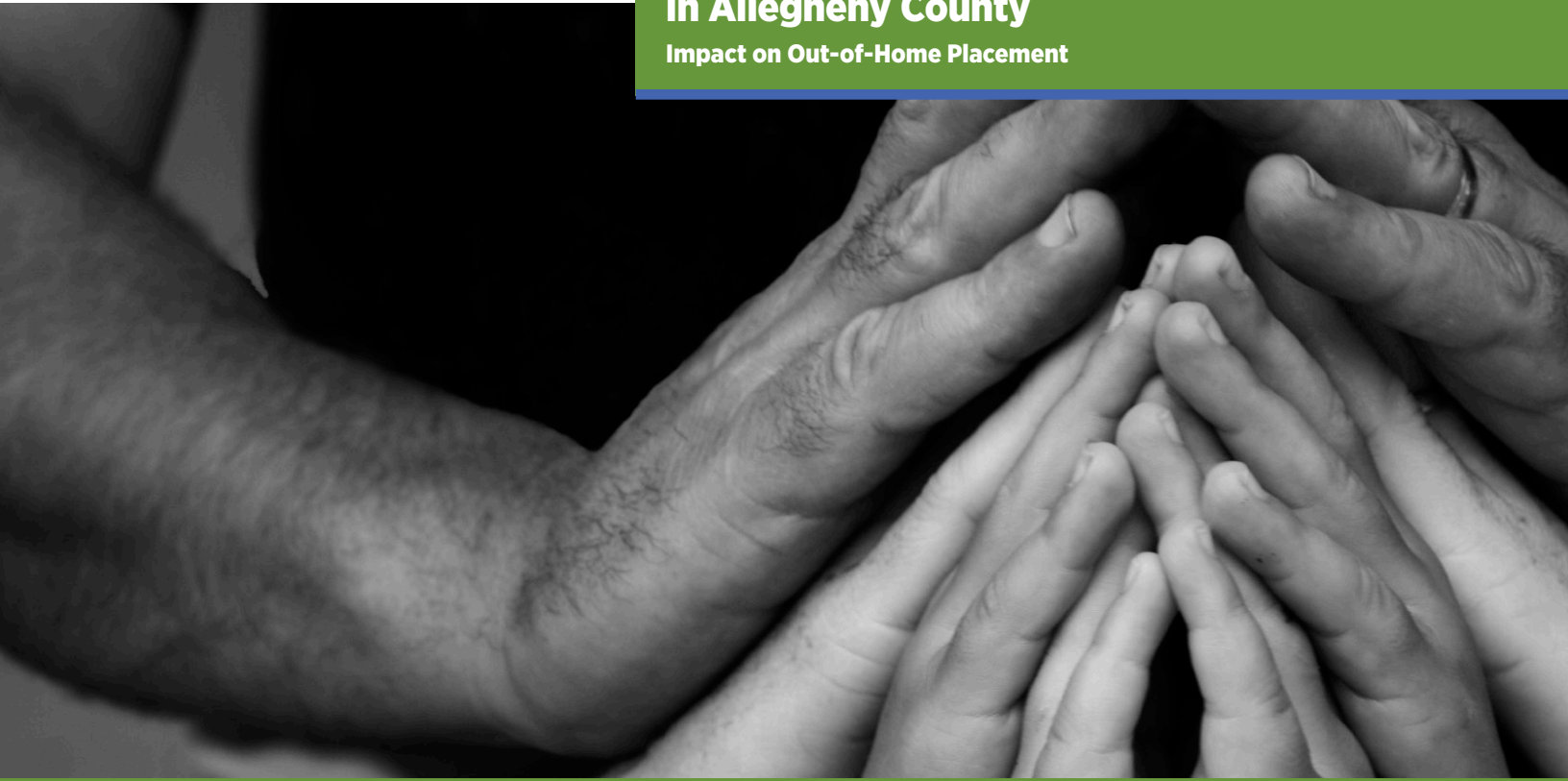


Family Group Decision Making in Allegheny County

Impact on Out-of-Home Placement



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EXECUTIVE SUMMARY

Background

In 1999, Allegheny County became the first county in Pennsylvania to implement Family Group Decision Making (FGDM), an intervention designed in New Zealand to improve safety and permanency for maltreated children. FGDM involves bringing a family's natural support system (e.g., extended family, friends, community members) to the table with the formal child welfare system when making critical decisions, including those related to placement. The Department of Human Services adopted FGDM as one of several approaches to improving placement outcomes for children. In 2011, with support from Casey Family Programs, The Department of Human Services commissioned Chapin Hall at the University of Chicago to evaluate the effectiveness of FGDM.

Approach

The evaluation examined children ever reported for maltreatment in Allegheny County from 2001 through 2010, including 2,908 children who received FGDM. It sought to accomplish two tasks: First, because FGDM can occur at varying points along a child's service trajectory, in order to understand when FGDM services were offered, children were classified into groups according to when FGDM occurred relative to out-of-home placement; and second, the impact of FGDM on each observed outcome was evaluated against a comparable group of children who did not receive FGDM. The three groups and their associated intended effects were:

1. Intervention Group 1: 2,216 children were at risk of a first out-of-home placement when FGDM was offered; the expected effect of FGDM was prevention of a first placement.

Executive Summary

(continued)

¹ While placement stability was another expected outcome of FGDM participation for Group 2, it was outside the scope of this research and not included in the analyses discussed here.

2. Intervention Group 2: 330 children were residing in an out-of-home placement when FGDM was offered; the expected effects of FGDM for these children were placement in the least restrictive setting, stability of placement and/or timely permanency.¹
3. Intervention Group 3: 362 children, having returned home after placement, were at risk of returning to placement when offered FGDM; the expected effect of FGDM was to prevent re-entry.

Findings

Despite the popularity of FGDM among consumers and professionals, for most children, FGDM did not appear to improve placement outcomes. Findings for some populations were more positive, especially for African American children and children placed with kin. However, these bright spots were not substantial enough to offset the overall findings.

