**Hennepin-University Partnership (HUP)**
**Child Well-Being**

# Systems of Care Report

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*Leadership for a just and caring society*

COLLEGE OF EDUCATION + HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA
**Driven to Discover℠**

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**Child Well-Being**

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**Table of Contents**

**SECTION I: Literature Review**

Background ........................................ Page 1

Comprehensive Review of Academic Literature
on Systems of Care and Long-term Foster Care ........................................ Page 3

Outline of Evidence-Based Practice in Key Areas of
Systems of Care ........................................ Page 23

**SECTION II: Summary of Findings** ........................................ Page 30

**SECTION III: Annotated Bibliography**

Annotated Bibliography of Literature Review ........................................ Page 32

**BIBLIOGRAPHY**
**Complete Reference List** ........................................ Page 49

**APPENDICES**

**Appendix A**
Description of Criteria for User's Guide ........................................ Page 58

**Appendix B**
Systems of Care National Evaluation Logic Model ........................................ Page 60

**Appendix C**
Systems of Care in Child Welfare: Compelling Issues and Questions ........................................ Page 62

**Appendix D**
Phases of Theory Development for Systems of Care ........................................ Page 63

**Appendix E**
Examples of Funding Sources ........................................ Page 64

# Systems of Care

## Background of Project

In 2004, Hennepin County and the University of Minnesota began a collaboration titled the Hennepin-University Partnership (HUP). The goals of this strategic collaboration include developing knowledge on key topics relevant to local communities, promoting community-based research, sharing of academic and practitioner expertise, and providing increased opportunities for real-world experience to university students.

In 2009, a group of Hennepin and University staff met to develop questions of further interests around child well-being. This group included Traci LaLiberte, Director of the Center for Advanced Studies in Child Welfare (CASCW) at the University, and Deb Huskins, Area Director of Hennepin County Human Services and Public Health Department, among others. The group decided to focus on and gain a better understanding of three key areas of child welfare practice and policy, including: (1) re-entry to foster care, (2) adoption disruptions, and (3) systems of care working with long-term foster care youth. The report on re-entry to foster care was completed and reviewed in February 2010. The second report on adoption disruptions was completed in April 2010. The topic of systems of care is the focus of this current report.

For each of the three topic areas, CASCW has conducted a comprehensive literature review. The reports for each topic provided to Hennepin County include a report and executive summary of the literature review, an annotated bibliography and a brief guide to current evidence-based practices in each area. Each of these sections is included in this third and final report, *Systems of Care*.

**Definitions**:

This report examines the existing literature on systems of care from a child welfare perspective. The definition of a ***system of care*** has changed over time but began with a focus on meeting the mental health needs of children and youth with serious emotional, behavioral and mental health needs. For the purposes of this report, ***systems of care*** refers to frameworks for guiding processes and activities through collaborative efforts of multiple systems (both formal and informal) designed to meet the needs of children and families (Child Welfare Information Gateway, 2008).

As systems of care have been adopted within child welfare systems, some of the projects focused on youth in long-term foster, for whom permanency options had not yet been successful. This report will also examine the outcomes of long-term foster care, defined as youth who have been in out-of-home placement for more than 24 months. Some studies focus on transitioning youth with emotional and behavioral disorders to adulthood, which includes services for youth in adolescence.

**Methodology of Search Process**

In the review of the literature and research on systems of care, the following databases were searched:

- Child Abuse, Child Welfare & Adoption Database (1965 to April 15, 2010)
- Social Sciences Citations Index (1975 to April 15, 2010)
- Cochrane Library (1996 to April 15, 2010) at (http://www.mrw.interscience.wiley.com/cochrane/cochrane_search_fs.html)
- Google Academic

In conducting the searches, the following keywords were used: *systems of care; long-term foster care; long-term foster care and outcomes; long-term foster care and transition to*

*adulthood*. Studies in this comprehensive literature review include correlational studies that indicate risk and protective factors for systems of care, as well as quasi-experimental studies that examine the impact of specific programs.

## Comprehensive Review of Academic Literature on Systems of Care

### Brief History of Systems of Care

In the 1980s, it was becoming clear that each of the many different systems serving children in homes, schools and communities were not effectively providing all the necessary supports and services to children and families, particularly those most in need of support. In the 1990s, many new initiative and policies began to emerge to address systemic barriers to support families. One of these, the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMSHA), developed the *Comprehensive Community Mental Health Services for Children and Their Families Program* (P.L.102- 321). This Federal initiative was designed to help States design and implement systems of care to address the mental health needs of children with serious emotional needs. Since its inception, this program has funded the implementation of systems of care in 144 communities.

The systems of care approach was originally created to respond to the following: (1) children not receiving needed mental health services; (2) services in restrictive out-of-home settings; (3) lack of community-based services; (4) service providers not working together; (5) families who were not adequately engaged; and (6) disregard of cultural consideration of children and families with mental health needs (Stroul, 2002; Stroul, 1996). The six guiding principles of systems of care include: family involvement, community-based resources,

individualized strengths-based care, cultural competence, interagency collaboration, and accountability (Pires, 2002; Stroul, 2002; Stroul & Blau, 2008).

Pires (2002) suggests that systems of care have historically focused on improving availability of services, in part by reducing funding fragmentation. Another focus of systems of care in the 1980s and 1990s was on improving the skills and attitudes of frontline service providers. Increasingly, efforts have focused on macro components and system reform (Pires, 2002). As in other areas of social science, systems of care efforts are becoming more focused on evaluating the effectiveness of strategies to improve outcomes for children and their families (Pires, 2002). One method for guiding planning and evaluation efforts has been the use of logic models and theories of change (Friedman, Hodges, & Blase, 2008; Hodges, Ferreira, Israel, & Mazza, 2010). The logic model developed by the National Technical Assistance and Evaluation Center for Systems of Care can be found in Appendix B of this report. Logic models and theories of change are useful in this type of evaluative research due to the complexity of the many different factors, systems and elements involved.

Evaluations of systems of care have found varying results. Several studies found positive systems change, such as improved collaboration and interagency involvement, community-based service delivery and increased family engagement (Bickman, 2002; Bickman, Noser, & Summerfelt, 1999; Brannan, Baughman, Reed, & Katz-Leavy, 2002; Butler Institute for Families, 2007; Manteuffel, Stephens, & Santiago, 2002). Several studies indicate that systems of care have not had a positive effect on all areas of systems changes, such as improvements in cultural competence and child well-being outcomes (Bickman, 2002; Brannan et al., 2002). One study that used data from fourteen Center for Mental Health Services (CMHS) grantee communities found that systems of care grantees were successful in changing service delivery

but not in changing the macro structural elements (Paulson, Fixsen, & Friedman, 2004). One scholar suggested that using a system of care in child welfare with Latino families has promise, particularly as this approach helps child welfare policy makers and practitioners understand the unique experiences of immigrants and promotes the development and utilization of culturally competent assessments and services (Dettlaff & Rycraft, 2010).

Although some studies found only improvements in structural changes and not improvements in child well-being outcomes, other studies did show improvement in outcomes for children including: placement stability, improved school grades, reduced contacts with the juvenile justice system, improved behavioral health status, and parent and youth satisfaction (Cook & Khmer, 2004; Holden, Friedman, & Santiago, 2001; Manteuffel et al., 2002; Stephens, Holden, & Hernandez, 2004). Another study used a comparison group within communities not using a systems of care approach and found that communities following the guiding principles of systems of care approach with more fidelity achieved lower symptom severity and functional impairment outcomes for children in the program (Stephens et al., 2004). Another study examined the impact of systems of care team structure on treatment outcomes using a sample of 299 youth discharged from a project in Indianapolis (Wright, Russell, Anderson, Kooreman, & Wright, 2006). Researchers found that service coordination teams are more likely to be effective when they consist of four to eight members and include active participation of youth and family members (Wright et al., 2006).

Although the systems of care approach was originally developed within mental health systems, the approach is now applied to children and families involved in other public systems for services (Hodges et al., 2010). The focus on cultural competence has also been emphasized in recent systems of care projects. These more recent efforts include children, youth, and their


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families in the child welfare system. Research on systems of care in child welfare is reviewed and summarized in the next section.

**Systems of Care and Child Welfare**

Systems of care have been used as a catalyst for changing the way child and family service agencies organize, fund, purchase, and provide services for children, youth, and families with multiple needs. This approach has been applied across the United States in various ways at the macro level (through public policy and system change) and at the micro level (in the way service providers directly interact with children and families) (Child Welfare Information Gateway, 2008; Sheila A. Pires et al., 2008). Systems of care involve multiagency sharing of resources and responsibilities and the participation of professionals, families and youth, and community stakeholders as active partners in planning, funding, and implementing services.

In 2003, the Children's Bureau funded the *Improving Child Welfare Outcomes through Systems of Care* initiative designed to test the effectiveness of applying systems of care approach to child welfare. This effort was driven by several factors, such as: the promising evaluation outcomes of the *Comprehensive Community Mental Health Services for Children and Their Families Program* funded through the Substance Abuse and Mental Health Association (SAMSHA); the need for better collaboration; and the catalyst to improve outcomes that were noted as lacking by the Children and Family Service Review (CFSR) process (DeCarolis et al., 2007). The Children's Bureau's initiative was designed to answer pressing questions and tackle important child welfare issues. (These issues and questions are outlined in the table in Appendix B).


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A systems of care approach can address concerns identified through the CFSR including: (1) safety – such as inconsistent services to protect and monitor children at home and insufficient risk or safety assessment; (2) permanency – such as inconsistent concurrent planning efforts; and (3) well-being – such as inconsistent match of services to needs; lack of support services to parents, foster and relative caregivers, lack of timely child assessments (Pires et al., 2008). Systems of care can address these by promoting engagement of families and youth, cross-training between systems, expansion in the availability of services and supports through partnerships and collaborative financing, and quality improvement informed by data (Pires et al., 2008).

The goals of the *Improving Child Welfare Outcomes Through Systems of Care* grant initiative were: to implement systemic change to fundamentally transform the child welfare system's policies, practices, and partnerships; to implement and evaluate new and promising approaches to support children and families; to impact the culture of child welfare agencies; to work in partnership with other agencies to achieve child and family safety, permanency and well being. The initiative was to promote change at legislative, policy, system, organization and frontline practice (Child Welfare Information Gateway, 2008; DeCarolis et al., 2007). In addition to the initiative's grantees, other states have also begun to adopt a systems of care approach as part of the their Program Improvement Plan (PIP) (McCarthy, Marshall, Irvine, & Jay, 2004).

Proponents suggest that systems of care and child welfare share common goals and values, including the following: employing family-centered practice; employing community based practice; using individualized services to meet the unique needs of each family; strengthening parental capacity; and working towards safety, permanency and well-being by supporting a child's healthy development and providing the family with supports and tools they

need to care for their children (Technical Assistance Partnership for Child and Family Mental Health, N.D.). Some systems of care focus on identifying and meeting the mental health needs of children in child welfare, particularly youth experiencing serious emotional and behavioral disturbances (Technical Assistance Partnership for Child and Family Mental Health, N.D.).

Many states have passed legislation to codify at least some aspects of systems of care, such as developing flexible funding streams, promoting infrastructure for interagency collaboration, and requiring individualized service plans with family involvement (DeCarolis et al., 2007). Although many states have adopted systems of care into their child welfare systems, some scholars have suggested that there may be some points of contention, or at least points for special consideration. For example, one focus of systems of care is shared decision-making by families, extended families and professional service providers. In child welfare, issues of timelines, parental capacity, child safety, and willingness of parents to engage in the process are of critical importance, all pose potential challenges to meaningful and sustained family involvement in decision-making (Fluke & Oppenheim, 2010). There are also unique barriers to engaging parents as advocates within the child welfare system, as parents may feel stigma, frustration or anger due to their own child welfare involvement (Fluke & Oppenheim, 2010).

Evaluations of systems of care in child welfare have shown some promise; however, there is a great need for more research and rigorous evaluations in this area. One study that used longitudinal data from the national evaluation of the *Comprehensive Community Mental Health Services for Children and Their Families Program* (n=3,066), found that 32% of youth in systems of care were placed in out of home care within a two-year follow-up period. This suggests that although caring for children in their own homes is a goal of systems of care approaches, this goal is not yet being achieved in all communities (Farmer, Mustillo, Burns, &

Holden, 2008). An earlier study, using qualitative and quantitative data in 24 counties in Tennessee, found that inter-organizational coordination actually had a negative effect on service quality and no effect on child and family outcomes while organizational climate (i.e., low conflict, cooperation, role clarity and personalization) predicted positive outcomes for children, such as improved psychosocial functioning (Glisson & Hemmelgarn, 1998).

**Improving Child Welfare Outcomes Through Systems of Care**

In 2003, the Children's Bureau funded nine demonstration grants to test the efficacy of a system of care approach in child welfare. Below is a very brief description of each of the nine grantees from the Children's Bureau Initiative, *Improving Child Welfare Outcomes Through Systems of Care,* taken from the Child Welfare Information Gateway website (Child Welfare Information Gateway, 2008; DeCarolis et al., 2007).

