

Family Connections Outcomes Report Kids Central, Inc.

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Abstract

The Family Connections program was implemented by two child welfare lead agencies in Florida - Kids Central, Inc. (KCI) and Partnership for Strong Families with the goal of strengthening family functioning and reducing the risk of child neglect and abuse through the Florida Family Connections Collaborative formed by the two agencies in 2013. Family Connections (FC) is a community-based service program that works with families in their homes and communities through the primary activities of advocacy; connection to community resources and services to meet the family's basic needs; therapeutic services including case management, individual and family counseling, and parent education; and crisis intervention, as needed. The FC services consist of weekly home-based meetings with the family by a master's level clinician to provide linkages to resources and services, comprehensive family assessment, outcome-based family planning, tailored strength-based therapeutic interventions, collaborative assessment of goal attainment, planned case closure based on achievement of outcomes and risk level, aftercare planning, and post closure follow up.

The current evaluation study examined the effect of FC services on child safety and permanency. A longitudinal quasi-experimental design with a two-group comparison using propensity score matching was used. The sample consisted of 310 parents who successfully completed the FC program, and 244 child welfare involved parents who did not receive FC services but otherwise were similar to the FC participants. Findings based on three state fiscal year cohorts – 2018-19, 2019-20, and 2020-21 indicated that compared to a group of similar families receiving child welfare services, families who received FC services were significantly less likely to have new allegations of child maltreatment within six and twelve months after completing the FC program, significantly less likely to experience verified maltreatment within six and twelve months, and significantly less likely for the child to be placed in foster care. Additionally, when children were placed in out-of-home care, children of the caregivers who completed the FC program were significantly more likely to achieve permanency within twelve months of the date of removal than children of the caregivers in the comparison group. However, no significant difference was found when reunification within 12 months was assessed. This evaluation study provides overwhelmingly strong support for the effectiveness of the FC program to improve child safety and permanency outcomes for families involved in the child welfare system, including preventing children from being placed in foster care, consistent with the goals of the program and the goals of FFPSA.

Introduction

In February 2018, the Family First Prevention Services Act (FFPSA) was passed into law. The main goals of FFPSA included enhancing supports and services for families so their children remain at home, reducing the use of congregate care, and building the capacity of communities to assist children and families at risk. Under this Act, states can use federal funding if they implement evidence-based programs. These programs and practices have to be determined by the Title IV-E Clearinghouse to be either well-supported, supported, or promising in providing parent skill-building, behavioral health, and other services that effectively prevent out-of-home care placements and expedite permanency in the case of child removal (National Council on State Legislatures, 2022). One of the programs that has been identified as “promising” by the California Evidence-Based Clearinghouse for Child Welfare is the Family Connections (FC) program (CEBC, 2022).

The FC program was originally developed in 1996, and the evaluation of the first demonstration project had shown positive results (DePanfilis, 2009). Since then, the FC program has been implemented and replicated in various states across the United States including California, Florida, Maryland, Michigan, New York, Tennessee, Texas, and West Virginia and various evaluation studies have been conducted assessing the effectiveness and impact of this program.

Previous studies evaluating the FC program have shown positive outcomes ranging from increasing parenting competence and child safety, improving coping skills to decreasing parenting stress and depressive symptoms (DePanfilis, & Dubowitz, 2005; DePanfilis et al., 2009; Filene et al., 2014; Thomas et al., 2003). In addition, evaluation studies indicated that the FC program can be effective in reducing child maltreatment (DePanfilis, Dubowitz, & Kunz, 2008). Although these studies indicated that the FC program had a positive impact and provided important information, the impact of the FC program on child welfare outcomes is less known. The current evaluation aims to address this gap.

