Concurrent Planning:
The Influence of Bypass and Poor Prognosis Indicators on Child Welfare Outcomes

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CONCURRENT PLANNING

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Since the 1960s and 1970s, child welfare practitioners and policymakers have been concerned with improving permanency outcomes for children. For children in the foster care system, permanency can be achieved through reunification with their birth parents, adoption by a new family, or entrance into a legal guardianship relationship with a caregiver. However, some children are never placed in permanent homes and many experience long stays in the child welfare system. For example, in California, about 1/4 of children who enter out-of-home care have not been placed in permanent homes after four years (Needell, Webster, Cuccaro-Alamin, & Armijo, 1998).

With the Adoption Assistance and Child Welfare Act of 1980, the federal government sought to improve the situation of children in foster care by providing financial incentives to child welfare agencies in order to encourage permanent planning for children. The underlying philosophy of the act was the need for prompt action to maintain children in their own homes or place them as quickly as possible into alternative permanent homes (Barth, Courtney, Berrick & Albert, 1994). Unfortunately, these goals have not been met (Barth et al., 1994; Courtney, 1994). Since 1984, the number of children in foster care has practically doubled, from 276,000 to over 540,000 (United States General Accounting Office [USGAO], May 1997; Tysor-Tetley & Tetley, 1998). In contrast, the population of American children remained relatively stable over that period (Barth et al., 1994). Data suggest that over 40% of foster children stay in foster care for two years or more, and that almost 30% of children have had at least three different placements while in foster care (USGAO, Feb. 1997).

Many states have taken steps to reduce the amount of time it takes for permanency to be achieved for children in foster care. Some

states have limited the time parents are permitted to work toward reunification. California, for example, now limits reunification services to six months for children under three years old (Chapter 793, 1997; Youth Law News, 1997). Some states, such as Arizona and Kentucky, have attempted to expedite the legal process required to terminate parental rights before a child can be adopted. Kansas has privatized a large portion of its child welfare services. Providers are paid a per-child rate, and 25% of the payment is withheld until the child is placed in a permanent home. If a child re-enters care within 12 months, the contractor pays all costs associated with the new stay in foster care (USGAO, May 1997).

Another recent innovation to improve permanency outcomes for children is concurrent planning. "Concurrent planning provides for reunification services while simultaneously developing an alternative plan in case it is needed" (Katz, Spoonemore, & Robinson, 1994, p. 9). Both a philosophy and a case management technique, concurrent planning emphasizes candor, goal setting, and time limits in working with parents. The goals of concurrent planning are to (a) reduce the number of children entering long term foster care, (b) reduce the time children spend in foster care, (c) increase the number of adoptions for children not reunified with their parents, (d) reduce children's placement moves, and (e) increase biological parents' voluntary relinquishments of their children (Williams, 1998).

Because concurrent planning policies are so new, little information about its practice or outcomes is available. The purpose of this study was to document concurrent planning practices in Santa Clara County, and provide a fuller understanding of the outcomes of the practice. Specifically, the first objective of this project was to determine how the new legislation affects foster children's outcomes in Santa Clara. The project also attempted to empirically evaluate criteria currently used to determine which families should not receive reunification services ("bypass indicators" identified from federal legislation). Criteria that have been proposed to predict a poor prognosis for reunification and therefore a high priority for concurrent planning ("poor prognosis indicators" identified based on the concurrent planning risk assessment tool developed by Linda Katz and adapted for use by Santa Clara) were evaluated as well. Finally, a last goal of the study was to identify other characteristics of children's cases that may predict their likelihood of reunification (or non-reunification). Identification of such characteristics is intended to assist the county in targeting the expenditure of limited resources required for effective concurrent planning services.

METHOD

A review was conducted of 110 case records of children under three years old who entered foster care in Santa Clara County in 1995 and 1996 (prior to legislation) and 87 cases of children under age three who entered foster care in Santa Clara between January 1, 1998 and June 30, 1998 (after legislation). Case files were reviewed on-site. Elements of the case files reviewed included face sheets, court reports, court order summaries, child abuse reports, out of home placement records and adoptability assessments.

The analysis of the case record data included three primary sets of analyses. First, simple comparisons using chi-square tests of association were made to assess differences in one-year outcomes between the two samples. Second, cases which did not receive reunification services due to the presence of bypass indicators were removed from the sample. Chi-square tests of association between the indicators and the outcome on remaining cases were conducted, to see if bypass or poor prognosis indicators were associated with reunification. Finally, a set of logistic regression models was developed. Logistic regression is a set of statistical procedures for exploring the relationship between a set of independent variables (such

as parent characteristics) and a binary response variable (such as reunified or not reunified). These methods produce summary statistics in the form of odds ratios that simultaneously adjust for all the variables in the model. These odds ratios allow the prediction of the likelihood of a potential outcome such as reunification for an individual with specific characteristics.

FINDINGS

Implementation of concurrent planning

- Some aspects of concurrent planning were inconsistently practiced or documented in court reports. Documentation of the concurrent plan or of discussions of relinquishment that is required by new legislation was rarely found in case files. The "poor prognosis tool," which lists indicators intended to identify families least likely to reunify in order to target them for concurrent planning services such as fost-adopt placements, was not found in case files.
- Fost-adopt placements were rarely used in the context of concurrent planning. While used more frequently since concurrent planning policies were instituted, in this sample fost-adopt homes were primarily used for children whose parents were denied reunification services.
- Bypass indicators were prevalent, and resulted in court-ordered bypass of reunification for one-quarter of cases in the sample. Over half of the cases in the 1998 sample had a bypass indicator present. Of these cases, approximately half were bypassed. The indicator most commonly found in case files was "extensive history of substance abuse;" the indicator used most frequently by the court as a reason for ordering the bypass of reunification was "parent's mental disability prevents utilization of services."

One year outcomes

- The proportion of children in permanent placements at one year was reduced after the institution of concurrent planning legislation. Approximately 25% of the first cohort were in permanent placements at one year, compared to 15% of the second cohort.
- The proportion of children in fost-adopt placements increased after the institution of concurrent planning legislation. About 9% of the first cohort (pre-concurrent planning) children were living in fost-adopt homes at one year, compared to 21% of children from the second cohort (post-concurrent planning).
- The proportion of children remaining in foster care was the same before and after the institution of concurrent planning legislation.
- The average number of placements in one year was comparable before and after the institution of concurrent planning legislation.

Predictors of reunification

- None of the bypass indicators or the poor prognosis indicators were found to be significantly associated with family reunification at one year. However, small sample size limited this analysis; larger sample sizes might reveal associations this study was unable to detect.
- Several other case characteristics were found to be significantly associated with reunification at one year. Cases with a court hearing that was continued, or that had neglect as reason for the subject child's detention, or in which a parent was unemployed, were less likely to be reunified than cases without

those characteristics. A parent who was not incarcerated during the case was more likely to reunify than a parent who was.

- The case characteristic "any continuance occurring during the case" had the strongest unique influence on reunification at one year. When analyses were conducted which simultaneously took into account all variables associated with reunification at $p<.20$, the incidence of having a continuance significantly predicted failure to reunify within one year. The odds of a parent whose case had a continuance successfully reunifying were about 14% of those of a parent whose case did not have a continuance. A parent's unemployment also decreased the odds of reunification within one year, while a parent's not being incarcerated increased the odds of reunification within one year.

RECOMMENDATIONS

1. IMPROVE DOCUMENTATION OF CONCURRENT PLANNING IN COURT REPORTS TO COMPLY WITH STATE LAW.
   - While not every case is required to have an active concurrent plan, the concurrent plan most appropriate for each case should be documented. The discussion with parents regarding voluntary relinquishment also should be documented in the jurisdictional court report.
2. DISTINGUISH BETWEEN "FOST-ADOPT" HOMES, AND PRE-ADOPTIVE HOMES RECEIVING FOSTER CARE FUNDS.
   - Fost-adopt caregiver have made the difficult dual commitment to both support natural parents' reunification efforts, and to provide legally permanent care to children should parents fail in their efforts. Given the challenges involved in this kind of care, these special foster parents should be utilized for this purpose, and provided with appropriate supports and trainings.
3. REVIEW USE OF BYPASS INDICATORS AND CONSIDER MODIFICATIONS.
   - No available empirical evidence suggests that the presence of any bypass indicator predicts which families are less likely to reunify. Given the substantial reduction in reunification rates since the use of bypass indicators began, the agency may want to consider modifying them to target parents with multiple and extreme problems.
4. WORK WITH COURTS TO REFINE COURT HEARING PROCEDURES.
   - Expediting court processes and decreasing continuances may positively affect one year permanency outcomes for children in foster care. While it is not clear to what degree the agency can influence the court process, some actions are within the agency's power, such as ensuring court reports are submitted on time, and collaborating with court personnel.
5. PROVIDE TIMELY REUNIFICATION SERVICES TO INCARCERATED PARENTS.
   - Not being incarcerated increased a parent's likelihood of successfully reunifying within one year. Because most incarcerated parents were in jail briefly toward the beginning of their child's stay in care, timely receipt of services while in custody might positively influence their progress toward reunification.
6. INCORPORATE CONCURRENT PLANNING INDICATORS INTO CWS/CMS.
   - In order to be able to track and continue evaluation of prognosis and bypass indicators on larger samples without an in-depth research study, indicators should be identified in, or incorporated into, the CWS/CMS database utilized by social workers and routinely analyzed by administrators.

INTRODUCTION

Children require stability and consistency in their home environments for optimal development (Maas & Engler, 1959; Bryce & Ehlert, 1971). Since the 1960s and 1970s, when it was recognized that substantial numbers of children were growing up in foster care rather than being reunified or placed in permanent homes (Mica & Vosler, 1990), child welfare practitioners and policymakers have been concerned with improving permanency outcomes for dependent children. For children in the foster care system, permanency can be achieved through reunification with their birth parents, adoption by a new family, or entrance into a legal guardianship relationship with a caregiver. However, the problem of large numbers of children remaining in out-of-home care without permanent homes persists. In California, about 1/4 of children entering the system are still in care after four years (Needell, Webster, Cuccaro-Alamin, & Armijo, 1998).

With the Adoption Assistance and Child Welfare Act of 1980, PL-96-272, the federal government sought to improve the situation of children in foster care by providing financial incentives to child welfare agencies to encourage permanent planning for children. PL 96-272 emphasized the need for prompt action to maintain children in their own homes or place them as quickly as possible into other permanent settings such as adoptive homes or placements with a guardian (Barth, Courtney, Berrick & Albert, 1994). Unfortunately, the goals of PL 96-272 have not been met (Barth et al., 1994). Since 1984, the number of children in foster care has practically doubled, from 276,000 to 540,000 in 1998 (United States General Accounting Office [USGAO], May 1997; Tysor-Tetley & Tetley, 1998). In contrast, the population of American children remained relatively stable over that period (Barth et al., 1994). Data suggest that over 40% of foster children stay in foster care for two years or more, and that almost 30% of children have had at least three different placements while in foster care (USGAO, Feb. 1997). Likewise, the costs of caring for foster children have increased dramatically. The Title IVE federal payments paid in 1984 were 435.7 million; in 1996, costs increased to 3.1 billion (USGAO, May 1997).

Many states have taken steps to reduce the amount of time it takes to achieve permanency for children in care. Some states have limited the time parents are permitted to work toward

reunification. California, for example, now limits reunification services to six months for children under three years old (Chapter 793, 1997; Youth Law News, 1997). Some states, such as Arizona and Kentucky, have attempted to expedite the legal process required to terminate parental rights before a child can be adopted. Kansas has privatized a large portion of its child welfare services, paying providers a per-child rate, and withholding 25% of the payment until the child achieves permanency. If the child re-enters care within 12 months, the contractor pays all costs associated with the new spell (USGAO, May 1997).

