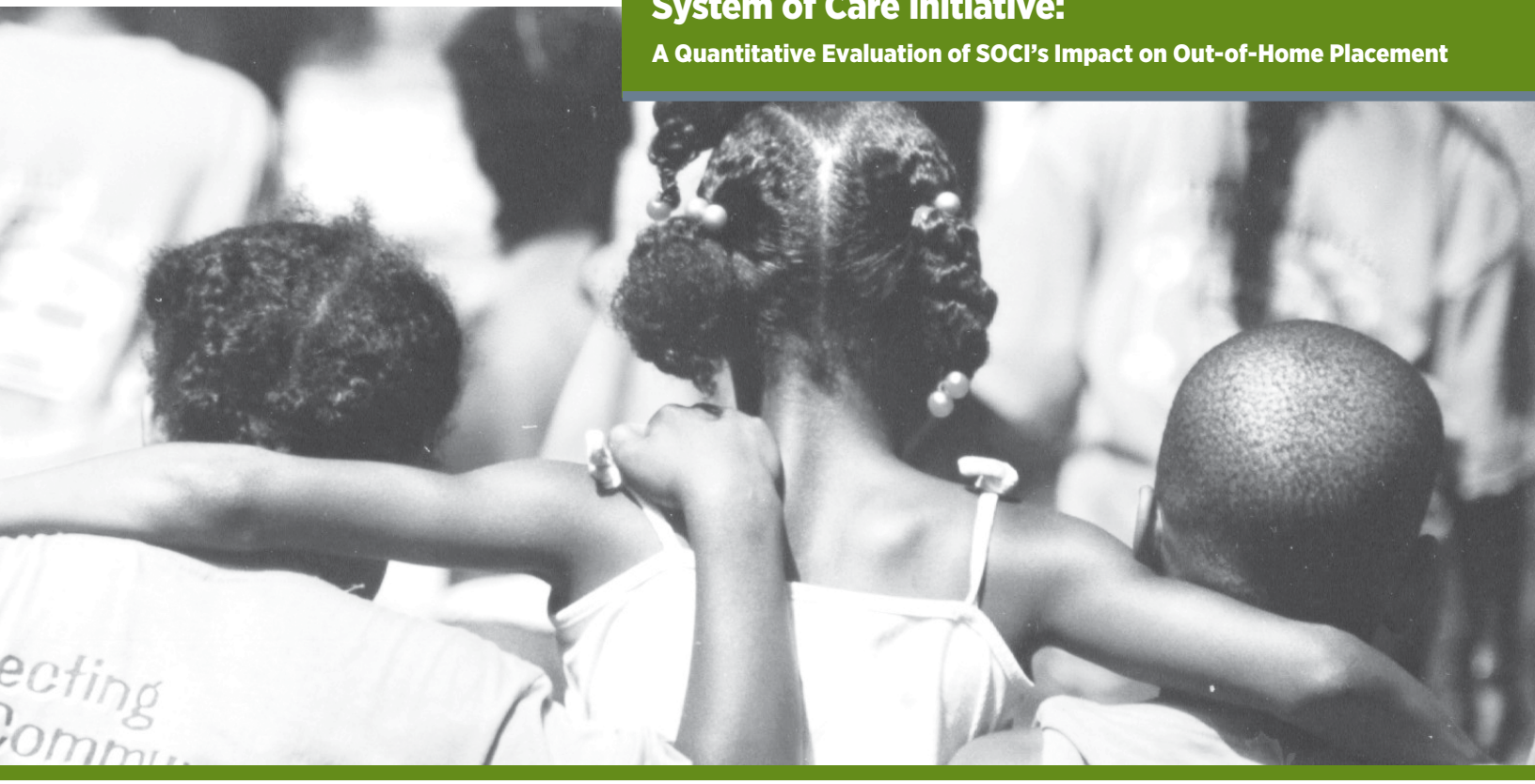
Assessing Allegheny County's System of Care Initiative:

A Quantitative Evaluation of SOCI's Impact on Out-of-Home Placement



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The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, intervention, crisis management and after-care services.