**California**: Contra Costa County Child and Family Services Bureau developed and implemented a Family-to-Family System of Care. This project built on existing wraparound approaches and flexible funding. The focus of this project was to support (1) children and families entering Emergency Shelter Care who were assessed to be at risk for repeated placement failure and (2) transitional age youth who have not participated in independent living skills services.

**Colorado**: Jefferson County Colorado Systems of Care uses a variety of traditional and innovative practices to manage case flow changes; cross-system training; cultural research on the communities in Jefferson County; participatory evaluation models; geo-mapping to assess the resources and resource accessibility of the community; and representative client, staff, family, and community participation. This project also utilizes trained parent partners (who had their own experience with child welfare) to help other families involved in the system.

**Kansas**: Developing Family-Based Systems of Care for Local Communities in Kansas piloted this approach with two communities and focused on reducing the length in time in out-of-home placement for children and youth already in the child welfare or juvenile justice system.

**Nevada**: The goal of the Caring Communities Demonstration Project in Clark County is to use a community-based systems of care approach to improve the safety, permanency, and well-being of children living with kin caregivers.

**New York**: New York City's CRADLE program was developed for children from birth to 1 year old with a primary focus on families who are the subject of a substantiated maltreatment report, whose children have already been placed in foster care, or both.

**North Carolina**: Improving Child Welfare Outcomes Through Systems of Care includes three counties in North Carolina providing services to strengthen families within their own homes and neighborhoods. By collaborating with community agencies, these three counties aim to build an infrastructure to increase the safety, permanence, and well-being of all children.

**North Dakota**: Medicine Moon Initiative to Improve Tribal Child Welfare Outcomes Through Systems of Care is administered through the Native American Training Institute in partnership with the four tribal nations of North Dakota. This project aims to develop a comprehensive, culturally competent system of care for North Dakota's Native American children and families in the child welfare system.

**Oregon**: The Improving Permanency Outcomes Project focuses on children who have been in out-of-home care for longer than 8 months and on children in out-of-home care with alternative permanent planned living arrangement designations that do not include reunification, adoption, or guardianship. The goals of this systems of care project is to improve permanency, increase family and youth participation in case planning decisions, and reduce the likelihood of abuse or reentry into care for the children served.

**Pennsylvania**: The Locally Organized Systems of Care for Children in Dauphin County Pennsylvania is focused on children and adolescents ages 6 to 18 who are involved in the child welfare system and at least one other child-serving system. This project builds on Family Group Conferencing as the foundation for practice development, as well as other

existing policies and programs, with the aim of improving outcomes for children, particularly those with emotional and behavioral needs.

Each of the grantees developed their own strategies for implementing systems of care in their communities, but they all focused on the six guiding principles of this approach, including: interagency collaboration; individualized, strengths-based care; cultural and linguistic competence; child, youth, and family involvement; community-based approaches; and accountability (National Technical Assistance and Evaluation Center for Systems of Care, 2009c). The initiative also promoted the use and development of theories of change in each site to help in the planning, implementation and evaluation process (see Appendix D for a planning tool that was developed from the demonstration project). The cross-site evaluation highlighted the following lessons from the nine sites of the demonstration project.

***Interagency collaboration.*** Interagency collaboration is essential to meeting the complex needs of children and their families. This is accomplished by engaging critical stakeholders in juvenile justice, mental health, education, law enforcement systems, and tribal authorities. Many challenges may arise when creating and maintaining collaborations in a child welfare driven system of care. Interagency efforts included flexible and braided funding from the multiple systems and agencies. (See Appendix E for a chart that lists many of the different funding sources that were used jointly in the nine demonstration sites.) Lessons learned from the Children's Bureau demonstration project indicate that the following elements are key to promoting effective interagency collaboration: (1) governance structures that focus on visioning, strategic planning, policy and practice changes, monitoring, and financing; (2) structures that promote interagency collaboration at administrative and frontline levels both within and between

organizations; (3) evaluation processes that provide all partners with relevant information to monitor the impact of their work; and (4) communication between partners that creates an open and credible process (National Technical Assistance and Evaluation Center for Systems of Care, 2008d).

***Individualized and strengths-based approach.*** Policy is crucial to sustaining strengths-based practices because without it such practices may be inconsistently applied and diminish with staff turnover. Grantees reported challenges in shifting child welfare culture from pathology to strengths-based. Some strategies used to overcome this were training, collaboration with other strengths based agencies, use of community partners to increase staff and family awareness of informal support and community assets, and using strengths-based assessment tools (National Technical Assistance and Evaluation Center for Systems of Care, 2008c).

***Cultural and linguistic competence.*** Cultural competence includes a set of values, behaviors, and policies that enable effective work across cultures. Culturally competent workers also have the capacity to value diversity and can manage the dynamics of differences (National Technical Assistance and Evaluation Center for Systems of Care, 2009b). More data is needed to inform agencies of racial disparities in their work and to better understand where to focus cultural competence efforts. Cultural competence began with an understanding of demographics of communities but went beyond that to help staff examines issues of privilege, self-awareness and bias. To be effective, agencies in the systems of care all need to make a comprehensive plan that clearly defines cultural competence and set supports and policies in place to achieve that goal (National Technical Assistance and Evaluation Center for Systems of Care, 2009b).

***Child, youth, and family involvement.*** The Children's Bureau's demonstration initiative grantees' experiences confirmed that outcomes improve when families have a key part in making

the decisions that affect them (National Technical Assistance and Evaluation Center for Systems of Care, 2008b). The grantees also suggested that sustained family engagement can occur in the following ways: local and statewide public child welfare policy development; child welfare program evaluation and assessment; training for staff, family, youth, and community through community-university partnerships; and youth participation in interagency-community collaborative leadership initiatives (National Technical Assistance and Evaluation Center for Systems of Care, 2008b).

***Community-based approaches.*** Grantees found the that establishing community based approaches may involve a cultural shift that begins with administrators, engaging community members to consult on program and policy is essential, and families are often the best partners in engaging community residents (National Technical Assistance and Evaluation Center for Systems of Care, 2008a). Grantees also suggested that tensions and mistrust may develop, and care should be taken to work through this mistrust to continue the important collaborative process. The grantees emphasized that bringing family members and community guides into genuine roles within child welfare organizations can have a tremendous impact on achieving positive, lasting change (National Technical Assistance and Evaluation Center for Systems of Care, 2008a).

***Accountability***. The findings from the demonstration project suggested the importance of creating an environment that values transparency and informed decision-making and also provides adequate resources to fulfill this commitment (National Technical Assistance and Evaluation Center for Systems of Care, 2009a). Grantees learned the following lessons: administrators should support and sustain those who carry out accountability work, using staff with long-term commitment to the agency rather than relying only on outside evaluators;

administrators should know the limits of child welfare data and developing feasible evaluation plans; and that the commitment to using the data to truly improve the work and outcomes for families is essential (National Technical Assistance and Evaluation Center for Systems of Care, 2009a).

The *Improving Child Welfare Outcomes Through Systems of Care* has yielded important information regarding the adoption of systems of care in child welfare. The reports and evaluations of the demonstration project have provided the field of child welfare with important lessons and learnings about positive strategies for implementing systems of care in different communities. The complexities of systems of care and the variations among different implementations make it difficult to evaluate with rigorous, randomized controlled study designs, but new evaluation approaches using theories of change and logic modeling suggest that systems of care is an effective approach in better meeting the needs of children and their families.

Although systems of care have been used with many populations within child welfare, one common purpose found among many is the use of systems of care with children in long-term foster care, particularly those who are experiencing serious emotional and behavioral difficulties. Another population that has been a focus on systems of care approaches is youth in out-of-home care who are transitioning to adulthood. The next two sections provide a brief summary of the research and literature on these two topics.

**Long-term Foster Care**

Several policy changes in child welfare, including concurrent planning, shorter timelines to reunification or adoption, and subsidized guardianship to promote permanency for children in

kinship placements, have aimed to reduce the number of children lingering in long-term foster care. In current child welfare systems, often it is the children and families facing multiple and serious challenges who remain in long-term foster care. Research confirms that a high number of youth in long-term foster care experience significant emotional and behavior difficulties (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Bellamy, 2007; Leathers, 2006).

For several decades, researchers have studied the potential outcomes of long-term foster care. In summarizing this body of literature, there is no single unequivocal conclusion that can be reached as the study design and methods vary and findings are mixed. Given these limitations, this section will highlight some of the key findings from scholars on this topic.

Several studies indicate that outcomes for youth in long-term care are significantly worse when compared to youth of similar circumstances living with their parents, including higher rates of school dropout, lower educational attainment and college enrollment, unemployment, ill health, substance abuse, social isolation and criminal involvement (Anctil, McCubbin, O'Brien, Pecora, & Anderson-Harumi, 2007; Barth et al., 2007; Blome, 1997) . Youth with emotional and behavioral disorders (EBD) were at much greater risk for poor outcomes, and they were much more likely to experience multiple placement moves, to experience depression and not to reside with siblings while in care (Barth et al., 2007). Another study indicated that youth with physical or psychiatric disabilities experienced poorer outcomes as adults including lower economic and health outcomes, lower educational attainment, more psychiatric diagnosis, and lower self-esteem than foster care alumni without disabilities (Anctil et al., 2007). Some studies that did not include a comparison group, but rather examined key outcomes for youth in foster care, indicated that many of these youth experienced multiple challenges as adults including

inability to hold a steady job, financial troubles, lack of close relationships, ill health, homelessness, and lack supportive connections (Barth, 1990)

Other studies indicate youth in foster care may have better outcomes in some domains compared to youth involved in the child welfare systems who remained at home with their biological families including psychosocial adjustment, IQ scores, externalizing and internalizing problems improving over time as youth progressed in placements, and academic achievement (Barber & Delfabbro, 2005; Minty, 1999). Another longitudinal study, without a comparison group, indicated that children in long-term foster care experienced improvement in externalizing and internalizing behaviors, academic achievement and pro-social behaviors (Fernandez, 2008, 2009).

Other studies indicate that there is no difference in outcomes for children who remained in their homes compared to youth who were removed to out-of-home placements. In one study using data on development behavioral status of children in out-of-home placement compared to children who remained at home (n=1,049), the findings indicate similar developmental and behavioral outcomes for both groups (Stahmer et al., 2009). One qualitative research study found that a small sample of foster youth felt foster care was a positive experience and their lives were better than they would have been otherwise; this was true even for youth who lived with relatives as adults or were experiencing financial difficulties (Barth, 1990).

Some scholars suggest that early histories prior to long-term foster care are more predictive of later outcomes, regardless of placement type (i.e., remaining at home or foster care) (Jane, Matthew, Deborah, & Anthony, 1992). These authors also found in one study that stable foster home placements could ameliorate early negative childhood experiences (Jane et al., 1992). Other studies have found that youths' perceived and felt security while in care,

continuity, and social support beyond care were the main predictors of positive outcomes 4-5 years after leaving care (Cashmore & Paxman, 2006; Triseliotis, 2002)

Regarding the experience of adolescents in care, one study found that children who were first placed between the ages of 12 and 15 and children with multiple placements were at higher risk for later incarceration and other negative outcomes compared to children who entered care earlier (Jonson-Reid & Barth, 2000b) . The results of the Midwest Evaluation of the Adult Functioning of Former Foster Youth (n=603) found poor long-term outcomes for youth who had aged out of care three or more years prior to the study compared to a matched group of young adults not in foster care. The poor long-term outcomes included unemployment, inability to parent their own children, persistent mental illness or substance abuse, poverty, homelessness, or involvement in criminal justice (Courtney & Dworsky, 2006).

Several specific risk factors were noted in studies. One study examined the outcome of reunification after long-term foster care with a sample of 604 children from the National Study of Child and Adolescent Well-being and found that youth in long-term care experienced increased risk related to parental mental and children's internalizing behaviors (Bellamy, 2008). In one California study, children placed for neglect were more likely later to be incarcerated compared to youth reported for abuse (Jonson-Reid & Barth, 2000a).

In one qualitative study, researchers identified the following resilience factors related to improved outcomes in long-term foster care: experienced foster placement as a secure base, increased level of sensitive parenting in foster placements, good fit between youth and foster parent, foster parents supporting healthy social development of youth, and having a sense of permanency in the foster home (Schofield & Beek, 2005). One longitudinal study that interviewed 214 foster youth at several time points yielded results indicating that protective

factors, such as social support and self-perception presented shortly after maltreated youth are placed in foster care, reduced risk behaviors six years later (Taussig, 2002)

There are several examples in the literature of systems of care approaches targeting this population of youth in long-term foster care. The Oregon Improving Permanency Outcomes Project was one of the nine grantees for the *Improving Child Welfare Outcomes Through Systems of Care*. The project aimed to support children in out-of-home care with alternative permanent planned living arrangement designations not including reunification, adoption, or guardianship in order to improve permanency, to increase family and youth participation in case planning decisions, and to reduce the likelihood of abuse or reentry into care for these children (DeCarolis et al., 2007). Other researchers have examined the role of wraparound services for youth in long-term foster care. One controlled study randomly assigned 132 children (ages 7–15 years) to a wraparound group or to a group that received usual foster care services and found that the wraparound program was effective in reducing placement moves and runaways, and increasing permanency outcomes for children, compared to youth in the control group (Clark, Lee, Prange, & McDonald, 1996).

