

10

PRACTICES

**A CHILD WELFARE LEADER'S
DESK GUIDE TO BUILDING A
HIGH-PERFORMING AGENCY**

PART ONE

THE ANNIE E. CASEY FOUNDATION

ACKNOWLEDGMENTS

This work would not be possible without the advice and input of the Annie E. Casey Foundation's Child Welfare Strategy Group (CWSG) staff and consultants, as well as an array of commissioners, agency directors, CWSG clients and others with deep child welfare experience.

The Center for State Child Welfare Data at Chapin Hall at the University of Chicago was an important source of data for this work.

Data presented in this guide were the most recent available in Fall 2014. Since child welfare data change frequently, it will be important for agencies to seek more recent data as they become available.

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. For more information, visit www.aecf.org.

CONTENTS

LEADING TO RESULTS 3

PARTNERING FOR CHANGE 7

PRACTICE #1

FOCUS ON CHILD AND FAMILY OUTCOMES

Instill throughout the agency a dedication to tracking child and family outcomes. Focus practices, policies and contracts on improving those outcomes. **9**

PRACTICE #2

EMPHASIZE HUMAN RESOURCES, TRAINING AND SUPERVISION

Improve human resource planning, staff training and supervision to hire, retain and develop highly competent staff, especially in key decision-making positions. **12**

PRACTICE #3

DEVELOP A BROAD SERVICE ARRAY

Work with the community and other child-serving organizations, including private providers, to assure availability and quality of services. **14**

PRACTICE #4

MEASURE AND ADDRESS RACIAL AND OTHER DISPARITIES

Measure disparities and disaggregate data by race, ethnicity, age and geography to understand and address differences in outcomes. **16**

PRACTICE #5

USE A PRACTICE MODEL

Install a practice model that focuses on family and youth engagement and aligns with agency policies and a written set of values. **18**

PRACTICE #6

DEVELOP COMPETENT FRONT-END DECISION MAKING

Make good decisions from the start to meet child and family needs early and in the least-restrictive settings. **20**

PRACTICE #7

PROMOTE EXPERT CASEWORK

Ensure that public and private caseworkers with in-home and out-of-home cases have reasonable caseloads, visit frequently, have adequate resources for families and follow the agency's practice model. **22**

PRACTICE #8

MAKE FAMILY RELATIONSHIPS AND PERMANENCE THE FOCUS OF CASEWORK

Improve and build family relationships for all children who come to the agency's attention. **24**

PRACTICE #9

MEET TEENS' NEEDS FOR FAMILY AND OTHER SUPPORTS

Promote relationships, services and supports that meet teens' individual needs, without child welfare placements, whenever safely possible. **26**

PRACTICE #10

BUILD A HEALTHY CAREGIVER NETWORK

Meet the developmental needs of children who have been removed from their families by placing them with well-trained and supported caregivers. **28**

ENDNOTES 30

For more information on these practices, see *Part Two, Making the business case*, at www.aecf.org.

Leading to Results

This Desk Guide aims to inspire an urgent commitment to continual improvement and data-driven upgrades to child welfare systems.

Why the urgency? Research is reshaping our knowledge of what works for children and families and it is imperative that public systems act on that knowledge.

As child welfare leaders know, there is a clear business case for introducing effective change. Governors, mayors and communities want results. They want to help children and do so at a sustainable cost. And they want children to be safe. While no public agency can guarantee all children will be safe, it is incumbent on child welfare systems to install best practices and provide an environment that drives quality decision making and competent casework.

The 10 practices in this Desk Guide can help motivate internal and external partners to make positive change and commit to better outcomes. When child welfare improvements are thoughtfully chosen, sequenced and installed, they can help an agency do a better job of meeting the needs of children and families while ensuring quality and controlling costs.

Agency leaders, like you, whether you are new or experienced, are critical players in this work. As advocates for change, you can determine and execute an achievable improvement agenda that makes a powerful difference for children, families and your community.

Charting a Course

The Desk Guide is designed to help you gauge your agency's effectiveness and chart a course toward measurable improvement. New leaders, especially, will benefit from the Desk Guide's structured, yet flexible, road map for assessing an agency's strengths and opportunities and creating an agenda for change.

If your early assessment finds that your agency already has many of these practices in place and outcomes for children and families are good, focus on making adjustments. If agency outcomes are poor and few of these practices are in place, start with the basics.

- *Become an outcomes-focused child welfare agency.* While many agencies measure processes or outputs, high-performing agencies continually measure outcomes and tie agency success to how children and families fare. If you can take only one step toward improving your agency, make it instilling a dedication

Limited resources?

To improve agency outcomes if you can only take one step, focus the agency on outcomes. If you can manage two steps, focus on outcomes and control caseloads.

THE 10 PRACTICES

Managing with data, both quantitative and qualitative,
is critical to effective service delivery and quality improvement.

SYSTEM PRACTICES	FRONTLINE PRACTICES
1 Focus on child and family outcomes	6 Develop competent front-end decision making
2 Emphasize human resources, training and supervision	7 Promote expert casework
3 Develop a broad service array	8 Make family relationships and permanence the focus of casework
4 Measure and address racial and other disparities	9 Meet teens' needs for family and other supports
5 Use a practice model	10 Build a healthy caregiver network

to tracking outcomes systemwide. That way, practices, policies and contracts will focus on results, as described in Practice #1.

- *Manage caseworker caseloads.* An agency will only limp along if staff members don't have the time and energy to work directly with children and families and make good decisions. As this Desk Guide describes, caseworkers have significant duties beyond direct contact with children and families, sometimes spending as much as 80 percent of their time in court, arranging for in-home services and supports, searching for relatives, doing paperwork, meeting with supervisors and planning transportation. Without manageable caseloads, agencies cannot produce positive outcomes for the majority of their children and families.
- *Listen to families and staff.* Your agency's outcomes will improve if you establish channels for communicating with and learning from clients and those who serve them.
- *Understand your budget and agency funding streams.* Sit down with your agency budget director to understand federal, state and local funding streams. You will need an in-depth understanding of the rules to maximize your flexibility.
- *Focus on system problems.* It's a fact of life that agency leadership may change because of a recent crisis — even a child death. As much as possible, focus on identifying and fixing system-wide problems, because blaming one person is seldom enough to truly reduce future risks.
- *Begin a dialogue and meet regularly with your stakeholders* (legislators, child advocates, the courts, police, service providers, citizen review panels, etc.). This will help you understand their concerns about your system. Transparency and mutual trust are key to these relationships and will pay dividends as you manage your system.