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ACRONYMS

CANS	Child and Adolescent Needs and Strengths Assessment
CCF	Community Connections for Families
DHS	Allegheny County Department of Human Services
PYT	Partnerships for Youth Transition
RFP	Request for Proposal
SET	Starting Early Together
SOCI	System of Care Initiative

EXECUTIVE SUMMARY

Background

From 1998 through spring 2011, the Allegheny County Department of Human Services (DHS) received three federal grants targeting children and youth with serious emotional disturbances who were also involved in at least one other child-serving system. These grants supported the three components of the System of Care Initiative (SOCI): Community Connections for Families (CCF), Partnerships for Youth Transition (PYT), and Starting Early Together (SET). Designed to improve the functioning of these children and youth and their families, the programs were planned to improve the coordination and integration of services across systems and to empower families through information, education and the ability to make choices related to their families.

Although SOCI is no longer in existence, its program model and related values influenced subsequent program development and service integration activities. To determine whether SOCI had an impact on placement outcomes, Chapin Hall at the University of Chicago was commissioned to evaluate its effectiveness.

Evaluation Approach

The evaluation looked at 1,505 children under the age of 18 who were referred to SOCI from December 14, 1999, through December 21, 2009. Of these children, 1,285 were screened for eligibility and 942 were deemed eligible. Of those deemed eligible, 806 ultimately enrolled in one of the three SOCI programs and 136 did not.

Of the 806 enrollees, 76 percent enrolled before any out-of-home placement had occurred, five percent enrolled during an out-of-home placement, and the remaining 18 percent enrolled after ending a placement spell. For those enrolled before an initial placement, placement prevention was a reasonable program expectation. For those enrolled during a placement, the program could be expected to increase placement stability, placement in a family setting, or permanency. For those enrolled following an initial placement spell, we assumed a goal of preventing re-entry into out-of-home care.

Analysis

Although those enrolled in SOCI were slightly more likely to have a future out-of-home placement than those who did not enroll, controlling for observable characteristics suggests that SOCI had no overall effect on the likelihood of future placement. While teens and boys were more likely to be placed, this was true regardless of enrollment status. The evaluation also looked at the timing of subsequent placement; of the 138 children who were eventually placed, nearly two-thirds of those in both the enrolled and the not-enrolled groups were not placed for at least two years after the initial screening. No inference is made from these data.

Looking at the group of children already in a placement spell when referred to SOCI, no discernible pattern emerged about the length of time prior to referral; times ranged from one day to more than five years. Almost two-thirds of the children referred to SOCI after ending an initial placement spell were not referred until more than two years after the end of that placement spell. Again, no inference is made from these data.

Conclusions and Recommendations

Because most of the children and youth in the evaluation were referred to SOCI prior to entry into out-of-home placement, the primary focus of the analysis was on placement prevention. However, this was not the only intended program outcome. In addition, the size of the control group did not allow for conclusions about the efficacy of the intervention. Nevertheless, the evaluators were able to make some general observations and inferences about the impact of SOCI.

1. SOCI did not have a statistically discernible effect on the risk of entering placement. However, the intervention handled children who had challenging mental health needs. Placement outcomes for such children may be harder to shift.
2. Because the number of children targeted by SOCI was small, its ability to make a significant contribution to placement prevention would be limited even if it was successful in preventing placement for all enrolled children.
3. Infants are becoming a larger share of children entering care, yet SOCI's population was almost exclusively older. Future interventions designed to reduce placement might take this into consideration and target this younger, growing population.

4. Because most of the children were enrolled in SOCI prior to any out-of-home placement, followed by the group of children enrolled after completing an out-of-home placement, the intervention appeared to primarily address prevention of placement and re-entry. In order to address issues of stability and permanency, future interventions might consider focusing on children who are currently in out-of-home care.

BACKGROUND

From 1998 through spring 2011, the Allegheny County Department of Human Services (DHS) received three federal grants targeting children and youth with serious emotional disturbances who were also involved in at least one other child-serving system. These grants and the programs they funded had three goals. They sought to improve functioning of children, youth and families at home and in the community. They also sought to improve coordination and service integration by overcoming service fragmentation. Finally, they sought to empower families by providing information, education and choice.

Known collectively as the System of Care Initiative (SOCI) in Allegheny County, the grants from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services funded three programs: Community Connections for Families (CCF), Partnerships for Youth Transition (PYT), and Starting Early Together (SET).