Goal for Intervention Group 1: Prevent a first out-of-home placement.

- Overall, children who received FGDM were as likely to be placed as children in the comparison group.
- Among children who were placed, those who received FGDM early in their service history (after an initial maltreatment report and a case acceptance) were more likely to be placed with kin than children in the comparison group.
- Children who received FGDM deeper into their service involvement (after four, five or six service events²) were more likely to be placed than children in the comparison group.

² Service events include maltreatment report, case acceptance, referral to FGDM and placement.

Goal for Intervention Group 2: Reduce time to permanency.

- Overall, FGDM had no measurable impact on time to permanency.³
- However, children placed in kinship care achieved permanency somewhat faster than children in other placement settings.

³ Permanency included reunification and subsidized permanent legal custody (SPLC). Too few adoptions occurred for this exit type to be examined.

Goal for Intervention Group 3: Prevent re-entry into out-of-home care.

- Overall, there is some evidence that children who received FGDM re-entered out-of-home care sooner than children who did not.

Practice Implications

Implementation of public child welfare interventions requires two considerations if they are to demonstrate impact. For one, the magnitude of the intervention relative to the size of the child welfare population will determine whether or not system-level outcomes can change. In Allegheny County, 20,798 children were reported for maltreatment from 2001 through 2010 and therefore potential candidates for FGDM. However, only 2,908 (14 percent) actually received the intervention. Aside from startup during the first year, we cannot say why any given child did or did not receive FGDM, but wider application across the eligible population would be needed for FGDM to have system-wide implications.

Executive Summary*(continued)*

The second consideration is timing. Eligible children who received FGDM did so at various points along their service trajectories. The majority of children received it before they were ever placed (76 percent), but a notable portion received it after a placement spell already started (11 percent) or concluded (12 percent). The timing of the intervention should be aligned with the targeted outcome. There is no reason why FGDM cannot be used to address placement stability, permanency or re-entry, but a clearer statement of purpose might lead to better targeting.

