**Catholic Family and Child Service**

# Family Connections Demonstration Project Final Progress Report

**December 2012**

# Family Connections Demonstration Project
# Final Progress Report

Submitted to:

Catholic Family and Child Service
Richland Washington

By:

Tonya Aultman-Bettridge, PhD
Peter Selby, PhD

TriWest Group
4450 Arapahoe Ave, Suite 100
Boulder, Colorado 80303

303.544.0509
www.triwestgroup.net

Contact: Peter Selby, PhD

December 2012

**Table of Contents**

## Project Overview

The Family Connection Demonstration Project (FCDP) was a three year, federally-funded public/private/tribal partnership designed to test new approaches to reducing foster care placements, reducing lengths of stay for children in care, reducing the disproportionality of Native American children in non-relative care, increasing relative placements for children, and achieving permanency through a strength-based, culturally-sensitive approach that maximized family/relative search and engagement practices and systems navigation.  This demonstration project was one of 24 projects nationwide initiated in 2009 and implemented in Washington's Congressional District 4 and 5 with the goal of serving 840 children. Project outcomes are intended to highlight the value of innovative strategies for improving child welfare practices. Similar Family Connection demonstrations were initiated in 2011 and 2012.

The Family Connection project, the only one implemented in Washington State in 2009, was a collaboration of Catholic Family & Child Service (CF&CS), the Children's Administration/Department of Children and Family Services (DCFS), Casey Family Programs, the Area Agency on Aging, and the Yakama Nation.  The project moved beyond traditional "stand alone" models, by weaving together the three well-established models of Family Team Decision Making (FTDM), Intensive Family Finding (IFF)/Family Search & Engagement (FSE) and Kinship/Tribal Navigator (KN). The goal of the demonstration was to create a systematic, complementary approach to child welfare practices. Stakeholders sought to create systems change locally and regionally and to increase capacity, as well as to generate momentum by simultaneously implementing these evidenced-based approaches in a mutually supportive manner resulting in symmetry of practice within the child welfare system.

By considering new ways to reach out to families and testing these methods, the project partners sought to enhance services. The demonstration model centered on improving family participation and follow-through with case plans; access to child-focused, family-centered, and culturally relevant resources that were responsive to the needs of each family and child while facilitating increased capacity; and improved efficiency and better outcomes relative to child placement changes, permanency and reunification.

Further, the project was implemented based on a cohesive, unified plan, modeled after evidence-based practices, and was aligned with key strategies outlined in the Children's Administration (CA) Performance Improvement Plan (PIP). CA's PIP is a strategic plan for improving the state's child welfare practices and was the result of Washington State's Child and Family Services Review (CFSR), a federal review of performance-based outcomes for children and families as well as the department's own quality assurance measures.

FCDP's three scopes of work support CAs priorities, especially relative to family engagement, child and family well-being, legal permanency for children and the service array available to children and families. By broadening the scope of existing services and changing delivery methods and practices, the project sought to contribute to increased positive outcomes for dependent children and their families. Additionally, the FCDP public/private/tribal partnership demonstrated the value of collaboration to leverage resources in support of initiatives that hold promise for improving the safety, permanency and well-being of Washington's children and youth.

**Project Goals & Objectives**

The goals of the Family Connection project were to:
- Implement the project to fidelity,
- Reduce the number of dependent children and youth,
- Increase the rate of adoptions by relatives,
- Increase family involvement,
- Reduce the time to achieve pre-permanency length of stay,
- Increase the percentage of relative placements,
- Reduce the number of placement moves for children, and
- Identify additional familial connections for youth to aid in detecting long-term family support options.

Project objectives were identified following a thorough assessment of the child welfare system, review of existing barriers and challenges to achieving positive outcomes for children and families, and meetings with key stakeholders. The objectives reflect a comprehensive approach to achieving the established goals for each of the three scopes of work. The following provides a brief overview of the key components and emphases of each of the program components.

Intensive Family Finding/Family Search & Engagement:
- Improve efficiencies of current family finding methods to increase the success rate of engaging suitable relatives for child placement with the intent of achieving permanency for the child.
- Identify and integrate innovative search technologies to enhance family finding efforts through improved case reviews, information gathering, and documentation techniques.
- Conduct comprehensive training for caseworkers to enhance knowledge and skills through a nationwide search.
- Identify, contact, and communicate with family member(s) to enhance assessment and engagement with the intent of achieving permanent family placement/relationships.

Family-Team Decision Making:
- Increase capacity, quality and scope of meetings to facilitate improved safety, permanency, well-being and mental health for the child, while engaging the family and child as appropriate in decision-making and case planning.
- Establish a protocol for ensuring meetings occur at all placement changes - entry, exit and transition.
- Create a Family Engagement Case Consultant position and utilize additional FTDM Facilitators and Assistant to increase biological family engagement/communication while simultaneously creating balance and capacity between public/private entities.
- Integrate information technology to streamline the process and increase efficiency of meetings.
- Evaluate and track the effectiveness of new FTDM processes and their impact on improving family and child outcomes.

Kinship Navigator/Tribal Navigator:
- Identify appropriate, culturally relevant support and ancillary services based on documented family strengths, weaknesses, and risks.
- Ensure access for kinship families to resources and supports by initiating contact with service providers during FTDM to facilitate follow-through with plan.

- Evaluate and improve service delivery by collecting regional data and tracking outcomes for kinship caregivers and families, including the development of shared data collection and analysis methods.
- Develop effective communications that facilitate kinship caregiver and family referrals and access to supports, services, and resources community wide in rural, tribal, and urban areas.
- Enhance practice and services through joint staff training opportunities and technical assistance.
- Encourage families, relevant members of the kinship network and children (as appropriate) to actively participate in the decision-making process and development of the case plans.
- Provide youth in foster care with better opportunities for permanency and stability.
- Provide children with an improved chance of fewer placement changes with greater numbers of suitable relatives identified.
- Decrease time to reunification with family occurred with appropriate services and supports in place more quickly.
- Enhance, for Native American children and families, access to resources and supports currently unavailable and achieve greater parity in service offerings.
- Increase access to mental health services.
- Increase access to parent education for Kin caregivers.

