References

Aarons, G. and Palinkas, L. 2007. Implementation of evidence-based practice in child welfare: Service provider perspectives. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(4): 411–419.

The authors of this article interviewed home based services case managers who were working with children involved with state welfare services to gain their ideas towards implementing evicence based practice (EBP) . Althugh there are clear benefits to evidence based practices, they are not always implemented. They determined key factors related to the implementation of evidence based practice models including (1) acceptability of the intervention to the family (2) Suitability of the intervention to family needs (3) Caseworker motivation towards the intervention (4) Training experience in the intervention (5) Extent of organization support for the intervention implementation (6) Impact of intervention on process and outcome of services.

EBP can be particularly difficult to implement in child welfare due to the beaurocratic nature of the work and the complexity of the nature of the work and diversity of the clients. There is not a strong pool of literature between EBP and child welfare.

While EBP could have positive outcomes for children and families, buy in needs to be there for those workers that are implementing the services. The two main areas that impact this are the general attitiudes towards the intervention and the workers experience during their training on the EBP.

In regards to how this could apply to child welfare in Montana, leadership should be conscious of how they are approaching presenting new interventions to case workers and providing their workers with a voice and support during the implementation of EBP. Overall, workers are in support of the concept of EBP however the specific interventions and the implemetation of the interventions should be tailored to the specific demographic. One of the suggested recommendations is using continuous quality improvement -- a practice that was in place within Montana CFSD but has fallen by the wayside.

Aarons, G. A., Hurlburt, M. and Horwitz, S. M. 2011. Advancing a conceptual model of evidence-based practice implementation in public service sectors.*Administration and Policy in Mental Health and Mental Health Services Research*, 38(1): 4–23.

There's a fair amount of backing of implementation science in the medical and hard sciences however less information towards social science decision making. This paper proposes a four phase model of implementation processing based off of exsiting research that could be applied in social service settings.

For their model, they break it down intothe phases of (1) Exploration (2) Adoption Decision/Preperation (3) Active Implemetation (4) Sustainment. The focus is on the implementation of evidence based practices into human services fields givent the incredibly complex context in which these practiceare taking place. Implenting change into any of the human services fields can be a slow and arduous process but particularly within state government such as with child and family services. This article suggests ways in which to get stakeholder buy in and create forward movement.

Aarons, G. A., James, S., Monn, A. R., Raghavan, R., Wells, R. S. and Leslie, L. K.2010. Behavior problems and placement change in a national child welfare sample: A prospective study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(1): 70–80

Authors sampled 500 children in out of home placements to examine effets on behavior problems and placement changes. They fund that placement changes with female sibects predicted higher rates of internalizing and externalizing behavior problems. Additionally, they found that internalizing and externalizing behavior problems at initial assessment predicted future increased risk of placement change. Children in middle childhood and adolescence had a higher relationship with disruption leading to subsequent behavior problems. Their findings support the implementation of a universal screening at intake as well as on an ongoing bases to examine internalizing and externalizing behavior problems in childern who are entering the child welfare system. They suggesed that social workers should focus early on teaching children skills to manage their behaviors not only to prevent placement breakdown but also to cope with breakdown should it occur. Providers should also have an understanding of these correlations and be provided with training on how to support these children to increase the potential for placement stability.

They did find that there was a higher connection between placement changes predicting behavior changes than vise versa. They admit this could be partially due to their sample and methodology or could have roots in the competency of the providers -- further research is recommended. While there are a variety of limitations in the generalizability of their findings, tit does suggest that implenting screenings at onset could offer longterm positive benefit

Barber, J. G. and Delfabbro, P. H. 2003. Placement stability and the psychosocial well-being of children in foster care. *Research on Social Work Practice*, 13(4): 415–431.

