

Children's Home Society: CaseAim Evaluation



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BACKGROUND AND PURPOSE

Child welfare case managers are responsible for handling high caseloads, increasingly more complex and severe cases, and time consuming administrative tasks. These responsibilities must be accomplished in an environment with limited organizational and community resources.¹ Job stress leads to high staff turnover in the field, which often results in negative outcomes for children, families, and agencies alike. While some circumstances surrounding workload are agency specific, child welfare literature highlights some universal themes among case management services that influence workload stress, such as time constraints and variability in caseload demands. Turnover is one of the most troublesome issues the child welfare system is facing. Research states that annual turnover rates typically range from 20 to 40 percent and have significant financial and service effects.²

There are also concerns for the safety, permanency, and well-being of the children and families receiving case management services. Studies have shown that turnover influences the outcomes for children in foster care by delaying time to permanency, increasing placement moves, increasing safety risks, reducing the quality of case management, and interrupting intervention services such as counseling and educational support.³

Recently, practice models such as alternative/differential response, family engagement, and systems of care initiatives have shown promising results in outcomes associated with children and families as well as worker retention. These program models focus on strategies targeted to 1) enhance worker process and support; 2) implement the program, make changes to practice and the system, address staffing challenges, and improve worker effectiveness. These changes are possible through consolidation of:

- requirements and processes
- tools
- technology
- alternative worker arrangements
- prevention and early intervention
- evidenced-based practice
- permanency initiatives
- continuous quality assessment and improvement
- shifts in organizational climate and culture
- reallocation of worker positions
- ditional positions made available within agencies
- careful selection of new staff
- the hiring of specialized support staff
- creating teams to work cases together to alleviate the stress of doing it alone
- concerted efforts on the retention of current staff through training and ongoing support and increased supervision.^{2,3}

Children's Home Society of Florida (CHS) responded to the challenges above through the application of technology. In collaboration with the Microsoft Corporation, CHS developed a new approach to case management through the implementation of CaseAIM, an innovative environmental change model that gives case managers the ability to carry out essential case-related tasks while in the field through a phone or tablet. Everything from home visit assessments to court documents can be worked on without the necessity of being in, or traveling to, the office. CaseAIM also utilizes Unified Service Centers staffed 24/7 by veteran case managers who can provide crisis intervention and service level supports such as referrals, workload mapping, and transportation to alleviate the burden it places on frontline staff.

The goal of CaseAIM is to enable case managers to spend more face-to-face time with clients, build strong worker-client alliances, identify case-appropriate community resources, collaborate on developing individualized case plans, and provide children and families with skills for success. CHS piloted CaseAIM in December 2015 in Orange and Seminole Counties.

RESEARCH METHODOLOGY

CHS contracted with the Florida Institute for Child Welfare (Institute) to conduct a two-part evaluation of CaseAIM. Utilizing a mixed methods approach, the Institute conducted both a secondary data analysis of information gathered in the Florida Safe Families Network (FSFN) to assess child outcomes, as well as a survey designed to gather primary data from key CHS stakeholders on their experiences related to the delivery and receipt of case management. The study design is based on the following CHS research questions:

1. Does care coordination differ between case managers who are using CaseAIM and case managers who are not using CaseAIM case management services?
2. Does engagement with clients differ between case managers who are using CaseAIM and case managers who are not using CaseAIM case management services?
3. Do child outcomes improve as indicated by child safety, permanency, and well-being for children receiving CaseAIM case management compared to children not receiving CaseAIM case management services?

RESEARCH METHODOLOGY (CONTINUED)

This study examines three elements of case manager care coordination and engagement: 1) case manager caseload; 2) number of child placements; 3) and number of child case managers. Higher caseloads are linked to staff turnover, which in turn, is linked to children experiencing multiple cases managers and placement moves. These events alone or in combination have the potential to negatively impact child outcomes for safety, permanency, and well-being.⁴

The Institute's study also examines child outcomes that are based on federal or state standards for child welfare programs. The following are statewide data indicators for federal compliance as well as state standards required to be entered into the Florida Safe Families Network (FSFN):⁵

1) Safety Category

- a. Of all children who exit foster care, what percentage had no verified maltreatment of abuse or neglect in the six-month period following their termination of supervision?

2) Permanency Category

- a. Of all children who enter foster care in a 12-month period, what percentage discharged to permanency within 12 months of entering foster care?
- b. Of all children who entered foster care during the reporting period and achieved permanency within 12 months of entry, what percentage did NOT re-enter foster care within 12 months of their permanency date?

3) Well-being Category

- a. Of all children who are in foster care at the end of the reporting period, what percentage have had a dental service documented in FSFN where the date of the dental service is within the seven months prior to the end of the report period?
- b. Of all children who are in foster care at the end of the reporting period, what percentage have had a medical service documented in FSFN where the date of the medical service is in the 12 months prior to the end of the selected report period.