**Intensive Family Finding (IFF)/Family Search and Engagement**

- Family Search and Engagement (FSE) services were provided by Family Search & Engagement staff who were specially trained in FSE and employed by Catholic Family & Child Service. Services were rendered to DCFS under a memorandum of understanding as part of FCDP. Initially program staff were co-located at the DCFS offices two days a week to allow for frequent collaboration with DCFS staff, an essential part of the implementation process. However, as the program evolved, the need for co-location of program staff was no longer necessary.
- Family Search and Engagement was initiated following receipt of a referral from 1) a DCFS social worker or supervisor for existing dependency cases; or 2) the CPS Supervisor, upon a child's entry into foster care.

*Implementation of IFF/FSE Services* –  Family Search and Engagement was initiated following receipt of a referral from 1) a DCFS social worker or supervisor for existing dependency cases, or 2) the CPS Supervisor, upon a child's entry into foster care.  The referral was reviewed by the FSE team to determine if the family was familiar to any FSE Specialists to eliminate duplication of work. The referral was then assigned to a FSE Specialist who then followed a protocol that outlined timeframes for staffing the case, meetings, and follow-up. The FSE Coordinator and two Specialists each carried a caseload of 18-24 cases.

The FSE protocol was developed and implemented in the following ways:
1) The FSE Specialist met with the assigned social worker for an initial meeting.  Details of the case pertinent to FSE were discussed to provide context for initiating relative contact, including any information gained from parents. Family finding and engagement techniques involved the use of a variety of internet-based (e.g., Accurint) and traditional search methods (e.g., letters, phone contact) to engage relatives in the process. As expected, engagement is critical to the success of the program.  As family members were engaged, they became a source for identifying additional connections for the child. Throughout the process, FSE staff assessed relatives to ensure they were "fit and willing" resources for the social worker. The social worker was updated about found relatives throughout the process.

2) Four to six weeks following the initial meeting, a "Discovery" meeting was convened to discuss outcomes of FSE activities. This meeting involved a team comprised of the social worker, DCFS supervisor, and FSE Specialist. This team outlined next steps to engage relatives by connecting them to the child and/or considering them as a placement option (i.e., initiate background check, home study, etc.). Action items were developed for each team member to continue the FSE process for fidelity purposes. All team members, including the DCFS Area Administrator, received email updates outlining meeting details, outcomes, and next steps, as appropriate.

3) The team reconvened 30 days following the initial "discovery" meeting to discuss outcomes of prior action items. Throughout the process, the team was updated and informed about progress, changes in the plan, etc. The DCFS Area Administrator was invited to this meeting to provide feedback and offer input.  The team assessed engagement efforts and identified new action items as needed.

4) At six months, open FSE cases were reviewed by the team to determine future action items. At this point, some cases may have been closed due to a positive outcome (e.g., placement) or no additional steps were completed because of family or case dynamics.

5) Cases closed to FSE were determined by the social worker, supervisor or Area Administrator. Upon closure, the social worker and supervisor received a Summary Report (electronic and hardcopy) and the Family Tree documenting all family resources, contact information and case notes.

*Quality Assurance/Fidelity Measures* – The FSE Coordinator monitored the work of all FSE Specialists and their caseloads. The FSE Coordinator regularly met one-on-one with FSE Specialists to staff ongoing cases and ensure work was progressing and implemented with fidelity. Cases were staffed by the FSE staff to brainstorm ideas, offer input and gain insight. This process ensured cases were completed from every angle and that the process was done with practice fidelity. Additionally, random file reviews were conducted throughout the project period by the FSE Coordinator to monitor practices and ensure quality. Fidelity tools were developed by the project evaluation team and FSE team members were trained in use of the tools. Please see Appendix 1 for the fidelity tools and related protocols.

**Kinship Navigator**

Kinship Navigator (KN) services were provided by specially trained Kinship Navigator staff, employed by Catholic Family & Child Service.  Direct support and navigation services were provided to primary kin caregivers based on family needs as identified by the Family Needs Scale assessment.

*Implementation of Kinship Navigator Services* –  KN staff provided services to people referred from DCFS staff or to kin caregivers that directly contacted KN staff. Caregivers were screened to determine eligibility for program services. Eligibility criteria for direct support and navigation services included: 1) First time client is the primary caregiver of the child under age 19 and the child is living in the client's residence in consistent absence of the biological parent from the home; 2) Children must be related to the caregiver by blood or marriage or have an established fictive kin relationship; 3) Fictive kin caregivers must pass a criminal background check (fictive kin are caregivers who are not related to the child by blood or marriage, i.e. neighbor, family friend, etc.); 4) The caregiver's annual household income must fall at or below 200% of the Federal Poverty Level Income Guidelines. Exceptions were made to eligibility criteria specific to direct support for repeat clients with a significant change in circumstance (i.e., caring for a new child; seeking legal custody; unforeseen issues/expenses impacting family stability such as loss of a job, unforeseen/atypical expenses, such as medical, eviction, utilities due to excessive weather, damage to home/vehicle, etc.).

Once eligibility was established, caregivers participated in an intake interview with the KN and completed the Family Needs Scale (FNS) assessment. The results of the FNS enabled the KN to assess client needs and to more appropriately assist caregivers in navigating community-based resources. As a result of this project, a KN resource database was developed to expedite the navigation process. In addition, routine reviews and updates of the database ensured accuracy of information. Caregivers were encouraged, but not required, to return six months following intake to complete a FNS follow-up assessment.

**Family-Team Decision Making**

Two trained Family-Team Decision Making (FTDM) facilitators and a FTDM program assistant, employed by Catholic Family & Child Service, were co-located at the DCFS offices under a memorandum of understanding with DCFS as part of FCDP. The staff from CF&CS joined two DCFS FTDM staff, with four FTDM Facilitators serving clients during the project period. The FTDM program assistant coordinated meetings for the FTDM staff.

*Implementation of FTDM Services* – The FTDM assistant received referrals from DCFS social workers to contact families to participate in the meetings based on DCFS protocol. Referrals documented the meeting purpose and the list of approved family members, extended relatives, professional, community members, etc., invited to attend these meetings. Cases were randomly assigned to FTDM facilitators for entry, transition (placement change) and exit. FTDM facilitators facilitated meetings, assisted family members in discussing strengths and concerns, assessed the need for services and timeframes for completion of services, developed action plans, and provided the completed documents to all meeting participants.