Resources for Change

The Desk Guide has two parts. The first briefly describes 10 best practices. It is intended to help busy leaders design an improvement agenda. The second — a separate document — provides the practical research and tools to make the case for change and install upgrades.

Many of these practices are neither new nor groundbreaking. Some reflect common sense. For example, the field has long known it is important to limit caseload sizes, one aspect of having an expert casework approach.

Other practices represent new insights. One notable example: In recent years, researchers have underscored just how crucial parenting and living in families are to children's emotional, physical and social development and their long-term outcomes. This work has influenced agencies across the country to change how they deliver services. As a result, the number of children living in long-term group placements is decreasing and the number of children placed with kin is on the rise — up to 28 percent of all children in out-of-home placements in 2013, compared to 24 percent just four years earlier. It is Casey's belief that, with many of the Desk Guide's 10 practices in place, more communities will be able to help every child grow up in a safe, stable and loving family.

We hope you find the Desk Guide useful. Together, its practices provide the architecture for a high-performing agency, addressing the infrastructure that needs to be in place as well as the practices and policies needed to drive the best outcomes possible for children and families.

**Measure where the agency
is — and where it is going**

Casey recommends that agency leaders track the 10 goals and 15 measures listed in Practice #1 on page 9. In addition, consider tracking other outcomes and measures listed in “Measuring agency performance” charts throughout this guide.

Partnering for Change

Can we help? The Child Welfare Strategy Group of the Annie E. Casey Foundation provides system assessments and consulting on a variety of child welfare issues.

During the past two decades, the experienced professionals of Casey's Child Welfare Strategy Group have partnered with state, county and municipal agencies to make a difference for kids. Our strategies help leaders make the business case for change, improve child and family outcomes, and provide a fiscally sound path toward agency advancement.

If you think your system can benefit from this free technical assistance, please contact me directly.

Tracey Feild
Director, Child Welfare Strategy Group
tfeild@aecf.org
410-547-3674





Focus on Child and Family Outcomes

Instill throughout the agency a dedication to tracking child and family outcomes. Focus practices, policies and contracts on improving those outcomes.

While many agencies measure processes, high-performing agencies continually measure outcomes and tie agency success to how children and families fare. Outcome measures describe the results of activities, processes or programs. To motivate staff and stakeholders to attain those outcomes, agencies should:

- **Promote a culture of continual quality improvement.** Use leadership and training to ensure that staff can use data to track outcomes and plan for improvement.
- **Examine the quality of agency services.** Use approaches such as Administrative Case Reviews, Qualitative Case Reviews and other approaches such as ChildStat.
- **Use performance-based contracts** for all purchased services.
- **Build an approach to tracking and managing agency performance** that sparks improvement and uses data to shape policy, practice, contracts and outcomes.
- **Tie data measurement to agency goals.** If it's important, measure it.
- **Begin to measure child well-being by asking:** Are children better off because of system intervention?¹
- **Be vigilant about providing quality care.** For example, ensure oversight of psychotropic drug prescriptions for children and teens.²
- **Provide timely, reader-friendly data reports** to inform decision making.
- **Have an up-to-date information technology system and explore new technologies.** More options are now available and the federal government is becoming more supportive of modern, flexible IT systems.³
- **Use entry cohort longitudinal data (ECLD).** Point-in-time data are required for the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and some management decision making. But ECLD offers more: It helps agencies track interactions and provides information about agency strengths and opportunities.

How are children and families faring? That is the question your agency should strive to answer.

PRACTICE



10 OUTCOMES AND 15 MEASURES This chart describes 10 outcomes and 15 measures that are arguably the heart of most child welfare improvement efforts. Leaders can use these and other measures throughout this Desk Guide to compare their agency results to other systems across the country early in their tenure and on an ongoing basis. In this chart and throughout the Desk Guide, **data are indicated in orange** and **Casey recommendations are indicated in green**.

In many cases, three levels of data are provided, describing the results of the:

- **Top 10 percent:** Represents the performance of the top 10 percent of reporting agencies.
- **Median:** Half of agencies report doing better — and half worse — than these results.
- **Low:** Represents the lowest quartile performance.

MEASURING AGENCY PERFORMANCE ⁴		
OUTCOME	MEASURE	CONSIDER
1 Monitor safety of children who come to the agency's attention	# of children with 3 or more hotline reports within 12 months # of children with 5 or more unaccepted reports within 24 months	<i>Casey recommends</i> requiring a comprehensive administrative review to ensure that children and families who are the subject of repeat reports are receiving appropriate child protection responses to keep children safe.
2 Reduce repeat maltreatment and decrease reentry	% of children with repeat report within 6 months % of children with repeat substantiation within 6 months % of children exiting to reunification or to live with kin who reentered out-of-home custody within 1 year	<i>Casey recommends</i> that states track this measure. National tracking has only just begun and is not yet being reported. <i>From Child Maltreatment 2012:</i> <i>Top 10%:</i> 2% of children have repeat substantiation within 6 months <i>Median:</i> 5% <i>Low:</i> 7%–13% <i>From the CFSRs</i> <i>Top 10%:</i> 7% of children reenter out-of-home custody within 1 year <i>Median:</i> 12% <i>Low:</i> 16%–28%
3 Prevent unnecessary child removals		<i>Casey recommends</i> that, whether cases are served in traditional or alternative response approaches, agencies offer lower-level services to prevent larger safety concerns or removals. Agencies that do not have robust in-home services to prevent low-risk families from becoming high risk should develop them to better serve children and families in their communities.
4 Maintain family connections for children placed in out-of-home care	% of children in custody initially placed with kin (does not include children diverted from custody) % of children placed with at least 1 sibling	<i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 42% of children are initially placed with kin <i>Median:</i> 32% <i>Low:</i> 2%–21% The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that reasonable efforts be made to place together siblings removed from the same home. CFSR data indicate that placing siblings together was rated as a strength for 87% of cases and 40% of states reviewed. ⁵