**Transition to Adulthood**

In the general population of youth aging out of foster care, many experience much poorer outcomes compared to their peers who have not been in care, including unemployment, dropping out of school, suffering from persistent mental illness or substance use, living in poverty, experiencing homelessness, or involvement with the criminal justice system (Courtney & Dworsky, 2006).

Studies have also examined protective and resiliency factors. One common theme emerging from this literature suggests that youth who were adopted and youth who had support transitioning to adulthood from their long-term foster parents experienced improved outcomes compared to youth who left care early without those supports (Anctil et al., 2007; Courtney & Dworsky, 2006; Kerman, Wildfire, & Barth, 2002). Another finding of the research supports the idea that youth in different age groups may need different types of support; for example, youth aged 14 to 15 need different transitional support than those aged 16 to18 or 18 to 21 (Jonson-Reid & Barth, 2000b; Minty, 1999; Taussig, 2002).

Recent data shows that 58% of children aging out of the foster care system were in care for three years or longer (U.S. Department of Health and Human Services, 2008). This same report also indicated that youth with disabilities are more than twice as likely to emancipate or age out of the foster care system, regardless of how long they have been in care. As noted in the previous section, research also indicates that foster care alumni with disabilities are at much greater risk for significantly lower economic and health outcomes. For this reason, some systems of care initiatives are focusing their efforts on supporting youth with disabilities in out-of-home care as they transition to adulthood. Below are a few examples of such projects.

One program model, Transition to Independence Program (TIP), was used in a demonstration project of the Partnerships for Youth Transition (PYT) Initiative that was supported by the Substance Abuse and Mental Health Services Administration (SAMSHA) in five communities in Washington, Pennsylvannia, Maine, Minnesota and Utah. The TIP model was used to support adolescents with severe emotional and behavioral needs in the transition to adulthood through a systems of care approach. The TIP model includes the following components: involving youth and young adults, their families and key stakeholders to develop a

transition plan; helping youth develop goals to succeed in all transition domains (employment and career, education, living situation, community functioning, friends, family and social supports, emotional well-being, leisure time, physical health and parenting); and encouraging interagency coordination and collaboration (Clark et al., 2008). Initial findings of a cross-site evaluation of 192 youth in the five sites indicated positive outcomes after six months of services. Youth were more likely to be employed or pursuing education, they were less likely to have dropped out of high school, and they were less likely to be struggling with substance abuse (Clark et al., 2008). The TIP model yielded the following lessons: the use of informal, strength-based assessment helped immensely in engaging the youth in the planning process; effective systems change required champions within each system; and younger teens and older teens have different needs in the transition process (Clark et al., 2008).

At least one of the nine grantees of the federal *Improving Child Welfare Outcomes Through Systems of Care* demonstration project, Contra Costa County in California, had a focus on supporting transitional aged youth who had not participated in independent living skills services (DeCarolis et al., 2007). Contra Costa County developed and began to implement a Family-to-Family System of Care using a neighborhood, consumer-driven team decision-making (TDM) approach. For youth transitioning to adulthood, efforts built on existing wraparound approaches and flexible funding to promote a seamless system of care.

Although these systems of care approaches and other programs have some promising results, more research is needed to determine which approaches might be most effective in supporting successful transitions to adulthood, particularly for youth who have been in long-term foster care and for youth with serious emotional, behavior or mental health needs.

**Summary and Conclusions**

Systems of care began as an approach to bring together multiple child-serving agencies to better meet the needs of children with serious mental health needs. National demonstration and evaluation efforts have found positive outcomes from the systems of care approach, including systems change that increased interagency collaboration and flexible funding and structural changes that improved service delivery, increased family engagement, and increased access to effective services for families and children. Recent evaluation efforts are also beginning to find positive effects of systems of care on child outcomes, such as improved psychosocial functioning, pro-social behavior, and fewer out-of-home placements. Studies also indicate that more research on child well-being outcomes are needed as well as more effective ways to ensure cultural competence in systems of care approaches.

Since their inception in the 1990s, systems of care approaches have been adopted by many child and family serving systems including child welfare. The Children's Bureau established a demonstration initiative called *Improving Child Welfare Outcomes Through Systems of Care,* awarding grants to nine sites in 2003. Findings from the evaluations of each site as well as cross-site evaluations by the National Technical Assistance and Evaluation Center for Systems of Care, indicated that this was a promising approach in child welfare to better meet the needs of children and families. Many states are beginning to adopt systems of care approaches as part of their Program Improvement Plans (PIP) to remedy concerns identified by the Children and Family Service Review (CFSR) process.

Although more rigorous evaluation research is needed to better understand the impact of systems of care on permanency, safety and well-being of children in care, the existing research is promising. The federal demonstration project provided helpful information to communities or


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child welfare agencies considering implementing a system of care. This report has summarized some of the guides and lessons learned from the demonstration sites and other federal initiatives.

The existing research also indicates that systems of care approaches might be a helpful strategy in addressing the needs of youth in long-term care in order to increase their protective factors and to achieve better outcomes later in life. The systems of care approach is also being implemented to better support youth in foster care who are transitioning to adulthood, particularly those who struggle with emotional and behavioral disorders or other mental health needs. A system of care seems to be a promising strategy for improving outcomes for many children and families facing multiple challenges.

This section of the report has reviewed theoretical and empirical foundations identifying key components and factors for youth in systems of care, youth in long-term foster care and foster youth transitioning to adulthood. Research and evaluation to examine the effect of systems of care on outcomes for these and other populations has begun to take place. These interventions and strategies are outlined in the following section entitled *Evidence-Based Interventions User's Guide.*


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**User's Guide: Evidence on Effective Systems of Care**

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare (California Evidence-Based Clearinghouse for Child Welfare - CEBC, 2009). For a more complete description of the criteria, see Appendix A.

1) **Effective practice – supported by multiple studies**
2) **Promising Practice – supported by at least one study**
3) **Emerging Practice – effectiveness is unknown**
4) **Evidence Fails to Demonstrate Effect – research shows no effect**
5) **Concerning Practice – research shows negative effect**

## Effective Practices

To date, there are no specific interventions or service models that have been tested in multiple, rigorous studies that have conclusively been shown to improve outcomes for children and their families in a system of care approach. However, the overall body of literature on systems of care indicates that this approach has been shown to improve systems-level improvements (better integration of agencies and flexible and braided funded); structural-level improvements (increased access to services and increased family and youth engagement); and some evidence of improved outcomes for children and youth (improved psychosocial functioning; reduced behavior problems; improved academic achievement). However, there are many promising and emerging practices that might serve as examples and models for developing systems of care in child welfare, including those that focus on supporting youth in long-term foster care and those in youth transitioning to adulthood.

## Promising Practices

The evaluations of the *Improving Child Welfare Outcomes Through Systems of Care* Initiative that awarded grants to nine sites in 2003 provide valuable information about implementing systems of care in child welfare. Below are summaries of several reports of the grantee's evaluations of their projects and cross-site evaluations (National Technical Assistance and Evaluation Center on Systems of Care, 2006).

**Alamance County, NC**

North Carolina's system of care infrastructure includes the following components: full time mental health staff in each office dedicated to system of care; social services has implemented Multiple Response which incorporates child and family teams statewide; the State Legislative Study Commission identified seven Legislative Responsibility Goals concerning systems of care and child safety, permanence and well being; and the Governor implemented a School-based Child and Family Team Initiative in 100 schools.

The lessons learned from Alamence County work suggest that implementing a system of care requires dedicated staff; outcomes must be clearly stated and data must be used to evaluate outcomes; agencies must change their own practice before moving into community; that this needs to be viewed as a change in philosophy rather than another "initiative"; needing to commit to a long-term commitment to create a culture of family centered practice; engaging schools early as a key partner is important to success; child and family teams are a positive way to engage families; and change must occur on all levels of the system (state, local agency, interagency and family). Alamance County also found that waivers like IV-E Waiver provide flexible funding that supports the system of care culture, but that not all sources of funding were available, such as IV-B training funds.

**Cross-site Activities**

The *Improving Child Welfare Outcomes Through Systems of Care* Initiative acknowledged that developing systems of care was a long-term and extensive process. The evaluation of the 2003 grantees focused on their process of planning, development and implementation of the systems of care in each community, rather than evaluation solely of long-term outcomes. The cross-site evaluations included baseline findings of the planning phase, based on collaborative member interviews, supervisor interviews and focus groups with child welfare and partner agency staff (National Technical Assistance and Evaluation Center on Systems of Care, 2006). Individual site planning and evaluation processes also was an inter-agency effort that involved collecting county-wide statistics to better understand the needs of the target population; conducting needs assessments to evaluate project progress and identify gaps in service delivery (National Technical Assistance and Evaluation Center on Systems of Care,

2006). The cross-site evaluation examined each of the six guiding principles, and the findings are outlined below (This information is adapted from the presentation given at a Children's Bureau initiative in 2006, National Technical Assistance and Evaluation Center on Systems of Care.)

Finding from the baseline data indicate that the following elements were significant assets in building interagency collaboration: prior systems of care experience within that community; pre-existing collaborations and history of interagency collaboration; and committed and motivated staff. Challenges in building interagency collaboration included: divergent philosophies among partner agencies; large caseloads and administrative duties; lack of resources; and getting key decision-makers at the table.

Findings of the cross-site evaluation on increasing family involvement found the following assets in the process: parent partners help families negotiate the system and engagement of extended and non-traditional family members. Challenges included workers who felt that family involvement was not always appropriate in certain cases, that more training was needed for family members and that family involvement was not always sustained for the long-term.

Increasing cultural competence was aided by introductory training, leadership's commitment to cultural competence, and recruitment methods for new staff. Cultural competence was hindered in the grant communities by language barriers, lack of staff who were culturally reflective of community served, and lack of linking training to practice. Individualized strength-based care was promoted in sites that had staff with experience providing services from a strengths-based approach, staff were assigned based on their strengths, and work with clients began with strengths; and data systems and assessment tools focused on strengths. This approach had the following challenges: balancing strengths-based approaches with child safety, modeling strengths-based approaches at all levels within the agency and limitations of strengths-based assessment tools.

In the baseline study, fewer accountability activities were identified compared to other system of care guiding principles. Findings also indicated that community based approaches and cultural competence were areas for much more improvement. Another key finding was a perceived gap between frontline workers and administrators and their roles and commitment to

the process. These findings and other key lessons from this Children's Bureau initiative can be found online; using the links found in the references and annotated bibliography in this report.

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**Transition to Independence Process (TIP) model**

Several different program have been evaluated that used the TIP model. The goal of this model is to support youth with serious emotional and behavioral needs in making a successful transition to adulthood. Several systems of care projects used this model to help bridge gaps between the children's mental health system and the adult mental health system. The TIP model focuses on life domains that are most critical during the transition years, including: employment and career, education, living situation, community functioning, friends, family and social supports, emotional well-being, leisure time, physical health and parenting. In one project, Options, a Partnerships for Youth Transition (PYT) project site in Clark County, Washington, included three transition specialists, one job developer, and an employment specialist (or a transition specialist). These staff worked with youth in creative, flexible and non-clinical ways. Youth were referred to Options by mental health providers, and youth qualified if they were 14 to 25 years old, met criteria for a mental health diagnosis, and were at imminent risk of out-of-home placement or homelessness (H. B. Clark et al., 2008; Koroloff, Gordon, & Pullmann, 2006).

The evaluation of the Options project was part of a national, five-site evaluation, and used data from staff assessment at intake and then every 90 days. Assessment included educational information; employment history and status; financial information; legal history and status; residential history and status; mental health history and status; substance abuse and dependence status; public agency involvement; and satisfaction with services. Initial data on 32 youth showed increased rates of employment and GED completion and a decrease in recent arrests and homelessness compared to assessment at intake. Even though the sample is small, the results were promising. These findings are preliminary and the sample size is small, but the results are promising (Koroloff et al., 2006).

Another study examined data from across the five sites of the same PYT Initiative. Initial findings of a cross-site evaluation of 192 youth indicated that more youth were improving in six of the major outcome areas after 6 months of services. The evaluations showed that youth in the TIP program were more likely to be employed or pursuing education, less likely to drop out of high school, and less likely to struggle with substance abuse. Lessons learned from this cross-site evaluation included: use of informal, strength-based assessment worked better; systems change required champions; and younger teens and older teens have different needs in the transition process (H. B. Clark et al., 2008).

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**The Durham Family Initiative (DFI)**

The Durham Family Initiative (DFI) is supported by The Duke Endowment's Child Abuse Prevention Initiative that seeks to reduce child abuse rates; improve in parenting practices and behavior; strengthen community service systems; and improve the community's capacity to protect children and support parents. DFI staff used an ecological perspective to expand the access to evidence-based services, work for critical policy reforms to better support families and build local assets (Daro, Huang, & English, 2009). In the first phase of the initiative, the efforts focused on Durham city neighborhoods with high reported rates of child maltreatment and the planning began to develop a community-wide preventive System of Care. Unlike the other systems of care approaches in this report, this project was using this approach in child maltreatment prevention efforts. In the next phase, DFI piloted and evaluated interventions to support high-risk or new parents.