**Challenges to Program Implementation**

Overall, project implementation was impacted by several challenges, including:
- Washington State HB2106 legislative mandate to implement performance-based contracting in 2010 resulted in limited collaboration between DCFS and private agency staff.
- Changes in DCFS leadership over the three year period resulted in a lack of consistency in support of the overall project and in DCFS staff engagement in the process.
- The Children's Administration/DCFS implemented new policies specific to the Department's liability for children's safety. The policy changes limited private agency FTDM facilitators from conducting all types of FTDMs, particularly emergent meetings from the CPS unit and/or those involving significant safety planning, which are the primary meeting types, thereby limiting FTDM data.
- Lack of timely Washington State Department of Social and Health Services Institutional Review Board (WSIRB) approval limited the ability of evaluators to routinely review and evaluate the FCDP outcomes and the impact of practice on affecting those outcomes. The intent of continuous review was to assess the impact of service provision for families and children, however these activities were unable to be accomplished.
- Limited involvement in the project by the Yakama Nation presented challenges to implementing the project specific to the Tribal Kinship Navigator.  A non-Native Tribal Navigator was employed by the Yakama Nation in 2010. However, subsequent changes in Yakama Nation policies relative to Native children in dependency and non-Native involvement in the process resulted in the release of the Tribal Navigator. This position was in place for less than 12 months during the project period, thereby limiting the data available for evaluation.

## Evaluation Methodology

### Overview

The original study design featured a quasi-experimental approach, specifically a longitudinal, within-subjects design to examine case activity, services, and placement permanency factors. Service data was to be extracted from a comprehensive MS Access database developed by the evaluation team for the project and from the State's DSHS FamLink database. Data for individuals receiving services by the demonstration project would be extracted from the respective databases, stripped of direct identifiers, and provided to the evaluation team for analysis. The evaluation was intended to explore differences in effects across program components and the use of a general linear model to examine changes over time. The program evaluation was expected to provide ongoing data throughout the period of the project to inform improved service delivery, program development, and further refinement of the services available to families.

Significant delays occurred that ultimately made it impossible to utilize the evaluation as intended. These delays related to our effort to secure approval from the Washington State Department of Social and Health Services Institutional Review Board (WSIRB). The initial determination of the WSIRB, in 2010, was that our project was exempt as we were requesting to conduct a records-only protocol with a de-identified data set. Based on this initial information, we moved forward in developing a comprehensive MS Access database and a study protocol that was approved by local DSHS administration. However, in November of 2010, the WSIRB informed us that the proposed study was no longer considered exempt. Efforts to develop a satisfactory response to the WSIRB took place between November 2010 and August 2012. This work included extensive collaboration with state and local DSHS data administrators to develop and revise the specifics of the data extract request, protocol and data security measures. During that time, the WSIRB had significant changes in staffing and our application was managed by three primary reviewers. In August 2012, under a new Administrator, the WSIRB determined that our application was, in fact exempt, and allowed us to proceed.

The section presents evaluation findings regarding the implementation and outcomes of the Family Connections Demonstration Project (FCDP). This demonstration project aims to enhance and further integrate existing Kinship Navigator (KN), Family Search and Engagement (FSE) and Family Team Decision Making (FTDM) activities that were previously carried out independently by project partners. The three-year project anticipated serving 840 youth annually by expanding and better coordinating these services to improve the safety, permanency, and well-being of children in placement while engaging families in case planning and decision-making.

The evaluation methods and data presented reflect a more modest, modified version of the original records-based program evaluation design than intended due to challenges faced in implementing the evaluation (described later in this section). The design uses a specific set of service data to help determine whether or not program outcome goals related to expansion of services, family involvement in service planning, and placement outcomes are met.

The study design for this evaluation is a within-group, longitudinal analysis examining case activity, services, and placement permanency factors from the program data provided by the demonstration

project.  A program database was created to capture data regarding program participation. Data was extracted from this database, de-identified by program staff and sent to the evaluators for analysis.

Analysis of data presented here represents a descriptive analysis of this program data. To the extent possible, the evaluation covers those areas originally proposed in the project work plan and the templates provided recently to the project by the national evaluators. However, there are some limitations in the data that was collected for the evaluation, mostly due to difficulties with obtaining approval from WSIRB that resulted in no data monitoring during the course of the three-year program implementation.

## Process Evaluation

The primary process evaluation questions involve the implementation of three established programs that have demonstrated positive outcomes for children and families:
1. How many children and adults were served through the three programs?
2. Were the three programs (Intensive Family Finding/Family Search and Engagement, Family Team Decision Making, and Kinship Navigator Services) implemented with fidelity to established program models?

The evaluation designed to address these questions is a descriptive analysis of program records. No feasible control or comparison group was available for the evaluation. The original design intended to utilize a longitudinal quasi-experimental design comparing program progress over time against the original primary program goal to implement the FCDP with fidelity to Adoption and Safe Families Act (ASFA) and the program models, including FSE (IFF), FTDM (FGDP) and Kinship Navigator. However, due to programmatic and evaluation-related challenges, summarized in this section, we were not able to fully implement the evaluation as planned. As a result, the data available for the process evaluation is limited to the number and demographic characteristics of families served (broken down by adults and children) and some basic data describing fidelity.

Evaluation participants (units of analysis) include all family members recorded in the program database as direct service participants. This could be children (in the case of FSE and FDTM), or adults (in the case of the Kinship Navigator program). The entire family is the unit of analysis in the fidelity analysis of the FSE program.

Data for children and adults receiving services by the demonstration project was extracted from the existing FCDP program database and stripped of direct identifiers. The database was created specifically for the FCDP program in order for program staff to include client demographic and service participation data. Program staff and supervisors completed fidelity forms as specified in the fidelity protocols developed by the evaluation team for this evaluation (see Appendix 1).

## Outcome Evaluation

The evaluation results reported here address the extent to which the program was able to achieve the goals originally developed for this project. These goals include:
1. Reduce the number of dependent children and youth,
2. Increase the rate of adoptions by relatives,
3. Increase family involvement,
4. Reduce the time to achieve pre-permanency length of stay,
5. Maintain community involvement and support and enhance program sustainability,

6.  Increase the percentage of relative placements,
7.  Reduce the number of placement moves, and
8.  Identify additional familial connections for youth to aid in identifying long-term family support options.

**Unit of Analysis**

The primary unit of analysis for the outcome evaluation is the children and families served by the program. For the Kinship Navigator program, the primary unit of analysis is the caregiver who received support through the program. For the FTDM and FSE programs, the primary unit of analysis is the children who were served.

As described previously, all data for the outcome evaluation was extracted from the program database, de-identified and sent to the evaluators for analysis.  The issues with obtaining WSIRB approval for the project led to significant delays in beginning the evaluation, as well as a lack of oversight of the data collection process and, ultimately, significantly reduced evaluation activities.