OUTCOME	MEASURE	CONSIDER
5 Increase use of family settings for all children	<p>% of young children (0–12 years) initially placed in foster home or with kin</p> <p>% of teens initially placed in a foster home or with kin</p>	<p><i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 92% of young children are initially placed with kin or in a foster home <i>Median:</i> 88% <i>Low:</i> 50%–79%</p> <p><i>Top 10%:</i> 71% of teens are initially placed with kin or in a foster home <i>Median:</i> 56% <i>Low:</i> 31%–46%</p>
6 Minimize use of shelters and assessment centers and limit group placements to those with strong therapeutic programs	<p>% of young children (0–12 years) initially placed in a group placements</p> <p>% of teens initially placed in group placements</p>	<p><i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 1% of young children are initially placed in group settings <i>Median:</i> 7% <i>Low:</i> 13%–42%</p> <p><i>Top 10%:</i> 22% of teens in group placements <i>Median:</i> 35% <i>Low:</i> 53%–67%</p>
7 Address child and teen well-being		<p><i>Casey recommends</i> that agencies have policies that promote:</p> <ul style="list-style-type: none"> • <i>Social and emotional well-being.</i>⁶ • <i>Educational stability.</i>⁷ Keep children in their home school after being removed from home when possible; enroll them immediately in new schools; and limit expulsions and suspensions. • <i>Educational skill building and achievement.</i> Provide tutoring and support to help children get to grade level, advocate for children with special education needs and encourage children to graduate from high school and enter college or job training programs. • <i>Attention to children's and teens' health needs.</i> Oversee psychotropic medications,⁸ require health check-ups within 30 days of entering care, ensure children have a medical home and reduce early pregnancy.
8 Increase placement stability	<p>% of children in care for 2 or more years who had 2 or fewer placements</p> <p>% of children who exit care within 30 days</p>	<p><i>From AFCARS</i> <i>Top 10%:</i> 41%–46% <i>Median:</i> 31% <i>Low:</i> 15%–25%⁹</p> <p><i>Top 10%:</i> 3%–6% <i>Median:</i> 14% <i>Low:</i> 18%–41%</p> <p><i>Casey recommends</i> using a variety of means to promote placement stability, including providing 24-hour support to caregivers, building kin and foster parent skills for helping traumatized children in their care, and compensating kin foster parents.</p>
9 Increase timely reunification	% of children entering care who exited to reunification or to live with kin within 1 year	<p><i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 51% of children entering care exit to reunification or to live with kin within 1 year <i>Median:</i> 38% <i>Low:</i> 17%–34%</p>
10 Increase timely permanency	% of children entering care who achieved permanency within 2 years	<p><i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 61% of children entering care achieve permanency within 2 years <i>Median:</i> 50% <i>Low:</i> 27%–45%</p>

Your agency needs skilled
frontline practitioners.



PRACTICE

#2

Emphasize Human Resources, Training and Supervision

Improve human resource planning, staff training and supervision to hire, retain and develop highly competent staff, especially in key decision-making positions. To do this, agencies need to provide conducive work conditions, salaries competitive with local job markets whenever feasible, engaged supervisors, a continual quality improvement environment and incentives so that jobs requiring high levels of expertise, such as screening and investigations, are staffed by well-trained, well-supervised, experienced staff. Agencies should:

- **Recruit for workers' skills and competencies.** Use behaviorally based interviews, job previews and other promising human resources approaches.
- **Establish "just in time" hiring practices** that streamline hiring and ensure trained staff are in the pipeline for projected vacancies.
- **Encourage positive organizational morale** to elicit better outcomes for children and families.
- **Consider how to work with unions.** Try to define a common focus on ensuring that job specifications and conditions are as up to date, flexible and sustainable as possible.
- **Provide pre-service and ongoing training that aligns with the practice model** (see Practice #5). Training should address staff members' varied needs, expertise and work assignments. It should also build the leadership capacity of managers and supervisors.
- **Provide a supervision model that reflects the agency's values and practice model.** Supervisors should not be responsible for individual cases. They should meet frequently with supervisees, preferably weekly, to review cases and decisions in a systematic way, and have coaching and mentoring skills. They should manage no more than five caseworkers, be able to provide expertise for difficult cases and manage with data.

MEASURING AGENCY PERFORMANCE

Gauge the agency's human resource, training and supervision models, comparing them with others.

ASK	MEASURE	CONSIDER
1 Is the agency's human resources approach strategic and focused on finding, hiring and supporting quality staff?		<i>Casey recommends</i> that agencies use a comprehensive, performance-based model. ¹⁰
2 What is the agency's overall staff turnover rate?	Annual staff turnover	<i>Casey recommends</i> that agencies keep turnover rates to 12% or less annually. ^{11,12}
3 Does the agency have enough positions to meet its caseload needs, factoring in sick, vacation, disability and holiday leave?	Use a 3-step calculation: the number of approved and funded positions minus the number of vacant positions minus the number of staff on short- or long-term disability leave.	<i>Casey recommends</i> a case-carrying staff vacancy rate no higher than 15%.
4 Is regular supervision occurring?	Average formal supervisory sessions per month per worker	<i>Casey recommends</i> 4 per month.
5 Do supervisors have a manageable number of caseworkers to supervise?	Worker-to-supervisor ratio	<i>Casey recommends</i> 5:1 ratio.
6 Do supervisors carry caseloads?		<i>Casey recommends</i> that supervisors not be responsible for individual cases.

A community-wide
network of child and
family supports:
That's your goal.



PRACTICE

#3

Develop a Broad Service Array

Work with the community and other child-serving organizations, including private providers, to assure availability and quality of:

- **Prevention and in-home services**, such as social, mental health, substance abuse and emergency services. Many agencies serve two-thirds or more of their cases in the home and one-third in out-of-home placements or court-ordered supervision. Some systems serve these lower-risk families through differential response. Agencies need the ability to address family issues before court oversight is needed. Services should help families address issues that brought them to the agency's attention so further involvement with the agency is not needed.
- **Out-of-home placements and services**. Agencies need trauma-informed placements and services to support children, parents, kin and other caregivers when children must be removed from home. Minimize children moving from one placement to another by eliminating use of emergency or assessment shelters.
- **Short-term stabilization services**. Provide proven services such as Multi-Systemic Therapy and Family Functional Therapy to help children remain with or return to family.
- **Post-permanency services**. Provide permanency-focused post-reunification and post-adoption services.

Services and supports should:

- **Be evidence informed**. Choose, evaluate and improve services to meet local needs.
- **Prioritize building effective relationships with key partners** to develop a full service continuum and approaches based on common values.
- **Provide strengths-based help in the least-restrictive settings possible**, preferably in the home, per federal law. Restrict group placements to meeting short-term, therapeutic needs, generally including no more than 5 percent to 10 percent of an agency's out-of-home population.
- **Involve birth, kin and/or foster families in services**, especially when children are in group placements.
- **Have straightforward service authorization processes** with minimal bureaucracy.