Purpose of the Evaluation

In partnership with Action for Child Protection and Casey Family Programs, the University of South Florida, Department of Child and Family Studies research team is conducting an evaluation of the Family Connections program that was implemented by Kids Central, Inc. (KCI) - a child welfare community-based care lead agency in Florida. The purpose of the evaluation is to examine outcomes for child welfare involved families who participated in the FC program between fiscal years 2018-2021 and compare these outcomes for families who did not receive

FC program services. In addition, the study provides a description of the FC program as it was implemented by Kids Central, Inc. (KCI). This evaluation of the FC program in Florida also aims to provide further support for the FC program as an evidence base intervention following the guidelines of the Title IV-E Prevention Services Clearinghouse eligibility criteria (Wilson et al., 2019). This report includes an evaluation of the KCI FC program. A subsequent report, to be completed next year (2024), will include analyses and findings of both the KCI and PSF programs.

Program Description

Family Connections (FC) is a community-based prevention program for families with children who are at-risk for child maltreatment with the intent to increase protective factors, help families meet their basic needs, and reduce the risk of child abuse and neglect. In Florida, the Family Connections Collaborative was formed in 2013 by the Partnership for Strong Families (PSF) and Kids Central, Inc. (KCI) to serve families in North Florida by implementing the FC program (Partnership for Strong Families, 2014). Families eligible for the program have children from birth to 17 years old, are involved with the child welfare system, have been classified by the Family Functioning Assessment to be “safe” in the home with a risk assessment that is rated as “high” or “very high”, and are willing to voluntarily participate in the program. In addition, the family must meet a minimum of two risk factor criteria of the parent or child that impact the adequacy of the care of the child and presents a risk of maltreatment in the future. These factors include unemployment, mental health problems, alcohol or substance use problem, a serious health challenge, a physical, developmental, or learning disability, and being a teen parent. Referrals to the program are made directly from child protective investigations to the agency’s family preservation supervisor or designee and is processed by the family preservation specialist or designee who determines if the referral is accepted into the program and if so the level of risk (Kids Central, Inc., 2019)

The FC program followed nine practice principles including: (1) community outreach, (2) individualized family assessment, (3) tailored interventions, (4) helping alliance, (5) empowerment approaches, (6) strengths perspective, (7) cultural competence, (8) developmental appropriateness, and (9) outcome-driven service plans (Kids Central, Inc. 2014). These practice principles are consistent with the core components as outlined by the FC model which are: intake and screening; outreach and engagement; concrete/emergency needs assessment and services to meet basic needs; comprehensive family assessment using standardized clinical assessment instruments; outcome driven family plans with SMART goals;

minimum of one hour per week change focused interventions; advocacy and service facilitation; multi-family activities (optional); family plan evaluation at least every 90 days; and case closure and aftercare planning (Action for Child Protection, 2019; Kids Central, Inc. 2014).

The FC programs carry out these core components through three main activities: advocacy; connecting families to resources and services within their communities; therapeutic services including case management, individual and family counseling, and parent education; and crisis intervention. FC services are provided by master's level clinicians with families in their homes and in their communities on a once per week basis. Typically, services are provided for four months (120 days), and cases cannot remain open for more than five months without approval by the program director. The readiness for successful case closure is determined through the collaborative, comprehensive family assessment and reassessment process utilizing the Family Assessment Form framework (Children's Bureau of Southern California, 1997).

Fidelity criteria are as follows: (a) face to face contact is made by the assigned FC specialist within one day of the screening that determines program eligibility; (b) most services are provided in the home, meeting families where they live; (c) emergency/concrete services are provided as needed on an ongoing basis; (d) family assessments are completed within 30 days of the initial visit; (e) family plans are outcomes driven, strength-based and completed within 15 days of the assessment; (f) therapeutic interventions are matched with the family assessment and plans and built on motivational interviewing techniques; (g) case closure is based on reassessment, level of risk, and goal achievement discussed with the family; (h) the aftercare plan before closure includes referrals, follow up by the FC specialist, contact information for supports, outcomes achieved, and plans for continuing progress; (i) and post closure contact is made at 30 days to ensure gains are maintained, reinforce accomplishments, and provide additional referrals as needed.

Methods

Evaluation Questions

1. What is the proportion of child maltreatment re-reports within six months of the FC completion for caregivers who received FC intervention and within six months of the initial report during a specific fiscal year for the individuals who were in the comparison group?
2. What is the proportion of child maltreatment re-reports within 12 months of the FC completion for caregivers who received FC intervention and within 12 months of the

initial report during a specific fiscal year for the individuals who were in the comparison group?