Another recent innovation to improve permanency outcomes for children is concurrent planning. "Concurrent planning provides for reunification services while simultaneously developing an alternative plan in case it is needed" (Katz, Spoonemore & Robinson, 1994, p. 9). Both a philosophy and a case management technique, concurrent planning emphasizes candor, goal setting and time limits in working with parents. The goals of concurrent planning are to (Williams, 1998):

- Reduce the number of children entering long term foster care
- Reduce the time in care for children
- Increase the number of adoptions for children not reunified with their parents
- Reduce placement moves
- Increase the percent of voluntary relinquishments (i.e., birth parents choose to give up their legal rights to parent their children, thereby making the children eligible for adoption)

Concurrent planning may potentially save counties money. Counties pay a smaller portion of the long-term costs of subsidized adoptions than they do of foster care placements. In California, while counties pay only 12-13% of Adoption Assistance Payment subsidies, they shoulder approximately 30% of the costs of foster care placements. The result is that adoptive placements cost counties less than foster care placements. Additionally, California's state concurrent planning training manual (Williams, 1998) suggests that as permanent homes are achieved more quickly, children experience less of the trauma involved with multiple placements, which may decrease the number of children needing expensive residential care. Court costs also might be minimized. The emphasis concurrent planning places on communication with parents may increase the chance of voluntary relinquishments, in which

case there would be no need for expensive TPR hearings. Children who spend less time in foster care require fewer hearings, which would reduce costs as well (Williams, 1998).

While some counties in California have been practicing concurrent planning for some time, others interpreted state statute to mean only sequential planning was allowed. In 1996, the Governor's Adoption Initiative created the Adoption Policy Advisory Council to consider and recommend policy changes to increase adoptions in California. The council established the Concurrent Planning Workgroup to develop and implement a model of concurrent planning in California (Williams, 1998). With minor changes, their model is based on the work of Linda Katz, who developed a model of concurrent planning at Lutheran Social Services in Washington state (Katz et al., 1994).

Because concurrent planning policies are so new, little information about their practices or outcomes are available. Therefore, the purpose of this study was to document concurrent planning practices in Santa Clara County, and provide a fuller understanding of the outcomes of the practice. Specifically, the first objective of this project was to determine how the new legislation affects foster children's outcomes in Santa Clara. The project also attempted to empirically evaluate criteria currently used to determine which families should not receive reunification services ("bypass indicators" identified from federal legislation). Criteria that have been proposed to predict a poor prognosis for reunification and therefore a high priority for concurrent planning ("poor prognosis indicators" identified from the concurrent planning risk assessment tool developed by Linda Katz and adapted for use by Santa Clara) were evaluated as well. Finally, a last goal of the study was to identify other characteristics of children's cases that may predict the likelihood of reunification (or non-reunification). Identification of such characteristics is intended to assist the county in targeting the expenditure of limited resources required for effective concurrent planning services.

REVIEW OF THE LITERATURE

Existing information on concurrent planning may be organized according to four major categories: the legislative context of concurrent planning, practice issues, anticipated challenges of implementation, and preliminary outcomes. Literature describing each of these areas is summarized below.

Legislative Context

Several pieces of federal and state legislation have influenced the practice of concurrent planning. The importance of timely permanence for children was emphasized by PL 96-272 (Adoption Assistance and Child Welfare Act, 1980). Child welfare agencies were required to make "reasonable efforts" to reunify families, and hearings establishing a permanent plan for each child were to be held no more than eighteen months from the date of a case's opening (Hardin, Rubin & Baker, 1995). The legislation also clarified that reunification was the desired outcome for children, and ranked adoption as the next best option, with guardianship following, and long-term foster care the least desirable option (Barth & Berry, 1987).

The Adoption and Safe Families Act (P.L. 105-89), which was passed into federal law in November 1997, focuses on the need to improve efforts to provide stable and permanent homes to children in need. Several components of this legislation relate to timely permanence, attempting to ensure that children spend as little time as necessary in temporary living situations. The following section highlights aspects of the legislation relevant to this issue (Child Welfare League of America [CWLA], 1997):

- Adoption Incentive payments are authorized for states when adoption rates exceed prior years' averages.
- States are required to make and document reasonable efforts for adoption placement and/or an alternative permanent living situation (i.e. guardianship, fost-adopt, etc.). The law clarifies that these efforts may be made simultaneously with reasonable efforts toward family reunification.
- Funding is authorized for technical assistance that promotes adoption. Some of this assistance may be in the form of guidelines for expediting the termination of parental rights (TPR) process, encouraging the use of concurrent planning, and implementation of programs

to place children in pre-adoptive or fost-adopt homes before parental rights have been terminated.

- New timelines and conditions for TPR are included. Once a child has been in foster care for 15 out of the last 22 months, states are now required to file a petition for TPR, while simultaneously taking all the necessary steps to find an appropriate adoptive family for the child.
- Permanency hearings are now required within 12 months of a child's entry into out-of-home care (previously required within 18 months). At this time, a plan for the child's future on-going living arrangements must be determined. Under certain conditions in which the requirement for making reasonable reunification efforts is waived, a permanency hearing must be held within 30 days and reasonable efforts for permanent placement must be conducted at that time.
- A set of parental circumstances is introduced, any one of which relieve a state of the requirements to provide reasonable efforts to assist a parent with reunification. Some examples are: conviction of a violent felony, causing the death of the child's sibling, or whereabouts unknown for over six months. California already had a law allowing bypass of reunification in certain situations; this law expanded the set of allowable circumstances.

California legislation AB1544 (Aroner: Chapter 793, Statutes of 1997), signed into law in October 1997, provided critical clarification regarding the state's position on concurrent planning. An informational notice issued by the state prior to this legislation indicated that the state neither sanctioned nor prohibited the practice of fost-adopt placement (Mica & Vosler, 1990). AB 1544 requires a child welfare case plan to address concurrent planning by describing services to be provided concurrently with reunification to achieve legal permanence if efforts to reunify fail. The dispositional court report must identify the concurrent plan, and discuss whether or not the parents have been advised of their options to participate in adoption planning and voluntary relinquishment. Additionally, every subsequent court report must address concurrent planning. The law also clarifies that neither a fost-adopt placement nor the provision of services for an alternative permanent placement can, in and of themselves, constitute a failure to provide reasonable efforts to parents. When they are making decisions regarding an appropriate placement for a child, social workers also must consider a relative's ability to

provide legal permanence to that child if the reunification plan fails. When children are adopted by relatives, the law now allows the birth family name to remain on the adoption certificate, and for contact and visiting arrangements to be formalized in a written kinship adoption agreement. Finally, there must be an early paternity determination (the mother must identify any alleged father at an early court hearing) to expedite the TPR process (Williams, 1998).

Concurrent Planning Practice

Guidelines for the practice of concurrent planning can be summarized as follows (Katz et al., 1994):

1. *Differential diagnosis*: Within thirty days of a child's placement in out of home care, an assessment of a family is made. The assessment includes the identification of the family's "central problem," and their prognosis for reunification. All families are not treated in the same manner. Additional concurrent planning services, such as placement in a fost-adopt home, depend on this prognosis for reunification.
2. *Success redefined*: Practitioners in the field have tended to consider a case "successful" if the final outcome is reunification. Other outcomes, including permanent placements such as guardianships or adoptions, traditionally have been considered "failed reunifications." With concurrent planning, the goal is a permanent home for the child. While reunification is still preferred, other permanent options such as adoption or guardianship are considered "successes."
3. *Two plans*: With concurrent planning, two plans are developed for the child and family. Along with efforts to reunify, there is simultaneous development and exploration of other permanency options for the child. This strategy can include placement in a fost-adopt home if the prognosis for reunification is poor.
4. *Full disclosure*: Parents are clearly informed of the potentially detrimental effects of foster care on children, and the overall goal of permanency for each child. Parents are fully informed also of their reunification prognosis, and of the alternative plan should reunification fail. The option of relinquishment is discussed. The consequences of parental inaction are explained, and parents are provided with candid ongoing feedback regarding their progress toward reunification.

5. *Forensic social work*: Social workers work closely with legal personnel to ensure the careful documentation of parental progress in order to avoid delays at the TPR hearing or other hearings.
6. *Behavior, not promises*: While parents may express the best of intentions, it is their behavior that drives the case. Parental ambivalence and indecision do not delay case planning (Katz et al., 1994).
7. *Written agreements*: The responsibilities of each party are clearly stated in service plans and visitation plans.

When a child is removed from parents and placed into out-of-home care, two service tracks are developed. The concurrent planning track names the child's permanency alternative to reunification - adoption, guardianship, or emancipation - and describes the services necessary to achieve this alternative should reunification fail. A prognosis regarding the likelihood of reunification is made, and the implementation of the concurrent planning services track is based on this determination. Children are only to be placed in an alternative permanent placement when the birth parent's reunification prognosis is poor (Williams, 1998). A poor prognosis for reunification does not indicate reunification services should not be provided: "...[It] is not to be used to release agencies from their responsibility to serve...difficult families" (Katz & Robinson, 1991, p.348). Instead, it suggests that placement in a potentially permanent home may be appropriate.

Two of the primary components of concurrent planning, the reunification prognosis and the use of fost-adopt placements, merit further explanation. Several tools based on practice wisdom are available for assistance in making the reunification prognosis (Katz & Robinson, 1991; Williams, 1998). Katz developed a tool which lists criteria indicating whether reunification is likely or unlikely. Examples of such criteria are "the parent has a meaningful support system," and "the parent's only visible support system...and means of support is found in illegal drugs, prostitution, and street life" (Williams, 198, p.VI-21). The criteria are not weighted, and no formula for decision-making is suggested. The criteria are used by social workers in making their prognosis judgments. The state of California has adopted this tool, with an additional section naming conditions under which the court may order that reunification

services be bypassed for a family under new federal legislation. If any of these conditions exist and the county decides to allow reunification services, the case is considered to be a "poor prognosis" case (Williams, 1998). Samples of these tools are included in the appendix to this report.

In fost-adopt placements, caregivers agree to foster a child while also committing to care permanently for that child should reunification fail. The parents in fost-adopt homes are required to facilitate the reunification process by cooperating with visitation arrangements and other reunification requirements of the biological parents. Because of the special skills involved in being a fost-adopt parent, these families need to be carefully recruited, screened, and trained. According to Williams (1998), Jefferson County in Colorado has identified certain attributes believed to either help or hinder parents' ability to be fost-adopt parents. For example, foster parents who are empathetic, flexible, assertive, altruistic, satisfied, resourceful, and who are tolerant of loss, anxiety, and ambiguity are stated to be more likely to be successful in the role. Parents with unresolved losses, high anxiety or stress levels, or power or control issues; or who are possessive, desperate for a child, unrealistic, or aggressive are less likely to be successful as fost-adopt parents. Williams (1998) does not describe the method used for measuring attributes of foster parents nor the analysis strategy.

Family group meetings are one avenue for locating appropriate fost-adopt parents. The premise of this model is that most families, with appropriate supports, are best able to reach and implement the right decisions for their own children (American Humane Association [AHA], 1996). "Instead of the professionals making the decisions, the family is brought together with their extended family network to develop an action plan" (Pennell & Buford, 1994, p.4). In these meetings, the family itself can identify the best relatives or other individuals available to be a fost-adopt family for the child (Williams, 1998).