- **Address the need for flexible funding systemwide** and provide transportation solutions in remote or suburban areas.
- **Ensure availability of culturally and linguistically appropriate staff** throughout the jurisdiction, not just in major urban areas.

<p style="text-align: center;">MEASURING AGENCY PERFORMANCE</p> <p style="text-align: center;">Review agency performance on the 10 goals and 15 measures listed in Practice #1. Then assess whether the agency has a sufficiently broad service array¹³ by asking these questions, measuring where the agency stands and comparing the agency's performance with others.</p>		
ASK	MEASURE	CONSIDER
1 Does the agency provide a range of home- or community-based services that help children remain safely at home whenever possible?	% of cases that receive in-home services	<i>Casey recommends</i> that agencies meet the needs of most children and families through home- and community-based services. Use the CFSR service array assessment and enhancement process to understand the quality and reach of agency services. ¹⁴
2 Are children receiving needed services to ensure safety?		<i>Casey recommends</i> that preventive services be available for non-victims as well as victims. Services should be defined as more than case management or referrals; services should have evidence of success.
3 Does the agency use group placements for children younger than 13?	% of children younger than 13 who are initially placed in group settings	<p><i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 1% of children younger than 13 are in group settings <i>Median:</i> 7% <i>Low:</i> 13%–42%</p> <p><i>Casey recommends</i> that, with limited exceptions, children younger than 13 should not be placed in group settings.</p>
4 Does the agency overuse group placements for teenagers?	% of teens initially placed in group setting	<p><i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 22% of teens are initially placed in group settings <i>Median:</i> 35% <i>Low:</i> 53%–67%</p> <p><i>Casey recommends</i> that teens be placed in kin or family placements from the start. Group placements should be for therapeutic or special needs that cannot be met in a family setting.</p>

Is your agency helping
all children fare better?



PRACTICE

#4

Measure and Address Racial and Other Disparities

While children of color are disproportionately represented in many child welfare systems, unequal child outcomes are within agency control. That's why it is critical for agencies to measure disparities and disaggregate data by race, ethnicity, age and geography to understand and address differences in outcomes (see Appendix 4 in Part Two for details). Use data to determine which reforms will improve outcomes for subsets of children. Agencies should:

- **Use the most up-to-date quantitative methods.** In addition to collecting and reporting data disaggregated by race, use the appropriate combination of measures (such as disparity and relative rate indices) to understand which children face poorer outcomes at each agency decision point. Develop and test outcomes-focused solutions at each decision point.
- **Analyze data systematically.** It is not enough to gather data on disparities. Agencies must be able to analyze problems, propose solutions and keep adjusting policies, practices and relationships with stakeholders until disparities decrease or are eliminated. A growing body of work describes how public agencies can use tools and guides to understand causes of inequities and install policies, practices and partnerships to decrease disparities in outcomes by race.¹⁵
- **Develop local, specific solutions with measurable results.** Race disparities happen at community, county, regional or state levels. They may occur at one or multiple points throughout a system (for example, at entry, placement and/or exit). Agencies must develop customized solutions that account for the history, culture, strengths and challenges of local communities.
- **Focus on institutional levers.** Improve policy, practice and decision-making processes, supporting but going beyond diversity and cultural competency training, to create larger, sustainable improvements in outcomes.
- **Use common language.** It can be hard to talk about race. Begin conversations about disparities by defining terms, without assuming that agency staff, clients and stakeholders share the same background or comfort level. For example, provide definitions of disproportionality versus disparity, equality versus equity and race versus ethnicity. Be clear that blaming disparities on poverty is not sufficient to improve outcomes for children of color.

MEASURING AGENCY PERFORMANCE

Does the agency collect, measure and analyze data on racial disparity and use data to shape practices and programs?

Ask the following questions to assess where the agency stands and plan improvements.¹⁶

ASK	MEASURE	CONSIDER
1 Are there disparate rates of children in the system by race or ethnicity at entry or as children move through the system?	Measure the Disparity Index (DI) at entry and the % of children by race at each key decision point	<p><i>Casey recommends</i> that:</p> <ul style="list-style-type: none"> • Data related to race and ethnicity are collected from hotline to case closing and for reentry cases. • Results of data collection related to race and ethnicity are shared in user-friendly reports and dashboards.
2 Are children of one race less likely to achieve permanency?	Measure the Relative Rate Index (RRI) at exit to analyze permanency achievement by race	<p><i>Casey recommends</i> using the DI and RRI appropriately¹⁷ to describe the experiences of all kids served by the agency.</p>
3 Has the agency institutionalized a process for diagnosing disparities in outcomes and identifying solutions that promote measurable improvements in equitable outcomes?		<p><i>Casey recommends</i> that the agency translate lessons learned from data into policy and practice changes, regularly testing solutions, measuring results, improving outcomes and addressing disparities.</p>



Practice models provide clear conceptual maps of how your agency works.

PRACTICE

#5

Use a Practice Model

Install a practice model that focuses on family and youth engagement and aligns with agency policies and a written set of values. This could be the place for new leaders to frame their vision or signal the upcoming use of new strategies. Practice models are used widely in mental health and child welfare systems; they describe belief structures that underpin systems. In child welfare, practice models are conceptual maps that reflect organizational ideology and describe how the agency's employees, families and stakeholders work together. Implementing a family-focused practice model is more complicated than installing an isolated new practice; it involves a systemwide realignment of goals, policies and practices. The process should include developing internal and external strategies for sharing common values and targeted outcomes with families, the courts, partners and providers. A practice model should:

- **Set forth the agency's philosophy and values** about the importance of working with families and, especially, its urgent focus on safety, permanence and well-being for children.
- **Be embedded throughout the system**, including at the frontline practice and policy levels.
- **Be widely shared** through joint trainings with partner agencies, the courts, providers and others.
- **Focus on effective, innovative approaches** to engaging communities with high numbers of children receiving agency services.
- **Describe how families and other important adults will be included** in shaping agency policies, practices and processes.
- **Describe how families and other important adults will be included** in decision making for individual cases, beginning at the hotline call and continuing through any child and family interaction with the agency.
- **Clarify that supporting kin, foster parents and frontline workers is the No. 1 job of everyone throughout the agency.**

MEASURING AGENCY PERFORMANCE

Does the agency have and use a practice model? Evaluate where the agency stands by asking these questions. Measures and comparison data are hard to come by for this practice.