This article attempted to determine the impact that placement stability has on child functioning. They wanted to challenge and explore the permenency theory that says that any instability in placement has a negative impact on child psychosocial functionig. They tracked 235 children -- 130 of which stayed in foster care throughout the study, through out of home care and monitored their psychosocial functioning. Through their research they determined that up to 8 months of placement instability had varied impact on children's funtioning. Children who were unstable throughout their placement showed gradual improvements other in the case of children with hyperactivity. Curiously, children who entered care unstable and

were then stale seemed to show improvement only when their placements were unstable. Ultimately, the findings challenged the notion that placement instability is inherently damaging. In decision making, workers may seek to find placement as soon as possible or be hesitant to change placements based on the theoretical perspective that this is detrimental to the child's functioning -- this study suggests this may not have the need to have as much significance in decision making -- at least over the first 8 months.

While permanency is important, social workers could use this information when weighing their placement making choices to find the best possible placement over the fear of impact from placement change.

Barth, R. P., Lloyd, E. C., Green, R. L., James, S., Leslie, L. K. and Landsverk, J.2007. Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 15(1): 46–55.

The authors wanted to explore factors that impacted placment changes in children with emotional and behavioral disorders (n = 362) (EBD) versus those without (n=363) by using the Child Behavior Checklis (CBCL) over the first 36 months of placement in out of home care. Their findings indicated that children with clinical level CBCL skills were 2 1/2 times more likely to to experience four or more placement changes than those children without clinically significant scores. Depression and seperation from siblings were also found to be factors that seemed to indicate a higher liklihood of placement disruptions where with children without cliically significant scores were impacted only if they themselves were older in age (over 11) .

They also examined what children were likely to be placed in out of home care or have other factors which could inform the ways in which we evaluate children when they are placed in care

Bass, S., Shields, M. K. and Behrman, R. E. 2004. Children, families, and foster care: Analysis and recommendations. *Future of Children*, 14(1): 5–29.

This PDF offers an overview of some of the struggles children face while engaged in the child welfare system and an overview of some of the existing policy and reform that is occured or has occured to try to bring children a higher liklihood of permanency and stability -- and overall more positive long term outcomes.

It makes a variety of recommendations for additional steps which could assist children in care including universal health assessments within the first 30 days of placement under the medical home model. It recommends universal screenings in regards to development and "emotional assessments: however does not offer clear recommendations on what universal assessment is most useful and would be of highest valuet to implemenent.

The State of Montana has conducted similar analysis of it's existing services and has similar findings however this article does not offer clear beneficial insight into what specific

programming may create better outcome for children.

Bay Area Social Services Consortium. 2005. *Risk and safety assessment in child welfare: Instrument comparisons* 1–16. Retrieved fromhttp://cssr.berkeley.edu/bassc/public/risk_summ.pdf(2)

Similar to another article included in this bibliography, Andrade, Austin, and Benton found that actuarial instruments have stronger predictive validity than consensus based instruments. However of the existing literature that the authors reviewed they found that there was no clear consensus in the literature on definitiona dnd measures. Much of the existing literature is also targeted towards the initial intake of children and does not track or analyze decision points later in cases.

Decision making by social workers and other front line workers is known to be biased and pretty unpredictable and this can create less than ideal outcomes for children. Existing literature shows us that chidren can be directly impacted by overzealous or under responsive case workers. A valid risk assessment process could assist in removing or minimizing this margin for error.

Consensus based instruments emphasize a "comprehensive assessment of risk based on various theories of child maltreatment, the research literature on child maltreatment, and/or the opinions of those with expert practitioners". They often take elements from various instruments to make up a hybrid instrument to meet the needs of the agency utilizing the tool. They tend to look at the family overall and assign a high medium or low risk and the same tool is used for all forms of child maltreatmnet.

Actuarial instruments generally ae less broad in their approach and use different factors to assess risk of abuse vs neglect. Often the tools are only used at the onset of the case however there is a real need for them to be used across time.