The DFI evaluation compared five pilot sites to five sites where DFI was not involved (Daro et al., 2009). Findings indicated that the rate of substantiated child maltreatment in Durham County fell 49 percent from before the program began (in 2001) to after implementation for several years (in 2007) in the pilot counties. The rate fell just 21 percent in the five comparison counties. Re-entry rates dropped 27 % in this same timeframe for pilot counties, compared to only 15% in the comparison counties. Findings also found reduced parental stress and improvements in parental efficacy over time among randomly selected parents of young children

in the Durham city neighborhoods as compared with residents in the project's matched comparison areas (Daro et al., 2009).

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## Emerging Practices

### Dawn Project in Marion County, Indiana

The Dawn Project uses a system of care approach to provide a broad array of services and supports, with a focus on children involved in child welfare who also experience serious emotional and behavioral health difficulties. The systems of care include formal and informal supports, supported by collaborative funding across major systems serving children, youth and families. Supports include professional services to parents and children, as well as concrete support such as transportation, food, and help with utility bills (Wright et al., 2006).

A study of this program examined team membership and attendance data to identify and describe the structure of service coordination teams in the Dawn Project. The sample included 299 young people who had been discharged from the program. This study used existing administrative data, including scores from the Child Behavior Checklist, case notes and program disposition (reason for discharge from program). This analysis focuses on three dimensions of team structure, including size, form, and role composition, and the impact of these factors on outcomes for youth at their program discharge. Results of this study suggest that team structure is an important element of systems of care service delivery that can impact youth outcomes. This study found that service coordination teams are most likely to be effective in achieving the team's treatment goals when they consist of four to eight members and include the youth and multiple family members (Wright et al., 2006).

### Recommendations for Systems of Care Implementation

Although there are promising approaches in systems of care, as well as practices that support youth in transitioning to adulthood, many of these specific models have not yet been evaluated in published studies or reports. However, there is a wealth of information that highlights lessons learned from federal initiatives, demonstration projects and reform efforts.

Much of this report has summarized findings and recommendations from those resources (Child Welfare Information Gateway, 2008; National Technical Assistance and Evaluation Center for Systems of Care, 2009c; National Technical Assistance and Evaluation Center on Systems of Care, 2006; Sheila A. Pires et al., 2008; Beth A. Stroul & Blau, 2008). One such guide is the *Building Systems of Care: A Primer for Child Welfare,* which is a companion document to *PrimerHands On—Child Welfare*, a web-based training resource for system builders who work to support children, youth and families involved, or at risk for involvement, with the child welfare system (Sheila A. Pires et al., 2008). These documents are meant as a guide for policy makers and administrators who are beginning to consider a systems of care approach. The table below highlights common elements of successful systems of care that focus on child welfare systems.

| COMMON ELEMENTS OF RE-STRUCTURED SYSTEMS OF CARE |
| --- |
| • They are values-based systems that incorporate the concept of partnering with families and youth |
| • Population(s) of focus are identified, and who controls funds and resources for the population(s) is determined. These entities are engaged as partners |
| • A locus of accountability (often with some element of shared risk) is created for children and families that cross multiple systems and services and have intensive service needs |
| • The pathway to services and supports is clear to families and other system stakeholders |
| • The system incorporates a practice model that is strengths-based, individualized, family and youth-guided, and culturally/linguistically competent |
| • The system includes mechanisms for service coordination and intensive care management |
| • Flexible and coordinated financing and purchasing arrangements are utilized, such as case rates, qualified provider panels |
| • The system often combines funding from multiple funders (e.g., Medicaid, child welfare, mental health, juvenile justice, education) |
| • The system includes a broad provider network that understands the target population. The network includes formal services, informal supports, and evidence-based and promising practices |
| • The system uses real-time data to guide service planning, utilization and quality management |
| • The system tracks meaningful outcomes at a child/family level and at a systems level, including outcomes related to CFSR/PIP |
| • The system pays attention to utilization and quality management |
| • The system utilizes mobile crisis response systems to prevent placement disruptions and use of restrictive levels of care, such as hospitalization |
| • Efforts are made to educate, engage, and get buy-in from judges, guardians ad litem, CASA volunteers and those performing assessments for the court |
| • The system engages residential treatment providers to "re-engineer" their services to provide a continuum of home and community based services and partner with families and other stakeholders |
| • There is shared governance and liability across stakeholders for the identified population(s) |
| • Training and technical assistance are priorities and are used strategically to support system builders. |

Table 1. Common Elements of Systems of Care, from *Building Systems of Care: A Primer for Child Welfare (Sheila A. Pires, Lazear, & Conlan, 2008).*

## Summary of Findings

### Overview of Systems of Care

- Systems of care were developed in the 1980s to address the unmet mental health needs of youth experiencing severe emotional and behavioral disorders, through an integrated, multi-systemic approach.
- A system of care is a framework, not a practice model that brings together the following stakeholders to better support children: youth and their families, extended family and informal supports, multiple systems including mental health, child welfare, education, health, mental health, substance abuse and juvenile justice.
- The system of care framework includes the following guiding principles: family involvement; community-based resources; individualized strengths-based care; cultural competence; interagency collaboration; and accountability.
- Evaluations of systems of care have indicated significant positive outcomes at the systems; while developmental and child well-being outcomes are more recently beginning to show promise.

### Systems of Care and Child Welfare

- Some states are using a system of care approach in child welfare to meet the CFSR requirement or as a catalyst for changing how services are funded and provided to families, through inter-agency efforts.
- The Children's Bureau Demonstration Initiative, called *Improving Child Welfare Outcomes Through Systems of Care*, awarded nine demonstration grants in 2003, to examine whether systems of care was a viable approach for achieving positive outcomes for children and families in the child welfare system.
- Other examples of systems of care include the Sacred Child Project in North and South Dakota working Native American youth struggling with serious emotional difficulties; and the state of Vermont uses a system of care to serve the entire state by requiring three state agencies to develop coordinated service plans for all youth and families served.

### Key Outcomes of Long-term Foster Care

**Risk and Protective Factors**

- Studies confirm that a high number of youth in long-term foster care experience significant emotional and behavioral problems.
- Studies that examine the outcomes of long-term foster care are mixed:
  - Many studies indicate that outcomes for youth in long-term care are significantly worse compared to youth of similar circumstances living with their parents, including: higher rates of school dropout, unemployment, ill health, substance abuse, social isolation and criminal involvement.
  - Other studies indicate the youth in foster care may have better outcomes in compared to youth involved in the child welfare systems that remained at home with their biological families (including psychosocial adjustment, IQ scores, externalizing and internalizing problems, and academic achievement)
  - Some studies indicate that there is no difference in outcomes for children who remained in their home compared to youth who were removed to out-of-home placement.
  - Some studies suggest that early histories prior to long-term foster care are more predictive of later outcomes, regardless of placement type.
- Studies also indicate that some foster youth felt that foster care was a positive experience, and that their lives were better than they would have been otherwise, even youth who lived with relatives or biological parents as an adult or were experiencing financial difficulties.
- Several studies indicate that felt security in care, continuity and social support beyond foster care were the significant predictors of positive outcomes 4-5 years after leaving care.
- Children first placed between the ages of 12 and 15 and children with multiple placements were at higher risk for later incarceration and other negative outcomes, compared to children who entered care earlier.
- Resilience factors linked to positive outcomes include: youth experience foster placement as a secure base; increased level of sensitive parenting in foster placements; good fit between youth and foster parent; foster parents supporting healthy social development of youth; and having a sense of permanency in the foster home.
- Protective factors, such as social support and positive self-perception, present shortly after youth are placed in foster care can reduce risk behaviors throughout that child's development.

## Summary of Findings

**Factors in Transitioning to Adulthood**

- Youth aging out of foster care are at higher risk for experiencing unemployment, dropping out of school, suffering from persistent mental illness or substance use, living in poverty, experiencing homelessness, or involvement with the criminal justice system
- 58% of youth aging out were in care 3 years or longer
- Youth with disabilities are more than twice as likely to emancipate/age out
- Research indicates that foster care alumni with disabilities had significantly lower economic and health outcomes than youth without disabilities
- Research suggests that youth in different age groups may need different types of support; for example, youth aged 14 to 15 need different transitional support than those aged 16 to 18 or 18 to 21
- Youth who were adopted or had support transitioning to adulthood from their long-term foster parents both had improved outcomes, compared to youth who left care early.

## Implications for Practice and Policy

- Systems of care involve change at the macro, structural and service level.
  - Strategies at the macro level include: (1) governance structures and multi-systemic infrastructure that focus on visioning, strategic planning, policy and practice changes, monitoring, and financing; (2) structures that promote interagency collaboration at administrative and frontline levels both within and between organizations; and (3) joint policy advocacy; (4) involvement of public and public officials
  - Strategies at the structural level include: (1) communication between partners that creates an open and credible process; (2) bringing systems together to build capacity; (3) evaluation processes and feedback loops that provide all partners with relevant information to monitor the impact of their work; (4) supporting the development and use of evidence-based practices; (5) re-focus funding for workforce development; screening and assessments for young children in child welfare
  - Strategies at the service level include: (1) creating child and family teams to be involved at each stage of the case planning process; (2) families involved in creating a network of services that they also deemed as important and useful; (3) co-locating child welfare and mental health service providers and other strategies that increase access to services
- Building a therapeutic foster care system may be part of an effective system of care in child welfare.
- Some potential financing sources included: optimizing the scope of Medicaid eligible services; Title IV-E waivers; discretionary grants; braiding funds; establishing flexible funds; and mobilizing family and community informal supports.
- Research indicates that there is no "one best way" to organize a system of care, but rather the most successful communities developed strategies and structures that fit the context of their local communities.
- Sustaining broad-scale system change is a slow, long-term process.
- Evaluations of systems of care indicate that the structure of the service team impacts outcomes and teams are most effective when they consist of four to eight members and include the youth and multiple family members.
- Some studies suggest that focusing on creating positive organizational climates rather than on increasing inter-organizational service coordination may lead to improved outcomes.
- A high percentage of youth served by systems of care are still experiencing out-of-home placement, which suggests the need for further attention to this topic.

## Annotated Bibliography

### Systems of Care

**Bickman, L. (2002). Evaluation of the Ft. Bragg and Stark County Systems of Care for Children and Adolescents. *American Journal of Evaluation*, 67.**

This article describes evaluation of two systems of care demonstration projects, in Fort Bragg and Stark County. The Fort Bragg demonstration project was designed to improve mental health outcomes for children and adolescents who were referred for mental health treatment. The demonstration provided a full continuum of mental health services, including outpatient therapy, day-treatment, in-home counseling, therapeutic foster homes, specialized group homes, 24-hour crisis management services, and acute hospitalization. The evaluation included a quasi-experimental design with close to 1000 families. Mental health data were collected on children and their families and a random regression longitudinal model was used to analyze 10 key outcome variables measured at seven different points in time. Findings of this study indicated that the outcomes for children in the demonstration project were no better than those in the comparison group. The findings also indicated that the demonstration was more expensive.

The Stark County evaluation examined a system of care designed to provide comprehensive mental health services to children and adolescents. This project used a randomized experimental longitudinal design with 350 families. Findings from this evaluation indicated that access to care, type of care, and the amount of care were better in the system of care, yet there were no differences in outcomes compared to children in the control group. In addition, children who did not receive any services, regardless of experimental condition, improved at the same rate as treated children. Findings from both of these evaluations indicate that the effects of systems of care are primarily limited to system level outcomes but do not appear to affect individual outcomes such as functioning and symptomatology.

**Bickman, L., Noser, K., & Summerfelt, W. T. (1999). Long-Term Effects of a System of Care on Children and Adolescents[a]. *Journal of Behavioral Health Services & Research, 26*(2), 185.**

This study evaluates s systems of care project in Stark County, using an experimental longitudinal design with data on 350 families. Findings indicated increased access to care, improved type of care and amount of care for families in the system of care. However, no differences were found on clinical outcomes for youth in the experimental group compared to youth in the control group.

**Brannan, A. M., Baughman, L. N., Reed, E. D., & Katz-Leavy, J. (2002). System-of-Care Assessment: Cross-Site Comparison of Findings. *Children's Services: Social Policy, Research & Practice, 5*(1), 37-56.**

This article describes a system-level evaluation of the extent to which system-of-care principles (e.g., family-focused care, coordination of services, use of least restrictive service options) were operationalized across eight system components (e.g., system governance, quality monitoring, case monitoring and review). Data were collected in three federally funded systems of care and three matched comparison sites. Comparisons of system scores across paired sites suggested that

the systems of care funded and supported by the federal program helped those sites better operationalize the core principles of systems of care with more consistency as there was less variability in scores across the funded systems of care. Results of this study indicate that the systems of care performed especially well in the principles of interagency involvement and community-based service delivery. Although they generally performed better than the comparison sites, the systems of care continued to struggle in their system-level quality improvement efforts and in culturally competent service delivery.