## Process Evaluation Results

**Participants Served**

The table below outlines the total number of participants served within each program. Please note that the counts are unduplicated (that is, a single individual is listed only one time) within each program, but may be duplicated across programs. If an individual received services in multiple programs, that person is listed once in each program.

| Program | Children Served | Adults Served | Total |
|---|---|---|---|
| Family Search and Engagement (FSE) | 267 | 0 | 267 |
| Family Team Decision Making (FTDM) | 958 | 81 | 1,039 |
| Kinship Navigator | 0 | 629 | 629 |
| Total (duplicated across programs) | **1,225** | **710** | **1,935** |

The program originally anticipated serving 840 participants per year across the three-year program period, for a total of approximately 2,500 participants. As shown in the table above, just under 2,000 total participants were recorded in the program database across the three different program types. However, it should be noted that this generally represents primary clients served that were entered into the system, so that the actual numbers of individuals served is likely substantially higher.

**Participant Demographics (by Program)**

| Participant Group | Percentage of Participants | | |
|---|---|---|---|
| **Race** | **FSE**<br>**n=267** | **FTDM**<br>**n=1,039** | **KN**<br>**n=629** |
| Amer. Indian/Alaska Native | .4% | .04% | 17.5% |
| Asian | .8% | .03% | 0.2% |
| Black | 6.5% | 5.5% | 2.5% |
| Hawaiian/Pacific Islander | -- | .01% | 0.3% |
| Multiple Races | 7.3% | 11.0% | 2.9% |
| White | 85.1% | 82.7% | 76.6% |
| **Total** | **100%** | **100%** | **100%** |
| **Missing** | **6** | **48** | **6** |
| **Ethnicity** | **Percentage of Participants** | | |
| Hispanic | 42.0% | | 31.2% |
| Non-Hispanic | 58.0% | | 68.8% |

**Child Status**

At the time that children began participation in the FSE programs, 106 children (40%) were in foster care, with the average length of stay in foster care up to the date of program enrollment being nearly two years (736 days).

| Child Legal Status | Number | Percentage |
|---|---|---|
| Adoption | 21 | 1.3% |
| Dependent | 583 | 35.7% |
| Foster Care Long Term Agreement | 3 | 0.2% |
| Guardianship | 49 | 3.0% |
| Legally Free | 30 | 1.8% |
| Long Term Relative Care Agreement | 242 | 14.8% |
| Service plan | 1 | 0.1% |
| Shelter Care | 130 | 8.0% |
| Voluntary (No Court Intervention) | 575 | 35.2% |

**Fidelity**

Fidelity data was collected for the FSE program only, following the protocols attached to this report. As shown in the table below, fidelity forms completed by members of the FSE team suggest that the program followed the principles of the established FSE process most of the time. Measures of teamwork and collaboration, discovery, engagement, relationships, and documentation all were scored "yes" in the majority of questions.

The table below shows the percentage of "yes" responses to each fidelity item.

| FSE Quality Development Framework (Fidelity) | % Yes |
|---|---|
| **FSE Outcome** | |
| 1.  Was the outcome of FSE for this child successful in identifying and engaging family connections? | 95.9% |
| **FSE Quality and Fidelity Elements** | |
| **Teamwork and Collaboration** | |
| 2.  A team[1] was established to support the FSE process for this child. | 97.2% |
|     a.  Professionals that work with the child were on the child's team. | 97.2% |
|     b.  Non-professionals (family and community members) were on the child's team. | 85.4% |
| 3.  The FSE process was clearly explained to all participating team members. | 97.2% |
| 4.  The team discussed how they will work together to complete the FSE activities. | 97.2% |
| 5.  The team discussed and developed a plan regarding how the child/youth would participate in the FSE process. | 93.7% |
| 6.  Permissions and protocols for contacting family members were discussed and agreed upon. | 97.2% |
| 7.  A plan was developed for communication protocols among people involved in the FSE. (e.g. *FSE workers, child welfare workers, guardians ad litem, etc. agree and understand the importance of returning phone calls and written communications in a timely manner.*) | 97.2% |
| **Discovery** | |
| 8.  The FSE process was comprehensive and was guided by the principle of inclusivity and attempting to maximize connections ("*rule everything in*"). | 92.1% |
| 9.  A family tree or connectedness chart was developed. | 96.8% |
| 10. Known family members were contacted. | 95.6% |
| 11. Case files, court reports, psychological evaluations and any other available records are reviewed. | 91.1% |
| 12. Team members were supported with scripts for contacting family members, practice and supervision. | 97.2% |

---

[1] TEAM: FSE worker should identify people that know and care about the youth to be part of a team that will participate in the FSE process. The team can consist of a range of professional/formal and natural supports.

| FSE Quality Development Framework (Fidelity) | % Yes |
|---|---|
| 13. The team discussed newly-found family members and decisions were made about inviting them into the process. | 94.0% |
| 14. The team followed safety protocols regarding the amount and type of information shared with newly found family members. | 95.3% |
| **Engagement** | |
| 15. The team created a welcoming and inviting environment when meeting with newly-found family members. | 92.1% |
| 16. Due diligence (background checks, etc.) was completed for all newly-found family members interested in placement or unsupervised contact with the child. | 69.6% |
| 17. A plan was developed for involving new family members in the youth's life and case plan. | 75.0% |
| 18. Newly-found family members were told about the youth's strengths, interests, talents or hobbies (as appropriate). | 78.5% |
| **Meeting with the Child/Youth** | |
| 19. Team members planned for the initial meeting with the youth and discussed possible outcomes, barriers and challenges. | 17.0% |
| 20. During the initial visit, an FSE team member remained with the youth or within sight of the youth for the entire time. | 11.1% |
| 21. The child/youth was given an opportunity to discuss his/her feeling and reactions after the meeting. | 13.0% |
| **Building and Sustaining Relationships** | |
| 22. The team identified one or more connections that is likely to be sustained to support the child/youth. | 82.3% |
| 23. Team members planned for ways to support the youth's relationships with family members. | 71.8% |
| 24. The plan addressed possible challenges, disappointments and barriers and included contingencies to deal with them. | 62.0% |
| 25. Legal, financial and safety needs were addressed in considering permanency plans with family members. | 65.5% |
| 26. A home study was completed for family members being considered as placement. | 33.2% |
| **Documentation** | |
| 27. Documentation includes initial status of family connections for the youth and the reasons for initiating FSE. | 97.2% |
| 28. Documentation includes family resources contacted in the FSE process. | 97.2% |
| 29. Documentation includes the number of known family members before and after the FSE process. | 97.2% |
| 30. Documentation includes youth outcomes from the FSE process. | 97.2% |

FSE appears to have been implemented with quality and fidelity. Team members rated all aspects of the Family Search and Engagement process as being in close alignment with intended practice, with the exception of areas related to the initial meeting of the child/youth with family members found through

the FSE process. This appears to reflect limited cases in which the FSE process included this stage, rather than a failure to appropriately involve children in the process.