3. What is the number and proportion of caregivers whose children experienced verified maltreatment within six months of their caregivers' completion of the FC program and within six months of the first report if maltreatment was verified for the individuals in the comparison group?
4. What is the number and proportion of caregivers whose children experienced verified maltreatment within 12 months of their caregivers' completion of the FC program and within 12 months of the first report if maltreatment was verified for the individuals in the comparison group?
5. What is the number and proportion of caregivers whose children were removed and placed in out-of-home care after FC completion compared to those whose caregivers did not receive FC intervention?
6. What is the number and proportion of children who achieved permanency, including reunification within 12 months of FC completion, compared to those whose caregivers did not receive FC intervention?
7. What is the number and proportion of children who were reunified within 12 months of FC completion compared to those whose caregivers did not receive FC intervention?

Population of Focus/Sample

A clearly identified population was selected for this study. The proposed study focused on families receiving services by Kids Central, Inc. (KCI) located in Citrus, Hernando, Marion, Lake, and Sumter Counties. These families were involved with the child welfare services after a child protection investigation (CPI) was completed. Specifically, participants in Family Connections (FC) are the caregivers who were identified as alleged perpetrators on at least one CPI report between fiscal year 2018 and fiscal year 2021, who participated in any evidence-based services during this time and who were located in the geographic areas served by KCI. The caregivers in the comparison groups included those who did not receive the FC program.

Evaluation Design

The evaluation examined outcomes among child welfare-involved caregivers who were referred to the FC program and those who received services as usual. This evaluation study utilized a longitudinal quasi-experimental design with a two-group comparison. The two groups included the intervention group (i.e., FC) and the comparison group (i.e., child welfare involved

caregivers who did not receive the FC intervention). FC participants were matched to those in the comparison group using propensity score matching, which was also used to control for initial differences across multiple background characteristics and baseline variables (Rosenbaum & Rubin, 1984). Specifically, the propensity score technique is used to achieve group equivalence when participants are initially assigned to different conditions, as well as in observational studies when individuals cannot be randomly assigned to different conditions to approximate a random experiment. Propensity score matching was utilized for several reasons: (a) randomization was not possible because intervention was implemented for all qualified individuals, (b) participants in the FC intervention substantially differ from other child welfare involved parents on a number of characteristics, and (c) the need to have an equivalent comparison group to adequately assess examined outcomes.

Logistic regression was used to calculate the propensity score and obtain the predicted probability of being in the intervention group (Rosenbaum & Rubin, 1984). The result of this calculation is an estimated probability of being in the intervention group (i.e., FC) for each caregiver in the database. The calculation of the propensity score included all available caregiver demographic characteristics, domestic violence history, caregiver substance abuse issues, county where maltreatment occurred, and the type of maltreatment. After the propensity score was calculated, cases were matched using the nearest neighbor technique, in which the propensity score in the comparison group closest to the propensity score in the intervention group (i.e., FC) was selected (Dehejia & Wahba, 2002). After matching was completed, the intervention and the comparison groups were checked for balance on all caregiver characteristics included in the calculation of the propensity score. No significant differences between groups were found when the groups were examined on each of the covariates (i.e., caregiver characteristics already mentioned) included in the propensity score. Study participants were followed up for at least 12 months or until June 30, 2022, in case the event did not occur (i.e., censored observations). A one-year follow-up period begins on the date of the FC completion for the intervention group or on the date of the initial CPS report for the comparison group. Three successive cohorts were examined, including cases investigated during state fiscal years 2018-19, 2019-20, and 2020-21.

Data Sources

The two primary sources of data were the Family Connections (FC) database, and the Florida Safe Families Network (FSFN). The data in the FC database included: participants' FC start and end dates; child maltreatment report number, number of children in the family, reason for closing the case, and the completion status. Data from FSFN included: child maltreatment

reports, caregiver and child demographic information, results of child protective investigations, dates of children's entry into out-of-home care, dates of discharge, and reasons for discharge.