ASK	MEASURE	CONSIDER
1 Can staff articulate the agency practice model?		<i>Casey recommends</i> that agencies have and frequently update a practice model and that leaders expect that all staff members can name the vision and mission. Supervisors and managers need to reinforce practice model elements regularly. Use quality review processes to track which practices are being implemented effectively.
2 Does the agency consistently use effective family meetings to support pre-removal case-level decision making?	<p>% of cases in which at least 1 parent attends a family meeting prior to removal</p> <p>% of cases in which kin attend decision-focused family meetings</p>	<p><i>Casey recommends</i> that systems add pre-removal family meeting practices if they don't currently have them; data systems should be upgraded to track these meetings and, critically, their outcomes.</p> <p><i>From an 11-site evaluation of Team Decision Making¹⁸</i></p> <p>83%–90% of cases with a TDM meeting had a parent in attendance and 45%–51% had kin in attendance</p>
3 How often do parents visit children in out-of-home care — and are data about visiting collected and analyzed?		<i>Casey recommends</i> that agencies track and analyze this information to improve results. A good rule of thumb is that the younger children are, the more frequent visits should be. For example, preschoolers should visit with their parents at least weekly but preferably twice a week.

New tools, processes, coaching and supports — what will it take to improve your agency's decision making?



PRACTICE

#6

Develop Competent Front-End Decision Making

Make good decisions from the start to meet child and family needs early and in the least-restrictive settings. Work closely with the courts to ensure safety, permanence and well-being for each child. Agencies should:

- **Limit investigative staff to no more than 8–10 new cases a month¹⁹** or, for agencies with mixed caseloads (in which staff are responsible for investigations plus ongoing cases), 10–12.
- **Provide incentives and support expert staff** to stay in critical investigations positions and provide supervisors with the time and skills to support good decision making.
- **Ensure that comprehensive child and family assessments** occur early; measure child well-being over time.
- **Use standardized tools and training** to build skills of front-end staff.
- **Use family meetings such as Team Decision Making** to involve parents and kin when child removals are being considered and, later, to improve placement stability.
- **Track families with frequent re-reports** to make sure children are safe.
- **Monitor investigative backlogs.** Do not allow uncompleted cases to stay open past 30–60 days. If there are many short stayers²⁰ or lateral movers among out-of-home children, provide more effective placement options or improve in-home services to prevent removals.
- **Reduce the risk of serious injuries and child deaths from abuse and neglect.** Focus staff and the community on analyzing the system and community issues, and addressing any issues that may contribute to serious injuries or child deaths.

MEASURING AGENCY PERFORMANCE

Review agency performance on the 10 goals and 15 listed in Practice #1.

Then ask, does the agency have competent front-end decision making? Assess its capacity by asking these questions, measuring where the agency stands and comparing the agency's performance with others.

ASK	MEASURE	CONSIDER
1 Do investigative workers have manageable workloads?	# of new cases per month (including incomplete investigations)	<i>Casey recommends</i> that agencies assign investigative caseworkers no more than 8–10 new cases per month.
2 Are investigations completed in a timely way?	# of investigations completed within state timeframes # of differential response assessments completed # of investigations lasting longer than 60 days	<i>Casey recommends</i> completing all investigations within state statutory time frames.
3 Are responses to protect children timely?	% of children with a “high risk” report who are seen within statutory time frames	
4 Are children placed in out-of-home care for short periods of time? (Often short stays are indications that children could have remained at home with in-home services.)	% of children entering care who exited in less than 30 days	<i>From AFCARS</i> <i>Top 10%: 3%–6% of children who enter care exit in less than 30 days</i> <i>Median: 14%</i> <i>Low: 17%–41%</i>
5 Has a serious injury or fatality occurred that involves a child currently or recently known to the child welfare system?	# of children who were seriously harmed or died of abuse or neglect within 12 months of agency contact	<i>Casey recommends</i> that agencies track, review and fix systems issues within the agency and across child-helping agencies and the community to reduce the risk of another tragedy.

You've got to ensure that caseworkers are well supervised and have enough time to do quality work.



PRACTICE

7

Promote Expert Casework

Ensure that public and private caseworkers with in-home and out-of-home cases have reasonable caseloads, visit frequently, have adequate resources for families and follow the agency's practice model. Capable caseworkers have the experience, training and supervision to motivate parents toward positive change while also monitoring child safety. There is a critical business case to be made for making manageable caseloads a cornerstone of casework practice. When caseloads are not reasonable, agencies experience high staff turnover that fuels poor decision making, spurs poor child and family outcomes, requires inordinate recruitment and increases training costs. Agencies should:

- **Limit caseloads to 12–15 cases.** Count each family receiving in-home services as a case and each foster child as a case.
- **Focus staff on casework, not case management.** Outcomes for children and families improve when staff both work directly with children and families and perform the case management tasks of arranging, referring and monitoring tasks of case management.
- **Provide excellent supervision.** Good supervision drives better outcomes, especially when supervisors focus on building skills, improving decision-making capacity and developing innovative approaches to problem solving.
- **Have a case plan for each family and child** that identifies risks and provides a framework for case decisions.
- **Promote quality visits and family meetings.** Face-to-face visits are critical to effective casework. Caseworkers need to visit with children and parents whether children are living at home or in out-of-home placements. When children are in out-of-home care, caseworkers also need to facilitate visits between parents and children. Use family meeting practices early and at all decision-making points to recognize families' rights and expertise and build trust.
- **Clarify roles and responsibilities** when case management and supervision are shared by public and private agencies.
- **Provide clear guidance** on how to implement the agency practice model.

MEASURING AGENCY PERFORMANCE

Review agency performance on the 10 goals and 15 listed in Practice #1.
Then assess whether your agency has sufficient casework practices by asking these questions, measuring where you stand and comparing your performance with others.