## Outcome Evaluation Results

### Permanency and Stability

The FCDP sought to increase child permanency and stability through the following program goals:
- Increase the rate of adoptions by relatives,
- Increase family involvement,
- Increase the percentage of relative placements, and
- Identify additional familial connections for youth to aid in identifying long-term family support options.

Through the FSE process, 267 children had extensive searches for family placement options occur. The program was able to increase family involvement through the identification of family connections that might result in long-term placement options. Some youth (9%) experienced multiple searches in order to identify as many family members as possible.

Fewer than one quarter of searches (23%) did not result in a family connection. For the remaining 77% of children, an average of 7.5 relatives per child were located and 2.6 engaged. For close to half of all children, three or more relatives were engaged (representing three or more new family connections made).

| Number of Relatives Contacted | Number of Children | Percent |
|---|---|---|
| 1 to 5 Relatives | 118 | 45.9% |
| 6 to 10 Relatives | 88 | 34.2% |
| 11 to 15 Relatives | 33 | 12.8% |
| More than 15 | 18 | 7.0% |
| **Total** | **257** | **100%** |
| **Average Number of Relatives Contacted** | **7.5 Relatives** | |

**Data was missing for 10 cases.

| Number of Relatives Connected | Number of Children | Percent |
|---|---|---|
| None | 59 | 23.0% |
| 1 to 2 | 77 | 29.9% |
| 3 to 4 | 73 | 28.4% |
| More than 4 | 48 | 18.7% |
| **Total** | **257** | **100%** |
| **Average Number of Relatives Connected** | **2.6 Relatives** | |

**Data was missing for 10 cases.

These connections helped to improve the permanency and stability for 75 percent of participating children (n=199), who, at the end of their FSE episode were in a placement that was intended to be permanent at the time their involvement ended. For the FSE cases that were followed after the end of services, 148 cases were dismissed, and in the majority of those cases (69%), children were returned to their parents.

| Placement after FSE Episodes | Number | Percentage |
|---|---|---|
| Returned to Parents | 99 | 68.8% |
| Title 13 Guardianship | 13 | 8.8% |
| Adoption | 14 | 9.5% |
| Aged Out | 13 | 8.8% |
| 3rd Party Custody | 8 | 5.4% |

**Follow Up**

Program staff were able to follow up on status for a subset of children. An additional 86 children had a legal plan in progress at follow up. More than half (52%) had an adoption in progress, while another 30 percent had a legal plan to return home, and another 17 percent were under a Title 13 guardianship.

**Family Team Decision Making** (FTDM) was an additional mechanism by which the project worked to involve family members in finding permanent, stable placements for children. A total of 1,039 children (and their family members) participated in meetings designed to assist in child placement. This includes children who also participated in the FSE program, as well as many who did not require an intensive family finding activity in order to identify existing, engaged relatives. As can be seen in the table below, only one quarter (25%) of meetings ended with a placement in a foster home. The remaining meetings resulted in the preservation of the child's placement (either with parent or other current placement) or a reunification.

| Meeting Outcome: Last FGDM Meeting | Number of Children | Percent |
|---|---|---|
| Aged Out of Care | 8 | 0.8% |
| Placed in In-Home Dependency Care | 9 | 0.9% |
| Placed in Foster Home | 244 | 23.6% |
| Placed with Relative | 171 | 16.7% |
| Preserved Current Placement | 155 | 15.1% |
| Remained with Parent | 333 | 32.4% |
| Reunification | 107 | 10.4% |
| **Total** | **1,027** | **100%** |

** Data was missing for 12 children.

**Permanency and Continuity**

The following two FCDP goals relate directly to improving permanency and continuity of children's placement:

- Reduce the time to achieve pre-permanency length of stay.
- Reduce the number of placement moves.

A total of 726 of the children participating in services had at least one prior placement previous to their participation in the program; many had multiple prior placements. On average, this group of children experienced 2.5 previous placements before being involved with the FCDP.

As mentioned previously, many of the children participating in FTDM (48%) were able to continue their current placements without disruption. Additionally, kinship caregivers were connected with resources to better allow them to provide continuity and permanency of children placed in their care.

**Safety and Well-Being**

The program evaluation was not able to directly collect data relating to child safety and well-being. Indirectly, the program did measure the degree to which kinship caregivers were provided with supports that helped them to safely maintain the placements of children in their homes.

Results of needs assessments conducted prior to and at six month intervals after beginning participation in the kinship navigator program show that many caregivers reported a decrease in perceived needs after receiving links to community resources.

- 33.2% of caregivers reported needing less assistance in accessing services and supports.
- 27.8% of caregivers reported needing less assistance with financial resources.
- 34.5% of caregivers reported needing less assistance in managing the daily needs of the child/children in their care.
- 38.6% of caregivers reported less need for assistance in accessing social supports.

## Discussion

As summarized above, difficulties in obtaining WSIRB approval significantly hampered the capacity of the evaluation to support the project. Because approval was not obtained until the end of the project period, there was no ability for the evaluation team to examine data and conduct quality assurance procedures to ensure that all of the necessary data was being collected. As a result, there were many questions and some difficulty in interpreting the data at the end of the project. Additionally, there was very little time to review evaluation results with staff since final analysis for this report had to be completed quickly. Finally, due to the project's needs to allocate remaining funds and the indeterminate status of WSIRB approval, there were limited funds remaining to pay for evaluation activities, resulting in an abridged final evaluation plan and the evaluation team completing the analyses and reporting pro-bono.

Perhaps most significant, evaluation data could not be utilized for ongoing decision support and quality improvement. The challenges we experienced in obtaining WSIRB approval, by largely removing the evaluation and information feedback loop from the demonstration, served to illustrate the important role that evaluation can, and should, provide in innovative efforts such as this.

Because of these limits, as well as the lack of a comparison group for the analysis, the results presented here are limited in their generalizability, but do offer insight into the Family Connection Demonstration Project.