Predictor Variables

The predictor variables or covariates included the parent's demographic characteristics and participation in the FC program. The following were included:

Participation in the FC program. Participation in the FC program was defined as a person's completion of the program with a successful discharge. If a person was enrolled in the FC program but did not successfully complete the treatment or disengaged from treatment, these participants were dropped from the analyses.

Parental demographic characteristics. Demographic characteristics included gender, age at the time of the child maltreatment report was received, and race/ethnicity. Gender consisted of two categories – male and female. Age was a continuous variable measured at the time of enrollment in the FC program for FC participants. For the comparison group, age was measured at the time when the first maltreatment report within a specific fiscal year was received. Because of small numbers in certain racial groups, the following race/ethnicity categories were used: White, Black, Hispanic, and Other.

Maltreatment type allegations. Five types of maltreatment were recorded in this study: (a) sexual abuse, (b) physical abuse, (c) neglect, (d) emotional abuse, and (e) threatened harm. Chapter 39 of the Florida Statutes (41) defines abuse as any willful or threatened act that results in any physical, mental, sexual injury, or harm that causes or is likely to cause significant impairment in the child's physical, mental, or emotional health. Neglect is defined as living in an environment or under circumstances, in which the lack of necessary food, clothing, shelter, or medical treatment occurs to the extent that the child is placed in danger of significant impairment to her or his physical, mental, or emotional health. Finally, threatened harm is defined as a behavior that is not accidental and is likely to result in harm to the child, such as domestic violence or parental substance misuse. To indicate whether a caregiver was investigated for a specific maltreatment type a dichotomized variable was created (0 = no presence of specific maltreatment; 1 = presence of specific maltreatment). Only one primary maltreatment type was selected.

Findings of child protection investigation. A dichotomized variable was created to indicate whether maltreatment was verified as a result of the child protection investigation (1 = yes or 0 = no finding of maltreatment or maltreatment was not substantiated).

Parental history of substance abuse problems. A dichotomized variable was constructed to indicate whether the child's caregiver(s) had substance abuse problems (1 = *yes*) or not (coded as 0).

Domestic violence in the family. A dichotomized variable was constructed to indicate the presence of domestic violence problems in the family (1 = *yes*) or not (coded as 0).

Completion of FC status. Only participants who successfully completed the FC program were included in the analyses.

Measures (Outcomes)

Several safety and permanency indicators were calculated and examined, including rates of repeated child maltreatment reports, rates of recurrence of verified maltreatment, removal rates, permanency, and reunification rates. Timeframes for child safety and permanency outcomes were selected and based on the CFSR national data indicators (U.S. DHHS, 2022).

Child maltreatment re-reports within six months. This indicator was based on entry cohorts, that is, all children who were brought in contact with the child welfare system and subsequently investigated for alleged child maltreatment. For the FC group, child maltreatment re-report was defined as a subsequent investigated child maltreatment report within six months after completion of the FC program, regardless of the disposition. For the comparison group, child maltreatment re-report was defined as a second investigated child maltreatment report within six months of the initial report within a specific fiscal year regardless of the disposition.

Child maltreatment re-reports within 12 months. This indicator was based on entry cohorts, that is, all parents who were reported and subsequently investigated for alleged child maltreatment. For the FC group, child maltreatment re-report was defined as a subsequent investigated child maltreatment report within 12 months after completion of the FC program, regardless of the disposition. For the comparison group, child maltreatment re-report was defined as a second investigated child maltreatment report within 12 months of the initial report regardless of the disposition.

Recurrence of verified child maltreatment within six months. This indicator was based on entry cohorts, that is, all parents who were reported, subsequently investigated for alleged child maltreatment, and as a result of the child protection investigation, child maltreatment was found verified, that is evidence sustained a finding that a child was a victim of maltreatment, as defined by the state law. For the FC group, recurrence of maltreatment was defined as a subsequent verified child maltreatment report within six months after completion of the FC program. For the comparison group, recurrence of maltreatment was defined as a second incident of verified maltreatment within six months of a child's first maltreatment incident. Only

children with “verified” maltreatment (i.e., when the protective investigation resulted in a verified finding of abuse, neglect, or threatened harm) were included in the analysis. The first and second episodes of maltreatment were selected based on the dates the reports of child maltreatment were received.