ASK	MEASURE	CONSIDER
1 How much contact do agency workers have with families receiving in-home and out-of-home services?	# of kids <i>not</i> visited this month (monthly visits should take place at least once for out-of-home placements, twice for in-home placements)	<i>Casey recommends</i> that caseworkers visit all cases at least monthly. In-home cases should receive visits at least twice a month; caseworkers should visit out-of-home cases at least monthly. Higher-risk cases should be visited more often.
2 Are frequent family contacts feasible given the number of cases per worker?	# of ongoing/foster care cases per worker (excluding vacancies and staff on leave)	<i>Casey recommends</i> that caseworkers should have no more than 12–15 cases (count each intact family as a case and each foster child as a case).
3 How many families receive supportive services to prevent removal?	% of families receiving supportive services to prevent out-of-home placement or reentry	<i>From CFSRs</i> 75% of cases reviewed as part of Round 2 of the CFSRs received supportive services, yet only 8% of states reviewed were rated as having a strength in providing supportive services. ²¹ <i>Casey recommends</i> that a broad array of evidence-informed preventive services be available.
4 How effective are individual services and providers in ensuring child safety, preventing unnecessary removal, supporting reunification and enhancing permanency goals?	There is no single indicator to measure how services and providers are meeting outcome goals.	<i>Casey recommends</i> that agencies provide a wide mix of services that can be customized for each family. Services should have evidence of effectiveness. Staff need access to flexible funds without bureaucratic delays to meet unique and emergency needs.

What's the urgency?
Children need families.



PRACTICE

#8

Make Family Relationships and Permanence the Focus of Casework

Improve and build family relationships for all children who come to the agency's attention. Provide children with stable living situations and relationships. Agencies should:

- **Engage parents and kin** at every decision-making point.
- **Provide in-home services** that provide child safety and build family strengths and child well-being.
- **Assist children in out-of-home placements.** Begin permanency planning at entry, place children with siblings whenever possible, facilitate children's safe relationships with parents and kin, and respect children's language, sexual and gender identities, and religious and cultural heritages.
- **Use evidence-informed, child-specific practices to recruit foster parents and promote adoption,** especially for older teens, sibling groups, children of color and children with special needs.²²
- **Support parents and caregivers.** Provide parents and caregivers with concrete, trauma-informed skills to help children. Agencies should innovate to build parent capacity, maintain stable placements, retain foster parents, promote adoption and fund effective post-adoption services.
- **Use incentives, policies and practices** to help caseworkers:
 - **Serve 90–95 percent of children in agency custody in family foster care,** with a clear preference for kin caregivers (coupled with financial and other supports) because children placed directly into family homes have better outcomes.
 - **Engage birth and/or foster families in children's treatment** when group placements are needed, because family relationships are crucial to well-being.
 - **Ensure that 75 percent of children achieve permanence** within two years and that no child remains in custody for longer than three years.
 - **Limit group placements to short-term, therapeutic purposes** with providers with well-defined treatment programs and clinical capacity.

- **Work with high-performing providers and community organizations** to develop services with evidence of success for children living in families.
- **Collect and analyze data** on children in all placement types. Review disaggregated entry cohort longitudinal data (ECLD) to study children's needs, identify proven approaches to meeting those needs and understand how connections between placement type and duration affects efforts to improve child outcomes. (See Appendix 3 in Part Two for more information.)

<p style="text-align: center;">MEASURING AGENCY PERFORMANCE</p> <p style="text-align: center;">Review agency performance on the 10 goals and 15 measures listed in Practice #1. Then assess whether the agency effectively supports children living in families by asking the questions and reviewing the measures below.</p>		
ASK	MEASURE	CONSIDER
1 Are parents, kin and other caregivers involved in case decision making from the start?	% of cases in which a parent attends a pre-removal family meeting	<i>From an 11-site study of Team Decision Making (TDM)</i> 83%–90% of cases with a TDM meeting had a parent in attendance ²³
2 Do children in placements move frequently or get “stuck” in any type of care?	% of children with more than 3 placements by initial placement type % of children served in out-of-home care during a year with lengths of stay over 3 years	<i>Casey recommends</i> that agencies ensure that any placements are focused on meeting children's specific concerns and last only as long as needed. <i>From AFCARS</i> <i>Top 10%:</i> 6%–8% of children served in their out-of-home population have lengths of stay that exceed 3 years <i>Median:</i> 15% <i>Low:</i> 17%–45%
3 For children in out-of-home care, does the agency return children to family (birth parents or kin)?	% of children served in out-of-home care during a year who are reunified or exit to kin	<i>From AFCARS</i> <i>Top 10%:</i> 52%–63% of children in out-of-home custody during a year are reunified with parents or kin <i>Median:</i> 40% <i>Low:</i> 26%–34%
4 Are siblings placed together?	% of children placed with at least 1 sibling	National comparison data do not exist for this measure.

Be the agency that helps teens get back on their feet — with the support of family.



Meet Teens' Needs for Family and Other Supports

Promote relationships, services and supports that meet teens' individual needs, without child welfare placements, whenever safely possible. Address the teens' three well-being domains: social, emotional and physical well-being; safety and permanency; and economic success.²⁴ Agencies should:

- **Provide access to effective preventive services** so youth with behavior problems or parent-child conflicts don't enter out-of-home placements unnecessarily. Explore teen diversion approaches, Court Improvement projects and other strategies for improving teen outcomes.
- **Ensure that the agency's approach to finding and recruiting kin and non-relative foster families focuses on teens' particular needs.** Use teen-specific family finding and targeted recruitment strategies. Also, train and support caregiver families to address behavioral or trauma-related issues.
- **Provide youth in out-of-home placements with developmentally appropriate, trauma-informed services** that support their ability to live in families and develop skills needed for adulthood, including executive function and relationship skills that are best provided by loving caregivers.
- **Develop targeted permanency practices for subpopulations of teens.** The needs and outcomes of subgroups of teens — including those with frequent or long-term group placements and those at risk of aging out — should shape development of improved services.
- **Encourage and allow youth who are aging out of care the option of staying in care until age 21** to continue accessing postsecondary education, training and/or job opportunities. (See Appendix 2 in Part Two for more information.)
- **Assist children who exit out-of-home placements by providing supports** that promote family reintegration, strengthening and stabilization. Support the family and other needs of youth who have aged out of care without permanence. Offer financial supports, housing vouchers, educational opportunities and vocational placements.
- **Ensure that health insurance coverage for young people formerly in foster care is equivalent to that received by young people from intact families, with coverage to age 26.** Work with Medicaid partners to automate and streamline eligibility determinations; cover young people when they move from other states.

PRACTICE

#9

MEASURING AGENCY PERFORMANCE

Review agency performance on the 10 goals and 15 measures listed in Practice #1.
Then assess whether the agency effectively supports children living in families by asking these questions and reviewing the measures below.