The Concurrent Planning Training Guide provided by the state includes "standards" that ideally should be in place when concurrent planning is practiced (Williams, 1998):

- Fost-adopt families are given comprehensive preparation to be able to both facilitate reunification and meet the child's need for legal permanence.

- Desirable characteristics for these families have been established and are used for screening.
- There are sufficient numbers of permanency planning families available that reflect the cultural and racial mix of the population of children in out-of-home care.
- Cases are reviewed periodically for change in prognosis.
- Mediation as an alternative to contested TPR hearings is available.
- Judges and attorneys have been educated about a child's need for timely permanence.
- Communication between the general child welfare services and the specialized adoption program is frequent, open, and productive.

Also important is ensuring that social workers have solid legal training and on-going legal consultation throughout the life of the case (Katz, 1998).

Challenges In The Implementation Of Concurrent Planning

While the practice of concurrent planning appears to have the potential to improve the permanency outcomes for many children in the child welfare system, it is worthwhile to consider some of the possibly controversial aspects of the practice, and some potential unintended side-effects.

Dual Roles of Social Workers. Making a prognosis regarding the likelihood of reunification and offering concurrent planning services may make it more challenging for social workers to provide reasonable efforts to reunify. That is, social workers may be less likely to make reasonable efforts if they believe, based on the assessment, that a family is unlikely to reunify. The training guide offered by the state of California states that "...social workers *are* able to simultaneously develop two possibly co-existent outcomes without compromising reunification" (Williams, 1998, p. I-15). In practice, however, some agencies providing concurrent planning have used two workers per case, finding that it was difficult for one worker to carry out both roles (Katz, personal communication, October 8, 1998; Tysor-Tetley & Tetley, 1998).

Dual Roles of Fost-adopt Families. Another concern is that the fost-adopt family may not support reunification if they want to adopt the child. According to California's Concurrent Planning Training Guide, "...permanency planning families, with the proper preparation and

training, have been able to successfully work with birth parents" (Williams, 1998, VI-22). However, the challenges of fost-adopt parenting are significant. Ten Broeck & Murtaza (1998) assert that "For most, this service asks too much...Even fost-adopt parents who strongly believe in the reunification process can become overwhelmed by the demands of the service" (p.31). A study using focus groups of child welfare stakeholders in one California county found that social workers and foster parents had concerns about the emotional challenges involved for caregivers in fost-adopt parenting (Martin, D'Andrade, Choice, Berrick & Austin, 1997). The state of California's concurrent planning guide, while acknowledging that fost-adopt families need more agency support during the process, states that "...Counties have found that foster parents welcome the opportunity to make a permanent commitment to a child while, at the same time, supporting reunification." (Williams, 1998, p. VI-28). However, in general the supply of foster parents has lagged behind the growth in the foster care caseload. Low reimbursement rates, inadequate support systems, more difficult children, and increased employment opportunities for women may be contributing to the decline in the supply of foster parents (USGAO, 1995). Given the intensified demands of fost-adopt parenting, there may be even fewer families willing to undertake this important, but challenging, role.

Issues for Children of Color. Another issue involves the inequity in representation and outcomes for children of color in the child welfare system. African American children are four times as likely to be in foster care as other children, and exceed 40% of all children in the child welfare system (Barth et al., 1994). They also tend to reunify at slower rates than children of other ethnic groups (Berrick, Needell, Barth, & Jonson-Reid, 1998). While the placement of children into foster care with relatives has increased dramatically for all children, African American children are more likely than children of other ethnic groups to be placed in foster care with providers who are related to them (Barth et al., 1994). Children in relative care reunify less quickly than children who are placed in non-relative homes (Courtney, 1994; Berrick et al., 1998). These factors raise a concern that "...children of color, already disproportionately represented in foster care, (will be) removed even more precipitously from their families and communities for permanent placement elsewhere" (Katz, 1998, p. 6). The Northwest Institute for Children and Families concurrent planning guide recommends that children be placed

whenever possible in their family network by utilizing relatives and members of the extended family (Katz, 1998).

Prioritizing Outcomes. An increasing proportion of children in foster care are living with relatives. This fact raises questions about how goals of new California legislation should be prioritized (Barth et al., 1994). How should legal requirements to pursue termination of parental rights be handled in these cases? Should adoption always be a higher priority than foster care? According to the state training guide, a relative's failure to make a commitment to adopt a child, while it must be considered in any placement decision, is not sufficient to preclude preferential placement of the child with that relative (Williams, 1998). A focus group study of child welfare stakeholders in a California county found that there was no clear consensus among agency staff about how decisions are made regarding identifying and targeting particular cases for fost-adopt placement. Social workers had difficulty making these decisions, and lacked a clear agency policy to guide them (Martin et al., 1999).

Unintended Consequences. There may be unintended consequences of efforts to expedite permanency for children. For example, if terminations of parental rights are conducted more efficiently and quickly, and numbers of adoptive homes for children also have not increased, there may be more legally orphaned children without available adoptive homes (USGAO, 1997).

Outcomes Of Concurrent Planning

Concurrent planning is relatively new, and few evaluations of its practice are available. A few states have reported preliminary findings. Some of these findings suggest concurrent planning can improve permanency outcomes for children in care. In Tennessee, agency officials reported permanency was achieved more quickly with concurrent planning, primarily through reunification. Agencies attributed faster reunification to the concurrent planning practice of clearly informing parents of the negative effects of foster care, and the intention to proceed with an alternative permanent plan should reunification occur. However, as the GAO report detailing these outcome data notes, the state did not conduct a systematic evaluation of the program; there are no comparison groups or data from the period before the initiative, making it difficult to state definitive conclusions about the initiative's effectiveness (USGAO, 1997).

In California, an analysis of the likelihood of adoption was conducted on a sample of 496 children drawn from 1369 adoptions in the California Long Range Adoption Study. Demographic, behavioral, and familial characteristics of the children were examined, to determine whether these characteristics had an impact on the probability of an adoption occurring within two years of foster care placement. A logistic regression analysis revealed that the odds that a child will stay in foster care more than two years are decreased if an adoption is planned at the time of the foster placement, as is ideally the case in concurrent planning. Additionally, the longer a child was in foster care, the less likely he or she was to be adopted (Barth et al., 1994).

Colorado began formal use of concurrent planning in 1994 as part of a program to expedite permanency for children under age six in foster care. In addition to increased use of fost-adopt placements, program services included accelerated hearing and court review processes, and an emphasis on earlier service provision to the parents and children. An ongoing evaluation in two counties compared all children under six entering out of home care after the implementation of expedited permanency planning (EPP) services (n=130), to a comparison group of children who entered out of home care in the county the year prior to implementation of EPP services (n=105). In this study, fost-adopt placements were included in the definition of permanency. The EPP children in both counties had a higher rate of permanent placements within one year of their initial placement. For example, in one county, 78% of children receiving EPP services had permanent homes at twelve months, compared to 42% of the comparison group, a significant difference. Additionally, an event history analysis showed that those children receiving EPP were placed into permanent homes more quickly. However, a smaller proportion of those permanent placements were with the children's own parents. In one county, approximately 80% of comparison group children who had permanent placements at 18 months (n=39) were reunified with their parents, compared to approximately 54% of the EPP children (n=69). The overall rate of reunification was comparable for both groups. Ultimately, data suggested that compared to children who did not receive EPP services, children who received EPP services were more likely to be in permanent placements within one year of their initial placement, and were placed in permanent homes more quickly (Schene, 1998).

San Mateo County has been practicing some degree of formal concurrent planning since 1980 (Brinsont-Brown, 1995), while Santa Clara County has primarily used the traditional model of sequential planning. Examining case outcomes from these two counties for children entering care in 1988 shows some interesting differences (see Table 1). San Mateo had a higher proportion of children for whom adoption was achieved: 8% of kin and 11% of non-kin cases in San Mateo were adopted, compared to 2% of kin and 3% of non-kin Santa Clara cases. While rates of reunification were comparable between the two counties, a slightly higher proportion of children in Santa Clara entered into guardianship, and a slightly lower proportion of children in San Mateo remained in care (Needell et al., 1998).

Compared to California overall, San Mateo's permanency outcomes – reunification and adoption rates - are higher than state averages (see Table 1). Rates of children still in care are lower. Overall, considering both kin and non-kin placements, San Mateo's reunification rate is 64% compared to California's 55%. San Mateo's adoption rate after four years is 8% for children in kin care, and 11% for children in non-kin care; California's is 4% for kin care and 9% for non-kin care. The percentage of children still in care after four years for San Mateo is 27% for kin care and 9% for non-kin care, compared to California's 32% and 21% respectively (Needell et al., 1998). While these outcomes could be due to any number of factors or combination of factors, concurrent planning may play a role in achieving better permanency outcomes.

Table 1
Four Years Permanency Outcomes

	Reunification	Adoption	Guardianship	Still in Care	Other
California					
Kin	54%	4%	5%	32%	5%
Non-kin	56%	9%	1%	21%	13%
Total	55%	6%	3%	26%	10%
Santa Clara					
Kin	62%	2%	10%	20%	6%
Non-kin	68%	3%	4%	13%	12%
Total	65%	3%	6%	16%	10%
San Mateo					
Kin	52%	8%	9%	27%	4%
Non-kin	67%	11%	1%	9%	12%
Total	64%	10%	3%	13%	10%

Source: Needell, B., Webster, D., Cuccaro-Alamin, S., & Armijo, M. (1998). Performance Indicators for Child Welfare Services in California: 1997. Berkeley, CA: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center.

Conclusions

Recently passed state and federal legislation mandates the use of concurrent planning for dependent children placed out of the home, shortens timeframes for reunification, and expands the set of circumstances under which counties are not required to provide reunification services to parents. Practice guidelines for operating within this new environment have been established. These guidelines are based on the experience of social work practitioners, however there is little empirical information regarding concurrent planning practice or impacts. While there are implementation challenges and identified concerns, many agree concurrent planning appears to have the potential to improve permanency outcomes for children.

METHOD

In order to assess the impact of recent concurrent planning policies on outcomes of children in foster care, a review was conducted of two samples of Santa Clara County foster care case records from before and after concurrent planning policies were implemented. Sample selection, case review methods, data entry and data analysis are described below.

Sample Selection

The case record review for the first sample, Cohort One, was conducted using a sample of foster care cases drawn from the Foster Care Information System (FCIS) housed at the Center for Social Services Research at the University of California, Berkeley. A random sample of 215 cases was drawn from the population of all children under three years old who entered foster care in Santa Clara County in 1995 and 1996 (956 total cases). Cases in which the child remained in care less than seven days were eliminated from the sample as concurrent planning would not be applicable. These eliminated cases accounted for 56 (26%) of the original 215, reducing the total sample available for the case review to 159, a number that was still considered of sufficient size for the purposes of this analysis. During the case record review, the sample size was reduced further by the elimination of 49 cases for the following reasons: child entered care before or after the time frame selected (6); case files were not located, unavailable or missing critical documents (32); or other reasons that made the cases inappropriate for the study (11)[1]. Thus, 51% of the cases in the original sample were reviewed. The final sample size of cases reviewed was 110.

The second sample, Cohort Two, consisted of all children under three years of age who entered care in Santa Clara County between January 1, 1998 and June 30, 1998, and who remained out of home for at least seven days (132 total cases). Of these cases, 43 were not reviewed for the following reasons: case files were not located, unavailable or missing critical documents (9); cases were voluntary, so no petition was filed and concurrent planning services would not be appropriate (8); cases belonged to older siblings of children already in the second cohort sample (14); child entered care before or after the time frame selected (9); or other

[1] Cases transferred out of county (4), out-of-county cases opened for home study only (4), subject child's mother also in foster care (2), duplicate listing in FCIS (1).

reasons that made the cases inappropriate for the study (5)[2]. Eighty-seven cases were ultimately reviewed (66% of the original sample).