Finally, it is possible that only certain children and their families received FGDM. Insofar as the evaluation did not use random assignment, it is possible that there was an impact on the population served that was too subtle to be detected with the methods used.

INTRODUCTION

In 1999, Allegheny County became the first county in Pennsylvania to implement Family Group Decision Making (FGDM), an intervention designed in New Zealand to improve safety and permanency for maltreated children. FGDM involves bringing a family's natural support system (e.g., extended family, friends, community members) to the table with the formal child welfare system when making critical decisions about the child's needs, including placement options. The Allegheny County Department of Human Services (DHS) adopted FGDM as one of several approaches to improving placement outcomes for children.

Allegheny County's adherence to the FGDM practice model was assessed in a separate study conducted by the Pennsylvania Child Welfare Training Program at the University of Pittsburgh.⁴ Team members completed surveys that included measurement of several domains related to the fidelity of implementation. Results show that Allegheny County scored very high on fidelity to the model in all three areas: cultural safety, community partnerships and family leadership. As the next step in evaluation, and with support from Casey Family Programs, DHS commissioned Chapin Hall at the University of Chicago to evaluate the effectiveness of FGDM.

⁴ www.pacwcbt.pitt.edu/Organizational%20Effectiveness/FGDM%20Evaluation%20PDFs/Final%20report%20-%20FGDM%20Survey.pdf. Retrieved 4/27/12.

Intervention Description

In Allegheny County, FGDM is organized as a separate unit within the DHS Office of Children, Youth and Families (CYF). The units are located in five community-based offices. Community-based providers also operate FGDM units. Referrals are made to the FGDM unit by child welfare staff or the Allegheny County Family Court. The Family Advocate from the FGDM unit contacts families; participation is voluntary. Initially, the CYF case manager, the Family Advocate and representatives from community-based organizations work together to identify solutions to the immediate needs of the family. Child welfare-mandated activities are conducted from a strengths-based approach, acknowledging both the presenting challenges and the protective features of families.

At the same time, natural supports (defined as significant and supportive partners with an interest in improving family outcomes) are identified by the family and contacted by the Family Advocate to determine interest in and appropriateness of inclusion in the family group. In conferences facilitated—but not led—by professionals, the team members come together to decide what should be done to ensure the safety and well-being of the child(ren).

Evaluation Approach

With support from Casey Family Programs, DHS hired Chapin Hall, a research and policy center at the University of Chicago, to evaluate the effectiveness of FGDM. The evaluation examined children ever reported for maltreatment in Allegheny County from January 1, 2001, through November 17, 2010, including 2,908 children who received FGDM. Those who had any CYF system contact prior to 1999 were excluded.⁵ The out-of-home placement data used for these analyses included child welfare, behavioral health, mental health and juvenile probation.

⁵ Data prior to 1999 were excluded due to issues with data quality. In addition, choosing a left censor date allows us to observe the full history of a cohort (i.e., those referred from 1999 through 2010).

FGDM Population

Table 1 describes the FGDM population. Participating children ranged in age from infants under one through 17-year-old youth, with the majority (68 percent) of referrals received for children under 12 years old. There was a roughly equal representation of males and females, and 68 percent of those children referred to FGDM were African American.

Referrals in recent years more than doubled from the early years of implementation because of increased funding and an increase in referrals from the family court.