The authors review studies lookng into the validity and reliability of the following tools:

1. Washington Risk Assessment Matrix
2. California Family Assessment Factor Analysis
3. Child at Risk Field System
4. Child Emergency Response Assessment Protocol
5. Actuarial Risk Assessment Instruments developed by Children's Research Center
6. Risk Assessment Model of Child Protection from Ontario
7. Utak Risk Assessment Scale

The authors evaluate each tool based on pedictive validity, convergent validity, inter-rater reliability, outcomes after implementation, and differences between racial/ethnic groups. The authors offer suggestions for future research to clearly define the purpose of risk assessment verus family assessment. They also discuss the need for good clinical skills and

competent assessors in order to utilize any tool to it's full potential.

Benbenishty, R. and Chen, W. 2003. Decision making by the child protection team of a medical center. *Health & Social Work*, 28(4): 284–292.

This article is focused on a medical center in Israel and their decision making process in reporting suspectetd child abuse cases. The authors reviewed the records of 139 files from over two years. Their findings found that the characteristics of the family were a greater predictor for a report of maltreatment than the characteristics of the child or the event which led them to coming to the hospital.

This is similar to the family assessments being conducted already through the State of Montana where we are assessing the overall risk and protective factors within a family structure rather than approaching decision making from an incident based approach. Two of the strongest factors within the family that caused a referral were socioexonomic and demographic background as well as staff perception of the family. How could this apply to level of care determinations? Specifically how could this be impacted by the perceptions of the child held by former caretakers or foster parents in determining if a child needs a highe level of care or not?

Berger, L. M., Bruch, S. K., Johnson, E. I., James, S. and Rubin, D. 2009.Estimating the "impact" of out-of-home placement on child well-being: Approaching the problem of selection bias. *Child Development*, 80(6): 1856–1876

The study attempts to estimate the impact of out of home placement on children's cognitive skills and behavior problems. Preliminary findings indicate that out of home placement is associated with an increase in behavioral problems but when the data has selection bias adjusted for there is indicaton that placement likely has little impact on cognitive skill or behavioral problems. This information could be usefulwhen at decision making points while within the child welfare system. The researchers examined existing research and attempted to account for selection biases and included a sample of over 2,400 chldren.

The researchers found no associations between placement length or stabiliy on children's cognitive skills or behaviors. They did find associations between placement *type* and child outcomes.

Their overall findings suggest that overall, out of home placement did not place an additional burden on already vulnerable child nor did it contribute to any short term changes in cognitive skills or behaviors.

This study was unique sin that it uses multiple measures and approaches to reduce selection factors which influence placement decisiopns and child outcomes and it als uses national data so as to examine children from a variety of contexts and under various policy.

Limitations include the exclusion of infants and toddlers from their sample as well as children

who had not been observed in their home of origin. The findings may not be generilizable to thsoe children who are at highest liklihood of being removed and spending a significant period of time in out of home care.

Bickman, L., Karver, M. S. and Schut, L. J. 1997. Clinician reliability and accuracy in judging appropriate level of care. *Journal of Consulting and Clinical Psychology*, 65(3): 515–520.

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In order to examine reliability of out of home placement determinations, 18 clinicians were given case studies with assorted variables and they used their agencies level of care determination criteria to make placement decisions however the findings were that there was an exceptionally low reliability in assigning children to the approrpriate level of care or in making consistent placement decisions

This brings up considerations when looking to implement a universal assessment tool to make level of care determinations for children in Montana's child welfare system. Despite the utilization of a clear criteria for placment, clinical judgement will still provide enough of an impact on the reliability of how the placement determinations are carried out. Preestablished criteria may not be a valid representation of actual appropriate levels of care.

Again this points to the need for actuarial masures to determine levels of care since having guidelines (such as we have with the MSAMS model) are often insufficient. Further information is also needed to understand what subjective factors the clinicans disagreed on which resulted in the lack of reliability in LOC determinations. How could this be addressed at the state level?

Blakey, J. M., Leathers, S. J., Lawler, M., Washington, T., Natschke, C., Strand, T.and Walton, Q. 2012. A review of how states are addressing placement stability. *Children and Youth Services Review*, 34(2): 369–378.