Case Review Procedure

Case reviews were conducted on site at Santa Clara county offices between June 1 and August 21, 1998 for the first cohort, and between June 23 and August 18, 1999 for the second cohort. The paper case files were reviewed by trained graduate students in social welfare, using case extraction forms that were designed by BASSC researchers and approved by County staff.

Prior to beginning the case extraction process, two researchers conducted an inter-rater reliability test by selecting two random case files from Alameda County to review. The results of that test indicated that the information collected by the two researchers was consistent across the majority (75%) of the variables. As a result of the inter-rater reliability test, several items in the case extraction form were revised in order to make them clearer to reviewers. The majority of differences identified by this test consisted of characteristics of parents (substance abuse, mental health issues, health issues, hospitalizations, low intelligence, physical disabilities, criminal histories, domestic violence, and histories of parents being abused themselves as children) that were noted by one reviewer but not the other. These issues are often mentioned in the narrative of court reports, but not in a consistent way, so they may be overlooked in cases with many pages of court reports. In the final version of the case extraction form, these questions were consolidated into one item, and a response of "missing" is not assumed to mean that the parent(s) do not have these characteristics, but simply that no mention of them was identified in the case review. Another inter-rater reliability test was performed at the outset of the second phase of data collection, as a slightly different version of the data collection form was used. Information collected by the researchers using this form was consistent across 94% of the data. The few discrepancies that existed mostly pertained to court hearing data, such as dates of specific hearings and number of continuances, and on placement history data, which had to be constructed from court reports and was inconsistently recorded.

[2] Subject child and mother never separated (3), duplicate listing (1), subject child wrong age (1).

Each reviewer received training on how to interpret the case files and accurately complete the case extraction forms. In addition, the reviewers met with the principal investigator and the project coordinator periodically throughout the case review process to discuss questions that arose during the process and to clarify decision rules regarding the documentation of data. In addition, the case file reviewers were trained in the importance of maintaining the confidentiality of subjects. Security was ensured by the following:

- All files were delivered to a designated area by County staff, and all files were accounted for to County staff upon completion of the file reviews. No files were removed from the designated site except by County staff.
- Cases were identified on the extraction forms by case identification number, birth date of subject child, date of entry into care, and first name of the subject child and the subject child's mother. No last names, addresses or other personally identifying information was recorded.
- Completed case extraction forms were stored in a locked office at CSSR, to which only BASSC staff involved in the project had access.

Elements of the case files reviewed included face sheets, court reports, court order summaries, child abuse reports, out of home placement records and adoptability assessments. A review of case notes and other supplementary materials was beyond the scope of this project. Domains of information that were collected by the case review process included the following:

- Case status (open or closed)
- Judicial hearing sequence (including hearing dates, judges, continuances and reasons for continuances)
- Concurrent planning practices (including adoptability reviews and recommendations, adoption plans, and fost-adopt placements. For the second cohort reviews also included bypass and poor prognosis indicators, court report documentation of concurrent planning components, and bypass actions)
- Child characteristics (date of birth, gender, race, special needs)
- Parent characteristics (marital status, date of birth, race, education, employment status, history of substance abuse, criminal history, mental health, special needs)
- Household characteristics (homelessness)

- Case characteristics (date of entry into care, reason for detention)
- Child abuse reporting history (number of reports for subject child and for family)
- Out of home placements (dates, types, reasons for moving)
- Reunification plans (requirements and compliance)
- Case outcomes (reunification, adoption, adoptive placement, guardianship, kin or non-kin foster care).
- Poor prognosis indicators and bypass indicators (for the second cohort, more specific characteristics were gathered related to poor prognosis and bypass indicators, such as "parent from family with intergenerational abuse and/or grew up in foster care")

Data Entry

Data from the case record reviews were entered into SPSS for Windows version 7.0 for the first cohort, and SPSS 10.0 for the second cohort. A coding manual was developed that assigned a variable name to each item in the case extraction form and which documented data entry instructions and decision rules. For the first cohort, data entry was completed by the graduate students who completed the case file reviews, and one additional graduate student in social welfare. Once all of the cases had been entered, ten cases entered by each student were chosen at random (40 cases in total) and the data entered were reviewed by one student and the project coordinator to check for any systematic errors or differences. For two of the students, systematic errors were found involving the number of child abuse reports and the number of siblings of the subject child. All the cases entered by these two students were reviewed to correct any errors in entering the data for these two items. For the second cohort, data entry was done by one undergraduate assistant trained in issues of confidentiality. His work was reviewed by a graduate student researcher and the project director. No systematic data entry errors were found.

Data Analyses

The analysis of the case record data included three primary sets of analyses. First, simple comparisons using chi-square tests of association were made to assess differences in one-year outcomes between the two samples. Chi-square tests determine the probability that discrepancies between observed counts and expected counts are a result of random error alone.

If the p-value (probability) is very low (below .05), the null hypothesis of no association is rejected. Second, bypassed cases were removed from the sample, and simple chi-square tests of association between case characteristics, including bypass and poor prognosis indicators, and the outcome on remaining cases were conducted, to see whether any of these characteristics or indicators were associated with reunification. Bypass indicators were identified from federal legislation. The poor prognosis indicators were identified based on the concurrent planning risk-assessment tool developed by Linda Katz (Katz and Robinson, 1991) and adapted for use by Santa Clara county. For the purposes of these analyses, only parents from whom the subject child was removed were considered.

Finally, a set of logistic regression models were developed. Logistic regression is a set of statistical procedures for exploring the relationship between a set of independent variables (such as parent characteristics) and a binary response variable (such as reunified or not reunified). These methods produce summary statistics in the form of odds ratios that simultaneously adjust for all the variables in the model. These odds ratios allow the prediction of the likelihood of a potential outcome such as reunification for an individual with specific characteristics.

All variables utilized in the analysis were dichotomous (yes/no) variables. Cases were categorized as reunified if the child was returned to the parent(s) from whom he or she was removed. Cases that were bypassed were left in the sample, as the characteristics on these cases may have influenced bypass decisions, and because before conducting the analyses we could not be confident that bypassed cases always resulted in non-reunification. Additionally, removal of these cases would have resulted in a sample size too small for an effective analysis. For the independent variables, missing data were re-coded as "no." For example, if parental substance abuse was noted in the case review it was coded as a "yes." If it was cited as not an issue, or not mentioned in abuse or neglect reports or in reports to the court, it was coded as a "no."

The regression models were run using SPSS for Windows version 10.0. The analysis began with a full model using all variables that in a simple chi-square test of association with the dependent variable had p values <.20; that is, the degree of association that was suggested by the data between these individual variables and reunification was relatively strong, before

controlling for other variables (Few of the poor prognosis indicators or bypass indicators met this criterion, although a number of other variables in the data set did). In some cases, when two variables were strongly associated with each other, the variable that seemed the best proxy for the characteristic of interest was used in the model. For example, variables representing use of specific drugs were associated with the variable "parent had substance abuse problem," and were removed from the model.

Several logistic regression procedures were used. A backward step-wise regression was performed, in which insignificant variables were removed from the model one by one, based on which had the highest p-value. A forward step-wise regression also was conducted, in which variables are added to the model one by one based on which had the lowest p-value. A slightly different final model resulted from this procedure. The two models are described in the analysis section that follows.

RESULTS

Results are organized into four sections. The first section provides a brief overview of the characteristics of the children and families involved in the study, and highlights differences between the two cohorts that may affect the findings. The second section details the documented implementation of concurrent planning in Santa Clara county. In the third section, differences in case outcomes at one year between the two cohorts are reported. The fourth section reports the results of attempts to empirically evaluate the poor prognosis and bypass indicators adopted by Santa Clara county.

Child, Family, and Case Characteristics

Detailed tables of child, family and court procedure characteristics are included in the appendix. These data are highlighted below.

- Characteristics of children in care. Only children under the age of three were examined in this study. Many were infants: 21% of the first cohort and 28% of the second entered care at less than one month of age. A larger proportion of the first cohort compared to the second entered care over the age of two. Average age at entry to care for Cohort One was 11 months, and 8 months for Cohort Two. The ethnicity of the two cohorts varied: fewer children were identified as Caucasian in Cohort Two (17%) than in Cohort One (33). A substantial proportion of children in both cohorts were documented as having special needs: 56% in Cohort One and 47% in Cohort Two (see Table A-1).
- Characteristics of parents and families. Parental age varied little between the two cohorts (see Table A-2). The average age of mothers in both cohorts was 28; the average age of fathers was 32 in Cohort One and 30 in Cohort Two. Most other parental characteristics were comparable for the two groups, other than a slight decrease for Cohort Two in incarceration rates for mothers.
- Case Characteristics. Characteristics regarding where and from whom the children were removed varied little between the cohorts (see Table A-3). More children were removed from their parents for reasons which included neglect in the second cohort: 91% of these children had neglect as at least one of the reasons for detention, while only 79% of the

children in Cohort One did. Only 2% of the children in Cohort Two were removed due to physical abuse, compared to 12% in Cohort One.

- Judicial characteristics. Compared to the first cohort, continuances were less frequent in the second cohort at the detention hearings, but more frequent at the 6 month hearings (see Table A-5).
- Characteristics of time in care. Of children who reunified within one year, 67% of Cohort One and 40% of Cohort Two did so within six months (see Table A-6). Although California policy limits reunification services for children under the age of three to six months, 46 of the 64 children in the second cohort sample (72%) who had reunification plans remained in foster care after one year, not including fost-adopt homes. If fost-adopt is considered a foster care placement, the proportion rises to 51 out of 64, or 80%.
- Characteristics of the second cohort. More specific information was gathered for the second cohort than for the first cohort on the characteristics of incarceration and drug usage. Information was gathered regarding the portion of the case during which the parent was incarcerated. For primary parents (parents from whom children were removed) who were incarcerated, 82% were incarcerated during the first few months of the case; after that, rates drop off dramatically, with only about 20% incarcerated at other points (see Table A-7). Of the 60 known primary parents with substance abuse issues, over half used methamphetamines, about 30% used alcohol, and 40% used more than one drug (see Table A-8).

Implementation of Concurrent Planning Legislation

Before examining differences in outcomes, it is important to consider the degree to which new legislation has been implemented. For the second cohort, aspects of the legislation which we could expect to see evidence of in case files are listed below, with a description of their actual documentation in case files.

- Documentation of concurrent plan in jurisdictional court reports: The state legislation requires that concurrent planning be specifically mentioned in the jurisdictional court report. This documentation was rarely found in children's files.
- Use of fost-adopt homes in context of concurrent planning: As might be expected subsequent to the new state and federal legislation, use of fost-adopt homes increased in the

second cohort. However, the data suggest that fost-adopt homes seem to be used predominantly for children who do not have reunification plans, rather than for those children who might benefit from concurrent planning. For example, 72% of those children who were in fost-adopt homes at one year had parents who did not receive reunification services. Only 11% of the children in the 64 cases in which parents did receive reunification services had a placement coded as "fost-adopt" during any of the period of time they were in care. Additionally, it was often the case that foster placements "evolved" into fost-adopt placements, rather than being identified as such at the initial placement of the child into the home, as would be required for concurrent planning.