TABLE 1: Descriptive Characteristics of All Children in Families Referred to FGDM

CHILD CHARACTERISTIC	NUMBER	PERCENT
Total Referred	2,908	100%
Age at Referral		
0	359	12%
1 to 5	986	34%
6 to 12	988	34%
13 to 17	575	20%
Race/Ethnicity		
African American	2,006	69%
White	826	28%
Hispanic/Other	76	3%
Gender		
Female	1,408	48%
Male	1,490	51%
Provider		
Face	1,099	38%
Small Seeds	308	11%
Touching Families	1,501	52%

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CHILD CHARACTERISTIC	NUMBER	PERCENT
Referral Year		
2001	4	0%
2002	119	4%
2003	169	6%
2004	240	8%
2005	312	11%
2006	356	12%
2007	232	8%
2008	437	15%
2009	600	21%
2010	439	15%
Report Reason*	2,387	84%
Parent-Child Conflict	262	9%
Unsafe/No Housing	102	4%
Neglect	538	19%
Physical Abuse	173	6%
Substance Abuse	79	3%
Sexual Abuse	28	1%
Truancy	105	4%
Other	1,100	39%

*Excludes 521 children whose FGDM referral was not immediately preceded by a maltreatment report (i.e., the referral was preceded by a placement or there was no report).

A family’s experience with FGDM can occur at any point along the child’s service trajectory, following a first report of maltreatment. As we show, this complicates the job of understanding whether the intervention has succeeded in preventing placement. We manage the issue by laying out the child’s service history, which serves two purposes: First, knowing the timing of the intervention provides information as to the type of effect we can expect from the intervention, and second, we can distinguish between families who are new to the system and those who may be different by virtue of a longer record of child welfare involvement.

Service events are the foundation of the service trajectory (see **Table 2**). The events, which are captured in the administrative data, include maltreatment reports, case acceptances, placements and FGDM referrals. Sorting the events in their temporal order forms a service trajectory.

A typical trajectory begins with a maltreatment report (REPORT) followed by a case acceptance (OPEN), as depicted in trajectory A. The vast majority of children have no further system contact. Other possible combinations of two initial events are presented in trajectories B through E. Children may have no further contact with the system beyond an initial report; they may be reported again; they may enter placement; or they may receive the FGDM intervention following that initial report.

TABLE 2: Sample Trajectories Given a First REPORT Event

TWO EVENTS GIVEN FIRST REPORT EVENT		
A: REPORT	OPEN	
B: REPORT	NO SECOND	
C: REPORT	REPORT	
D: REPORT	PLACE	
E: REPORT	FGDM	
THREE EVENTS GIVEN REPORT-OPEN PATH		
F: REPORT	OPEN	NO THIRD
G: REPORT	OPEN	REPORT
H: REPORT	OPEN	PLACE
I: REPORT	OPEN	FGDM

For those whose case is accepted following an initial report, the three event trajectories F through I represent the different ways the case may unfold. Children may have no further system activity after an initial report and case acceptance; they may be re-reported; they may be placed; or they may receive FGDM at the third event. Even limiting the view of service events to only these four types—reports, case acceptances, placements and FGDM referrals—there are many possible trajectories.

For our analysis, we place the FGDM event within the sequence of other events. This allows us to see at what point in a child’s system history the intervention is typically applied. **Table 3** shows when FGDM began relative to the child’s service history. Most commonly, FGDM is delivered either at the third event (for example, trajectory H in **Table 2**) or after the sixth event (such as a series of reports followed by FGDM).

TABLE 3: Position of FGDM Referral in Event Sequence

TIMING OF REFERRAL	NUMBER	PERCENT
Total	2,908	100%
1st Event	89	3%
2nd Event	402	14%
3rd Event	705	24%
4th Event	352	12%
5th Event	351	12%
6th Event	200	7%
After 6th Event	809	28%

The timing of the FGDM referral relative to the child's placement history frames how the intended effect is interpreted. Timing of FGDM referral was used to form one of three intervention groups. **Table 4** shows the three groupings: Group 1 has an intended effect of avoiding a first out-of-home placement, based on the fact that the FGDM occurred before the child was ever placed; the intended effect for Group 2 is to alter the course of a current placement because the FGDM occurred while the child was in placement; and Group 3 has an intended effect of preventing re-entry for those children who have already experienced an out-of-home placement. Again, this is because of when the FGDM occurred.