**Clark, H. B., Deschenes, N., Sieler, D., Green, M. E., White, G., & Sondheimer, D. L. (2008). Services for Youth in Transition to Adulthood in Systems of Care. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: Transforming mental health services for children, youth, and families*. Baltimore, MD: Paul H Brookes Publishing.**

This chapter highlights the findings from the evaluation of the Partnerships for Youth Transition (PYT) Initiative that was supported by the Substance Abuse and Mental Health Services Administration (SAMSHA) through development grants to five communities in Washington, Pennsylvania, Maine, Minnesota and Utah. The communities adopted the Transition to Independence Program (TIP) model to support adolescents with severe emotional and behavioral needs transition to adulthood, including the following: involving youth and young adults, their families and key stakeholders to develop a transition plan; help youth develop goals to succeed in all transition domains (employment and career, education, living situation, community functioning, friends, family and social supports, emotional well-being, leisure time, physical health and parenting). This chapter summarizes the work of each grantee site. Initial findings of a cross-site evaluation of 192 youth indicated that more youth were improving in six of the major outcome areas after six months of services, including being more likely to be employed or pursuing education, less likely to drop out of high school, less likely to struggle with substance abuse. Lessons learned included: use of informal, strength-based assessment worked better; systems change required champions; and younger teens and older teens have different needs in the transition process.

**Clark, H., Lee, B., Prange, M., & McDonald, B. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5*(1), 39-54.**

This study examines the impact of a wraparound model called the Fostering Individualized Assistance Program (FIAP) when used with foster children and their foster, biological and/or adoptive families. The FIAP wraparound strategy involved the clinical case management of a broad range of individually tailored services, driven by a wraparound team of adult key players in each child's life. This controlled study involved the random assignment of 132 children (ages 7–15 years) to the FIAP wraparound group or to a group that received usual foster care services. The sample in this study included children who had been removed from their homes due to child abuse and neglect and were in out of home settings for an average of 2.6 years. Findings suggest that this program is an effective strategy in improving the placement outcomes for children lingering in the foster care system, such as reduced placement moves, reduced runaways, and increased permanency outcomes for children in the FIAP program when compared to youth in the control group.

**Cook, J. R., & Khmer, R. P. (2004). Evaluating systems of care: Missing links in children's mental health research.** ***Journal of Community Psychology, 32*****(6), 655-674.**
This article presents a review of the literature on the impact of systems of care (SOCs). Findings of the literature review suggest the following: (a) communities' service delivery systems change and (b) children experience modest improvements in symptomatology and functioning. Authors of this literature review suggest that little is known about which components of the SOC approach, at what levels, are necessary to impact child and family outcomes; that more research is needed to understand the degree to which SOCs affect other family members, beyond the target child; and better understanding is needed about the impact of community contexts and supports in SOCs.

**Dettlaff, A. J., & Rycraft, J. R. (2010). Adapting systems of care for child welfare practice with immigrant Latino children and families.** ***Evaluation and Program Planning, 33*****(3), 303-310.**
This paper describes the development of a program designed to train child welfare staff on the application of an existing evidence-based framework, systems of care, to practice with immigrant Latino children and families as a means of responding to multiple calls for systems change and practice improvement. Immigrant Latino children and families represent the largest and fastest-growing population in the United States and, thus, require the attention of child welfare systems and the development of evidence-based practices designed to respond to the unique needs of this population. Recommendations of this paper suggest the following: policies must ensure that practitioners receive adequate training on the issues and experiences affecting immigrant populations; child welfare practitioners must understand the effects of immigration and acculturation on immigrant families to conduct adequate and culturally competent assessments and interventions; child welfare practitioners need to be familiar with federal and state policies that affect immigrant children and families; and policies are needed that promote interagency collaboration among child welfare agencies and agencies providing services in immigrant communities.

**Dodge, K. A., Berlin, L. J., Epstein, M., Spitz-Roth, A., O'Donnell, K., Kaufman, M., et al. (2004). The Durham Family Initiative: A Preventive System of Care.** ***Child Welfare, 83*****(2), 109-128**
This article describes the Durham Family Initiative (DFI), an innovative effort to bring together child welfare and juvenile justice systems to reach DFI's goal of reducing the child abuse rate in Durham, North Carolina by 50% within the next 10 years. DFI uses principles of a preventive system of care (PsoC), which focuses on nurturing the healthy parent-child relationship. A community collaborative of government agency directors had signed a memorandum of agreement to implement the PsoC principles.

**Farmer, E. M. Z., Mustillo, S., Burns, B. J., & Holden, E. W. (2008). Use and Predictors of Out-of-Home Placements Within Systems of Care.** ***Journal of Emotional and Behavioral Disorders*****, 5-14.**
This article examines out-of-home placements for youth (n=3,066) with mental health problems in community-based systems of care using longitudinal data from the national evaluation of the

Comprehensive Community Mental Health Services for Children and Their Families Program. Results indicated that one third of youth residing at home when they enrolled in the system of care were placed out of home during the 2-year follow-up period. Findings indicated that male and older youth were more likely to be placed out of home. Youth who were placed out of home displayed more problems, fewer strengths, and more risk factors than youth who remained at home, while family factors were not significantly related to out of home placement. Results suggested few differences between youth placed in foster care and those placed in more restrictive settings. In addition, there was increased placement instability for Hispanic and older youth. Findings indicated that even though systems of care aims to keep youth in their homes, 32% of youth in this sample still experienced out-of-home placements with many experiencing more restrictive environments. Although this study did not use a control or comparison group, the high percentage of youth experiencing out-of-home placement in systems of care approaches suggests the need for further attention to this topic.

**Fluke, J. D., & Oppenheim, E. (2010). Getting a grip on systems of care and child welfare using opposable thumbs. *Evaluation and Program Planning, 33*(1), 41-44.**

This paper discussed issues raised by two of the components of the definition of systems of care proffered by Hodges et al. (2010). This response presented implications of the definition of the focus population and the value and core principle of family-driven care. The authors suggest that the focus population as defined by Hodges may be too limiting for child welfare purposes. The authors also suggest that the principle of family-driven care may be problematic for some families directly involved in child welfare systems.

**Friedman, R. M., Hodges, S., & Blase, K. (2008). State of the Science Plenary: What do We Mean by Implementation? In C. Newman, C. J. Liberton, K. Kutash & R. M. Friedman (Eds.), *The 20th annual research conference proceedings: A system of care for children's mental health: expanding the research base* (pp. 3-14). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.**

This chapter outlines the importance of communities' development of clear for the youth they are serving through systems of care, as well as developing their own theory of change. According to the researchers, a community implementing systems of care could then develop performance measurements that are consistent with its particular theory of change. Systems of care involve examining the interconnections between multiple system components, which pose methodological and conceptual challenges. In evaluating systems of care, the authors suggest that the relationship between cause and effect is not clear, so they suggest using feedback loops to provide data for communities to respond, adapt, and make change in an informed way.

The authors highlight several fundamental beliefs from stakeholders in effective systems of care projects, including (1) the commitment and shared responsibility across all collaborating systems (i.e., mental health, child welfare, juvenile justice, education, and community based organizations) and the families themselves and (2) the belief across these systems and partners that change is actually possible. The authors highlight the importance of goals in enabling action, but they stress that goals do not remain fixed over time. In effective systems of care, goals evolve within the framework of the established values and beliefs. Effective systems of care also

adapt collaborative structures to support development, including changes in the rules and regulations around service delivery and changes in the availability of flexible funding. Changes were also observed varied across levels of the system, including administrative, supervisory and direct service levels.

**Glisson, C., & Hemmelgarn, A. (1998). The Effects of Organizational Climate and Interorganizational Coordination on the Quality and Outcomes of Children's Service Systems. *Child Abuse & Neglect, 22*(5), 401-421.**

This study examines the effects of organizational characteristics, including organizational climate and inter-organizational coordination, on the quality and outcomes of children's service systems using a quasi-experimental, longitudinal design. Qualitative and quantitative data were collected over a 3-year period describing the services provided to 250 children by 32 public children's service offices in 24 counties in Tennessee. Findings of this study indicate that organizational climate (including low conflict, cooperation, role clarity, and personalization) is the primary predictor of positive service outcomes, such as children's improved psychosocial functioning, and a significant predictor of service quality. This study also found that inter-organizational coordination had a negative effect on service quality and no effect on outcomes. Authors of this study concluded that efforts to improve public children's service systems should focus on creating positive organizational climates rather than on increasing inter-organizational services coordination.

**Manteuffel, B., Stephens, R. L., & Santiago, R. (2002). Overview of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program and Summary of Current Findings. *Children's Services: Social Policy, Research & Practice, 5*(1), 3-20.**

This study presents an overview of descriptive and longitudinal outcome data collected by the national evaluation of the Comprehensive Community Mental Health for Children and Their Families Program. This program, supported by the federal Center for Mental Health Services at the Substance Abuse Mental Health Services Administration, has established systems of care for mental health services in 67 communities throughout the United States. Among the 22 communities receiving grants in 1993 and 1994, descriptive information was collected on 44,640 children who received services. Longitudinal outcome study enrollment included 18,884 children with data collected on 2,580 children who continued in services through 24 months. Mental health diagnoses included conduct-related disorders (29.3%), attention deficit hyperactivity disorder (13.6%), and depression or dysthymia (26%). Changes in children's behaviors and functioning were examined to two years' participation in services. Results of these studies indicated that 44.6% of children exhibited clinically significant improvements in behavioral and emotional symptoms at 2 years, and 49.5% showed similar changes in functional impairment.

**McCarthy, J., Rider, F., Fawcett, C. M., & Sparks, S. (2008). Services for youth in the child welfare system and their families in systems of care. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: Transforming mental health services for children, youth, and families.* (pp. 595-617). Baltimore, MD: Paul H Brookes Publishing; US.**

This chapter demonstrates the link between effective mental health services and the achievement of the three major child welfare system goals: safety, permanency, and well-being. The CFSR system recognizes that addressing a child's healthy development and well-being will help achieve the other two goals of safety and permanency. The authors suggest that using a systems of care approach in child welfare can work towards achieving CFSR goals and that some states are using the Program Improvement Plan (PIP) process to implement systems of care. The goals of systems of care fit well with goals of child welfare, including: partnering with families, building a network of accessible evidence-based services, and increasing cultural competence. Using an example within the state of Arizona, the chapter discusses how to work collaboratively across systems and with families to build service capacity. Arizona joined child welfare reform efforts with multi-systemic efforts by following these tasks: (1) developing a multi-systemic infrastructure to coordinate funding, services and training; (2) creating child and family teams to be involved at each stage of the case planning process; (3) encouraging families to help develop a network of services that they also deemed as important and useful; (4) bringing systems together to build capacity; (5) co-locating child welfare and mental health service providers; (6) re-focusing funding for workforce development; (7) using screening and assessments for young children in child welfare; (8) supporting the development and use of evidence-based practices and building a therapeutic foster care system. Some of the effective financing sources included: optimizing the scope of Medicaid eligible services, Title IV-E waivers, discretionary grants, braiding funds, establishing flexible funds, and mobilizing family and community informal supports.

**National Technical Assistance and Evaluation Center for Systems of Care. (2009). *An Overview of Systems of Care in Child Welfare*. Retrieved June 19, 2010, from http://www.childwelfare.gov/pubs/acloserlook/overview/index.cfm**

In recent years, systems of care principles have been increasingly adopted with the goal of improving the safety, permanency, and well-being for children, adolescents, and their families in the child welfare system. As the systems of care approach gains wider acceptance, the Children's Bureau has promoted research to gain better understanding of how this approach might be best applied in public child welfare settings. In 2003, the Children's Bureau funded nine demonstration grants to test the efficacy of the systems of care in addressing policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. Specifically, this initiative is designed to promote infrastructure change and strengthen the capacity of human service agencies to support families involved in public child welfare.

**National Technical Assistance and Evaluation Center for Systems of Care. (2008). *Interagency Collaboration*. Retrieved June 20, 2010, from http://www.childwelfare.gov/pubs/acloserlook/interagency/**

Interagency collaboration is a core principle in systems of care, which focuses on bringing together critical stakeholders, such as juvenile justice, mental health, education, law

enforcement, and Tribal authorities, in a coordinated and integrated effort to serve children whose needs cross multiple systems. Lessons learned from the Children's Bureau demonstration project indicates that the following elements are key to promoting effective interagency collaboration: (1) governance structures that focus on visioning, strategic planning, policy and practice changes, monitoring, and financing; (2) structures that promote interagency collaboration at administrative and frontline levels both within and between organizations; (3) evaluation processes that provide all partners with relevant information to monitor the impact of their work; and (4) communication between partners that creates an open and credible process.

**National Technical Assistance and Evaluation Center for Systems of Care. (2007).** ***Improving Child Welfare Outcomes Through Systems of Care: Guide for Strategic Planning*. Retrieved June 20, 2010, from** **http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/56550.pdf?w=+NATIVE%28%27recno%3D56550%27%29&upp=0&rpp=10&r=1&m=1**

This report is based on the findings and common themes learned through the Improving Child Welfare Outcomes Through Systems of Care initiative of the Children's Bureau. This report is meant as a guide for the initial phase of designing systems of care in child welfare. It includes promising practices that have been helpful in other projects and includes a section that outlines the initiative's focus on systemic change and its impact on child welfare outcomes. The report provides background information of the initiative, which began in 2003 when the Children's Bureau released a request for proposals (RFP) to build home- and community-based systems of care to improve outcomes for children, youth, and families at risk of child maltreatment. The initiative was created in response to State Child and Family Services Reviews, which showed that serious deficiencies existed in most State child welfare agencies in terms of ensuring children's safety, finding them permanent homes, and promoting their well-being.