- Documentation of discussion of relinquishment of child with parent in jurisdictional court reports: Few cases were found (2 of 87) that indicated social workers discussed voluntary relinquishment of parental rights with parents. It is not clear whether such discussions did not occur, or whether they occurred but were not documented in reports to the court as required by new state legislation.
- Use of bypass indicators: Half of the cases in this sample had bypass indicators present in case circumstances as described by the Santa Clara prognosis tool and federal legislation. Half of these cases, or one-quarter of the entire sample, were bypassed. That is, reunification services were not offered to parents due to the presence of bypass indicators in the case. Of the three most commonly documented bypass indicators, "parent's mental disability preventing utilization of services" was utilized most frequently to deny reunification services by the agency and courts, with 8 of the 11 cases having the indicator, or 73%, being bypassed. In contrast, only 3 of the 23 cases with bypass indicator "serious history of substance abuse," or 13%, were bypassed, and 6 of the 16 cases, or 38%, with bypass indicator "sibling with terminated parental rights or permanent plan of adoption, long-term foster care or guardianship" were bypassed. Table 2 lists the bypass indicators, their prevalence in the second cohort, and the frequency with which they were utilized to bypass reunification services for families.

Table 2
Use of Bypass Conditions

Bypass Condition	# cases with indicator present	% of whole sample (n=87)	# cases bypassed	% of whole sample (n=87)
A. Parents' whereabouts unknown for six months	1	1%	1	1%
B. Parental mental disability preventing utilization of services	11	13%	8	9%
C. Sibling was removed, returned, and removed again from parental custody	4	5%	0	0%
D. Parent caused death of sibling	1	1%	1	1%
E. Parent caused severe emotional damage	1	1%	0	0%
F. Severe physical or sexual abuse to child, sibling, or half-sibling	2	2%	0	0%
G. Reunification terminated on sibling or half-sibling due to indicators C, E, or F	1	1%	0	0%
H. Parent found guilty of rape which conceived the child	0	0%	0	0%
I. Willful abandonment constituting a serious danger to the child	0	0%	0	0%
J. Sibling or half-sibling has permanent plan of adoption, guardianship, or long-term foster care, or termination of parental rights for sibling or half-sibling, and situation is unchanged	16	18%	6	7%
K. Parent convicted of a violent felony	3	3%	0	0%
L. Parent has extensive history of substance abuse and resisted treatment for three years prior, or failed to benefit twice	23	26%	3	3%
M. Parent stated doesn't want family maintenance services or family reunification services or to have the child returned	3	3%	3	3%
Unknown			3	3%
Any bypass condition	**45**	**52%**	**23**	**26%**

- Use of poor prognosis indicators: Although Santa Clara county has created a form listing poor prognosis indicators for use in identifying families that would be appropriate targets for concurrent planning, this form was not found in any case file, nor was any mention of its use found in a court report. Decisions regarding concurrent planning appear to be made by some other criteria (see Directions for Further Research). It may be that concurrent planning and targeting decisions are documented or discussed in case file narratives. However, a review of case narratives was beyond the scope of this project. Poor prognosis indicators were identified by reviewing court documents in which social workers described family

characteristics. Table 3 details the presence of poor prognosis indicators documented in case files.

Table 3
Use of Poor Prognosis Indicators

Poor Prognosis Indicators (from Santa Clara County Concurrent Planning Review Tool)	# in sample (n=87)	% of sample
1. Child experienced physical or sexual abuse in infancy	4	5%
2. Parent's only visible means of financial support is found in illegal activities	0	0%
3. Parent addicted to debilitating illegal drugs or to alcohol	60	69%
4. Documented pattern of domestic violence between spouses of one year or more, and parents refuse to separate	4	5%
5. Parent has recent history of serious criminal activity and jail	23	26%
6. Mother abused drugs or alcohol during pregnancy, disregarding medical advice	31	36%
7. Three or more CPS interventions for serious separate incidents	32	37%
8. In addition to emotional trauma, child suffered more than one form of abuse	21	24%
9. Other sibs placed in f-care or with rel for over six months, or had mult CPS placements	27	31%
10. Child abandoned, or parent does not visit of own accord	21	24%
11. CPS preventive measures or family preservation services have failed to keep child with parent	24	28%
12. Parent < 16 with no supp system; placement w/child failed due to par. behavior	2	2%
13. Parent asked to relinquish child more than once following initial intervention	5	6%
14. Parent grew up in foster care or group care, or in a family with intergen. abuse	22	25%
15. Parent has killed or seriously harmed another child through abuse/neglect, and no significant change has occurred	16	18%
16. Parent has repeatedly and with premeditation harmed or tortured this child	2	2%
17. Bypass ordered on a sibling or half-sibling due to bypass reasons J, K, L	1	1%
18. Parent has received/is receiving reunification services up to six months for sibling or half-sibling	24	28%
19. Parent has diagnosis of chronic and debilitating mental illness not responding to treatment	5	6%
20. Parent intellectually impaired, has shown signs of significant self-care deficits, and no support system of relatives able to share parenting	9	10%

Case Outcomes

As the intent of the new concurrent planning legislation is to improve permanency outcomes for children in foster care, one of the goals of this study was to examine differences in children's outcomes prior to the legislation (Cohort One) and subsequent to it (Cohort Two). Permanence is generally defined as any one of the following conditions: reunification, adoption, or guardianship. According to this definition, fewer children had permanent homes subsequent to the concurrent planning legislation: 30 out of 110 or 27% of Cohort One and 15% (13 out of 87) of Cohort Two had these types of permanent placements at one year, a statistically

significant difference at p<.037. If "permanency" is separated into "reunification" and "alternative permanent placement" (guardianship, adoption, or placement with previously non-custodial parent), it can be seen that most of this difference appears to be due to fewer reunifications. Very few children of either group were in alternative permanent placements at the end of one year: only 5.5% of Cohort One and 3.4% of Cohort Two. On the other hand, 21.8% of Cohort One reunified, while only 11.5% of Cohort Two did so (p<.057). This difference is not statistically significant at the 95% confidence level, but is very close and suggests a trend toward fewer reunifications.

Another outcome that might be considered in discussions of permanence is that of placement in a fost-adopt home. Children in a fost-adopt home at one year theoretically have a good "head-start" on permanence: they may still reunify, and if not, they are in homes in which caregivers have indicated they will commit to adopting the child if reunification fails. Cohorts differed in this outcome. About 9% of Cohort One children were living in fost-adopt homes at one year compared to approximately 21% of children in Cohort Two, a significant difference at p<.011. If this category is included in the definition of permanence, differences in the cohorts dissolve: 35% of Cohort One and 36% of Cohort Two children were in permanent homes according to this definition of permanency.

At one year, the proportion of children who remain in foster care was almost identical in the two groups: 64% of Cohort One and 63% of Cohort Two. Similar proportions of children were in kin care foster homes. Table 4 reports outcomes for children in the two cohorts. Another goal of the new legislation is to decrease the number of placements children have while in foster care, by having them placed as quickly as possible into foster homes which have the potential to become permanent. However, as Table 5 indicates, little difference can be seen in the number of placements between the two cohorts at one year.

Table 4
Outcomes at one year after entry into care

	Cohort One		Cohort Two	
	%	(n)	%	(n)
Case Outcomes	100%	(110)	100%	(87)
Reunified	22%	24	12%	10
Permanent Placement	6%	6	3%	3
Total in Permanent Care*	**27%**	**30**	**15%**	**13**
Fost-Adopt*	8%	9	21%	18
Foster Care	64%	70	63%	55
Unknown/Other	2%	2	1%	1
Type of Permanent Placement	100%	(6)	100%	(3)
Adoption	0%	0	67%	2
Legal guardianship	17%	1	0%	0
Non-custodial parent	83%	5	33%	1
Type of Outcome Foster Care	100%	(70)	100%	(55)
Kin	57%	40	55%	30
Non-kin	43%	30	45%	25

* Difference between cohorts is significant at p<.05

Table 5
Placement Stability

	Cohort One		**Cohort Two**	
	%	**(n)**	**%**	**(n)**
	100%	(110)	100%	(86)
Number of Placements				
1	27%	30	33%	28
2	46%	50	43%	37
3	20%	22	17%	15
4+	7%	8	7%	6
Average	2.1		2.0	
Maximum	6		5	

Predictors of a Poor Prognosis for Reunification

A major challenge of implementing concurrent planning legislation will be to develop valid risk-assessment tools that will assist social workers in determining which cases have the least likelihood of successful reunification, and therefore should either not be offered reunification services, or which should be the highest priority for concurrent plans that involve fost-adopt placements. For very young children in particular, it is important to identify those children who would be most appropriate for these alternative placements early on, to facilitate attachments and reduce the potential trauma of multiple placements. The State of California has developed a risk-assessment tool based on the work of Linda Katz, and this tool has been

adapted by California counties. The analysis that follows uses the second cohort sample to attempt to determine empirically whether the indicators from these tools do in fact predict failure to reunify.

Table 6 outlines the bypass and poor prognosis indicators for which data were available from the case review process, and which were present on at least five cases in the sample once bypassed cases had been removed. Reunification rates also are reported, along with the reunification rate for the sample of reunification services (RS) cases (cases that were not bypassed: n=64). Variables with reunification rates very different than the rate for the RS sample suggest a possible association of the variable with the outcome of reunification. However, the small sample size limited this analysis. Larger sample sizes might reveal significant associations this study was unable to detect. None of the bypass or poor prognosis indicators could be shown to have a significant association with reunification or non-reunification. Closest was poor prognosis indicator "parent grew up in foster care or in family with inter-generational abuse," with a p-value of .055. The Fisher exact test was used, which provides reliable results when sample sizes are small (Selvin, 1995).

Table 6
Reunification Rates for Bypass and Poor Prognosis Indicators: Cohort Two

	Cases with indicator		Reunif		Not Reunif	
	%	(n)	%	(n)	%	(n)
Cohort Two: Total in RS Sample	**100%**	**64**	**16%**	**10**	**84%**	**54**
Bypass Indicators						
Any bypass condition	52%	45	9%	4	91%	41
J (Sib w/TPR or PP)	9%	6	33%	2	67%	4
L (Hx substance abuse)	23%	15	13%	2	87%	13
Poor Prognosis Indicators						
3. (Substance abuse)	67%	43	12%	5	88%	38
5. (Criminal history)	27%	17	12%	2	88%	15
6. (Substance abuse while pregnant)	28%	18	22%	4	78%	14
7. (3+ CPS interventions)	31%	20	15%	3	85%	17
8. (Multiple forms of abuse)	17%	11	9%	1	91%	10
9. (Sib in foster care or w/rel > 6 mos)	22%	14	29%	4	71%	10
10. (Child abandoned)	19%	12	8%	1	92%	11
11. (Prepreventive services failed)	31%	20	20%	4	80%	16
14. (Grew up in foster care)	22%	14	0%	0	100%	14
15. (Killed or harmed other child)	9%	6	33%	2	67%	4
18. (Recvd reunification services > six mos)	20%	13	23%	3	77%	10

In addition to collecting data on poor prognosis indicators and bypass indicators, data on other characteristics of children and families were gathered to determine if these characteristics were related to reunification rates. In some cases, these characteristics defined bypass indicators or poor prognosis indicators more broadly. For example, a variable was coded "yes" if the parent had a history of any mental health problem, as compared to the more specific bypass indicator "Mental disability preventing utilization of services," or poor prognosis indicator "Parent has diagnosis of chronic and debilitating mental illness not responding to treatment." Those characteristics noted on at least five cases that were determined to be associated with reunification at $p<.20$ are listed below in Table 7. The Fisher exact test was used here as well. Those associations found to be statistically significant are listed first and noted with a star.