This article provides an overview of some of the risks of placement instaibility, potential causes and solutions, as well as what states have done to reduce the frequency of placement changes for children in their care. Thirty three states were ultimately included in thir sample. They ranked their approaches being used to increase stability form most identified to least identifed as:

1. Services to foster children
2. Innovative Practice
3. Placement/Matching
4. Recruitment/Selection of Foster Parents
5. Ongoing support and services to foster parents
6. Training

7. Consultation and Collaboration
8. Collaborative Team Approaches
9. Involving Biological Parents
10. Prevention

Interestingly, many states seemed to rely on anecdotal information rather than a rigoroug examination of the efficacy of specific approaches or the implementation of evidence based practice. There was also confusion among the respondents of what consitituted “evidence based practice”

This article provides a good overview of vaious approaches which are being used in different states and which could potentially be of benefit in Montana.

Camasso, M., & Jagannathan, R. (2014). The Social Outrage Routinization Process in Child Protective Services (CPS) System: A Case Study. *Journal of Policy Practice, 13*(3),177-199.

This case study provides an overview of the ways in which child fatality or other media representations of substantial child maltreat spark community outrage which then impacts policy and daily practice. These child fatalities are often accompanied by harsh critique by the general populace of the child welfare system. The article describes the ways in which this predictible community response is detrimental to the agency as a whole. While community mobilization could indeed create positive systems changes within child welfare, the punitive and zero tolerance approaches that are most common have the opposite effect.

The case study provides an excellent description to a problem that front line workers are very aware of. Media frenzy in response to child fatality, scandal, or rumor within child welfare rarely paint a realistic picture or provide opportunity for a frank discussion regarding the changtes that need to be implemented. In this specific case study they describe how the response to their example created community response which increased reports and removals and decreased employee moral and retention. The auhors paint a clear pictures on the ways in which social outrage has a profound impact on the experience of the case worker and often has opposite the intended effect

Chamberlain, P., Brown, C. H. and Saldana, L. 2011. Observational measure of implementation progress in community based settings: The Stages of Implementation Completion (SIC). *Implementation Science*, 6: 116–123.

Chor, K. H. B., McClelland, G. M., Weiner, D. A., Jordan, N. and Lyons, J. S. 2012.Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model.*Children and Youth Services Review*, 34(12): 2345–2352.

Chor, K. (2013). Overview of Out-of-Home Placements and Placement Decision-Making in Child Welfare. *Journal of Public Child Welfare, 7*(3), 298-328.

This article overviews some of the challenges related to out of home placement as well as it's connection with future outcomes as well as offers a review of possible decision making models and recommendations for future research. Existing research has demonstrated a significant connection between disruptions of out of home placement or placement instability on future outcomes of child functioning. Currently, there is no standardized approach on how to mitigate placement instability or how to ensure children are placed at the appropriate level of care.

There are a variety of factors which impact placement stability and decision making including policy, poor worker retention, etc but there is clear evidence on the adverse impact which these disruptions have on children. Policy indicates the best practice of placing children in the least restrictive setting however in practice this does not always occur. There is a clear need for a standardized placement decision making model however existing research shows that the current approaches are varied and often up to worker discretion. Six different primary approaches were identified:
1. Specialized placement caseworkers
2. Placement based on availability
3. Assessment tools
4. Placement based on capabilities of foster parents
5. Placement matrix
6. Using specializded placement units.
Each approach has it's own unique benefits and barriers but the overall consencious is that there is a susbstantial lack of clinical and evidence based input in current decision making models. Overall, it has been found that a standardized algorithmn has been even more effective in finding the appropriate level of care than relying on a general consensus from clinical interpretations.
Multidisciplinary approaches have been growing in decision making within child welfare however this approach has limiations due to confomirty bias and other factors but can act as a mechanism to empower children when they are part of the decision making process.

Algorithms have shown to have strong benefit however are not being widely implemented. Some of the common ones include:

1. CANS Algorithm: Used in Illinois; Takes ratings from CANS assessment and recomends levels of care between sex levels of care. CANS has high decision validity and there has been preliminary evidence that using this approach has shown positive reduction in risk behaviors of children.