Based on analysis of available data, the TriWest Group evaluation team offers the following observations and recommendations for the Family Connections Demonstration Project and this evaluation.

## Conclusions

**The Family Connections Demonstration Project (FCDP) Appears to be Functioning as Intended and Largely Met It's Goals** – Data analyzed and presented in this report supports the FCDP's integrated model as an effective approach to strengthening Washington state families and keeping children and youth with their families and in their communities, while also maintaining child/youth safety. Based on the limited range of information available to this evaluation, the project appears to have successfully implemented an integrated strategy that improves the efficiencies of the three service models (Family Search and Engagement; Kinship Navigator and Family Team Decision Making) and made it more likely that children and families appropriate services and support.

> *Available data support the FCDP's approach to weaving together promising and evidence-based approaches. The integration of Family Search and Engagement; Family Team Decision Making and Kinship Navigator services appears to offer efficiencies and support improved outcomes for children and families.*

**Implementation Challenges** – As discussed in the body of this report, the FCDP experienced significant challenges during implementation. Overall, project implementation was impacted by several challenges including:

- Washington State HB2106 legislative mandate to implement performance-based contracting in 2010 resulted in limited collaboration between DCFS and private agency staff.
- Changes in DCFS leadership over the three year period resulted in a lack of consistency in support of the overall project and in DCFS staff engagement in the process.
- The Children's Administration/DCFS implemented new policies specific to the Department's liability for children's safety. The policy changes limited private agency FTDM facilitators from conducting all types of FTDMs, particularly emergent meetings from the CPS unit and/or those involving significant safety planning, which are the primary meeting types, thereby limiting FTDM data.
- Lack of timely WSIRB approval limited the ability of evaluators to routinely review and evaluate the FCDP outcomes and the impact of practice on affecting those outcomes. The intent of continuous review was to assess the impact of service provision for families and children, however these activities were unable to be accomplished.
- Limited involvement in the project by the Yakama Nation presented challenges to implementing the project specific to the Tribal Kinship Navigator. A non-Native Tribal Navigator was employed by the Yakama Nation in 2010. However, subsequent changes in Yakama Nation policies relative to Native children in dependency and non-Native involvement in the process resulted in the release of the Tribal Navigator. This position was in place for less than 12 months during the project period, thereby limiting the data available for evaluation.

**The FCDP Appears to Present an Important Model for Integrated Practice** – The demonstration project centered on a collaborative effort by Catholic Family & Child Service and DCFS to weave together three important child welfare service models to increase efficiency and improve outcomes. Discussions with project stakeholders suggest that the integration showed signs of success and facilitated the provision of comprehensive supports to children and families. Data available to the evaluation team suggest that the program was specifically successful in:

- Identifying and engaging family members to support children involved in the child welfare system;
- Facilitating family involvement in decision-making around placement;
- Facilitating placement with family members; and,
- Providing family members, including kinship caregivers, with support necessary to help them care for children and maintain placement continuity.

**The FCDP's Integrated Approach Supports Best Practice and Program Improvement** – The demonstration project centered on integration of emerging evidence-based approaches, cross-system collaboration, and family engagement and involvement. The goal of combining these three models was to explore systems change locally and regionally and to increase capacity. By demonstrating enhanced efforts to reach out to families and testing these methods, the FCDP supported current initiatives focusing on overall system improvement. By emphasizing family engagement and participation, stakeholders involved in the project saw the potential for improved follow-through with case plans, enhanced case planning that is responsive to the needs of each family and child while facilitating increased capacity, improved efficiency, and better outcomes relative to child placement changes, permanency and reunification.

Further, the FCDP was closely aligned with key strategies outlined in the Children's Administration (CA) Performance Improvement Plan (PIP). CA's PIP is a strategic plan for improving the state's child welfare practices and was the result of Washington State's Child and Family Services Review (CFSR), a federal review of performance-based outcomes for children and families as well as the department's own quality assurance measures.

The three practice models integrated into the FCDP support Washington State's Children's Administration priorities, especially relative to family engagement, child and family well-being, legal permanency for children, and the service array available to children and families. By broadening the scope of existing services and changing delivery methods and practices, the project sought to contribute to increased positive outcomes for dependent children and their families. Additionally, the FCDP public/private/tribal partnership demonstrated the value of collaboration to leverage resources in support of initiatives that hold promise for improving the safety, permanency and well-being of Washington's children and youth. While implementation was challenging, all partners agreed that the model is worth pursuing.

**Family Engagement is Critical**– The experience of the FCDP provides strong support for the value of family engagement and involvement in child welfare practice. Available data, as well as anecdotal reports from project stakeholders, suggest that emphasizing family engagement, in the context of integrated services, can maximize involvement and improve placement outcomes for children.

## Recommendations

**Family Involvement** – The critical role of families in driving effective care is clear and represents a central component of the Washington State PIP as well as the Family Connection Demonstration Project. Information available to this evaluation supports prioritizing efforts to maximize engagement of child/youth and family voice in child welfare practice.

**State, Tribal and Private Partnership** – The FCDP public/private/tribal partnership demonstrated the potential of collaboration to leverage resources in support of initiatives that hold promise for improving the safety, permanency and well-being of Washington's children and youth. While political and administrative challenges existed, the potential for partners from different sectors to enhance the overall child welfare system was clear to project stakeholders. Private partners, such as Catholic Family & Child Service, offer flexibility and capacity. Tribal systems offer unique cultural understanding and strength. Similarly, state leadership and technical assistance is important to sustain quality of services and commitment among local and state leadership. Integrated, family-centered models such as the FCDP have the potential to facilitate and strengthen public/private/tribal partnership while enhancing practice.

**Integrating Evaluation into Implementation Efforts** – To the extent possible, we recommend incorporating evaluation as an integral component of program implementation efforts. The challenges faced by our project made it impossible to access and utilize data on an ongoing basis to support quality improvement and decision-making. The absence of this resource at critical times during project implementation underscored the vital nature of high quality process and outcome data in implementing and managing programs, as well as communicating to other stakeholders about the value of such efforts.

