participant*

*"I'd like to see more hands-on training where people actually use the tools or you actually work a case, a sample case". -CASA Focus Group Participant*

Across CASA programs, sites develop varying practices of continuing to train and refresh CFE teams on the CFE approach. At some sites, CASA volunteers describe regular in-services for volunteers and staff to practice CFE skills. At other sites, CASA volunteers were unaware of any opportunities to learn more about the CFE approach or refresh their skills. CASA volunteers and staff were not consistently clear on all the components of the CFE approach and noted that they felt additional training opportunities were important. CASAs also reported that trainings that take place in a variety of formats and settings are particular useful, given that some CASAs learn best in-person and others prefer to work through the online training independently. CASAs also suggested that hosting meeting times for groups of CASAs to complete the online training together would provide a forum for discussion and question and answer components, while also making use of the online training already available.

The extent to which CPS caseworkers and supervisors have access to ongoing training to refresh on CFE and teach the CFE approach to new staff was unclear across most focus groups. Some CPS staff noted that many of their colleagues did not know what CFE is or how to use the CFE approach, particularly given that many staff have left and new staff have come on board since the initial CFE training. CPS staff expressed a desire for additional training and support on the CFE approach. CFE leads should ensure that CPS staff have access to the online training and that it is made widely available to CPS caseworkers, supervisors, and facilitators. CFE leads should consider whether hosting additional in-person trainings for CPS staff would facilitate wider implementation of the CFE approach.

## CONCLUSION

The Collaborative Family Engagement initiative is a partnership between Texas CASA and CPS that aims to build a lasting support network for youth in the foster care system. Many youth become disconnected from their communities when removed from their homes, and CFE works to build, strengthen, and maintain ties to extended family and fictive kin who can support children while in care and during their transition to adulthood. The team-based approach provides CASA volunteers and CPS caseworkers with a variety of tools to understand the child's and family's existing relationships and cultivate new connections.

CFRP examined the extent to which the CFE intervention, over the first four years of implementation, fostered collaboration between CPS and CASA, identified and involved new connections, facilitated ongoing support for children and families, and improved placement, permanency, and wellbeing outcomes among children served by CFE across CFE sites.

We find that receiving more of the CFE approach, as measured by a five-point index scale that assesses the amount of the CFE approach applied to case, is associated with each of the four key intermediate outcomes of the CFE approach. CASA volunteers report better **collaboration** with CPS, CASA volunteers place more emphasis on **cultivating** a support network for the child and family, a greater number of extended family and fictive kin connections **convene** at case planning meetings, and a greater proportion of cases have family and fictive kin who **connect** with the child and parents to provide support at least once a month on cases that receive more CFE, compared to cases that receive less CFE, as measured by the CFE index.

The extent to which the CFE approach is facilitating improved placement, permanency, and wellbeing outcomes is more mixed. On TMC cases, high CFE index scores are associated with more children moving from non-kin into kin placements, but the difference is not significant for PMC cases. Though not statistically significant, we observe a trend that indicates the CFE approach may be associated with decreased time in congregate or other specialized placements, and we will continue to observe this trend in the future. Permanency outcomes, including proportion of cases that reunify, reach permanency with kin or fictive kin, and reach any permanency look similar on high CFE cases (index score of "3" or "4") and low CFE cases (index score of "0", "1", or "2"), with one exception. PMC cases that receive more CFE are *less* likely to reach any permanency than cases that receive less CFE. We hypothesize this finding could be indicative of the fact that PMC cases with older teens, who most critically need connections as they prepare to age out, are often targeted to receive CFE services.

One or more elements of the CFE approach are being implemented on the majority of all cases that CASA serves, and for whom we received a survey. However, the full CFE approach, including hosting at least two Family Meetings, is only implemented on five percent of all cases across CFE



sites, and only 16 percent of cases specifically designated to receive CFE, indicating room for growth across sites to ensure that more children and families have access to CFE services. To promote wider implementation of CFE and decrease barriers to CFE implementation, CASA and CPS focus group participants highlight key ongoing challenges, needs, and considerations for future implementation. Key considerations include: continuing to develop strategies to sustain family engagement over time; providing CASA volunteers with adequate training on CPS policy and ensuring consistent values and criteria for assessing the safety and appropriateness of connections; identifying solutions, such as hosting Family Meetings near CPS office, to reduce the time-intensive nature of CFE; and considering how to best reinforce and teach new CPS staff and CASA volunteers about the CFE approach over the long term.

Overall, evaluation findings indicate that Collaborative Family Engagement is a promising approach for increasing CASA and CPS collaboration and building support for child welfare-involved children and families.