Community Connections for Families, launched in 1998, targeted children six through 17 years of age in five neighborhoods — East Liberty, the Hill District, McKeesport, Sto-Rox and Wilkinsburg — with high levels of crime, poverty, substance abuse and/or other social risks. These communities were also chosen because each had a family support center and collaborative partners that emphasized strength-based, family-focused supports. Child welfare offices were located in three of the five communities, and the collaborating agencies in each community had relationships with local social or recreational organizations (such as the YMCA or the Boys & Girls Clubs). An office in each neighborhood provided service coordination for children with (1) serious emotional disturbances and (2) involvement in the child welfare, juvenile justice or education systems. Because nearly all children are enrolled in school, virtually any age-eligible child in the mental health system was eligible for this program.

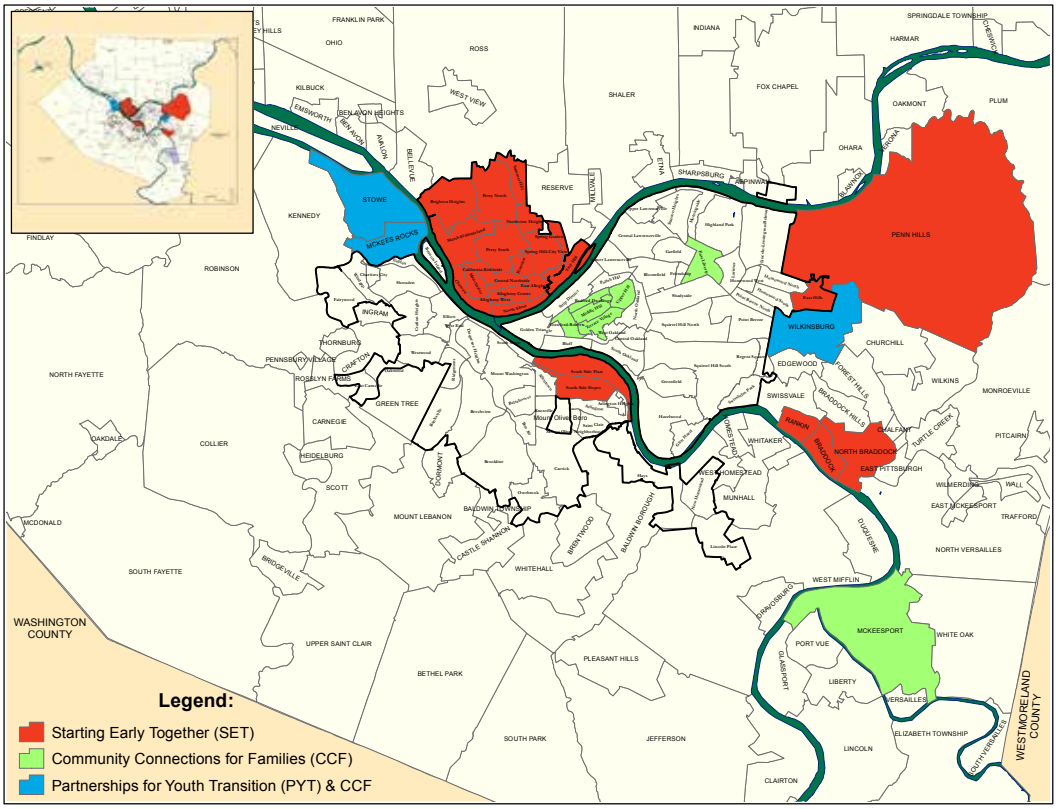
Partnerships for Youth Transition, launched in 2002, targeted youth 14 through 25 years of age in two CCF neighborhoods, Sto-Rox and Wilkinsburg. PYT providers were selected through a Request for Proposals (RFP) process. A stakeholder review panel, along with an independent facilitator, interviewed, reviewed and scored submitted proposals. PYT served youth involved in the mental health system and one other system (education, child welfare, juvenile justice, criminal justice, homelessness or intellectual disabilities).

Starting Early Together, launched in 2005, targeted children from birth through six years of age in four neighborhoods, with similar characteristics to CCF and PYT communities, not included in the other SOCI grants — East Hills/Penn Hills, the Northside, South Pittsburgh

and Tri-Boro (the communities of Braddock, North Braddock and Rankin). SET providers were selected through an RFP process similar to that for PYT. SET served children with a mental health diagnosis and involvement in at least one other system (e.g., Head Start or child care).

Figure 1 shows the areas in which these programs were implemented.

FIGURE 1: **Neighborhood Location of SOCI Programs**



Federal funding ended in 2003 for CCF and in 2006 for PYT, but local funding helped maintain both of these programs until 2009. SET funding ended in 2011.