**Appendix 1: Fidelity Tools and Protocols**

## Catholic Family & Child Service and Children's Administration Family Connections Demonstration Project

## Fidelity Tracking Protocols

| Form/Activity | Participants | Timeline |
|---|---|---|
| **Kinship Navigator** | | |
| 1. Kinship Navigator Quality and Fidelity Index<br>   ■ Navigator completes the form on a monthly basis for a random sample of 5-10 kinship caregivers served over the previous month<br>   ■ The completed forms are reviewed and discussed with supervisor. Successes, challenges and barriers to quality practice are explored.<br>   ■ De-identified forms are shared with evaluation team on monthly basis | Kinship Navigator and Supervisor complete the form together | monthly |
| **Family Search and Engagement** | | |
| 1. Family Search and Engagement (FSE) Quality and Fidelity Index<br>   ■ Team member(s) complete(s) the form on a monthly basis for a sample of 5-10 searches over the previous month<br>   ■ The completed forms are reviewed and discussed with supervisor. Successes, challenges and barriers to quality practice are explored.<br>   ■ De-identified forms are shared with evaluation team on monthly basis | FSE lead for each child completes form with Supervisor | monthly |
| **Family Team Decision Making** | | |
| 1. Records Review<br>   ■ Facilitator and Supervisor complete form for 9-12 FTDMs over the previous month<br>   ■ The completed forms are reviewed and discussed with facilitator and supervisor. Successes, challenges and barriers to quality practice are explored.<br>   ■ De-identified forms are shared with evaluation team on monthly basis | Supervisor, Facilitator, Area Administrator | monthly |

| Form/Activity | Participants | Timeline |
|---|---|---|
| 2. FTDM Observation Measure [**OPTIONAL**-TBD]<br>▪ Supervisor or Area Administrator observes 9-12 FTDMs (same sample as for records review) and completes form<br>▪ The completed forms are reviewed and discussed with facilitator and supervisor. Successes, challenges and barriers to quality practice are explored.<br>▪ De-identified forms are shared with evaluation team on monthly basis | Supervisor, Facilitator, Area Administrator | ongoing |
| 3. Parent Survey/Interview<br>▪ Parent interviews completed for sample of 9-12 FTDMs (same sample as for other components).<br>▪ Interviews completed by staff person not directly involved with FTDM or the child/family's case.<br>▪ The completed forms are compared with results of Facilitator Form and reviewed and discussed with facilitator and supervisor. Successes, challenges and barriers to quality practice are explored.<br>▪ De-identified forms are shared with evaluation team on monthly basis | Interviewer (RECOMMEND DCFS STAFF PERSON), parent(s), Facilitator, Supervisor | ongoing |
| 4. Facilitator Form<br>▪ Facilitator completes the form for a 9-12 FTDMs (same sample)<br>▪ The completed forms are compared with results of Parent Interview and reviewed and discussed with supervisor. Successes, challenges and barriers to quality practice are explored.<br>▪ De-identified forms are shared with evaluation team on monthly basis | Facilitator, Supervisor | ongoing |

**Catholic Family & Child Service and Children's Administration**
**Family Connections Demonstration Project**

## Family Search and Engagement (FSE) Quality Development Framework

**Child name / Case ID:** _____

**Name of person completing form:** _____   **Today's date:** _____

**Instructions:** This form is designed to help us identify the keys to success that lead to good outcomes for the FSE process. With any model there needs to be some flexibility to individualize and tailor strategies. At the same time, there are general strategies and key elements that have been identified as important to success.
Please complete this form the best you can, considering all the elements that went into the FSE process for this child.

There are no "right" answers – we are just trying to learn what works!

| FSE Quality Development Framework | | | |
|---|---|---|---|
| **FSE Outcome** | | | |
| 31.  Was the FSE for this child successful in *identifying* family members and other connections? | YES | NO | NA [2] |
| 32.  Was the FSE for this child successful in *engaging* family members and other connections? | YES | NO | NA |
| 33.  Please note (briefly) some of the key elements that made this FSE successful: | | | |
| 34.  Please note (briefly) any barriers to the success of the FSE process: | | | |
| **Teamwork and Collaboration** | | | |
| 35.  A team[3] was established to support the FSE process for this child. | YES | NO | NA |
|       c.  Professionals that work with the child were on the child's team. | YES | NO | NA |
|       d.  Non-professionals (family and community members) were on the child's team. | YES | NO | NA |
| 36.  List, by role, the members of the FSE team for this child: | | | |
| 37.  The FSE process was clearly explained to all participating team members. | YES | NO | NA |

[2] Not Applicable
[3] TEAM: FSE worker should identify people that know and care about the youth to be part of a team that will participate in the FSE process. The team can consist of a range of professional/formal and natural supports. At a minimum, a TEAM consists of the FSE worker and at least one other individual who is *actively* engaged in identifying connections for the child.

| **FSE Quality Development Framework** | | | |
|---|---|---|---|
| 38. The team discussed how they will work together to complete the FSE activities. | YES | NO | NA |
| 39. The team discussed and developed a plan regarding how the child/youth would participate in the FSE process. | YES | NO | NA |
| 40. Permissions and protocols for contacting family members were discussed and agreed upon. | YES | NO | NA |
| 41. A plan was developed for communication protocols. (e.g., *FSE workers, child welfare workers, guardians ad litem, etc. agree and understand the importance of returning phone calls and written communications in a timely manner.*) | YES | NO | NA |
| **Discovery** | | | |
| 42. The FSE process was guided by the principle of inclusivity and attempting to maximize connections ("*rule everything in*"). | YES | NO | NA |
| 43. A family tree or connectedness chart was developed. | YES | NO | NA |
| 44. Known family members were contacted (to the extent possible and appropriate). | YES | NO | NA |
| 45. Case files, court reports, psychological evaluations and any other available records are reviewed. | YES | NO | NA |
| 46. Scripts were used as a guide in contacting family members. | YES | NO | NA |
| 47. Newly found family members were discussed by the team and decisions were made about inviting them into the process. | YES | NO | NA |
| 48. The team followed protocols regarding the amount and type of information shared with newly found family members. | YES | NO | NA |
| **Engagement** | | | |
| 49. The team created a welcoming and inviting environment when meeting with newly found family members. | YES | NO | NA |
| 50. Due diligence (background checks, etc.) was completed for all newly found family members interested in placement or unsupervised contact with the child. | YES | NO | NA |
| 51. A plan was developed for involving new family members in youth's life and case plan. | YES | NO | NA |
| 52. Newly found family members were told about the youth's strengths, interests, talents or hobbies (as appropriate). | YES | NO | NA |
| **Meeting with the Child/Youth** | | | |
| 53. Team members planned for the initial meeting with youth and discussed possible outcomes, barriers and challenges. | YES | NO | NA |
| 54. During the initial visit, an FSE team member remained with the youth or within sight of the youth for the entire time. | YES | NO | NA |
| 55. The child/youth was given an opportunity to discuss his/her feeling and reactions after the meeting. | YES | NO | NA |
| **Building and Sustaining Relationships** | | | |
| 56. The team identified one or more connections that is likely to be sustained to support the child/youth. | YES | NO | NA |