Table 7
Other Case Characteristics

	Cases with variable		**Reuuif**		**Not Reunif**		**Sig**
	%	n	%	n	%	n	
Cohort Two: RS Cases	**100%**	**64**	**16%**	**10**	**84%**	**54**	**NA**
Any continuance*	83%	53	9%	5	91%	48	.010
Neglect as reason for detention *	92%	58	8%	7	92%	51	.025
Parental unemployment*	42%	27	4%	1	96%	26	.035
Parent not incarcerated during case*	48%	31	26%	8	74%	23	.041
Continuance at dispositional hearing	25%	16	0%	0	100%	16	.055
Parent multiple drug use	25%	16	0%	0	100%	16	.055
Continuance at jurisdictional hearing	53%	34	9%	3	91%	31	.169
Parent mental health problem	16%	12	0%	0	100%	12	.186
Parent from family with intergenerational abuse	17%	11	0%	0	100%	11	.188

Because many of these variables are correlated with each other (for example, parents with substance abuse problems are more likely to have criminal histories or be incarcerated, and are more likely to have children who are born drug exposed), logistic regression models were developed to account for simultaneous and interacting effects. (The process of developing these models is discussed further in the methods section of this report). The summary statistic produced by logistic regression is known as an "odds ratio." The odds ratio indicates the likelihood of a particular outcome (in this case, reunification), given a particular configuration of indicator variables (e.g., parent characteristics or case characteristics). If, for a particular

variable or set of variables, the likelihood of reunification was equal, (e.g., if reunification occurred at the same rate for both unemployed and employed parents), the odds ratio would equal 1. In addition to testing simultaneously for the effects of the variables above, an interaction was hypothesized between substance abuse and incarceration, that is, parents who were known to have substance abuse problems and who were also in jail were expected to have more difficulty meeting the requirements of reunification within the time period available to them, compared to parents with only one of these indicators present.

Two logistic regression procedures were run, a backward stepwise method and a forward stepwise method, resulting in two different final models. Each model in its final form had two variables. While both final models included the variable "any continuance during case" as the most powerful predictor of reunification at one year, the second variable in the two models differed. Because of the small sample size, the confidence intervals around the odds ratio estimates are wide. Therefore, the odds ratio estimates will not be precise. More compelling than the precision of the estimate is the direction and significance of the finding.

In the first model, the odds ratio for parents whose cases have a court continuance during the process is .134 with a confidence interval of (.029, .609); that is, controlling for employment, the odds of a parent whose court case had a continuance reunifying within one year are estimated to be about 13% those of a parent whose case did not have such a continuance. The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between about 3% and 61%. The second variable in this model was "parental unemployment at time of child's placement." The odds ratio for unemployment, controlling for any continuance, was .109 with a 95% confidence interval of (.012, .959). This indicates that the odds of an unemployed parent reunifying within one year are about 11% that of a parent who is not known be unemployed, when controlling for the effects of a court hearing continuance during the case. The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between approximately 1% and 96%. This model explains approximately 28% of the variability in the data; that is, these two variables account for 28% of the difference between the actual data, and what would be expected if these case and family characteristics had no influence on whether or not a family would reunify. While the fullest model (which included all variables

associated with the outcome at p<.20) explains more of this variability, these additional variables individually did not have a significant, unique influence on reunification.

Like in the first model, in the second model having a continuance during the process reduced the likelihood of reunification within one year. The odds ratio for a parent whose case has a continuance is .147, or about 15% that of a parent who does not have a continuance, controlling for the effects of incarceration. In 95% of all populations sampled, odds ratios would fall between 3% (.033) and 66% (.661). This model used "parent not incarcerated during the case" as the second variable. The odds ratio for "parent not incarcerated," controlling for "any continuance during the case" was 6.018 with a 95% confidence interval of (1.126, 32.153). That is, the odds of a parent who was not incarcerated during some portion of the case reunifying with his or her child within one year are approximately six times those of a parent who is incarcerated during the case, controlling for continuances. In 95% of all such populations sampled, the odds ratio will fall between 1.13 and 32.15. This model accounted for approximately 27% of the total variability in the model. Table 8 reports both final models, and corresponding odds ratio estimates and confidence intervals.

Table 8
Logistic Regression Models of Reunification

	Model One		Model Two	
Variable	2 variables, n=87		2 variables, n=87	
	Odds Ratio	95% C.I.	Odds Ratio	95% C.I.
Any continuance during process	.134	(.029, .609)	.147	(.033, .661)
Parent unemployed at time of child's entry to care	.109	(.012, .959)		
Parent not incarcerated during portion of case			6.018	(1.126, 32.153)

DISCUSSION AND RECOMMENDATIONS

This study attempts to measure the impact of concurrent planning practices on children and families. Descriptive statistics show that while the two cohorts are comparable on a large number of variables, they differ on others, occasionally to a statistically significant degree. Differences are statistically significant for variables of child's age at entry, ethnic composition, child's special needs, mother's recent incarceration, and reasons for detention. While efforts were made to increase the likelihood of comparable groups by using a random sample in the first cohort, and including the universe of children entering care during the study period for the second cohort, the research design cannot account for changes that may occur in the population served by the county over time.

Regarding the implementation of concurrent planning, results reveal that concurrent planning appears to be inconsistently practiced in the agency. However, it should be noted that both state and federal policies had been in effect for only several months when the examination of cohort two began. Documentation of the concurrent plan and discussion of relinquishment with parents were almost nonexistent in jurisdictional court reports, although such documentation is explicitly required by new legislation. There was no indication that a tool or other systematic means was used to identify families least likely to reunify and target them for concurrent planning. While the placement of children in fost-adopt homes has increased overall, these placements are mostly limited to children whose parents were not given the opportunity to reunify, and who therefore were outside the context of concurrent planning policies. The aspect of new legislation most heavily utilized was the bypass option, in which reunification services need not be provided to parents when certain case characteristics are present. Enactment of this option precluded the use of concurrent planning on 26% of the sample. (In contrast, about 5% of parents from whom children were removed in the first cohort were not offered reunification services.)

In this sample there was statistically significant reduction in the proportion of children in permanent homes at one year subsequent to the passage of the concurrent planning legislation, including a marked decrease in the proportion of children reunified. For this sample, this lower reunification rate appears to be primarily due to the use of the bypass option. There was an

increase in the proportion of children who were in fost-adopt homes at the end of the first year. If fost-adoption is considered as close to adoption as can be expected at one year and permanency redefined to include this category, one year permanency outcomes from before and after the new legislation are comparable.

The bypass indicators are intended to assist child welfare agencies in determining which families are least likely to reunify, and therefore should not be granted reunification services. In this study, none of the identified bypass indicators has been shown empirically to effectively predict which families will not reunify. Using them to deny family reunification services may be premature, particularly when some bypass indicators are relatively common characteristics for families in the child welfare system. Bypass indicator "parent's mental disability preventing service utilization" existed on 11 of 87 cases, or 13% of the sample; bypass indicator " sibling has had parental rights terminated or has permanent plan," on 16 of 87 cases or 18% of the sample; and bypass indicator "parent has history of substance abuse dating back three years or failed twice to benefit from treatment" on 23 of 87 cases or 26% of the sample. One implication of the decrease in reunification rates may be that some of these bypassed families would have reunified had they been given the opportunity. A significant proportion of children do reenter the system after having been reunified, and it could be argued that use of the bypass option will decrease the proportion of children who re-enter the system by permanently removing children from their birth parents at the outset of the case. This argument may be strongest for the bypass indicator regarding parental substance abuse, given that substance abuse has been shown to be a "near perfect" predictor of re-entry (Frame, Berrick & Brodowski, in press). However, many substance abusing parents do successfully reunify with their children, and until it has been determined *which* substance abusing families are either unlikely to reunify, or whose children once reunified will re-enter the system, use of this indicator to bypass reunification services could be premature. Certainly removal of a child may be a highly motivating intervention for parents, even if the substance use is over three years in duration and/or two prior treatment attempts have failed as described by the bypass indicator. In fact this indicator is used selectively by the county, with only 13% of the cases with this indicator documented being bypassed. None of the bypass indicators could be shown to successfully predict a lowered

likelihood of reunification. Again, sample size limited the effectiveness of the analysis. Larger sample sizes might reveal significant associations that this study was unable to detect.

The analysis of the poor prognosis indicators shows similar results: none of the indicators was strongly associated with the variable of reunification (or non-reunification). If agencies are confident that concurrent planning services in no way compromise reunification efforts, such caveats regarding poor prognosis indicators are only a concern for agencies wishing to maximize use of scarce resources such as fost-adopt homes. If there is any possibility that concurrent planning services themselves adversely influence reunification, concerns regarding the poor prognosis indicators carry greater weight. Because a poor prognosis risk-assessment tool does not currently appear to be in use in Santa Clara, it is unclear by what means social workers are targeting families for concurrent planning services in the form of fost-adopt services (see Directions for Further Research).

The logistic regression identified only a few variables as having a significant and unique influence on reunification at one year, none of which were either bypass or poor prognosis indicators. These include "having a continuance during any portion of the case" – identified in both models – "parent unemployed" and "parent not incarcerated during case." The fact that a continuance decreases the likelihood of reunification in one year is not surprising; more interesting is that this was the most influential of all variables examined. Although the confidence interval for the estimate of the odds ratio was relatively wide in both models (.03, .61; .03, .66), both show a considerable reduction in the likelihood of reunification even at the highest end of the confidence interval (the odds of reunification being 66% or 61% that of a parent whose case does not have a continuance) and the estimates and confidence intervals are similar across both models. Reasons for continuances were identified only as either "contested proceedings" or "other reason." Most continuances in this sample were for reasons other than contested proceedings. The agency may have only a limited ability to influence this aspect of juvenile court procedure.

Similarly, it is not surprising that a parent who is not incarcerated during case proceedings is more likely to reunify within one year. Jail stays tend to be brief and occur in the

first months of a case, so an emphasis on effective delivery of reunification services while the parent is incarcerated might improve one year reunification outcomes for these families. It is not clear how unemployment influences reunification: somewhat surprisingly, it is not strongly associated with incarceration.

It should be noted that permanency outcomes in child welfare often take longer to achieve than one year. Characteristics of cases that predict a lowered likelihood of reunification at one year do not necessarily predict a lowered likelihood of reunification overall.

The practice wisdom of social workers in child welfare is extensive and valuable. However, it can be difficult to accurately identify large-scale trends based on individual practice experiences. Practice wisdom and applied research work well in tandem, with practice issues and theorized trends fueling research questions, and research results enriching social work practice. Findings from this study were not able to suggest that bypass indicators and poor prognosis indicators accurately identify those families unlikely to reunify, in part due to the small sample size. In the absence of any other empirical evidence validating their predictive power, using indicators as a basis for such important and far-reaching decisions as which families shall be denied the right to reunification services may be problematic. Similarly, using them to make decisions regarding the allocation of scarce resources such as fost-adopt homes also may be premature. It is important to keep in mind that the model of concurrent planning is built on the assumption of highly functioning fost-adopt families, social workers, courts, and supervisors. Training opportunities and workload levels must reflect these needs (Katz et al., 1994). Foster parents must work closely with birth parents, and both foster and birth parents require high levels of support throughout the process. Counties implementing concurrent planning must take steps to maximize the likelihood that concurrent planning will realize its potential benefits.