ASK	MEASURE	CONSIDER
1 Do most teens with behavioral issues get placed in out-of-home care?	% of teens removed for child behavior issues only	<p><i>From AFCARS</i> <i>Top 10%:</i> 0%–2% of teens removed for child behavior issues only <i>Median:</i> 21% <i>Low:</i> 42%–72%</p> <p><i>Casey recommends</i> that agencies develop effective approaches to providing behavioral health and family mediation without removing the teen from family.</p>
2 Are teens exiting out-of-home care without a family?	% of teens who emancipate or age out of the system	<p><i>From AFCARS</i> <i>Top 10%:</i> 4%–9% emancipate from the system <i>Median:</i> 25% <i>Low:</i> 34%–56%</p>
3 Does your system provide expanded support for youth 18–21?	% of kids 18–21 in extended foster care	<p><i>From Jim Casey Youth Opportunities Initiative</i> 20 states and D.C. provide extended care to youth age 18+ (See Appendix 2 in Part Two.)</p>
4 Does your system regularly place teens in families?	% of teens placed with foster family or kin	<p><i>From AFCARS</i> <i>Top 10%:</i> 74%–82% of teens are placed in families <i>Median:</i> 62% <i>Low:</i> 31%–52%</p>
5 Does your system strive to achieve permanency for every teen?	% of teens with permanency goal	<p><i>From AFCARS</i> <i>Top 10%:</i> 82%–89% of teens have permanency goal <i>Median:</i> 65% <i>Low:</i> 29%–58%</p>

Supporting caregivers
is everyone's job.



Build a Healthy Caregiver Network

Meet the developmental needs of children who have been removed from their families by placing them with well-trained and supported caregivers. Kin caregivers and foster and adoptive parents are the heart of the child welfare system. To develop a healthy caregiver network:

- **Implement policies and practices with a clear preference for kinship placements.**
 - **Monitor kin diversion** (known as safety plans in some states) to ensure that children placed informally with kin are safe and kin are adequately supported and capable of providing the care children need.
 - **Support formal kin caregivers** by including them in decision making; providing needed supports, compensation and services; and ensuring they have a responsive staff person to call in emergencies.
 - **License kin** using flexible approaches outlined in the National Association for Regulatory Administration's model family foster home licensing standards.²⁵
- **Use up-to-date approaches** for recruiting, developing and supporting kin caregivers and foster and adoptive parents. Track trends in out-of-home placements to inform recruitment. Focus on the types of children who need care and the parenting skills caregivers need. Aim to recruit and license two licensed foster families for every child in out-of-home care.
- **Provide access to effective services to birth, kin, foster, guardianship and adoptive parents.** Adequately reimburse respite and post-adoption services.
- **Clearly describe the roles and responsibilities of staff** who work with children and parents. Staff should be available to help and support caregivers, not just handle licensing and home studies.
- **Provide skill building.** Agency and provider staff should extend caregivers' skills and facilitate their ability to build relationships with children and families who have experienced abuse, neglect and trauma.
- **Underscore in policy and practice the important role caregivers and parents play as child welfare practitioners.** Allow foster parents to make everyday parenting decisions. Offer foster parent liability insurance.

PRACTICE

#10

MEASURING AGENCY PERFORMANCE

Review agency performance on the 10 goals and 15 measures listed in Practice #1. Then assess whether the agency effectively supports skilled caregivers for children in out-of-home care by asking these questions, measuring where you stand and comparing your performance with others.

ASK	MEASURE	CONSIDER
1 Does the agency prioritize kin placements?	% of children in custody who are currently placed with kin	<i>From AFCARS</i> <i>Top 10%:</i> 36%–48% of children in out-of-home placements live with kin <i>Median:</i> 23% <i>Low:</i> 5%–18%
2 Are kin receiving all the supports and services they need to care for their children? [Casey recognizes that many states divert children from custody by facilitating placement with kin.] ²⁶	% of kinship homes that are licensed as foster homes [For kids in foster care, many states license all kin caregivers and support them with foster care payments (28 states); waive certain licensing requirements for kin caregivers (almost half); and provide subsidized guardianship (32 states and four tribes).] ²⁷	<i>Casey recommends</i> that states use <i>Model Foster Home Licensing Standards</i> and that kin licensing align with the agency practice model. Also, at a minimum, agencies should articulate kin practices and supports to help children live with kin, track the number of children diverted to kin without entering state custody and provide services and supports to kin caregivers regardless of custody.
3 Does the agency's pool of foster parents match the needs of the placement population?	# of foster homes that take teens # of foster homes for large sibling groups # of foster homes for children with special needs	<i>Casey recommends</i> that agencies track these measures, see how they compare to the needs of children entering care and identify and fill gaps.
4 Are children placed with kin achieving timely permanence?	% of children initially placed with kin who achieved permanency within 2 years	<i>From the Center for State Child Welfare Data at Chapin Hall</i> <i>Top 10%:</i> 85% of children initially placed with kin achieve permanency within 2 years <i>Median:</i> 68% <i>Low:</i> 42%–63%