While seeking to improve the functioning of youth and their families through more coordinated services and family empowerment, these programs had an ultimate goal of helping each client and family to arrive at the point at which they would no longer require the intensive level of service coordination. Clients and families that reached that point left the program, a process referred to as disenrollment. After SOCI program disenrollment, staff contacted families to monitor and assist as necessary. Some disenrolled because they had successfully achieved all of the goals in the SOCI plan. Others disenrolled because they moved from a participating neighborhood. Still others were programmatically disenrolled after at least three attempts at re-engagement.

SOCI PARTICIPANTS

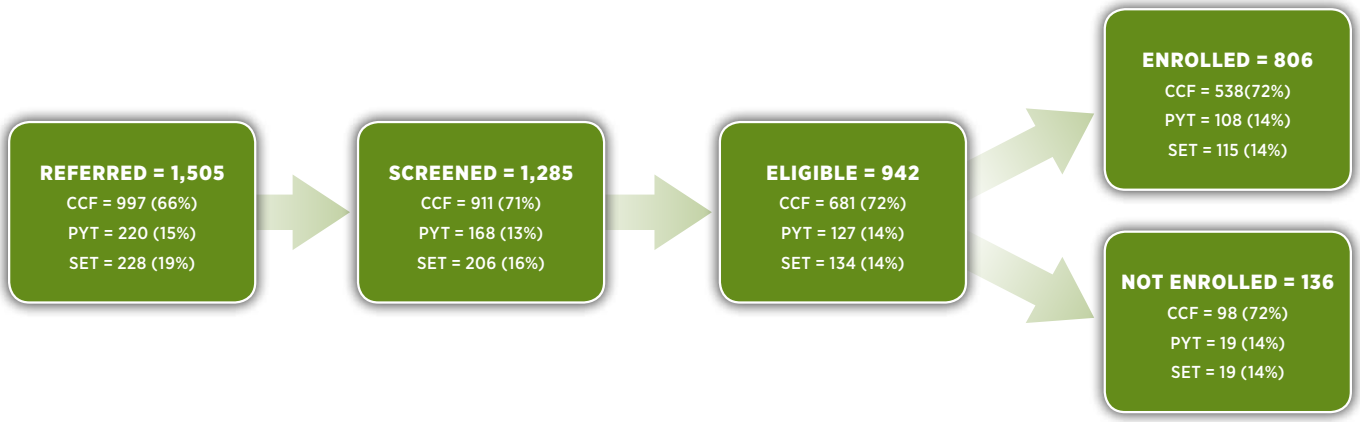
Clients were referred to a SOCI program by a service provider (e.g., school or juvenile probation officer) or by self-referral (e.g., a family having trouble with a child's behavior might self-refer).

After a child was referred, eligibility was determined based on the applicable enrollment criteria and the results of a standardized assessment. SOCI used a subset of questions from the Child and Adolescent Needs and Strengths (CANS) Assessment to determine eligibility. If a determination of eligibility was made, a full CANS Assessment was administered to support service planning.

From December 14, 1999, shortly after CCF began, through December 21, 2009, 1,505 children under the age of 18 were referred to SOCI programs.[1] **Figure 2** shows that of these children, 1,285 were screened for eligibility and 942 were deemed eligible. Of those deemed eligible, 806 ultimately enrolled in one of the three SOCI programs and 136 did not.

[1] Ten percent of children were referred more than once. Of those, seven percent enrolled a second or third time. Over time, children could be referred to multiple programs; e.g., a child initially referred to CCF might later be referred to PYT.

FIGURE 2: **Flow of Children through the SOCI Administrative Process**



EVALUATION APPROACH

Given the variety of ways in which youth and families could leave the program, including lack of engagement, directly measuring its effectiveness was difficult. Yet a closer look at SOCI-targeted outcomes provides some insight into how well the intervention worked. SOCI pursued its goals through better needs assessment, communication between service systems, comprehensiveness of service, and continuity of care. Ideally, these should result in youth and family needs being addressed earlier and more effectively and, in particular, before out-of-home placement becomes necessary; therefore, placement prevention would indicate program success. For this reason, placement prevention was the focus of the evaluation.