- 
- <sup>1</sup> Texas CASA. (2018). Collaborative Family Engagement Manual.
- <sup>2</sup> Texas Department of Family and Protective Services. Retrieved from: [https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_1000.asp#CPS\\_1000](https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_1000.asp#CPS_1000).
- <sup>3</sup> Texas Department of Family and Protective Services. Child Protective Services Handbook. Retrieved from: <https://www.dfps.state.tx.us/handbooks/CPS/default.asp>.
- <sup>4</sup> Texas Department of Family and Protective Services. DFPS Data Book. (2018). Retrieved from: [https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/Child\\_Protective\\_Services/Investigations/Victims.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Victims.asp).
- <sup>5</sup> Texas Department of Family and Protective Services. DFPS Data Book. (2018). Retrieved from: [https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/Child\\_Protective\\_Services/Conservatorship/Removals.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Removals.asp).
- <sup>6</sup> Texas CASA. (2016). Retrieved from: <http://texascasa.org/about/>.
- <sup>7</sup> Texas CASA. (2016). Retrieved from: <http://texascasa.org/about/>.
- <sup>8</sup> Texas CASA. (2019). Texas CASA 2018 Impact Report. Retrieved from: <https://2018impactreport.texascasa.org/>;
- Texas Department of Family and Protective Services. DFPS Data Book. (2018). Retrieved from: [https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/Child\\_Protective\\_Services/Conservatorship/Children\\_in\\_Conservatorship.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Children_in_Conservatorship.asp)
- <sup>9</sup> Spath, R., Werrbach, G. B., & Pine, B. A., (2008). Sharing the Baton, Not Passing It: Collaboration between Public and Private Child Welfare Agencies to Reunify Families. *Journal of Community Practice*, 16(4), 481-507.
- <sup>10</sup> Cole, E. S. (1995). Becoming family centered: Child welfare's challenge. *Families in Society: Journal of Contemporary Human Services*, 76(3), 163-172;
- Murphy, M. (1995). *Working together in child protection: An exploration of the multidisciplinary task and systems*. Hants, UK: Arena.
- <sup>11</sup> Miller, K., Fein, E., Bishop, G., & Murray, C. (1985). Public-private collaboration and permanency planning. *Families in Society: The Journal of Contemporary Human Services*, 66(4), 237-245.
- <sup>12</sup> Mai, R. P., Kramer, T. J., & Luebbert, C. A. (2005). Learning through partnering: Lessons for organizational and community renewal. *Journal of Community Practice*, 13, 107-122.
- <sup>13</sup> Children's Bureau. Administration for Children and Families. U.S. Department of Health and Human Services. (2016). *Concept and History of Permanency in U.S. Child Welfare*. Retrieved from: <https://www.childwelfare.gov/topics/permanency/overview/history/>.
- <sup>14</sup> Geenan, S. & Powers, L. (2007). "Tomorrow is another problem." The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29, 1085-1101.;
- Massinga, R. & Pecora, P.J. (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children*, 14(1), 151-173.
- <sup>15</sup> Perry, B.L. (2006). Understanding social network disruption: The case of youth in foster care. *Social Problems*, 53(3), 371-391.
- <sup>16</sup> Coohy, C. (2007). Child maltreatment: Testing the isolation hypothesis. *Child Abuse & Neglect*, 20(3), 241-254.
- <sup>17</sup> Rajendran, K., Smith, B.D., & Videka, L. (2015). Association of caregiver social support with the safety, permanency, and well-being of children in child welfare. *Children and Youth Services Review*, 48, 150-158.
- <sup>18</sup> Rajendran, K., Smith, B.D., & Videka, L. (2015). Association of caregiver social support with the safety, permanency, and well-being of children in child welfare. *Children and Youth Services Review*, 48, 150-158.
- <sup>19</sup> Festinger, T. (1996). Going home and returning to foster care. *Children and Youth Services Review*, 18(4/5), 383-402.;

---

Petras, D.D., Massat, C.R., Essex, E.L. (2002). Overcoming hopelessness and social isolation: The ENGAGE model for working with neglecting families toward permanence. *Child Welfare, 82*(2), 225-248.

<sup>20</sup> Child Welfare Information Gateway. (2010). *Family Engagement*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>21</sup> Crea, T., & Berzin, S. (2009). Family involvement in child welfare decision-making: Strategies and research on inclusive practices. *Journal of Public Child Welfare, 3*, 305–327;

U.S. Department of Health and Human Services (HHS), Children's Bureau. (2009). *Results of the 2007 and 2008 Child and Family Services Reviews*. Retrieved from: <https://www.acf.hhs.gov/archive/cb/resource/07-08-cfsr-results>

<sup>22</sup> Child Welfare Information Gateway. (2010). *Family Engagement*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>23</sup> Child Welfare Information Gateway. (2010). *Family Engagement*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>24</sup> Steib, S. (2004). Engaging families in child welfare practice. *Children's Voice*. Retrieved from: <http://66.227.70.18/programs/r2p/cvarticlesef0409.htm>.

<sup>25</sup> Vandivere, S. & Malm, K. (2015). Family Finding evaluations: A summary of recent findings. Child Trends Publication #2015-01. Retrieved from: [http://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family\\_Finding\\_Eval\\_Summary.pdf](http://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family_Finding_Eval_Summary.pdf).

<sup>26</sup> Vandivere, S. & Malm, K. (2015). Family Finding evaluations: A summary of recent findings. Child Trends Publication #2015-01. Retrieved from: [http://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family\\_Finding\\_Eval\\_Summary.pdf](http://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family_Finding_Eval_Summary.pdf).

<sup>27</sup> Vandivere, S. & Malm, K. (2015). Family Finding evaluations: A summary of recent findings. Child Trends Publication #2015-01. Retrieved from: [http://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family\\_Finding\\_Eval\\_Summary.pdf](http://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family_Finding_Eval_Summary.pdf).

<sup>28</sup> To create the distribution list for the Child Connections Survey, CFRP obtained rosters from CASA programs that included all cases served by a CASA volunteer in 2018 and identified cases as CFE or non-CFE. From the rosters, CFRP selected the oldest child on the case, if there were multiple children. When more than one volunteer served on a case, we selected the most recent volunteer, or randomly selected one volunteer if two CASA volunteers were assigned at the same time. We only wanted to survey each CASA volunteer once, so we prioritized CFE cases and cases that the CASA served for the longest. We surveyed CASA volunteers twice only when they served two CFE cases during the year.