2. Child and Adolescent Level of Care Utilization System (CALOCUS): Has eight dimensions which links clinical ratings with six possible levels of care. Testing has indicated good reliability.

3 . Level of Care Assessment (LCA): Matches assesssed needs of maltreated children with

specific levels of care. California piloted the tool in 10 counties and found validity and reliability based on worker assessments.

In reviewing these three tools there are common themes including the need for clinical decision maing to inform algorithms and the need for clinical assessments to be liked to determining level of care. They should then be tested for reliability and validity.

This article also reviews decision making tools in Adult Mental Health, Substance Abuse, and nursing, etc. Tools from decision making science such as the Multiple Criteria Decision Making (MCDM) tool could also be used o inform child welfare.

Connell, C. M., Vanderploeg, J. J., Flashpohler, P., Katz, K. H., Saunders, L. andTebes, J. K. 2006. Changes in placement among children in foster care: A longitudinal study of child and case influences. *Social Service Review*, 80(3):398–418.

Cordell, K. D., Snowden, L. R., & Hosier, L. (2016, 01). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Children and Youth Services Review, 60*, 129-135. doi:10.1016/j.childyouth.2015.11.020

This was a comprehensive study which reviewed numerous CANS assessments completed on children in children's mental health agencies. From these assessments they identified the top predictors that had the highest clinical significance and which needed the most acute intervention. They used this information to create decision making trees for their specific agencies. The methodology used was chosen due to it having the highest liklihood of being able to have a predictive effect. By isolating the most predictive elements that could be determined through CANs, the agencies were able to tailor their programming and interventions to where there would likely be the highest impact.

The sample in this study was gathered from two seperate mental health agencies and there was some difference in the outcome between agencies in which factors had the highest level of impact -- partially this could be due to the ability or inability for the scorer to recognize the presence of a trait in a child. Due to the nature of the CANS, the results and decisio making trees should not be generalized across communities. However could a similiar decision making tree be made for the six CFSD regions?

The findings do not provide a causal association but could provide a method to gain a deeper community-specific understanding of risk factors and to guide interventions.

Crampton, D. S., Crea, T. M., Abramson-Madden, A. and Usher, C. L. 2008.Challenges of street–level child welfare reform and technology transfer: The case of team decisionmaking. Families in Society: Journal of Contemporary Social Services, 89(4): 512–520.

The authors of this paper conducted focus groups and interviews of individuals in various roles within child welfare. They wanted to look at the implementation of Team Decision Making (TDM) which ideally works by having an extensive team that works together to make decisions related to removal, placement changes, reunification, etc. Largely the responses indicated that frontline worker's commitment to the model and buy in to the model was largely influenced by agency leadership and how leadership manages change. The study provided support for social work agency leaders to be effective implementers of change in order to get the full desired outcomes of this treatment model.

In Montana, we previously used the CANs assessment but it was being irregularly implemented and found to be ineffective. How much of this had to do with the assessment and how much had to do with the implementation by leadership and the culture related to change?

The article does not offer clear guidance as to how to create a postive culture but does offer some anecdotes from their focus groups and recommend agency leaeders be trained specifically in organizational change management and encourage transformational leadership. Their findings offer a good foundation that could be usd by Montana as it pairs with the Center for Workforce Development in implementing new supervisor training.

Curtis, P., Alexander, G. and Lunghofer, L. 2001. A literature review comparing the outcomes of residential group care and therapeutic foster care. Child and Adolescent Social Work Journal, 18(5): 377–392

This was a comprehensive analysis of the existing literature related to two levels of intervention: residential group care and theraputic foster care. Although both of these levels of intervention are promoted as being effective, the authors argue that there is not evidence backing this claim. The authors point out that the existing literature focuses on the behaviors of the children being served rather than the intervention approach. Research targete to examine the level of care is limited and often has methodological concerns.