**Paulson, R., Fixsen, D., & Friedman, R. (2004).** ***An Analysis of Implementation of Systems of Care at Fourteen CMHS Grant Communities*** **Tampa, Florida: Louis de la Parte Florida Mental Health Institute, University of South Florida.**

This study focuses on a cohort of fourteen CMHS grant communities that received initial funding in 1998 and completed their grant cycle in August 2004. This study assessed how well the grantees implemented a system of care by examining existing data gathered through the national evaluation. The study aimed to identify factors that either facilitated or hindered the implementation of a system of care. The findings indicated that the grantees made significant changes to the service delivery processes but that changes at the macro systems level were not evident. The authors cite other studies and suggest that governance structures need clear theories of change to produce and sustain change at the systems levels. The authors suggest that on-going evaluation processes and feedback loops for all involved partners is another essential element for effective change at the systems level. The findings of this study also indicate that there was no "one best way" to organize a system of care, but rather the most successful communities developed strategies and structures that fit the context of their local communities. Results also indicated that sustaining broad-scale system change is a slow process often requiring more than a 6-year period.

**Stephens, R., Holden, E. W., & Hernandez, M. (2004). System-of-Care Practice Review Scores as Predictors of Behavioral Symptomatology and Functional Impairment. *Journal of Child and Family Studies, 13*(2), 179-191.**
This study evaluated the extent to which services embodying the principles of a system of care, as measured by the System-of-Care Practice Review (SOCPR), affect clinical outcomes for children being served in federally-funded systems of care and matched comparison communities. The participants included 75 children and families who participated in the SOCPR. Results indicated that services that had a high degree of fidelity to the system-of-care principles were associated with lower symptom and impairment scores for youth one year after entry into services. For children in matched comparison communities, their symptom severity and functional impairment decreased as their experiences of the principles increased.

**Stroul, B. A., & Blau, G. M. (2008).** ***The system of care handbook: Transforming mental health services for children, youth, and families*****. Baltimore, MD: Paul H Brookes Publishing; US.**
The purpose of this handbook is to provide a guide on how to develop systems of care. This book includes "recommended practice" examples illustrating the implementation of critical elements of systems of care. Evaluation results also are incorporated to demonstrate the utilization of data to inform decision making at multiple levels, from providing services to individual children and families to system management. Key contextual issues and emerging trends affecting the development of systems of care are addressed, such as the current emphasis on implementing evidence-based practices. Core values and principles of systems of care such as individualized services, family and youth involvement, and cultural and linguistic competence serve as the foundation of the book and are incorporated into each chapter.

**Walton, B. S., & Bisbee, J. A. (2008). Screening, Assessing and Treating the Mental Health Needs of Children in Child Welfare: A Cross System Initiative. In C. Newman, C. J. Liberton, K. Kutash & R. M. Friedman (Eds.),** ***The 18th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base*** **(pp. 193-196). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.**
This paper describes a promising model of services for children using a cross-system team, including the Indiana Family and Social Services Administration's Division of Mental Health and Addiction, Department of Child Services (DCS), Medicaid, Federation of Families, Department of Correction, Department of Education/Division of Exceptional Learners, the Juvenile Justice Quality Improvement Committee, and the State Budget Agency. The initiative mandates screening of each child who had been placed in out-of-home care. The screening is completed by child welfare case managers, and then the child and family are referred to a mental health professional for assessment and recommendations as needed. The initiative developed a theory of change using a logic model. This paper outlines early implementation evaluation findings, which suggest a high level of compliance in the screening process and documents a high level of mental health needs.

**Wright, E. R., Russell, L. A., Anderson, J. A., Kooreman, H. E., & Wright, D. E. (2006). Impact of Team Structure on Achieving Treatment Goals in a System of Care. *Journal of Emotional and Behavioral Disorders*, 240-250.**
This study examines team membership and attendance data to identify and describe the structure of service coordination teams in the Dawn Project, a system-of-care initiative in Indianapolis, Indiana. The sample included 299 young people who had been discharged from the program. The study used existing administrative data, including scores from the Child Behavior Checklist, case notes, and program disposition (reason for discharge from program). Analysis focuses on three dimensions of team structure, including size, form, and role composition along with the impact of these factors on outcomes for youth at their program discharge. Results of the study suggest team structure is an important element of systems of care service delivery that can affect youth outcomes. This study found that service coordination teams are most likely to be effective in achieving the team's treatment goals when they consist of four to eight members and include the youth and multiple family members.

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## Long-term Foster Care

**Anctil, T. M., McCubbin, L. D., O'Brien, K., Pecora, P., & Anderson-Harumi, C. A. (2007). Predictors of adult quality of life for foster care alumni with physical and/or psychiatric disabilities. *Child Abuse & Neglect, 31*(10), 1087-1100.**
This study used quality of life and resilience as theoretical frameworks for evaluating predictors of outcomes for alumni of foster care who were diagnosed with a physical or psychiatric disability while in foster care. First, outcomes for foster care alumni with and without physical and psychiatric disabilities (N = 1,087) were compared according to quality of life variables. Second, using only participants with disabilities (N = 578), stepwise regression analyses were performed to determine whether risk and protective factors were associated with specific outcomes. Results indicated that alumni with disabilities had significantly lower economic and health outcomes, lower educational attainment, more difficulty paying monthly bills, more psychiatric diagnoses, lower self-esteem, and worse physical health than those without disabilities. The study found protective factors of resources that prepared kids for transitioning to adulthood were associated with more educational attainment and higher self-esteem in adulthood. Conversely, those who received special education services and experienced sexual abuse while in foster care may be at the greatest risk of poor self-esteem.

**Armsden, G., Pecora, P. J., Payne, V. H., & Szatkiewicz, J. P. (2000). Children placed in long-term foster care: An intake profile using the child behavior checklist/4-18. *Journal of Emotional & Behavioral Disorders, 8*(1), 49.**
This study examined Child Behavior Checklist (CBCL) scores at intake for a group of children 4 to 18 years old served in long-term family foster care by The Casey Family Program, an agency serving children in 13 states. The sample included 362 children served between 1991 and 1993. The CBCL scores at intake are compared with scores reported for other samples of children in family foster care and residential treatment. Findings from the study indicate that substantial proportions of children scored in the borderline clinical or clinical range on some problem

behavior scales. These findings are consistent with other studies that highlight the high number of youth experiencing significant behavior problems of children in the foster care system.

**Barber, J., & Delfabbro, P. (2005). Children's adjustment to long-term foster care. *Children and Youth Services Review, 27*(3), 329-340.**

The psychosocial adjustment of children to long-term foster care was investigated in two studies. The first study tracked 235 children over two years and obtained repeated measures of foster child well-being while the second study employed semi-structured interviewing to obtain consumer feedback of 48 children in the care system. Findings of the semi-structured interviews with children suggest that long-term foster care is a positive experience for the majority of children. Results showed that children's psychosocial adjustment, as measured by standardized instruments such as the CBCL, appeared to improve in the short-term and were maintained at least through a two-year period. Although this study is limited in its lack of experimental control group, the authors suggest that the findings of this and other studies caution against the common assumption that long-term foster care harms children's psychosocial adjustment.

**Barth, R. P., Lloyd, E. C., Green, R. L., James, S., Leslie, L. K., & Landsverk, J. (2007). Predictors of Placement Moves Among Children With and Without Emotional and Behavioral Disorders. *Journal of Emotional & Behavioral Disorders, 15*(1), 46-55.**

This study compared the factors influencing placement movements for 362 children with emotional and behavior disorders (EBD) and 363 children without EBD, using clinical Child Behavior Checklist (CBCL) scores at baseline data collection of the National Survey of Child and Adolescent Well-Being. The analyses explored potential case characteristics influencing the number of placements for children with a clinical CBCL score at baseline data collection. Overall, children with a clinical-level CBCL score were 2.5 times as likely to experience four or more placements as their nonclinical peers. Findings also indicated that the presence of depression and not residing with siblings predicted movement among children with EBD. Among children without EBD, only older age was strongly associated with placement moves.

**Barth, R. P. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work Journal, 7*(5), 419-440.**

This study involved in-depth interviews with 55 young adults, who had left foster care within several years of the study, to examine experiences of former foster youth across several life domains. On the average, youth in the sample had lived in three foster homes (excluding shelter care, residential facilities and group homes) with a maximum of fourteen. The longest placement for each youth averaged 40 months and was most often *not* with a relative. Results of the interviews indicated that only 48% of the youth had steadily held a job since leaving foster care, and 53% of the youth reported financial troubles. Almost 90% of the youth had some contact with former foster parents while 15% of the youth reported having no parent-like connection. Youth reported seeing their relatives more often than they had in foster care with half seeing relatives three times per week. More than half of the respondents did not finish high school. Ill health, severe housing problems, substance abuse, and criminal behavior were other issues former foster youth faced. Overall, the majority of youth reported that foster care was still better for them than staying with their biological families. The authors also suggest that youth in this

sample might have been doing better than the many former foster youth that the researchers could not reach at all.

**Berridge, D. (1994). Foster and Residential Care Reassessed: A Research Perspective. *Children & Society, 8*(2), 132-150.**
This paper reviews and summarizes the findings of several British studies examining the role and impact of foster and residential care for children and young people in need. This paper concludes that more research is needed comparing outcomes for youth in residential care to those in foster care, but some existing studies suggest that children benefit from periods of residential or foster care, and research indicates that both can be equally effective in meeting their stated goals. The author suggests that residential care still has a continuing and important role in the child welfare system.

**Blome, W. W. (1997). What Happens to Foster Kids: Educational Experiences of a Random Sample of Foster Care Youth and a Matched Group of Non-Foster Care Youth. *Child and Adolescent Social Work Journal, 14*(1), 41-53.**
This study used existing longitudinal data from 1980 through 1986 to investigate the high school and post high school experiences of a group of foster care youth (n=167) and a matched group of youth living with at least one parent (n=167). The results indicated that foster youth dropped out of high school at a much higher rate and were significantly less likely to have completed a GED. The foster care high school graduates received significantly less financial assistance for education from their parents or guardians. Foster youth reported more discipline problems in school and experienced more educational disruption due to changing schools. They were significantly less likely to be in a college preparatory high school track. The adults in the lives of the foster care youth were less likely to monitor homework.

**Bellamy, J. L. (2008). Behavioral problems following reunification of children in long-term foster care. *Children and Youth Services Review, 30*(2), 216-228.**
This study used secondary data analysis with a subsample of 604 children from the National Study of Child and Adolescent Well-being (NSCAW) who had experienced at least eight months of foster care. Multiple imputation (MI) was employed to address missing data. Descriptive statistics, logistic regression, and propensity score matching were used to explore the role of risks and reunification in children's well-being from baseline to 36-month follow-up. Results indicate that reunification has no direct effect on behavioral outcomes but is associated with increased risks for children who are reunified. Findings highlight the complex nature of the relationship between reunification and behavioral outcomes as well as the need for reunification interventions specifically targeting parental mental health and children's internalizing behaviors. Reunification research using longitudinal data and qualitative methods is recommended to clarify risks and outcomes across time.

**Cashmore, J., & Paxman, M. (2006). Predicting after-care outcomes: the importance of 'felt' security. *Child & Family Social Work, 11*(3), 232-241.**
This study examines the links between stability, perceived or 'felt' security and later outcomes for young people four to five years after leaving care. This study is based on a four-wave longitudinal study over five years of 47 young people leaving care in New South Wales,

Australia. Felt security in care, continuity, and social support beyond care were the main significant predictors of these young people's outcomes four to five years after leaving care. The authors suggest that while stability in care was important, it may be a means to an end in building a sense of security, belonging and a network of social support.

**Clark, H., Lee, B., Prange, M., & McDonald, B. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5*(1), 39-54.**

This study examined the Fostering Individualized Assistance Program (FIAP) and looked at the feasibility of applying a wraparound strategy to children in foster care and their foster, biological and/or adoptive families. This FIAP wraparound strategy paralleled the foster care system and involved the clinical case management of a broad range of individually tailored services driven by a wraparound team of adult key players in each child's life. This was a controlled study which involved the random assignment of 132 children (ages 7–15 years) to the FIAP wraparound group or to a group that received usual foster care services. Findings support the efficacy of this strategy in improving the placement outcomes for children lost in the foster care system, including decreased placement disruptions and increased permanency for FIAP youth. Although findings were promising, the positive effects were small.

**Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work, 11*(3), 209-219.**

This paper describes the well-being of participants in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (n = 603), a study of youth who had "aged out" of out-of-home care approximately one year prior to the study. Findings indicate the majority of youth were experiencing significant difficulties during the early stages of the transition to adulthood. Some of the difficulties included: unemployment and not enrolled in school, having children whom they are unable to parent, suffering from persistent mental illness or substance use, living in poverty, experiencing homelessness, or involvement with the criminal justice system. These former foster youth are faring worse on all of these domains compared to a matched group of other young adults. Most of these young adults continue to maintain relations with members of their family of origin with many living with family at age 19. The study also found that those young people who chose to remain under the care and supervision of the child welfare system experienced better outcomes than those who either chose to or were forced to leave care. It is important to note that this study also found that most youth aging out in this sample had only been in care a short time, so many had not experienced long-term foster care.

**Fernandez, E. (2008). Unraveling emotional, behavioural and educational outcomes in a longitudinal study of children in foster-care. *British Journal of Social Work, 38*(7), 1283-1301.**

This longitudinal study of children in long-term foster-care used a mixed-method, repeated-measures, multi-informant approach focusing on emotional, behavioral and educational outcomes. Children in the study were assessed by foster parents and teachers using the Achenbach Child Behaviour Checklist and its companion, the Teacher Report Form. The results suggest that externalizing and internalizing problems improved over time as youth progressed in placements. This study suggests the need for coordinated strategy for improved recognition and

integrated responses to children's psychological and educational needs that draw on resilience oriented interventions and target interrelated systems of service delivery.

**Fernandez, E. (2009). Children's wellbeing in care: Evidence from a longitudinal study of outcomes. *Children and Youth Services Review, 31*(10), 1092-1100.**

This paper examines outcomes of long-term foster care from an eight year longitudinal study of foster care placements. The study used prospective, repeated measures with a sample of 59 children who were assessed at two yearly intervals as they progressed in placements. Findings from the study indicate that as youth progressed in their foster placements, they experienced academic achievement, emotional and behavioral development, and improved pro-social behaviors as they progressed over time in their care placements.

**Jane, A., Matthew, C., Deborah, G., & Anthony, H. (1992). Educational Attainment and Stability in Long-Term Foster Care. *Children & Society, 6*(2), 91-103.**

This paper explores the relationship between the reading attainment of a group of eight to fourteen year olds in long-term foster care (n=49) and factors in their histories and current home environments. The findings suggest children's early histories before entry to care may have an effect on their educational attainment in middle childhood. Stable foster home placements with an expectation of continued stability were found to ameliorate early childhood experiences. The type of permanent placement seems less important than the expectation of stability. In this study, no difference was found in educational progress between children where the eventual outcome might be adoption or custodianship and those who would remain foster children. Another finding was that the foster children's educational attainment was not related either positively or negatively to contact with their birth parents.

**Jonson-Reid, M., & Barth, R. P. (2000). From maltreatment report to juvenile incarceration: the role of child welfare services. *Child Abuse & Neglect, 24*(4), 505-520.**

This study examined whether children who received child welfare services (e.g., in-home or out-of-home placement) were more or less likely to become incarcerated as serious and violent youthful offenders than those children who were investigated as victims of abuse and neglect but received no further child welfare intervention. The ten county California sample included 159,549 school-aged children reported for abuse and neglect after 1990. Results indicated that about 8 per 1,000 children in the sample were later incarcerated. African American and Hispanic children who received in-home or foster care services had a lower risk of incarceration than those whose cases were closed after the investigation. Among females, the rate of incarceration was highest for those who experienced foster or group care placements. Children initially reported for neglect were more likely to be incarcerated than those reported for physical or sexual abuse. The study findings suggest that more attention should be focused on children who are now receiving no services after an investigated child abuse and neglect report, on females, and on victims of child neglect.

**Jonson-Reid, M., & Barth, R. P. (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review, 22*(7), 493-516.**
This study examines the outcomes of children served in the foster care system by conducting a prospective examination of adolescent incarceration for serious felony and violent offenses as a post-discharge outcome for children in out-of-home placement. Results indicate that children first placed between the ages of twelve and fifteen, children with multiple placements and multiple spells in care, and children who have placement experiences supervised by probation following their child welfare involvement had a higher risk of incarceration for a serious or violent offense during adolescence. The risk for different ethnic groups changed according to the type of foster care experience as well as the gender of the child.

**Kerman, B., Wildfire, J., & Barth, R. P. (2002). Outcomes for Young Adults Who Experienced Foster Care. *Children and Youth Services Review, 24*(5), 319-344.**
This is a follow-up study for youth in the Long Term Foster Care program, for youth who are unable to reunify with family or kin. This program provides services and supports for youth past age eighteen to help them transition to adulthood. With a sample of 115 youth who were alumni of the program, this study involved case record reviews, written surveys and 90 minute semi-structured interviews with each youth. This study found that 75 % of the alumni were self-sufficient in terms of income, housing and employment. Results of the multivariate modeling indicated significant differences in outcomes depending on whether the youth was adopted, stayed in long term foster care, or had other foster care experiences. Although not conclusive in this study, findings suggest that youth who were adopted or had support through their transitions to adulthood from their long-term foster parents had improved outcomes compared to youth who left care early. One difference found was that adopted children were more likely to attend college than those in long-term foster care. This study also suggested that youth who used the transition services after age 18 had better outcomes.

**Leathers, S. J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse & Neglect, 30*(3), 307-324.**
This study examined risk of placement disruption and negative placement outcomes (e.g., residential treatment and incarceration) among adolescents placed in traditional family foster care for a year or longer. The caseworkers and foster parents of 179 randomly selected adolescents placed in traditional foster care were interviewed by telephone. Interviews included standardized measures of externalizing behavioral problems and several other variables that have been previously associated with placement movement. Disruption from the youth's foster home at the time of the interview was prospectively tracked for five years. Results indicated that over half of the youth experienced a disruption of their placement. Contrary to expectations, behavior problems as reported by caseworkers, but not foster parents, were predictive of placement disruption. However, the foster parent's report of behavior problems predicted risk of negative outcome after a period of five years. As hypothesized, integration in the foster home was highly predictive of placement stability and mediated the association between behavior problems and risk of disruption.

**Minty, B. (1999). Annotation: Outcomes in Long-term Foster Family Care. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 40*(07), 991-999.**
The author suggests that foster care has changed in that there are fewer kids in care, more teens in care, less residential care, greater concern for permanency, and increased use of specialized care. This study examines outcomes for children in long-term foster care across several studies focusing on systems outcomes and developmental outcomes for youth. With systems outcomes, Minty examines the rates of disruption for long-term foster care and highlights that placement with relatives reduces risk of disruption and that youth with behavior problems are at highest risk of disruption. Developmental outcomes for long term care indicate that IQ scores for youth in long term foster care were higher than for youth who returned home but were still not as high as youth who had never been in care. Other studies found that educational success for foster youth was similar to that of a comparable group. Other studies found that emotional and behavior disturbance of foster youth were higher than the general population but were lower than a matched group of children who were not in care but were seeing social workers. Developmental outcomes in follow-up studies with adult alumni of foster care indicate that being admitted to foster care younger and staying longer were associated with improved outcomes. However, another study indicated 25% of former foster youth experienced unemployment, and only one third of them were well integrated socially. Other studies found that youth who left care in mid to late adolescence experienced high levels of unemployment, homelessness, isolation, and poor academic performance. Other researchers indicated that those who entered care before adolescence had much better outcomes than those who entered foster care during adolescence. The findings of the literature review suggest that foster youth generally have positive feelings about their time in care and that outcomes of long term foster care are positive for the majority of youth.

**Schofield, G., & Beek, M. (2005). Risk and Resilience in Long-Term Foster-Care. *British Journal of Social Work, 35*(8), 1283-1301.**
This article reports on a longitudinal study of children in long-term foster-care funded by the Nuffield Foundation. This study included a sample of 52 high risk youth with a follow-up after three years. This study compared the youths' situations at the initial point of the study to their situations at follow up and rated their changes as *good progress, uncertain progress,* or *downward spiral*. Risk and protective factors related to early histories and other characteristics that related to foster-child, the foster parents, the birth family and the agencies were identified. Findings suggest that the *good progress* group was more likely to have the following resilience factors: experience foster placement as a secure base, increased level of sensitive parenting in foster placements, good fit between youth and foster parent, foster parents supporting healthy social development of youth, and having a sense of permanency in the foster home. In the *uncertain progress* group, families were surviving but struggling, and these common elements were noted: poor professional support from social workers; significant trauma in early childhood; and particular concern for helping older youth in this group transition to adulthood. For the *downward spiral* group, the authors found that traumatic experiences in early childhood in combination with the youth's on-going fear of broken attachments resulted in poor outcomes for youth who needed very high levels of on-going support. Findings of this study suggest that specific changes or single events (i.e., new attachments or relationships, change in school or

discovery of a child's talent) can affect the trajectory of a child's path and impact their risk and resiliency.

**Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care.** ***Attachment & Human Development, 7*****(1), 3 – 26.**
This study describes a model of parenting which uses four care giving dimensions that are consistent with attachment theory and research: promoting trust in availability, promoting reflective function, promoting self-esteem, and promoting autonomy. A fifth dimension, promoting family membership, is added as it reflects the need for children in long-term foster family care to experience the security that comes from a sense of identity and belonging. Qualitative data from the study demonstrates the usefulness of this model as a framework for analysis, but also suggests the potential use of such a framework for working with and supporting foster parents.

**Stahmer, A. C., Hurlburt, M., Horwitz, S. M., Landsverk, J., Zhang, J., & Leslie, L. K. (2009). Associations between intensity of child welfare involvement and child development among young children in child welfare.** ***Child Abuse & Neglect, 33*****(9), 598-611.**
This study examined developmental and behavioral status of children in child welfare (CW) over time by intensity of CW involvement using a national probability sample. As part of the National Survey of Child and Adolescent Well-being (NSCAW), data were collected on 1,049 children 12 to 47 months old investigated by CW agencies for possible abuse or neglect. Results indicated the intensity of CW involvement does not appear to have a significant effect on change in developmental and behavioral status although out-of-home care does have differential relationships with children's developmental/cognitive status for those with very low initial cognitive/developmental status. The authors suggest that facilitating development in children in CW may require supportive, enriched care environments both for children remaining at home and those in foster care and that training and on-going support is needed for child welfare workers, biological, foster, and kinship caregivers to encourage healthy development.

**Taussig, H. N. (2002). Risk behaviors in maltreated youth placed in foster care: a longitudinal study of protective and vulnerability factors.** ***Child Abuse & Neglect, 26*****(11), 1179-1199.**
This study examined protective and vulnerability factors in a longitudinal study of youth placed in foster care, including a cohort of 214 youth, ages seven to twelve. For the Time 1 study, youth and their caregivers were interviewed and assessed approximately six months following their initial placement. Six years later, as adolescents, the youth were re-interviewed regarding their involvement in four domains of risk behavior. Results indicated that several control variables (e.g., age, ethnicity, type of maltreatment, behavior problems) and predictor variables (i.e., dimensions of social support and self-perception) were related to the risk behavior outcomes. The results suggest that protective factors, such as social support and self-perception, presented shortly after maltreated youth are placed in foster care can reduce risk behaviors six years later.

**Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child & Family Social Work, 7*(1), 23-33.**

This review of the literature contrasts six variables connected with the outcome of adoption and long-term fostering, including: stability of long-term fostering and adoption, adjustment, sense of security and belonging, personal and social functioning, the subjects' retrospective perceptions, and the substitute parents' perspective. This review suggests that disruption rates, in themselves, are unreliable outcome measures because child characteristics and contexts of adoption and foster care vary to a great extent. Many recent studies suggest that children in both foster care and adoption experience difficulties in childhood emotional and behavioral adjustment. One longitudinal study described in this review found that at age 18 'maladjustment' in the fostering group was 2–3 times more frequent than among controls and in relation to the adoption group. The main defining difference found between these two forms of substitute parenting appears to be the higher levels of emotional security, sense of belonging, and general well-being expressed by those growing up as adopted compared with those fostered long term. The author suggests that long-term fostering still has a place for a range of children in a variety of situations.

**Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior Problems, Academic Skill Delays and School Failure Among School-Aged Children in Foster Care: Their Relationship to Placement Characteristics. *Journal of Child and Family Studies, 9*(1), 87-103.**

This study examines how behavior problems are associated with academic problems and explores how these outcomes are related to children's placement characteristics. Foster parent and child home interviews as well as teacher telephone interviews were conducted from a randomly selected sample of 302 children aged six through twelve years living in out-of-home placement. Interviews included standardized screening measures. Results showed that 27% of the children scored in the clinical range for a behavior problem, and 34% were rated as having at least one behavior problem in the classroom. Twenty-three percent of the children had severe delays in reading or math, 13% had repeated a grade, and 14% had a history of school suspension and/or expulsion. Behavior problems by foster parent report were related to child suspension and/or expulsion from school but were not associated with severe academic delays or grade retention. Placement characteristics were only sometimes related to these outcomes.