Finally, results should be interpreted with caution. In this quasi-experimental research design, the environment both within and external to the agency could not be controlled. Circumstances other than the implementation of concurrent planning policies could have influenced one year outcomes. Another potential limitation of these data is that they are

dependent upon information being known to social workers. In particular, parental characteristics such as substance abuse, mental illness and domestic violence may be underreported, since these issues may not always be brought to the awareness of social workers. In addition, the data collection was limited to information available in abuse and neglect reports and in reports to the court. Aspects of cases that were documented only in case notes or not documented at all could not be taken into account. Finally, due to the specificity of many of the indicators, in some cases the number of cases in the sample that had the indicator was too small for an effective statistical analysis, so conclusions could not be made one way or the other regarding the association of these indicators with reunification.

With regard to future studies, findings from the literature review and the quantitative study suggest a number of additional research questions that may be beneficial for the county to pursue. Identifying characteristics that reliably predict which families are unlikely to safely reunify, and targeting these families for a bypass of reunification services could save children years of impermanent foster care stays, and save counties money and resources. However, tools for this identification should be evidence-based to avoid depriving parents who otherwise might have reunified with their children the opportunity to do so. Similarly, identifying characteristics of parents less likely to reunify and targeting their children for concurrent planning could improve permanency outcomes. Therefore, further efforts at developing predictive models to target families least likely to reunify are warranted. A study involving a larger sample size would permit a better analysis and more definitive conclusions about the influence of indicators on reunification.

The one year time frame of the study period, while relevant given the reduced time lines for these very young children, to some extent limits the study's utility in examining outcomes that usually take longer to occur, such as adoption. Therefore, outcomes after two, three and four years in care are also of interest. In the same way one year outcomes from before and after the legislation were tested for significant differences, these longer-term outcomes could be tested to see if differences at one year persisted, shifted, or dissolved over time. Particularly important will be examining whether fost-adopt placements ultimately resulted in finalized adoptions for children. Also relevant would be comparing re-entry rates for reunified children from the second

sample with that of the first. Additionally, different variables may influence reunification at two, three and four years than at one year. Obtaining these longer term outcomes either for the children identified in this study for whom case characteristics are already available, or from a new, larger long-term study, and generating logistic regression analyses on these data might yield interesting results.

Several questions could be answered through further examination of this data set. For example, given that there seemed to be no tool used to target children for fost-adopt placements, how were such decisions made? For cases in which parents received reunification services, characteristics of cases in which children were placed in fost-adopt homes could be examined to see if they differed systematically from characteristics of cases in which children were placed elsewhere, which would hint at factors social workers take into consideration when targeting concurrent planning services. Additionally, while this study examined whether time to reunification was reduced subsequent to concurrent planning legislation, it also would be interesting to consider whether time to other outcomes, such as fost-adoption, was affected.

Other areas of inquiry would be best served by a qualitative approach. It is not clear from these data why placements coded as "fost-adopt" appear to be used primarily in cases where reunification is not a possibility. In fact, these caregivers may be "pre-adoptive" parents who are receiving foster care funds pending the formalization of adoption proceedings. Given the role fost-adopt families play in concurrent planning, further clarification of the distinction between these groups would be useful, so that supports can be targeted appropriately. In-depth interviews and focus groups with social workers could provide insights into these areas.

Findings from the logistic regression regarding the influence of continuances on timely permanence suggest that a more in-depth examination of factors that cause or contribute to such continuances would be important. This data set could be re-examined for patterns of continuance-granting among court judges such as that seen in the first cohort (Martin et al., 1999), and in-depth interviews and/or focus groups held with court personnel – judges, attorneys, and social workers – to identify contributing factors, and steps the county could take to address them.

Recommendations

1. Improve documentation of concurrent planning in court reports to comply with state law. While not every case is required to have an active concurrent plan, the concurrent plan most appropriate for each case must be determined, and the services involved detailed on the jurisdictional court report for every child removed from parental custody. The discussion with parents regarding voluntary relinquishment must be documented in the jurisdictional court report as well.
2. Distinguish between "fost-adopt" homes, and pre-adoptive homes receiving foster care funds. In the first category are caregivers who have make the difficult dual commitment to both support natural parents' reunification efforts, and to provide legally permanent care to the child should parents fail in their efforts. Given the challenges involved in this kind of care, these special foster parents should be utilized for this purpose, and provided with all appropriate supports and trainings.
3. Review use of some of the bypass indicators and consider modifications. There is no available empirical evidence to show that the presence of any bypass indicator predicts which families are less likely to reunify. Given the substantial decrease in reunification rates since the use of bypass indicators began, the agency may want to consider modifying them to target parents with multiple and extreme problems. For example, bypass indicators L(substance abuse) and J(permanent plan established for sibling) could be replaced with an indicator combining both circumstances so that both indicators must be present simultaneously on a case before bypass would be considered. Or, the criteria could be tightened, for example by intensifying the requirements to "prove" parents' mental disability prevents their utilization of services (bypass indicator B).
4. Work with courts to refine court hearing procedures. Results from the logistic regression suggest that efforts to expedite court processes and decrease continuances may positively impact one year permanency outcomes for children in foster care. While it is not clear to what degree the agency can influence the court process, it would be reasonable to do what is within the agency's power, such as ensuring court reports are submitted on time, and collaborating with court personnel to address the issue.
5. Improve provision of reunification services to incarcerated parents. Not being incarcerated increased a parent's likelihood of successfully reunifying within one year. Because most

incarcerated parents were in jail briefly toward the beginning of their child's stay in care, timely receipt of services while in custody might positively influence their progress toward reunification.

6. Improve data collection and recording for indicators. In order to be able to track and continue the evaluation of the indicators on larger samples without an in-depth research study, indicators should be identified in or incorporated into the CWS/CMS database, utilized by social workers and routinely analyzed by administrators.

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APPENDIX

DESCRIPTION OF RESEARCH INSTRUMENTS

Interested readers may obtain copies of the following items by contacting Pamela Choice, Director of the Bay Area Social Services Consortium Research Response Team at (510) 643-8480.

Reunification Prognosis Forms

Copies may be obtained of Santa Clara County Social Services Agency's Concurrent Planning Review materials. These materials allow social workers to document family strengths as well as poor prognosis indicators for family reunification.

Case Extraction Forms

Copies of the extraction forms used by researchers in their review of case records in San Mateo and Santa Clara Counties are available. These forms identify specific information that was extracted from children's case records.

Tables of Child, Parental, Family, Case, and Court Characteristics

Table A-1
Characteristics of Children Entering Care

	Cohort One		Cohort Two	
	%	(n)	%	(n)
Age at entry into care*	100%	(110)	100%	(87)
< 1 month	21%	23	29%	25
1-2 months	10%	11	6%	5
3-5 months	14%	15	15%	13
6-11 months	16%	17	20%	17
12-23 months	18%	20	29%	25
24+ months	22%	24	2%	2
Mean age	11 months		8 months	
Gender				
Female	50%	55	38%	33
Male	50%	55	62%	54
Race/Ethnicity				
African-American	14%	15	9%	8
Caucasian*	33%	36	17%	15
Hispanic	32%	35	41%	36
Mixed	12%	13	16%	14
Other	9%	10	8%	7
Unknown/ missing	1%	1	8%	7
Special Needs Documented				
Medical/ physical	25%	27	16%	14
Prenatal drug exposure	26%	28	34%	30
Developmental	15%	16	10%	9
Low birth weight	13%	14	7%	6
Other*	13%	14	2%	2
Any special need	56%	62	47%	41

* Difference between counties is significant at $p<.05$

Table A-2
Characteristics of Parents and Families at Child's Entry Into Care

	Cohort One		Cohort Two	
	%	n	%	n
Mother's Age				
<18	3%	3	7%	6
18-24	33%	36	30%	26
25-29	26%	29	23%	20
30-39	34%	37	40%	35
40+	4%	4	0%	0
Unknown/missing	1%	1		
Mean age	28		28	
Father's Age				
<18	0%	0	0%	0
18-24	19%	21	21%	18
25-29	17%	19	18%	16
30-39	29%	32	33%	29
40+	15%	16	7%	6
Unknown/missing	20%	22	21%	18
Mean age	32		30	
Mother's Race/Ethnicity				
Caucasian	39%	43	24%	21
Hispanic	33%	36	44%	38
African-American	13%	14	7%	6
Other/mixed	14%	15	17%	15
Unknown	2%	2	8%	7
Father's Race/Ethnicity				
Caucasian	28%	31	16%	14
Hispanic	29%	32	44%	38
African-American	7%	8	8%	7
Other/mixed	11%	12	14%	12
Unknown	25%	27	18%	16
Identified Parent Characteristics				
Substance abuse-mother	65%	71	66%	57
Substance abuse-father	43%	47	43%	37
Criminal history-mother	72%	79	61%	53
Criminal history-father	72%	79	66%	57
Incarcerated-mother*	46%	51	31%	27
Incarcerated-father	42%	46	40%	35
Mental illness-mother	23%	25	25%	22
Mental illness-father	7%	8	2%	2
Psychiatric hospitalization–mother	15%	17	10%	9
Psychoactive medication-mother	9%	10	10%	9
Domestic violence victim-mother	35%	38	33%	29
Sexually abused-mother	13%	14	13%	11
Homeless/at risk of homelessness	100%	(110)	100%	(87)
Yes	36%	39	24%	21
No	64%	71	76%	66

* Difference between counties is significant at p<.05

Table A-3
Case Charaeteristics at Entry into Care

	Cohort One		Cohort Two	
Characteristics	**%**	**(n)**	**%**	**(n)**
	100%	(110)	100%	(87)
Child removed from:				
Home	78%	86	70%	61
Hospital at birth	18%	20	22%	19
Hospital, not at birth	2%	2	3%	3
Relative or friend	1%	1	2%	2
Unknown/missing	1%	1	2%	2
Child removed from:				
Mother only	75%	82	69%	60
Father only	0%	0	3%	3
Mother and father	22%	25	28%	24
Other	3%	3	0%	0
Reason for detention				
Neglect*	79%	87	91%	79
Sibling abuse	17%	19	23%	20
No provision for support	20%	22	22%	19
Physical abuse*	12%	13	2%	2
Severe abuse, child<age 5	3%	3	1%	1
Emotional abuse	2%	2	1%	1
Sexual abuse	3%	3	1%	1
Death of a child	0%	0	1%	1
Freed for adoption	0%	0	0%	0
Cruelty	0%	0	2%	2
Other	9%	10	3%	3

* Difference between counties is significant at p<.05

Table A-4
Incidence of CPS Reports Prior to Child's Entry into Care

	Cohort One		Cohort Two	
	%	n	%	n
Cases with previous CPS reports	61%	67	68%	59
Three or more CPS reports	37%	32	52%	57
Timing of first CPS report	100%	(67)	100%	(59)
1 year prior	30%	20	46%	27
2 years prior	15%	10	5%	3
3+ years prior	55%	37	41%	24
Missing			8%	5

Table A-5
Number of Hearing Continuances

	Cohort One		Cohort Two	
	%	(n)	%	(n)
Detention*	100%	(93)	100%	(87)
0	65%	60	92%	80
1	20%	19	7%	6
2+	15%	14	1%	1
Max #	6		2	
Jurisdiction		(96)		(87)
0	19%	18	46%	40
1	28%	27	23%	20
2+	53%	51	31%	27
Max #	4		8	
Disposition	100%	(61)	100%	(86)
0	23%	14	66%	57
1	31%	19	15%	13
2+	46%	28	19%	16
Max #	14		6	
Interim			100%	(47)
0			85%	40
1			11%	5
2+			2%	1
Max #			2	
6-month*	100%	(82)	100%	(57)
0	56%	46	40%	23
1	28%	23	26%	15
2+	16%	13	33%	19
Max #	5		6	
12-month	100%	(64)	100%	(16)
0	42%	27	25%	4
1	19%	12	56%	9
2+	39%	25	19%	3
Max #	4		3	
Termination of Parental Rights	100%	(39)	100%	(34)
0	26%	10	41%	14
1	26%	10	29%	10
2+	48%	19	29%	10
Max #	12		3	