| FSE Quality Development Framework | | | |
|---|---|---|---|
| 57. Team members planned for ways to support the youth's relationships with family members. | YES | NO | NA |
| 58. The plan addressed possible challenges, disappointments and barriers and included contingencies to deal with them. | YES | NO | NA |
| 59. Legal, financial and safety needs were addressed in considering permanency plans with family members. | YES | NO | NA |
| 60. A home study was completed for family members being considered as placement. | YES | NO | NA |
| **Documentation** | | | |
| 61. Documentation includes initial status of family connections for the youth upon referral and the reasons for initiating FSE. | YES | NO | NA |
| 62. Documentation includes family resources contacted in the FSE process. | YES | NO | NA |
| 63. Child/youth outcomes from the FSE process are documented in youth's file. | YES | NO | NA |

COMMENTS (*for any "no" responses above, please explain in this section*):

_____

_____

**Catholic Family & Child Service and Children's Administration
Family Connections Demonstration Project**

**Kinship Navigator Quality Development Index**

**Name of person completing form:** _____

**Name of Caregiver / Family:** _____

**Today's date:** _____     **Period being rated:** _____

| Kinship Navigator Quality Elements | | | | |
|---|---|---|---|---|
| 64. Please note (briefly) some of the key elements that made the work with this Kin Caregiver successful: | | | | |
| 65. Was the Navigator **matched** to the kin Caregiver in terms of: | | | | |
|    e. Culture, | YES | NO | | |
|    f. Race/ethnicity, | YES | NO | | |
|    g. Language | YES | NO | | |
|    h. Experience | YES | NO | | |
| 66. Did the Navigator meet with the kin caregiver at times and places and in ways that were **convenient to the caregivers**? | ALWAYS | MOST OF THE TIME | SOME OF THE TIME | RARELY OR NEVER |
| 67. Was the Navigator **aware/knowledgeable of the full range** of services, supports and resources relevant/available to the kin Caregiver? | ALWAYS | MOST OF THE TIME | SOME OF THE TIME | RARELY OR NEVER |
| 68. If resources were not available or barriers existed, did Navigator offer alternatives or solutions to address the barriers? | ALWAYS | MOST OF THE TIME | SOME OF THE TIME | RARELY OR NEVER |
| 69. Did the Navigator conduct a **comprehensive assessment of the kin Caregivers' needs**? | YES | NO | NA[4] | |
|    i. Did Navigator use the Family Needs Scale to assess needs? | YES | NO | | |
|    j. Did Navigator use other tools to assess needs? <br><br>     i. If YES, which tools: _____ | YES | NO | | |
|    k. Did Navigator use results of needs assessment to plan and facilitate access to needed supports for the Caregiver? | YES | NO | NA | |
| 70. Did the Navigator maintain a **strength-based, supportive** role? | ALWAYS | MOST OF THE TIME | SOME OF THE TIME | RARELY OR NEVER |
| 71. Did the Navigator offer **advocacy, linkages and support** (as contrasted with case management) to the caregiver? | ALWAYS | MOST OF THE TIME | SOME OF THE TIME | RARELY OR NEVER |

[4] Not applicable or not necessary for this caregiver/ case.

| Kinship Navigator Quality Elements | | | | |
|---|---|---|---|---|
| 72. Did the Navigator <u>offer</u> **case management** to the caregiver? | YES | NO | NA | |

| Kinship Navigator System-Level Activities | | | | |
|---|---|---|---|---|
| 1. Did Navigators engage in kin caregiver **outreach**? | YES | NO | | |
| 2. Did Navigator engage in **community education and public awareness**? | YES | NO | | |
| 3. Did Navigators maintain **strong linkages** to formal system resources? | YES | NO | | |

COMMENTS (*for any "no" responses above, please explain in this section*): _____

_____

_____

_____

_____

**Catholic Family & Child Service and Children's Administration
Family Connections Demonstration Project**

**Family Team Decision Making Quality and Fidelity Index**

**PART IV: Facilitator Form**

**Child name / Case ID:** _____

**Name of person completing form:** _____

**Date of FTDM:** _____     **Today's date:** _____

| PART IV: Facilitator Form | | |
|---|---|---|
| 1.  Did you clearly describe the <u>purpose</u> of the meeting to all participants? | YES | NO |
| 2.  Did you clearly describe the <u>basic flow of the meeting</u> to all participants? | YES | NO |
| 3.  Were the parents encouraged and supported to select the people who would be on the FTDM team? | YES | NO |
| 4.  Was everyone's roles clearly described and discussed? | YES | NO |
| 5.  Was the role of all non-family members (social worker, supervisor, note-taker, professionals) clearly described and discussed? | YES | NO |
| 6.  Were confidentiality rules explained to all participants and a confidentiality form signed? | YES | NO |
| 7.  Did you invite the team to go out of its way to make sure that everyone – including friends, family, and natural supports – got to share their ideas and participate in decision making? | YES | NO |
| 8.  Did you give the family time to talk about their strengths, beliefs, and traditions? | YES | NO |
| 9.  Was a safety plan for the child developed as part of the FTDM meeting? | YES | NO |
|     a.  If yes to 9, were the family's ideas and their own words used in developing safety goals and actions? | YES | NO |
|     b.  If yes to 9, was the family given a copy of it? | YES | NO |
|     c.  If yes to 9, was it in the family's language of preference? | YES | NO |
| 10. Did the FTDM team come up with a placement recommendation? | YES | NO |
| 11. If yes to 10, did the social worker and supervisor accept this recommendation? | YES | NO |
| 12. Did you create a safe and positive atmosphere at the meeting? | YES | NO |
| 13. Did you utilize solution-based casework tools and techniques to engage the family in the meeting (such as: scaling and miracle questions, genogram, family developmental stages, reinforcing progress, and celebrating success)? | YES | NO |

| PART IV: Facilitator Form |
|---|
| **Additional Comments** |
| What were some things that went well in this FTDM process? |
| What could be improved? |
| COMMENTS (*for answers that received a "no" response above, please explain factors underlying that response*): |
| Were there factors or elements that were barriers to making full FTDM fidelity possible? (Explain briefly): |
| OTHER COMMENTS: |