Recurrence of verified child maltreatment within 12 months. This indicator was based on entry cohorts, that is, all parents who were reported, subsequently investigated for alleged child maltreatment, and as a result of the child protection investigation, child maltreatment was found verified. For the FC group, recurrence of maltreatment was defined as a subsequent verified child maltreatment report within 12 months after completion of the FC program. For the comparison group, recurrence of maltreatment was defined as a second incident of verified maltreatment within 12 months of a child’s first maltreatment incident. Only children with “verified” maltreatment (i.e., when the protective investigation resulted in a verified finding of abuse, neglect, or threatened harm) were included in the analysis. The first and second episodes of maltreatment were selected based on the dates the reports of child maltreatment were received.

Placement in out-of-home care. The number and proportion of children who were removed from their primary caregiver(s) and were placed into out-of-home care after their involvement with the child welfare system. This indicator was based on the cohort of children whose caregivers successfully completed the FC program or who were investigated for child maltreatment. Placement in out-of-home care was defined as removal of the child from their original caregivers and placement in out-of-home care following either completion of the FC program for the participants in the intervention group or following child protection investigation for the participants in the comparison group.

Permanency. The number and proportion of all children exiting out-of-home care for permanency reasons within 12 months of the latest removal. This measure is based on an entry cohort, that is, all children who were placed in out-of-home care during a specific fiscal year as indicated by the “removal date” in FSFN. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by a *Discharge Date* in FSFN and achieved permanency. Permanency is defined as discharge from out-of-home care to a permanent home for the following reasons as indicated in FSFN: (a) reunification, that is, the return of a child who has been removed to the removal parent or other primary caretaker, (b) permanent guardianship (i.e., long-term custody or guardianship) with a relative or non-relative, and (c) adoption finalized, that is, when the Court enters the verbal order finalizing the adoption.

Reunification with Original Caregivers. This measure is a subset of the permanency measure described above and based on an entry cohort. An entry cohort is defined as all children who were placed in out-of-home care during a given fiscal year and it is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSFN. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by a *Discharge Date* in FSFN and achieved reunification, that is, the return of a child who has been removed to the original caregiver or other primary caretaker. Reunification is identified based on one of the reasons for discharge as indicated in FSFN.

Data Analysis

The evaluation used various analytical techniques, including descriptive and inferential statistics. First, descriptive statistics were used to detect data input errors, outliers, missing data patterns, and describe the distribution for each measured variable. Second, a chi-square test was used to compare the proportions of caregivers in the intervention and the comparison groups whose children were removed. Third, Cox regression, also known as proportional hazards modeling (Cox, 1972), was used to examine time to exit from out-of-home care, time to child maltreatment re-report, and time to recurrence of maltreatment. Cox regression is a type of event history analysis that is used extensively in outcomes research because of its ability to simultaneously examine both the risk of an event occurring and potential deferential effects related to the timing of that event (Cox, 1972). The major advantage of using Cox proportional hazards modeling in this study is that it utilizes information about parents who experienced an event (e.g., recurrence of maltreatment) and those who did not experience the event of interest or did not have another child maltreatment report (i.e., censored observations). To facilitate model interpretation, odds ratios were used to index the magnitude of the effect of each predictor on time to the event of interest.

Study Findings

A total of 454 caregivers who were enrolled in the FC program received services associated with the FC intervention during fiscal years 2018-19, 2019-20 and 2020-21. Of these participants, 310 (68 percent) successfully completed the FC program. The comparison group was created by using the propensity score method. Cases for potential matching included all caregivers who were involved in the Florida child welfare system as alleged perpetrators during state fiscal years 2018-19, 2019-20, and 2020-21 ($n = 319,984$). As a result of propensity score

matching, 244 child welfare involved parents who did not receive FC services, but otherwise were similar to the FC participants, were selected for the comparison group.