Table 4 shows that placement prevention was the intended effect in 76 percent of FGDM cases, preventing re-entry to foster care was the intended effect in 12 percent of cases, and attempting to alter the course of a current placement was the intended effect in 11 percent of cases. A sound analysis of whether the intervention succeeded in achieving these goals requires that we separately analyze each intervention group based on its expected effects and an appropriately selected comparison group. Important to note here is that, while the Group 2 expected effects include placement stability, this was not a focus of this analysis. This is because placement stability data were not reliable in previous years.

TABLE 4: Timing of FGDM Referral Relative to Placement and Expected Outcomes

INTERVENTION GROUP	EXPECTED EFFECTS	NUMBER	PERCENT
Total Referred		2,908	100%
Group 1: Referred before First Placement	Prevention	2,216	76%
Group 2: Referred during Placement	Least Restrictive Placement, Stability, Timeliness to Permanency	330	11%
Group 3: Referred between Placements	Re-entry Prevention	362	12%

In the section that follows, each intervention group is analyzed with respect to its expected outcomes.

ANALYSIS

Group 1: Placement Prevention

As shown in **Table 4**, most children (76 percent) received FGDM as part of the agency's efforts to prevent an initial placement and are included in Group 1. For this analysis, we are interested in whether or not children are placed in out-of-home care following FGDM services and, if placed, how long after FGDM the placement occurred. **Table 5** shows that 18 percent (388 of 1,828) were placed and that the largest proportion of those placed (29 percent) entered placement between one and six months following their referral to FGDM.

TABLE 5: Time from First FGDM Referral to Placement

INTERVAL	NUMBER	PERCENT
Total Placed after Referral	388	100%
Less than 1 month	62	16%
1 to 6 months	114	29%
6 months to 1 year	69	18%
1 to 2 years	74	19%
More than 2 years	69	18%
Not yet placed	1,828	

For the analysis that follows, 567 children with a REPORT/OPEN/FGDM event sequence were included in the intervention group. The likelihood of placement for these children was compared to the likelihood of placement for children with the same service trajectory (REPORT/OPEN) but who did not receive FGDM next. **Table 6** reports the results, as well as demographics and case characteristics of both groups.

TABLE 6: Descriptive Characteristics of Children with a REPORT/OPEN Trajectory

	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Total (n = 20,798)	567	20,231	100%	100%
Placed	67	1,927	12%	10%
Not Placed	500	18,304	88%	90%
Age at First Report				
0	147	3,834	26%	19%
1 to 5	175	6,223	31%	31%
6 to 12	152	6,160	27%	30%
13 to 17	93	4,014	16%	20%
Race/Ethnicity				
African American	373	10,208	66%	50%
White	170	8,395	30%	41%
Hispanic/Other	24	1,628	4%	8%
Gender				
Female	274	9,939	48%	49%
Male	289	10,154	51%	50%

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Report Reason	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Parent-Child Conflict	88	1,550	16%	8%
Emotional Abuse	1	105	0%	1%
Unsafe/No Housing	20	673	4%	3%
Neglect	156	3,187	28%	16%
Physical Abuse	37	2,095	7%	10%
Substance Abuse	22	557	4%	3%
Sexual Abuse	4	814	1%	4%
Truancy	17	1,253	3%	6%
Other	222	9,997	39%	49%

Children who received FGDM were slightly more likely to be placed (12 percent) than were comparison children (10 percent). Statistical modeling that controlled for the observable characteristics shown here indicates that the difference between the groups in the likelihood of placement was not significant.⁶ However, among those placed, the type of placement environment differed by group (Table 7). Twenty-four percent of children in the comparison group entered kinship care as a first placement as compared to 43 percent of the intervention children. Placement decisions typically aim for the least restrictive environment with attention to easing transitions, which often points to the desirability of kinship care. One caveat with these results is that the total number of children who entered placement following FGDM was only 67, and 29 of those children entered kinship care. Since the numbers are small, one should use caution when interpreting the distribution of these 67 children by placement type relative to the comparison group.