With support from Casey Family Programs, DHS engaged Chapin Hall, a research and policy center at the University of Chicago, to evaluate the effectiveness of SOCI. The evaluation examined 1,505 children referred to SOCI from late 1999 through late 2009. We focused on

the first SOCI referral for each child and their prior and subsequent out-of-home placement experiences. The earliest year of placement for any child referred to SOCI was 1988; at the time of the analysis, placement data were available through 2009. The data used for this analysis, included placement with the child welfare, behavioral health, mental health and juvenile probation systems.

The timing of SOCI enrollment relative to out-of-home placement was crucial to discerning the effect of the intervention on placement. We distinguished among enrollments that occurred prior to any placement, those that occurred during a placement spell, and those that occurred following a placement spell discharge. Knowing the timing of the intervention provided information as to the type of effect we could expect from SOCI services. We placed the SOCI enrollment event within the sequence of placement events, if any. This allowed us to see at what point in a child's placement history the intervention was typically applied.

Table 1 summarizes SOCI enrollees by their placement status at the time of enrollment and expected program effects. Of the 806 enrollees (see **Figure 2**), 76 percent enrolled before any out-of-home placement had occurred, five percent enrolled during an out-of-home placement, and the remaining 18 percent enrolled after ending a placement spell. For those enrolled before an initial placement, placement prevention was a reasonable program expectation. For those enrolled during a placement, the program could be expected to increase placement stability, placement in a family setting or permanency. For those enrolled following an initial placement spell, we assumed a goal of preventing re-entry to out-of-home care.

TABLE 1: **Timing of SOCI Enrollment Relative to Out-of-Home Placement and Expected Effects**

INTERVENTION GROUP	EXPECTED EFFECTS	NUMBER	PERCENT
Total Enrolled		**806**	**100%**
Before First Placement	Prevention	613	76%
During Placement	Stability, Least Restrictive Placement, Timeliness to Permanency	44	5%
After a First Placement	Re-entry Prevention	149	18%

ANALYSIS

The large size of the group who enrolled before any out-of-home placement experience suggests that the primary intent of SOCI as it was implemented in this jurisdiction was to prevent placement. Our analysis focused on this group and asked whether the intervention had its intended effect. Referring back to **Figure 2**, these 613 enrollees constitute the subset of all 806 enrollees who had no prior placement. We compared the likelihood of placement for these children to the subset of 136 eligible children who did not enroll, i.e., 102 children who also had no prior placement.

Table 2 compares the composition of the enrolled group to the not-enrolled group to determine whether they were different in any meaningful, observable way. Overall, they were not. Exceptions were that enrollees were somewhat more likely to be African American, to reside outside the PYT communities of Sto-Rox or Wilkinsburg, or to have been referred by a caregiver. The groups may also have differed in ways that were unobservable given the available data.

TABLE 2: Descriptive Characteristics of SOCI-Eligible Children with No Previous Placement by Enrollment Status

	ENROLLED	NOT ENROLLED	ENROLLED	NOT ENROLLED
TOTAL ELIGIBLE	613	102	%	%
Age at First Referral				
0 to 5	104	19	17%	19%
6 to 12	357	59	58%	58%
13 to 15	152	24	25%	24%
RACE/ETHNICITY				
African American	331	48	54%	47%
White	146	22	24%	22%
Other/Missing	136	32	22%	31%
GENDER				
Female	201	32	33%	31%
Male	412	70	67%	69%
COMMUNITY				
East	13	5	2%	5%
East End	60	4	10%	4%
Hill District	48	1	8%	1%
McKeesport	85	6	14%	6%
Northside	25	7	4%	7%
South Pittsburgh	43	3	7%	3%
StoRox	157	33	26%	32%
Tri-Boro	12	3	2%	3%
Wilkinsburg	170	40	28%	39%
PROGRAM				
CCF	451	69	74%	68%
PYT	69	15	11%	15%
SET	93	18	15%	18%
REFERRAL SOURCE				
Caregiver	266	35	43%	34%
Professional	317	60	52%	59%
Self	30	7	5%	7%

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	ENROLLED	NOT ENROLLED	ENROLLED	NOT ENROLLED
SCREENING YEAR	NO.	NO.	%	%
1999	2	0	0%	0%
2000	65	14	11%	14%
2001	81	9	13%	9%
2002	54	9	9%	9%
2003	42	11	7%	11%
2004	43	8	7%	8%
2005	56	10	9%	10%
2006	46	8	8%	8%
2007	69	8	11%	8%
2008	107	16	17%	16%
2009	48	9	8%	9%