Descriptive statistics were used to examine the obtained sample and compare caregiver/case characteristics for both groups. Table 1 presents the frequency distributions and the results of statistical comparisons including effect sizes for each variable after matching. As shown in Table 1, the majority of the study sample were females and approximately one third were White. The average age of the participants was 34 years.

The distribution of other parent or guardian/case characteristics at the time they were either enrolled in the FC program or became involved with the child welfare system for the first time during a specific fiscal year are also presented in Table 1. A substantial proportion of the children (46.2 percent in the intervention group and 46.3 percent in the comparison group) had parents who were investigated by the child protection system for neglect. Approximately 30 percent of the parents/caregivers in each group had a history of domestic violence and had substance misuse issues. Smaller proportions of parents/caregivers were investigated for sexual abuse, emotional abuse, or threatened harm.

Table 1

Descriptive Statistics for Family Connections and Comparison Samples at Baseline After Propensity Score Matching

Baseline Characteristic ^a	Family Connections			Comparison Group			Effect Size ^b	Phi (φ)
	<i>n</i>	%	<i>M (SD)</i>	<i>n</i>	%	<i>M (SD)</i>		
Age (in years)	96		34.25 (9.51)	235		34.10 (10.77)	0.02*	
Females	224	88.9		216	88.5			0.01
Race								
White	75	29.8		75	30.7			0.01
Black	15	6.0		15	6.1			0.04
Hispanic	7	2.8		7	2.9			0.03
Type of child maltreatment								
Sexual abuse	5	2.0		12	4.9			0.08
Physical abuse	63	25.5		63	25.8			0.004
Neglect	114	46.2		113	46.3			0.002
Emotional abuse	11	4.5		8	3.3			0.03
Domestic violence	74	30.0		71	29.1			0.01
Threatened harm	27	10.9		27	11.1			0.002
Parental substance misuse	75	30.4		75	30.7			0.004

Note. ^aCounty was included as one of the baseline characteristics but was omitted from this table for purposes of legibility. ^bCohen *d*.

**p* < .05.

Child maltreatment re-reports within six months. Approximately three percent of caregivers in the FC intervention group were reported for alleged child maltreatment within six months after the completion of the FC program. For those caregivers in the comparison group, approximately 15 percent were reported for alleged child maltreatment for the second time within six months of the initial child maltreatment report (see Table 2). Cox regression analysis was conducted to examine the effect of receiving FC services on the rates of child maltreatment re-reports within six months of completing the FC program. The results indicated that there was a statistically significant difference (see Table A.1, Appendix A). Caregivers who received the FC intervention were significantly less likely to have a subsequent child maltreatment report within six months (i.e., 3 percent) compared to their counterparts in the comparison group (i.e. 15 percent). In particular, caregivers who received FC services were over five times (OR = 0.19, $p < .01$) less likely to be reported a second time within six months after completing the FC program.

Table 2

Rates of Child Maltreatment Re-reports within 6 and 12 Months for the Participants in the Family Connection Intervention and the Comparison Group

Measure	Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Maltreatment re-reports within 6 months	7	2.8	36	14.8
Maltreatment re-reports within 12 months	11	4.4	52	21.3

Note. Family Connections ($n = 252$); Comparison group ($n = 244$).

Child maltreatment re-reports within 12 months. Approximately four percent of caregivers in the FC intervention group were reported for alleged child maltreatment within 12 months after the completion of the FC program. For those caregivers in the comparison group, approximately 21 percent were reported for alleged child maltreatment for the second time within 12 months of the initial child maltreatment report (see Table 2). Cox regression analysis was conducted to examine the effect of receiving FC services on the rates of child maltreatment re-reports within 12 months of completing the FC program. The results indicated that there was a statistically significant difference between groups (see Table A.2, Appendix A). Caregivers who received the FC intervention were significantly less likely to have a subsequent child maltreatment report 12 months compared to their counterparts in the comparison group. In

particular, parents/guardians who received FC services were five times (OR = 0.20, $p < .01$) less likely to be reported a second time within 12 months after completing the FC program.