⁶ Statistical results for this analysis as well as for Intervention Groups 2 and 3 are available upon request.

TABLE 7: Placement Prevention Analysis: Placement Types for Children Placed Following a REPORT/OPEN Trajectory

PLACEMENT TYPE	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Total	67	1,927	100%	100%
Foster Care	10	455	15%	24%
Group Home	1	39	1%	2%
Independent Living	1	19	1%	1%
Kinship Care	29	455	43%	24%
Residential Care	1	18	1%	1%
Shelter Foster Care	11	342	16%	18%
Shelter Group Care	7	320	10%	17%
Juvenile Probation	7	259	10%	13%
Mental Health	0	20	0%	1%

We next examined several other subgroups of children, those who received FGDM at the third, fourth, fifth, sixth and seventh event, and compared them to similar children who had not received FGDM up to that point in their trajectories. For this analysis, the trajectories consisted of REPORT and OPEN events in any order. **Table 8** shows the probability that the next event was a placement for each of the subgroups in question. For example, among 665 children who received FGDM as the third event, 72 (11 percent) were placed as the next event. The comparison is 35,495 children who had two events. Among this group, 2,329 (7 percent) were placed as the next event. For each trajectory, children in the intervention group were more likely to be placed next than were children in the comparison group. Statistical modeling suggested that children who received FGDM at most of these later points in their service history tended to be placed faster than children who did not receive FGDM.

TABLE 8: Placement Prevention Analysis: Probability of Placement as the Next Event for Intervention and Comparison Groups

FGDM AFTER EVENT #	INTERVENTION						PRIOR EVENTS	COMPARISON					
	NUMBER			PERCENT				NUMBER			PERCENT		
	TOTAL	PLACED	NOT PLACED	TOTAL	PLACED	NOT PLACED		TOTAL	PLACED	NOT PLACED	TOTAL	PLACED	NOT PLACED
2	665	72	593	100%	11%	89%	2	35,495	2,329	33,166	100%	7%	93%
3	269	26	243	100%	10%	90%	3	20,829	919	19,910	100%	4%	96%
4	287	39	248	100%	14%	86%	4	14,286	863	13,423	100%	6%	94%
5	148	21	127	100%	14%	86%	5	9,164	502	8,662	100%	5%	95%
6	127	9	118	100%	7%	93%	6	6,226	331	5,895	100%	5%	95%

*For the FGDM group, "Not Placed" can be another report, case acceptance or nothing. For the comparison group, it could also be FGDM.

Group 2: Time to Permanency

Table 4 showed that 330 (11 percent) of FGDM services occurred during a placement, suggesting that the intervention was intended to speed movement to permanency for these children.⁷

Analysis of Group 2 includes children who were referred to FGDM during their first out-of-home placement (n = 243 or 8 percent of all children participating in FGDM services). Subsequent periods of placement into out-of-home care are qualitatively different, arguably resulting from a system failure during the first placement. **Table 9** shows how long it took for the FGDM referral to occur once the child was initially placed.

⁷ While placement stability was another expected outcome of FGDM participation for Group 2, it was outside the scope of this research.

TABLE 9: Time from Start of First Placement to First FGDM Referral

INTERVAL	NUMBER	PERCENT
Total Referred During First Placement	243	100%
Less than 1 month	76	31%
1 to 6 months	89	37%
6 months to 1 year	34	14%
1 to 2 years	23	9%
More than 2 years	21	9%

We compared these children to those who started their first placement spell but were not yet referred to FGDM before or during that spell. Children with a non-child welfare exit or whose report reason was sexual abuse are also excluded because there were no matching children in the comparison group. We also restricted the analysis to placements that began prior to 2009 in order to allow sufficient time to observe exits. We compare these children to those who started their first placement but were not referred to FGDM before or during that placement. **Table 10** outlines the descriptive characteristics of the children in the intervention and comparison groups.