* Difference between counties is significant at $p<.05$

Table A-6
Time to Reunification (At one year)

	Cohort One		Cohort Two	
	%	(n)	%	(n)
Reunified cases	22%	24	11%	10
time from entry to reunification	100%	24	100%	10
0-3 months	46%	11	40%	4
3-6 months	21%	5	0%	0
6-9 months	21%	5	30%	3
9-12 months	13%	3	30%	3
Average time to reunification	4.26 months		5.83 months	

Table A-7
Cohort Two: Timeframe of Incarceration During Active Case

	Parent From Whom Child Removed	
	% of sample	(n)
Incarcerated during any portion of case	38%	33
Portion of case incarcerated	100%	33
0-3 months	82%	27
4-6 months	24%	8
7-9 months	18%	6
10-12 months	21%	7

Table A-8
Cohort Two: Type of Drug Used by Substance Abusing Primary Parent

Type of Drug	% of users	(n)
Any	100%	60
Alcohol	32%	19
Cocaine	18%	11
Marijuana	20%	12
Methamphetamine	58%	35
Other	20%	12
Multiple Drug Use	40%	24

Katz tool

Linda Katz developed an excellent form[7] to assess prognosis. The tool elicits both family strengths and poor prognosis indicators in a variety of subcategories. The criteria are not weighted, nor is there a formula to indicate prognosis. Rather, these are factors to consider in making the prognosis judgement.

Date: _____

Parent: _____
Name

Child: _____
Name Age

STRENGTHS IN FAMILIES

Parent-Child Relationship

1. ☐ Parent shows empathy for the child.
2. ☐ Parent responds appropriately to the child's verbal and non-verbal signals.
3. ☐ Parent has an ability to put the child's needs ahead of his/her own.
4. ☐ When they are together, the child shows comfort in the parent's presence.
5. ☐ The parent has raised the child for a significant period of time.
6. ☐ In the past, the parent has met the child's basic physical and emotional needs.
7. ☐ Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

Parental Support System

8. ☐ The parent has positive, significant relationships with other adults who seem free of overt pathology (spouse, parents, friends, relatives).
9. ☐ The parent has a meaningful support system that can help him/her now (church, job, counselor).
10. ☐ Extended family is nearby and capable of providing support.

[7] Katz, *Concurrent Planning*, p. 64-65 and 81-82

Past Support System

11. ☐ Extended family history shows family members able to help appropriately when one member is not functioning well.

12. ☐ Relatives came forward to offer help when the child needed placement.

13. ☐ Relatives have followed through on commitments in the past.

14. ☐ There are significant other adults, not blood relatives, who have helped in the past.

15. ☐ Significant other adults have followed through on commitments in the past.

Family History

16. ☐ The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.

17. ☐ The parent's own history shows consistency of parental caretaker.

18. ☐ The parent's history shows evidence of his/her childhood needs being met adequately.

Parent's Self-Care and Maturity

19. ☐ Parent's general health is good.

20. ☐ Parent uses medical care for self appropriately.

21. ☐ Parent's hygiene and grooming are consistently adequate.

22. ☐ Parent has a history of stability in housing.

23. ☐ Parent has a solid employment history.

24. ☐ Parent has graduated from high school or possesses a GED.

25. ☐ Parent has employable skills.

Child's Emotional, Cognitive and Social Development

26. ☐ Child shows age-appropriate cognitive abilities.

27. ☐ Child is able to attend to tasks at an age-appropriate level.

28. ☐ Child shows evidence of conscience development.

29. ☐ Child has appropriate social skills.

30. ☐ Major behavioral problems are absent.

Date: _____

Parent: _____
Name

POOR PROGNOSIS INCIATORS

Catastrophic Prior Abuse

* 1. ☐ Parent has killed or seriously harmed *another* child through abuse or neglect and no significant change has occurred in the interim.

*2. ☐ Parent has repeatedly and with premeditation harmed or tortured *this* child.

3. ☐ Child experienced physical or sexual abuse in infancy. (Treatment of parent may be so difficult and lengthy that child spends years in foster care.)

Dangerous Lifestyle

* 4. ☐ Parent's only visible support system and only visible means of financial support is found in illegal drugs, prostitution, and street life.

5. ☐ Parent is addicted to debilitating illegal drugs or to alcohol.

6. ☐ Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate.

7. ☐ Parent has a recent history of serious criminal activity and jail.

8. ☐ Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary.

Significant CPS/SCW History

* 9. ☐ Parental rights to another child have been terminated following a period of service delivery to the parent and *no significant change* has occurred in the interim.

10. ☐ There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect.

11. ☐ In addition to emotional trauma, the child has suffered more than one form of abuse, neglect, or sexual abuse.

12. ☐ Other children have been placed in foster care or with relatives for periods of time over six months duration or have had repeated placements with CPS intervention.

13. ☐ This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child is placed in subsequent care, the parent does not visit of his/her own accord.

14. ☐ CPS preventive measures have failed to keep the child with parent: home-based services; visiting public health nurse; homebuilders, therapeutic day care, and so forth.

15. ☐ Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent's behavior.

16. ☐ Parent has asked to relinquish the child on more than one occasion following initial intervention.

Inherent Deficits

* 17. ☐ Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy) which has not responded to previously delivered mental health services. Parent's symptoms continue, rendering parent unable to protect and nurture child.

18. ☐ Parent has a diagnosis of chronic and debilitating mental illness; psychosis, schizophrenia, borderline personality disorder, sociopathy, or other illness that responds slowly or not at all to current treatment modalities.

19. ☐ Parent is intellectually impaired, has shown significant self-care deficits, and has no support system of relatives able to share parenting.

20. ☐ Parent grew up in foster care or group care, or in a family of intergenerational abuse. (Unfamiliarity with normal family life can severely limit parent's ability to overcome other problems in their lives.)

*Category I: Extreme conditions making family reunification a very low probability.

Based on Foster Care Drift: A Risk Assessment Matrix, Child Welfare, by Linda Katz and Chris Robinson.

Reunification Prognosis Assessment

Child's name: _____

(First) (Middle) (Last)

CWS #: _____ Form Completion Date: _____

Section 1 -- Rule Out Reunification

Welfare and Institutions Code Section 361.5 (b) provides specific guidance on when reunification should not be offered. The standard of proof is clear and convincing evidence. Note, however, that the law does not prohibit provision of reunification services in these circumstances. Rather, the worker's assessment should determine if services could make a meaningful improvement in the ability to parent the child. If, in spite of these conditions, the agency decides that reunification services are warranted, the case should automatically become a poor prognosis case. Below are listed these specific conditions that may be used as a basis to order non-reunification. Check those that apply.

✓		Condition
	1.	unknown parental whereabouts for six months.
	2.	parental mental disability preventing utilization of services
	3.	a sibling has been a dependent who has been removed, returned, and then removed again from parental custody
	4.	parent caused the death of another sibling
	5.	parent caused severe emotional damage
	6.	severe physical or sexual abuse to the child, a sibling, or half-sibling
	7.	reunification has been terminated on a sibling or half-sibling due to number 3, 5, or 6 above
	8.	parent found guilty of rape which conceived the child
	9.	willful abandonment constituting a serious danger to the child
	10.	sibling or half-sibling has a permanent plan of adoption, guardianship, or long-term foster care. Also parental rights have been terminated for a sibling or half-sibling and the parent has not remedied the problem leading to this action.
	11.	parent convicted of a violent felony
	12.	parent has an extensive history of substance abuse and resisted treatment for three years prior to filing the petition or has failed to attend or to benefit from treatment at least twice.

Complete sections 2 and 3 on the reverse. Then, after reviewing all three sections, determine the reunification prognosis and enter it in section 4.

✓	Section 2 – Good Reunification Prognosis Indicators

	Parent-Child Relationship	
	1.	Parent shows empathy for the child
	2.	Parent responds appropriately to he child's verbal and non-verbal signals.
	3.	Parent has an ability to put the child's needs ahead of his/her own.
	4.	When they are together, the child shows comfort in the parent's presence.
	5.	The parent has raised the child for a significant period of time.
	6.	In the past, the parent has met the child's basic physical and emotional needs.
	7.	Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.
	Parental Support System	
	8.	The parent has positive, significant t relationships with other adults who seem free of overt pathology (spouse, parents, friends, relatives).
	9.	The parent has a meaningful support system that can help him/her now (church, job, counselor).
	10.	Extended family is nearby and capable of providing support.
	Past Support System	
	11.	Extended family history shows family members able to help appropriately when one member is not functioning well.
	12.	Relatives came forward to offer help when the child needed placement.
	13.	Relatives have followed through on commitments in the past.
	14.	There are significant other adult, not blood relatives, who have helped in the past.
	15.	Significant other adult s have followed through on commitments in the past.
	Family History	
	16.	The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
	17.	he parent's own history shows consistency of parental caretaker,
	18.	The parent's history shows evidence of his/her childhood needs being met adequately.
	Parent's Self-Care and Maturity	
	19.	Parent's general health is good.
	20.	Parent uses medical care for self appropriately.
	21.	Parent's hygiene and grooming are consistently adequate.
	22.	Parent has a history of stability in housing.
	23.	Parent has a solid employment history.
	24.	Parent has graduated from high school or possesses a GED.
	25.	Parent has employable skills.
	Child's Development	
	26.	Child shows age-appropriate cognitive abilities.
	27.	Child is able to attend to tasks at an age-appropriate level
	28.	Child shows evidence of conscience development.
	29.	Child has appropriate social skills.
	30	Major behavioral problems are absent..

✓	Section 3 – Poor Reunification Prognosis Indicators

	Catastrophic Prior Abuse	
	1.	Child experienced physical or sexual abuse in infancy (Treatment of parent may be so difficult and lengthy that child would spend years in foster care)
	Dangerous Lifestyle	
	2.	Parent's only visible support system and only visible means of financial support is found in illegal drugs, prostitution , and street life.
	3.	Parent is addicted to debilitating illegal drugs or to alcohol.
	4.	Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate.
	5.	Parent has a recent history of serious criminal activity ad jail.
	6.	Mother abused drugs/alcohol during pregnancy, disregarding medical advise to the contrary.
	Significant CPS History	
	7.	There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect.
	8.	In addition to emotional trauma, the child has suffered more than one form of abuse, neglect, or sexual abuse.
	9.	Other children have been placed in foster care or with relatives for periods of time over six months duration or have had repeated placements with CPS intervention.
	10.	This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child is placed in subsequent care, the parent does not visit of his/her own accord.
	11.	CPS preventive or family preservation measures have failed to keep the child with parent.
	12.	Parent is under the age of 16 with no parenting support system, and placement of the child and parent together has failed due to parent's behavior.
	13.	Parent has asked to relinquish he child on more than one occasion following initial intervention.
	Inherent Deficits	
	14.	Parent grew up in foster care or group care, or in a family of intergenerational abuse (Unfamiliarity with normal family life can severely limit parent's ability to overcome other problems in life.)

✓	Section 4 – Reunification Prognosis
	not applicable, non-reunification case
	poor prognosis
	good prognosis