Table 3 shows the probability of subsequent placement for enrollees compared to non-enrollees. Overall, although those enrolling in SOCI were slightly more likely (20 percent) to have a future out-of-home placement than those who did not enroll (16 percent), statistical modeling that controlled for the observable characteristics shown here suggests no overall effect of SOCI on the likelihood of subsequent placement.[2] The probability of placement varied for certain subpopulations. Teens were more likely to be placed than younger children, and boys were more likely to be placed than girls, although this was true for both groups regardless of enrollment status. The other subgroups were too small to discern an effect on the likelihood of placement.

[2] Statistical results for this analysis are available upon request.

TABLE 3: **Probability of Placement for SOCI-Eligible Children with No Previous Placement by Enrollment Status and Descriptive Characteristics**

	ENROLLED						NOT ENROLLED					
	TOTAL	PLACED	NOT PLACED	TOTAL	PLACED	NOT PLACED	TOTAL	PLACED	NOT PLACED	TOTAL	PLACED	NOT PLACED
	N	N	N	%	%	%	N	N	N	%	%	%
Total Eligible	**613**	**122**	**491**	**100%**	**20%**	**80%**	**102**	**16**	**86**	**100%**	**16%**	**84%**
AGE AT FIRST REFERRAL												
0 to 5	104	3	101	100%	3%	97%	19	0	19	100%	0%	100%
6 to 12	357	84	273	100%	24%	76%	59	9	50	100%	15%	85%
13 to 15	152	35	117	100%	23%	77%	24	7	17	100%	29%	71%
RACE/ETHNICITY												
African American	331	79	252	100%	24%	76%	48	5	43	100%	10%	90%
White	146	21	125	100%	14%	86%	22	6	16	100%	27%	73%
Other/Missing	136	22	114	100%	16%	84%	32	5	27	100%	16%	84%
GENDER												
Female	201	26	175	100%	13%	87%	32	6	26	100%	19%	81%
Male	412	96	316	100%	23%	77%	70	10	60	100%	14%	86%
PROGRAM												
CCF	451	108	343	100%	24%	76%	69	13	56	100%	19%	81%
PYT	69	11	58	100%	16%	84%	15	3	12	100%	20%	80%
SET	93	3	90	100%	3%	97%	18	0	18	100%	0%	100%
REFERRAL SOURCE												
Caregiver	266	60	206	100%	23%	77%	35	4	31	100%	11%	89%
Professional	317	57	260	100%	18%	82%	60	11	49	100%	18%	82%
Self	30	5	25	100%	17%	83%	7	1	6	100%	14%	86%

In addition to understanding how the SOCI program may have affected the likelihood of placement, we were also interested in whether or not the intervention delayed the initial placement. Among the 138 children who were eventually placed following SOCI screening, **Table 4** shows the amount of time it took for that first placement to occur. Nearly two-thirds of children in both the enrolled and the not-enrolled groups were not placed until two or more years after the initial SOCI screening. It is possible that some children would have been placed sooner had they not received SOCI services. However, the not-enrolled group was too small to make further inferences.

TABLE 4: **Time from First SOCI Screening to First Placement**

	ENROLLED	NOT ENROLLED	ENROLLED	NOT ENROLLED
Total Placed after Screening	**122**	**16**	**100%**	**100%**
Less than 6 months	12	4	10%	25%
6 months to 1 year	7	0	6%	0%
1 to 2 years	29	2	24%	13%
More than 2 years	74	10	61%	63%

Other SOCI Effects

As noted in **Table 1**, some children were already in a placement spell (n=44) when they were referred to SOCI. These were children for whom an intended program effect was to alter the course of the placement. We looked closer at the 23 children who were first referred to SOCI during their first placement spell, i.e., a subset of the 44 already in placement. How long did it take before these children were referred? No discernible pattern emerged from this small group, but times ranged from one day to more than five years.

Next, we turned to the 149 children shown in **Table 1** who were referred to SOCI sometime after ending an initial placement spell, presumably with the intent to prevent re-entry. **Table 5** shows the subgroup of 94 children who were discharged from their first placement spell and later referred to SOCI. Nearly two-thirds of this group were not referred until more than two years after the end of their first spell.