Endnotes

- 1 How can agencies learn more about measuring child well-being? U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. (2012). *Promoting social and emotional well-being for children and youth receiving child welfare services*. Information Memorandum 12-04. Washington, DC: Author. Retrieved from www.acf.hhs.gov/sites/default/files/cb/im1204.pdf
- 2 What resources can help agencies understand how to appropriately limit the use of psychotropic drugs for children in out-of-home placements? U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. (2012). *Promoting the safe, appropriate and effective use of psychotropic medication for children in foster care*. Information Memorandum 12-03. Washington, DC: Author. Retrieved from www.acf.hhs.gov/programs/cb/resource/im1203
- 3 Federal funding for child welfare technology has changed recently to allow for use of these funds for more modern commercial off-the-shelf products, such as Casebook®. See U.S. Department of Health and Human Services, Administration for Children and Families. (2013). *Program instruction (ACF-OA-PI-13-01): Waiver process for the use of federal funding for commercial off-the-shelf (COTS) software products*. Washington, DC: Author. Retrieved from www.acf.hhs.gov/sites/default/files/cb/acf_oa_pi_13_01.pdf
- 4 Measures use data for children initially entering placement from 2009–12 whenever possible. Data are derived from multiple sources. Three of them — *Child Maltreatment 2012*, Adoption and Foster Care Analysis and Reporting System (AFCARS) and the Child and Family Services Reviews (CFSRs) — include data from all states, the District of Columbia and Puerto Rico. Data from the Center for State Child Welfare Data at Chapin Hall at the University of Chicago (<https://fcda.chapinhall.org/>) describe 22 states. For practices for which there was no national data, this guide uses research studies to provide estimates for relevant indicators. Although data were extracted from the most current sources available at the time, it will become outdated as data files are updated and new versions of reports become available. Find *Child Maltreatment 2012* at www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012. Find AFCARS at www.acf.hhs.gov/programs/cb/research-data-technology/reporting-systems/afcars. Find the Round Two CFSRs report at www.acf.hhs.gov/sites/default/files/cb/fcfsr_report.pdf
- 5 While there are no national comparison data for this measure, the Child and Family Services Review: Round 2 (Item 12) considered all siblings placed together. In 87 percent of cases reviewed nationally, “all siblings in foster care were placed together” was rated as a strength. This item is measured as part of the case review process and allows for limited circumstances in which siblings are placed separately while still being considered a strength, such as when siblings who are not placed together are placed with different kin. See the report at www.acf.hhs.gov/sites/default/files/cb/fcfsr_report.pdf
- 6 Mainspring Consulting and Youth Transition Funders Group. (2013). *A plan for investing in the social, emotional and physical well-being of older youth in foster care: Connected by 25*. Scarsdale, NY: Youth Transition Funders Group. Retrieved from www.fostercareworkgroup.org/media/resources/FCWG_Well-Being_Investment_Agenda.pdf
- 7 The Annie E. Casey Foundation. (2014). *Sustaining momentum: Improving educational stability for young people in foster care*. Baltimore, MD: Author. Retrieved from www.aecf.org/resources/sustaining-momentum/
- 8 U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. (2012). *Promoting the safe, appropriate and effective use of psychotropic medication for children in foster care*. Information Memorandum 12-03. Washington, DC: Author. Retrieved from www.acf.hhs.gov/programs/cb/resource/im1203

- 9 Adoption and Foster Care Analysis and Reporting System (AFCARS). Note: CWSG completed analyses using AFCARS public use data, made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, N.Y., and used with permission. AFCARS data were originally collected by the Children's Bureau. CWSG analyzed data for 2012. Note: This is currently the only data available nationally. Entry cohort data would be preferable, if it were available.
- 10 One example is the Workforce Planning model, described here: www.cpsr.us/workforce_planning.html
- 11 Twelve percent or less annual turnover is associated with improved patient outcomes in health care settings; similar percentage ranges have been reported to have a strong association with key outcomes in the public child welfare context. See: Center for Research and Innovation. (2002). *The business case for work force stability*. Irving, TX: VHA, Inc. Retrieved from www.healthleadersmedia.com/pdf/white_papers/wp_vha_120103.pdf
- 12 National Council on Crime and Delinquency Report. (2006). *Relationship between staff turnover, child welfare system functioning and recurrent child abuse*. Houston, TX: Cornerstones for Kids, Human Services Workforce Initiative. Retrieved from www.cpsr.us/workforceplanning/documents/06.02_Relation_Staff.pdf
- 13 Annie E. Casey Foundation (2014). *A model for collaboration and results: How cross-agency collaboration helped Hampton, VA, build a broad child and family service array*. Baltimore, MD: Author. Retrieved from www.aecf.org/resources/a-model-for-collaboration-and-results/
- 14 See service array tools and materials and learn about technical assistance opportunities at http://muskie.usm.maine.edu/helpkids/agency_col_servicearray.htm
- 15 For more details, see page 10 of Part Two of this Desk Guide at www.aecf.org.
- 16 For more on measuring racial disparities, see Appendix 4 in Part Two.
- 17 See more on Disparity Index and Relative Rate Index in Appendix 4 in Part Two.
- 18 Well-implemented family meetings can be effective drivers of improved outcomes. The impact of one such meeting — Team Decision Making or TDM — has been extensively analyzed. TDMs early in a case decrease rates of repeat maltreatment and increase timely reunification. Usher, L., Wildfire, J., Webster, D., & Crampton, D. (2010). *Evaluation of the anchor-site phase of Family to Family*. Baltimore, MD: Annie E. Casey Foundation. Retrieved from www.unc.edu/~lynnu/anchoreval.pdf
- 19 Caseload recommendations included in this Desk Guide are offered as general guidelines. Many factors contribute to caseworkers' workloads, including the complexity of cases requiring intervention, administrative requirements, organizational characteristics, local policies and practice requirements. Some jurisdictions have conducted workload studies to develop a nuanced understanding of these factors and the recommended caseloads for their jurisdiction. One such example is the New York State Office of Children and Family Services. (2006). *New York State child welfare workload study*. Rensselaer, NY: Author. Retrieved from www.ocfs.state.ny.us/main/reports/WorkloadStudy.pdf
- 20 Refers to those who exit within 30 days.
- 21 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Federal child and family services reviews: Aggregate report. Round 2: Fiscal years 2007–2010*. Retrieved from www.acf.hhs.gov/sites/default/files/cb/fcfsr_report.pdf

- 22 ChildTrends. (2011). *A national evaluation of the impact of child-focused recruitment on foster care adoption: A five-year evaluation of Wendy's Wonderful Kids* (executive summary). Columbus, OH: Dave Thomas Foundation For Adoption. Retrieved from https://davethomasfoundation.org/wp-content/uploads/2011/10/Executive_Summary.pdf
- 23 Usher, L., Wildfire, J., Webster, D., & Crampton, D. (2010). *Evaluation of the anchor-site phase of Family to Family*. Baltimore, MD: The Annie E. Casey Foundation. Retrieved from www.unc.edu/~lynnu/anchoreval.pdf
- 24 Mainspring Consulting and Youth Transition Funders Group. (2013). *A plan for investing in the social, emotional and physical well-being of older youth in foster care*. Scarsdale, NY: Youth Transition Funders Group. Retrieved from www.fostercareworkgroup.org/media/resources/FCWG_Well-Being_Investment_Agenda.pdf
- 25 National Association for Regulatory Administration (2014). *Model foster home licensing standards*. Lexington, KY: Author. Retrieved from www.naralicensing.org.
- 26 For more on assessing kinship practices, see *The kinship diversion debate* at www.aecf.org/resources/the-kinship-diversion-debate/.
- 27 Data are from 2014 Child Focus correspondence with HHS staff and Grandfamilies.org. See www.grandfamilies.org/Portals/0/Improving%20Foster%20Care%20Licensing%20Standards.pdf