TABLE 10: Descriptive Characteristics of Children in First Placement

	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Total (n = 6,711)	152	6,559	100%	100%
Prior Case Acceptance	105	3,436	69%	52%
No Priors	47	3,123	31%	48%
Age at First Spell				
0	30	1,674	20%	26%
1 to 5	64	1,967	42%	30%
6 to 12	35	1,260	23%	19%
13 to 17	23	1,658	15%	25%
Race/Ethnicity				
African American	119	4,038	78%	62%
White	32	2,410	21%	37%
Hispanic/Other	1	111	1%	2%
Gender				
Female	71	3,323	47%	51%
Male	81	3,232	53%	49%

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	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Cohort Year				
1999	0	458	0%	7%
2000	0	565	0%	9%
2001	3	501	2%	8%
2002	7	670	5%	10%
2003	17	737	11%	11%
2004	25	764	16%	12%
2005	18	749	12%	11%
2006	17	818	11%	12%
2007	26	656	17%	10%
2008	39	641	26%	10%
Report Reason				
Parent-Child Conflict	10	589	7%	9%
Emotional Abuse	0	56	0%	1%
Unsafe/No Housing	11	148	7%	2%
Neglect	65	1,398	43%	21%
Physical Abuse	10	479	7%	7%
Substance Abuse	4	106	3%	2%
Truancy	2	146	1%	2%
Other	48	2,149	32%	33%
No Report	2	1,488	1%	23%
Exit Type				
Adoption	10	1,427	7%	22%
Reunification	95	3,773	63%	58%
SPLC	21	303	14%	5%
Non-Permanent Exit	11	599	7%	9%
Unknown/Other	0	307	0%	5%
Still in Care	15	150	10%	2%
Last Placement Type				
Foster Care	47	2,444	31%	37%
Group Home	3	244	2%	4%
Independent Living	1	86	1%	1%
Kinship Home	88	2,265	58%	35%
Shelter Foster Care	4	508	3%	8%
Shelter Group Care	4	769	3%	12%
Residential Care	5	243	3%	4%

Table 11 details median time to permanency. The median time to permanency is the length of time before half of each group left placement to reunification or SPLC. That figure was 7.6 months for children who received FGDM during placement and 7.4 months for comparison children. While statistical modeling did not find a significant relationship between FGDM participation and faster permanency generally, it did suggest one for children in kinship care specifically. Among children in kinship care, intervention children exited to permanency twice as fast as comparison children, on average. Again, because the number of cases with a last placement type of kin is so small, the strength of this conclusion is modest at best.

TABLE 11: Median Time to Permanency

	INTERVENTION	COMPARISON
Total (months)	7.6	7.4
Last Placed with Kin	7.6	14.6

Group 3: Re-entry Prevention

Table 3 indicates that 362 (12 percent) of FGDM services occurred between placements, suggesting that the intervention was intended to prevent placement re-entry for these children. Analysis of Group 3 includes only children who were referred to FGDM after their first placement (n = 264, 9 percent of all children participating in FGDM services). **Table 12** shows the time between discharge from the first placement and referral to FGDM for this subgroup. Nearly half of the children received FGDM within six months of their initial reunification, while another 30 percent did not receive FGDM until more than two years after their initial return home.

TABLE 12: Time from First Placement Discharge to First FGDM Referral

	NUMBER	PERCENT
Total Referred After First Placement but Before Subsequent Placement, if Any	264	100%
Less than 1 month	70	27%
1 to 6 months	47	18%
6 months to 1 year	20	8%
1 to 2 years	47	18%
More than 2 years	80	30%

This analysis examines this group of children compared to children who exited their first placement but were not referred to FGDM. We exclude children whose first placement was after 2009 in order to allow enough time to observe re-entry. **Table 13** reports the descriptive characteristics of the two analysis groups and shows that babies and African Americans make up a greater share of the intervention group. Twenty-four percent of the intervention group and 44 percent of the comparison group re-entered out-of-home placement within one year of exiting their first spell.