Recurrence of verified child maltreatment within six months. Approximately one percent of caregivers in the FC intervention group experienced recurrence of verified child maltreatment within six months after completion of the FC intervention. For those parents/guardians in the comparison group, approximately seven percent experienced recurrence of verified child maltreatment within six months of the initial child incident (see Table 3). When the effect of receiving FC services on recurrence of verified maltreatment within six months was examined, the results of the Cox regression analysis indicated a statistically significant difference between the groups (see Table A.3, Appendix A). Specifically, participants who received FC services were over eight times less likely (OR = 0.12, $p = < .01$) to experience recurrence of verified child maltreatment within six months after the completion of the FC intervention compared to their counterparts who did not receive FC services.

Table 3

Rates of Verified Child Maltreatment Recurrence Within 6 and 12 Months for the Participants in the Family Connection Intervention and the Comparison Group

Measure	Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child maltreatment recurrence within 6 months	2	0.8	16	6.6
Child maltreatment recurrence within 12 months	4	1.6	25	10.2

Note. Family Connections ($n = 252$); Comparison group ($n = 244$).

Recurrence of verified child maltreatment within 12 months. Approximately two percent of caregivers in the FC intervention group experienced recurrence of verified child maltreatment within 12 months after completion of the FC intervention. For those caregivers in the comparison group, approximately 10 percent experienced recurrence of verified child maltreatment within 12 months of the initial child incident (see Table 3). When the effect of receiving FC services on recurrence of verified maltreatment within 12 months was examined, the results of the Cox regression analysis indicated a statistically significant difference between the groups (see Table A.4, Appendix A). Specifically, participants who received FC services were over six and a half times less likely (OR = 0.15, $p = < .01$) to experience recurrence of verified child maltreatment

within 12 months after the completion of the FC intervention compared to their counterparts who did not receive FC services.

Placement in out-of-home care. The participants in the FC program were compared to their counterparts on the rates of child removal and placement of children in out-of-home care. As shown in Table 4, only 7 percent of caregivers who completed the FC program had their children removed and placed in out-of-home care. In contrast, 29 percent of caregivers who did not participate in the FC program had their children removed and placed in out-of-home care. The results of a chi-square test that examined the relation between group membership and the rate of placement, indicated a statistically significant difference between the groups ($\chi^2(1, N = 496) = 40.59, p < .001$). This means that participants in the comparison group were more likely to be placed in out-of-home care than participants in the FC group. Cramer's $V = 0.286$ indicated a medium effect size.

Table 4

Rates of Removal of the Child and Placement in Out-of- Home Care for the Participants in the Family Connection Intervention and the Comparison Group

Measure	Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child removal	18	7.1	71	29.1

Note. Family Connections ($n = 252$); Comparison group ($n = 244$).

Permanency. When the proportions of children who achieved permanency in the FC group and the comparison group were compared, a significantly larger proportion of the caregivers who successfully completed the FC program had their children achieve permanency. Specifically, one third of caregivers who successfully completed the FC intervention had their children achieve permanency within 12 months of program completion. In contrast, only 14 percent of caregivers who did not participate in the FC program had their children placed in a permanent home (see Table 5). The results of Cox regression analysis (see Table A.5, Appendix A) indicated that children of caregivers in the intervention group were over two times more likely to achieve permanency compared to those who did not participate in the FC program ($OR = 2.21, p < .05$).

Table 5

Proportion of Children Who Achieved Permanency for Family Connections Participants and the Comparison Group within 12 Months

Measure	Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Exit from out-of-home care for permanency reasons	6	33.3	9	14.3

Note. Family Connections (*n* = 18); Comparison group (*n* = 63).

Reunification with original caregiver. When the proportions of reunified children between the FC group and the comparison group were compared, no significant difference was observed. There was 22.2 percent of children who achieved timely reunification whose caregivers completed the FC intervention. There was a much lower proportion (7.6 percent) of children who achieved timely reunification whose caregivers did not receive such intervention (see Table 6), but the difference was not statistically significant. Results of Cox regression analyses demonstrated that there was no significant effect of FC services on reunification within 12 months of the latest removal (see Tables A.6, Appendix A).