The authors reviewed the literature, highlighting it's limitations. Thy find that both levels of care seem to serve sa similar group of children with group homes being more likely to serve older male children involved with juvenil criminial justice. In regards to efficacy they were only able to find one study that suggested theraputic foster care produced better outcomes. Interestingly, they state that no study has attempted to outline the thresholds for what behaviors are appropriate for which level of care -- the question the State of Montana is attempting to answer in examining assessment tools.

There is some research which may be published and effective in the future such as the work being done by The Odyssey Project that is gathering a more comprehensive assessment however the findings are not yet known. One of the methodological concerns the authors

brought up was the lack of a verifid universal assessment. They also point out the lack of an agreed upon conceptual framework that examines strength and risk factors and which outcome measures are the the most appropriate. These same concerns should be examined when selecting a universal screening tool to implement in creating a level of care protocol.

Ebesutani, C., Daleiden, E., Becker, K. D., Schmidt, L., Bernstein, A., Rith-Najarian, L., . . . Chorpita, B. F. (2017, 06). Facilitating Communication of Ideas and Evidence to Enhance Mental Health Service Quality: Coding the Treatment Services Literature Using the Child and Adolescent Needs and Strengths-Mental Health Assessment Scales. *Journal of Child and Family Studies, 26*(11), 3123-3134. doi:10.1007/s10826-017-0815-4

This study attempted to combine findings from the PracticeWise Evidence-Based Services (PWEBS) Literature Database which provides extensive data on evidence based interventions with the findings from CANS- Mental Health. Their findings suggested that there was substantial relevence in the treatment related data found within PWEBS and the measurments with CANS.
They were able to use the information within CANS-MH to be able to code to search for specific data within PWEBS to be able to identify what evidence based information was most closely relevant to the domains in CANS-MH.

This algorithm provides a step towards being able tp provide a greater collaboration between research and practice if a program could be developed to automatically link available research and treatment recommendations with the assessments done one an indvidual child. Prior to PWEBS there had been no integration of the existing research and certainly no streamlined process to have specific research be provided based on a CANs assessment. This proposed algorihmn has the potential to change this.

The findings of this article are promising but could be difficult to implement on a grand scale and particularly to be sensitive of the rural context in Montana's child welfare system. However it does offer support for there being a collaborative database within Montana's child welfare system which can take screening outcomes and then link this with local resources as well as peer reviewed research.

Fusco, R. A., & Cahalane, H. (2013, 04). Developmental and Social-Emotional Screening in Child Welfare: Implications for Young Children in Rural Settings. *Journal of Public Child Welfare, 7*(2), 154-171. doi:10.1080/15548732.2012.738186

This studied attempted to bridge a gap in the existing literature which compares rates of child maltreatment for youth in rural versus urban areas. There is mixed data answering that if one group is, overall, at higher risk than the other. The study provided an overview of rural children in Pennsylvania to understand what unique barriers they may face due to being in a rural setting. In order to do this, they used the Ages and Stages Questionaiire to identify rates of social and developmental problems in children from rural communities. The researchers then asked the question on if such screenings should be limited to only children in out of home care or whom have experienced substanitated child maltreatment -- using this information, is there any way to predict a positive benefit on utilizing the screening on rural children?

This was the first study of fevelopmental and socio-emotional screenings on children involved with child welfare in a rural setting. While they found 50% of the screened children required further analysis, they did not find that the presence of a child maltreatment substantiation was statisticlally significant for this measure but were able to deliniate which children were at higher risk for developmental versus socio-emotional delays based on the ways in which they were involve with child welfare. They also found that rural children placed in traditional foster care versus kinship care had higher rates of delay -- possibly because their higher level of needs may make being placed with kin unfeasible. There is also concern that the threshold for removal in rural areas may be higher due to limited resources and increased isolation and, as a result, children who are placed out of the home may represent the population of children with the more significant delays.

The study is also able to discuss the impact a rural setting has on rates of lifetime substance use (higher in rural areas) compared with treatment (lower in rural areas).

Overall, the researchers suggested their findings offered reasoning for a universal screening to be implemented for all children in order to identify needs earlier and provide developmental and mental health services.