TABLE 13: Descriptive Characteristics of Children at Risk for Re-entry

	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Total (n = 11,620)	252	11,368	100%	100%
Re-entered	61	4,985	24%	44%
Did Not Re-enter	191	6,383	76%	56%
Prior Case Acceptance	211	4,502	84%	40%
No Priors	41	6,866	16%	60%
Age at First Spell				
0	74	1,634	29%	14%
1 to 5	75	1,963	30%	17%
6 to 12	56	1,573	22%	14%
13 to 17	47	6,198	19%	55%
Race/Ethnicity				
African American	195	6,772	77%	60%
White	54	4,059	21%	36%
Hispanic/Other	3	537	1%	5%
Gender				
Female	123	4,288	49%	38%
Male	129	7,073	51%	62%
Cohort Year				
1999	8	498	3%	4%
2000	5	587	2%	5%
2001	6	525	2%	5%
2002	27	1,393	11%	12%
2003	33	1,267	13%	11%
2004	38	1,296	15%	11%
2005	24	1,292	10%	11%
2006	33	1,302	13%	11%
2007	29	1,139	12%	10%
2008	14	1,128	6%	10%
2009	35	941	14%	8%
Last Placement Type				
Foster Care	93	2,426	37%	21%
Group Home	5	248	2%	2%
Independent Living	0	90	0%	1%
Kinship Home	85	2,255	34%	20%
Shelter Foster Care	28	523	11%	5%
Shelter Group Care	22	830	9%	7%
Residential Care	4	246	2%	2%

(continued on next page)

	NUMBER		PERCENT	
	INTERVENTION	COMPARISON	INTERVENTION	COMPARISON
Juvenile Probation	12	4,310	5%	38%
Mental Health	3	425	1%	4%
Mental Retardation	0	9	0%	0%
MSRRT	0	6	0%	0%

However, statistical models of re-entry within one year of permanent exit, controlling for case and child characteristics, indicated that children who received FGDM generally re-entered faster than those who did not. Results from the model do suggest that African American children and children whose last placement was with kin re-entered more slowly if they received FGDM but not enough to alter the basic conclusion that FGDM did not influence re-entry rates.

TABLE 14: Median Time to Re-entry

	INTERVENTION	COMPARISON
Total (months)	19.0	25.3
Last Placement with Kin	6.5	4.6
African American	6.5	3.0

PRACTICE IMPLICATIONS

The Family Group Decision Making model recognizes the importance of family and other support systems in the life of a child, especially when making placement decisions. Family groups draw on the strengths of those people who have an interest in the well-being of a child in an effort to avoid placement away from home and other consequences associated with abuse and neglect. It is a sound idea, and it is thought that implementation at scale will lead to broad improvements in outcomes for children.

Results of this evaluation suggest that achieving at-scale impact with family group decision-making is difficult. Interventions within the public child welfare system have to touch a significant portion of the at-risk population before system-level impact can be expected. In Allegheny County, any child reported for maltreatment and accepted for services was a potential candidate for FGDM (20,798 children from 2001 through 2010), but only a fraction of those children received the intervention (2,908, or 14 percent). We cannot say why eligible children did not receive FGDM, but a wider use of FGDM across the eligible population would be necessary to achieve system-level impact.

Timing is a second consideration. Eligible children who received FGDM did so at various points along their service trajectories. The majority of children received it before they were ever placed (76 percent), but a notable portion received it after a placement spell already started (11 percent) or concluded (12 percent). The timing of the intervention should be aligned with the targeted outcome. There is no reason why FGDM cannot be used to address placement stability, permanency or re-entry, but a clearer statement of purpose might lead to better targeting.