Table 6

Proportion of Children Who Were Reunified with Their Original Caregivers for Family Connections Participants and the Comparison Group

Measure	Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Exit from out-of-home care for reunification reason	4	22.2	5	7.6

Note. Family Connections (*n* = 18); Comparison group (*n* = 66).

Discussion of the Study Analysis

The results of the FC program indicate a significantly positive impact on safety and permanency outcomes of children and families involved in the child welfare system who completed the FC program. Based on three successive cohorts of families with cases investigated during state fiscal years 2018-19, 2019-20, and 2020-21, families who completed the FC program were significantly less likely to have a subsequent child maltreatment report

within six months and within 12 months of completing the program when compared with families who did not receive FC services and had a subsequent report after the initial maltreatment report. Specifically, caregivers who received FC services were over five times less likely to be reported a second time within six months and within 12 months after completing the FC program. Consistent with these findings, families who received FC services were over eight times less likely to experience recurrence of verified child maltreatment within six months after completing the program and over six and a half times less likely to experience recurrence of verified child maltreatment within 12 months compared to families who did not receive FC services. Relevant to the program's mission of family preservation and prevention of foster care placement, children of families who received FC services were significantly less likely to be placed in out-of-home care than participants in the comparison group with only 7 percent of caregivers who completed the FC program experiencing removal into out-of-home care, compared to 29 percent of families who did not participate in the FC program. When children did experience out-of-home placement, those in the FC group were over two times more likely to achieve permanency compared to those who did not participate in the FC program. An examination of reunification with the original caregiver specifically, a higher proportion of children in the FC group were reunified with their original caregiver than in the comparison group, however, the difference was not statistically significant. This is likely due to extremely small numbers of children who were identified as those who experienced this outcome.

Study limitations. The evaluation study had some limitations. First, the study relied on administrative data. Therefore, validity of the records is limited by the quality and consistency of the data entry across case managers. Second, a quasi-experimental design was utilized. Although this type of design allows for controlling a great number of caregiver characteristics, it did not enable control of unobservable characteristics (i.e., any characteristics for which information is not available) that potentially can affect the outcomes, as an experimental design with random assignment to the intervention and the comparison group could have done. Third, not all caregivers identified as receiving FC services could be found in the FSN database and therefore, information about these caregivers' outcomes was not available. Finally, since the evaluation was conducted only in Florida, findings from this study may not be generalizable beyond these counties due to their unique characteristics and the Florida service delivery system ecology.

Conclusions. This study provides strong support for the effectiveness of the FC program to improve child safety and permanency outcomes for families involved in the child welfare system,

including preventing children from being placed in foster care, consistent with the goals of the program and the broad goals of FFPSA.

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Appendix: Cox Regression Results

Table A.1

Cox Regression Results. The Effect of Family Connections (FC) Intervention on Child Maltreatment Re-Reports Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
FC	-1.64	15.79*	.19	.09	.44

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.2

Cox Regression Results. The Effect of Family Connections (FC) Intervention on Child Maltreatment Re-Reports Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
FC	-1.59	22.95*	.20	.11	.39

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.3

Cox Regression Results. The Effect of Family Connections (FC) on Recurrence of Verified Child Maltreatment Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
FC	-2.09	7.75*	.12	.03	.54

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.4

Cox Regression Results. The Effect of Family Connections (FC) on Recurrence of Verified Child Maltreatment Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
FC	-1.88	12.17*	.15	.05	.44

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.5

Cox Regression Results. The Effect of Family Connections Program (FC) on Permanency Outcomes Within 12 months of the Latest Removal

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
FC	0.79	5.66*	2.21	1.15	4.26

Note. $N = 81$. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.6

Cox Regression Results. The Effect of Family Connections Program (FC) on Reunification with Original Caregiver Within 12 months of the Latest Removal

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
FC	1.02	2.32	2.78	.75	10.38

Note. $N = 56$. LL = lower limit; UL = upper limit.

* $p < .05$.