TABLE 5: **Time from First Spell Discharge to First SOCI Referral**

	NUMBER	%
Total	**94**	**100**
Less than 6 months	15	16
6 months to 1 year	10	11
1 to 2 years	7	7
More than 2 years	62	66

Finally, from a practice perspective, it is worth returning to the 122 SOCI participants (see **Table 2**) who went on to a first placement. The placement could have occurred while the child was receiving SOCI services or it could have occurred after services ended. The former is the group for which practitioners may have had the best opportunity to alter the course of events and attempt to avert placement. The latter group, on the other hand, may have been harder to address and to connect to SOCI as a preventive effort, especially if placement occurred long after the child left the intervention. **Table 6** examines whether some subpopulations were more likely to be placed during services or after disenrollment. Two-thirds of these placements began after disenrollment, and the pattern essentially held for all subgroups for which there were enough data to make an observation.

TABLE 6: **Case and Characteristics by the Timing of First Placement Relative to SOCI Participation**

	NUMBER		PERCENT	
	PLACED DURING INTERVENTION	PLACED AFTER DISENROLLMENT	PLACED DURING INTERVENTION	PLACED AFTER DISENROLLMENT
Total Placed	**41**	**81**	**34%**	**66%**
AGE AT FIRST REFERRAL				
0 to 5	3	0	100%	0%
6 to 12	20	64	24%	76%
13 to 15	18	17	51%	49%
RACE/ETHNICITY				
African American	27	52	34%	66%
White	8	13	38%	62%
Other/Missing	6	16	27%	73%
GENDER				
Female	8	18	31%	69%
Male	33	63	34%	66%
PROGRAM				
CCF	34	74	31%	69%
PYT	4	7	36%	64%
SET	3	0	100%	0%
REFERRAL SOURCE				
Caregiver	24	36	40%	60%
Professional	14	43	25%	75%
Self	3	2	60%	40%

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	NUMBER		PERCENT	
	PLACED DURING INTERVENTION	PLACED AFTER DISENROLLMENT	PLACED DURING INTERVENTION	PLACED AFTER DISENROLLMENT
FIRST PLACEMENT TYPE				
Foster Care	1	1	50%	50%
Group Care	1	2	33%	67%
Independent Living	0	1	0%	100%
Juvenile Probation	15	48	24%	76%
Kinship Care	5	2	71%	29%
Mental Health	3	7	30%	70%
Residential Care	2	0	100%	0%
Shelter Foster Care	3	3	50%	50%
Shelter Group Care	11	17	39%	61%

CONCLUSIONS AND RECOMMENDATIONS

The primary focus of the analysis was on placement prevention because SOCI services were most often provided to children and young people prior to their entry into out-of-home placement. We acknowledge that this goal was not the only intended program outcome. Rather, placement prevention was where we were able to shine the brightest light. We do not make claims about SOCI's efficacy generally because we could not construct an adequate control group, and for indicators other than placement prevention, we had too little data upon which to rest such conclusions. Nevertheless, the data did allow us to make some observations about whether or not SOCI affected placement risk and to make some general inferences about how SOCI was intended to alter other outcome goals based on the timing of involvement relative to placement.

SOCI did not have a statistically discernible effect on the risk of entering placement. However, it did serve children who had challenging mental health needs. Placement outcomes for such children may be harder to shift.

The relatively small number of children targeted by SOCI limited its ability to make a public health–level contribution to the countywide goal of reducing the use of out-of-home care. Approximately 60 children per year enrolled in SOCI prior to any placement, while about 1,000 children per year were first admitted to a child welfare placement over the same period. Even if SOCI prevented all 60 enrollees each year from entering placement, and if we assume that all of these would have been CYF placements, the result would be a six percent decrease in first admissions. In addition, SOCI almost exclusively served non-infants, yet infants are becoming a larger share of children entering care. Interventions seeking to reduce placements should focus on this growing population.

The timing of SOCI assignment relative to a child's placement experiences offers information about what outcome goals the intervention was poised to achieve and offers lessons for current and future intervention design. Most children enrolled in SOCI prior to any out-of-home placement. The second largest group enrolled sometime after completing their first placement spell. This temporal sorting positioned the intervention to primarily address the prevention of placement and re-entry, respectively. As DHS implements similar interventions and seeks to improve other foster care outcomes, it will be important to target children relative to their placement history. For improving stability, permanency and family placements, this may mean assigning a significant number of enrollment slots to children who are already in out-of-home care.