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## APPENDIX A

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare (California Evidence-Based Clearinghouse for Child Welfare - CEBC, 2009):

1) **Effective practice – supported by multiple studies**
2) **Promising Practice – supported by at least one study**
3) **Emerging Practice – effectiveness is unknown**
4) **Evidence Fails to Demonstrate Effect – research shows no effect**
5) **Concerning Practice – research shows negative effect**

The criteria for these categories are as follows:

1. ***Effective Practice***
   - Multiple site replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
   - Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
   - If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

***2. Promising Practice***
- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.

***3. Emerging Practice – Effectiveness is Unknown***
- The practice is generally accepted in practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice lacks adequate research to empirically determine efficacy.

***4. Evidence Fails to Demonstrate Effect***
- At least one study with some type of control or comparison group has found the practice has not resulted in improved outcomes, when compared to usual care.
- If multiple outcome studies have been conducted, the overall weight of evidence does not support the efficacy of the practice.

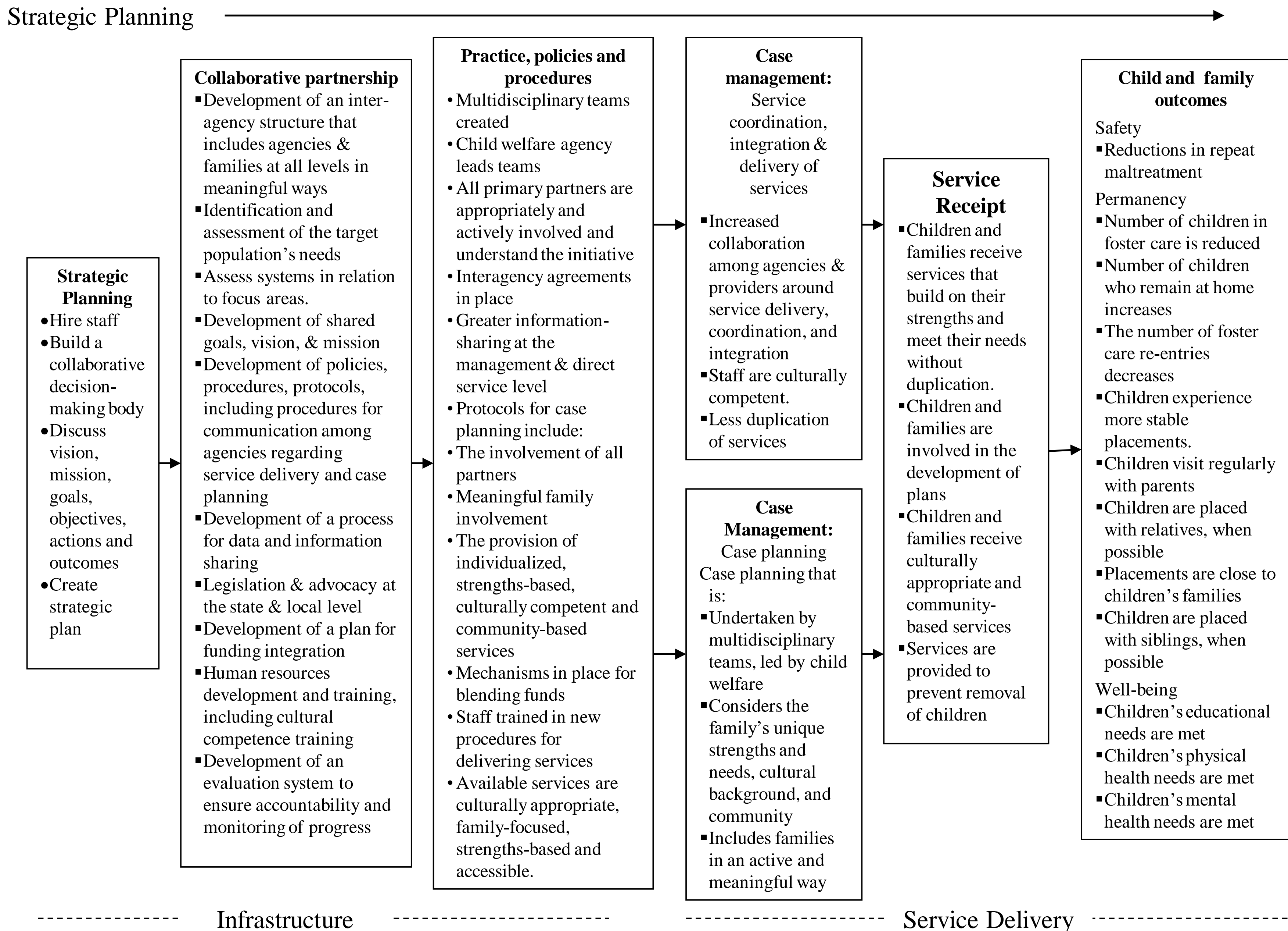
***5. Concerning Practice***

- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served;
  and/or
- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that the practice constitutes a risk of harm to those receiving it, compared to its likely benefits.

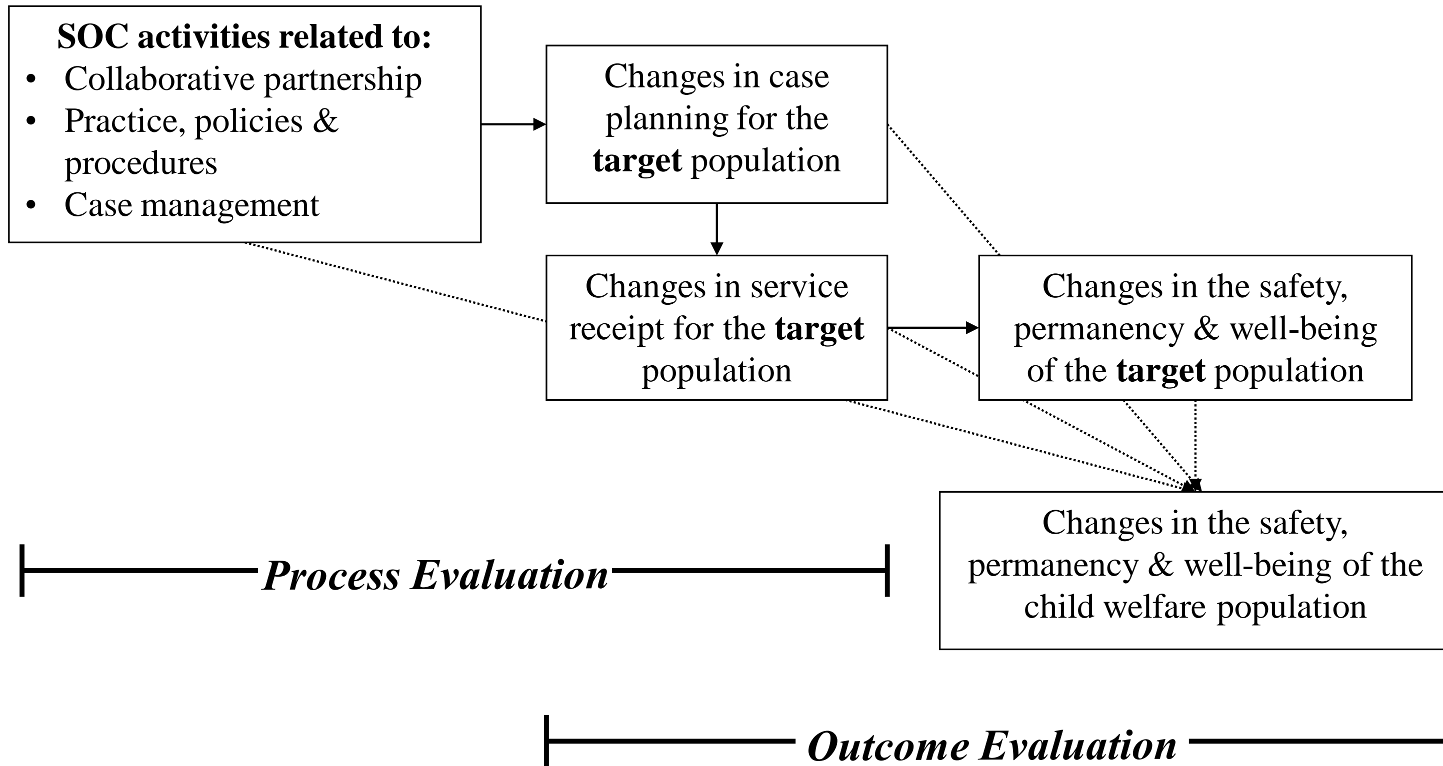
Even though the CEBC provides the basis for the criteria used in this guide, "evidence-based practice" includes evidence based not only on research and theory, but also includes evidence gleaned from four cornerstones of evidence-based practice (Gilgun, 2005). These include: **(1) research and theory; (2) practice wisdom; (3) person of the practitioner (including personal assumptions, values, biases and world views); and (4) person of the client and what they bring to the situation.**

## Appendix B: National Technical Assistance and Evaluation Center for Systems of Care

# Systems of Care National Evaluation Logic Model



# Cross-site Process and Outcome Evaluation



# Appendix C

| Compelling Child Welfare Issue | Assumption/Question |
|---|---|
| Many children receiving child welfare services have been placed in multiple out-of-home placements. | Can individualizing care to children within the system of care increase placement stability? |
| Successful reunification of children with their birth families remains an issue with no clear understanding of when, why, or with whom it succeeds or fails. | When children are reunified with their biological parents after being in out-of-home placement, can their involvement in systems of care increase the success rate of family reunification, maintaining safety, and permanency? |
| Most States need to focus on how to address the health, behavioral health, education, and well-being of children in their custody. | Systems of care offer a range of service options and supports to meet the individualized needs of children and families. Do systems of care offer solutions to identify children, youth, and families with these needs and develop case plans that address them? |
| Comprehensive, strength-based assessments and ongoing needs assessments have been challenging to implement routinely in child welfare. | Can systems of care have relevance for the child welfare system in this area? |
| Child welfare practice has incorporated family-based approaches to service delivery. | What can be learned from integrating these approaches with others that are used within systems of care? |
| Engaging youth in the design and implementation of their case plans is an important step in building services and supports that address their needs. | What can be learned from current practices within child welfare and systems of care to give full voice and participation to youth? |
| Rural communities have presented the child welfare system with challenges in accessing services and offering a broad array of service options. | What lessons can be learned from developing systems of care in rural areas to address issues such as service availability, transportation, and cultural barriers? |
| Supervision of caseworkers needs improvement in many child welfare systems. | How can models of supervision that use systems of care principles contribute to worker skill and positive outcomes for children, youth, and families? |
| Flexibility in child welfare visitation policies and practice has been a cause of concern noted in CFSRs. | Can the flexibility of child and family team approaches used in systems of care help child welfare agencies become more flexible in where, when, and how safe visitation occurs for the child, parents, and child protective services (CPS) caseworker? |
| Using data to help the child welfare system develop policy, improve or replace services, and better understand the children and families served has been problematic. | Can systems of care provide solid evidence to ensure high-quality services and increased levels of satisfaction, compliance, and retention for children, youth, and families? |

Developed by the National Technical Assistance and Evaluation Center for Systems of Care (DeCarolis, Southern, & Blake, 2007)

# Appendix D

## Phases of Theory Development for Systems of Care

| Phase | Stages |
| --- | --- |
| **Phase I**<br>Pre-planning | Stage 1: Form Interagency Work Group<br>Stage 2: Articulate Mission<br>Stage 3: Identify Goals and Guiding Principles |
| **Phase II**<br>Theory of Change Development | Stage 4: Develop the Population Context<br>Stage 5: Map Resources and Assets<br>Stage 6: Assess System Flow<br>Stage 7: Identify Outcomes and Measurement Parameters<br>Stage 8: Define Strategies<br>Stage 9: Create and Fine-tune the Framework |
| **Phase III**<br>Implementation | Stage 10: Elicit Feedback<br>Stage 11: Use Framework to Inform Planning, Evaluation, and Technical Assistance Efforts<br>Stage 12: Use Framework to Track Progress and Revise Theory of Change |

**Developed by the National Technical Assistance and Evaluation Center for Systems of Care (DeCarolis et al., 2007)**

# Appendix E

**EXAMPLES OF SOURCES OF FUNDING FOR CHILDREN/YOUTH**

**Medicaid**
- Medicaid In-Patient
- Medicaid Outpatient
- Medicaid Rehabilitation Services Option
- Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- Targeted Case Management
- Medicaid Waivers
- TEFRA Option

**Substance Abuse**
- SA General Revenue
- SA Medicaid Match
- SA Block Grant

**Mental Health**
- MH General Revenue
- MH Medicaid Match
- MH Block Grant

**Child Welfare**
- CW General Revenue
- CW Medicaid Match
- IV-E (Foster Care and Adoption Assistance)
- IV-B (Child Welfare Services)
- Family Preservation/Family Support

**Juvenile Justice**
- JJ General Revenue
- JJ Medicaid Match
- JJ Federal Grants

**Education**
- ED General Revenue
- ED Medicaid Match
- Student Services

**Other**
- TANF
- Children's Medical Services/Title V—Maternal and Child Health
- Mental Retardation/ Developmental Disabilities
- Title XXI—State Children's Health Insurance Program (SCHIP)
- Vocational Rehabilitation
- Supplemental Security Income (SSI)
- Local Funds

Table taken from *Building Systems of Care: A Primer for Child Welfare* (Developed by Pires, 2008)