The Florida State University Institutional Review Board (IRB) approved both parts of the CaseAIM evaluation.

QUANTITATIVE STUDY METHOD

CHS data were entered into the Florida Safe Families Network (FSFN), a child welfare information system developed to meet the federal and state reporting requirements. CHS of Central Florida was responsible for creating datasets for the study. The FSFN data were pulled from nine child welfare agencies in eight districts throughout the state. Case manager demographic data were collected from the CHS personnel record system. CHS electronically submitted the datasets to the Institute who organized the FSFN and personnel data into three datasets: Case managers, children (foster care), and providers (foster parents and relative/non-relative caregivers). Quantitative data was exported from the Qualtrics system and entered in SPSS v25 for analysis. The data was stratified into CaseAIM and non-CaseAIM groups using the information gathered about the counties in which participants currently experience CHS case management services. CaseAIM is currently only implemented in Orange and Seminole Counties.

The quantitative analysis analyzed the characteristics (e.g., age, race, gender) of both CaseAIM and non-CaseAIM groups, looked for differences and similarities between the groups, and tested the following hypotheses:

Case Manager Case Coordination and Engagement

1. The CaseAIM group will carry fewer cases (i.e., number of cases associated with one worker) than the non-CaseAIM group.
2. The number of placement moves (i.e., the number of placements per child) for the CaseAIM foster children will be fewer than the non-CaseAIM foster children.
3. The number of case managers per child for the CaseAIM group's foster children will be fewer than the non-CaseAIM group's foster children.

Child Outcomes Related to Child Safety, Permanency, and Well-being

1. The number of children exiting foster care to a permanent home within 12 months will be higher in the CaseAIM group than the non-CaseAIM group.
2. The number of children in foster care who received medical services within the last 12 months will be higher in the CaseAIM group than the non-CaseAIM group.
3. The number of children in foster care who received dental services within the last seven months will be higher in the CaseAIM group than the non-CaseAIM group.
4. The number of children who are not neglected or abused within six months of termination of supervision will be higher in the CaseAIM group than the non-CaseAIM group.
5. The number of children who do not re-enter foster care within 12 months of moving to a permanent home will be higher in the CaseAIM group than the non-CaseAIM group.

QUANTITATIVE STUDY PARTICIPANTS

The sample represents nine operating sites/locations and consists of all children and providers entered into FSFN and case managers entered into the CHS personnel record system between December 2015 and November 2017. The CaseAIM case management model was initiated in December 2015 and introduced in two of the nine counties. Although CHS provided data for both in-home and out-of-home cases, only out-of-home (foster care) cases were included in the final datasets to focus the analyses on the population of interest.

QUANTITATIVE STUDY KEY FINDINGS

Several key findings indicate positive results with CaseAIM with regard to children's outcomes. The most significant finding suggest that CaseAIM is having an impact on reducing a child's length of stay in care and achieving permanency within 12 months. CaseAIM children spend approximately three months less time in care than non-CaseAIM children. This is an important finding because a child's timely return to a safe and stable home improves the long-term prospects in multiple domains for children who have experienced abuse and neglect.⁶ See the full report at <https://ficw.fsu.edu/research-evaluation/research-reports> for more detailed information on the findings.

QUANTITATIVE STUDY KEY FINDINGS (CONTINUED)

TABLE 1: Summary of Quantitative Findings for Hypotheses 1 through 8

Hypotheses/Research Questions		Findings
1	Do CaseAIM groups differ on case manager caseload?	Yes^a – On average, CaseAIM case managers carry 14 cases, which are 5 fewer cases than the non-CaseAIM caseload of 19.
2	Do CaseAIM groups differ on the children’s number of placement moves during foster care stays?	Yes – On average, non-CaseAIM children moved 3.4 times compared to CaseAIM children’s moves of 2.8. If this decrease were applied to the non-CaseAIM group, it would result in 2,947 fewer placements moves.
3	Do CaseAIM groups differ on how many case managers are assigned to children while they are in foster care?	Yes – On average, non-CaseAIM children had 1.9 case managers compared to CaseAIM children who had 1.6 case managers. If this decrease were applied to the non-CaseAIM group, 1,474 children would have fewer case managers while in care.
4	Do CaseAIM groups differ on how many children achieve permanency within their first 12 months in foster care.	Yes – 61 percent of CaseAIM children exited foster care within 12 months compared to 45 percent of non-CaseAIM children. CaseAIM children spent approximately three fewer months in foster care than non-CaseAIM children.
5	Do CaseAIM groups differ on the number of children who receive medical services in a timely manner?	No –The results indicated that the CaseAIM groups did not differ significantly. Eighty-six percent of CaseAIM children received medical services in a timely manner compared to 84 percent of non-CaseAIM children.
6	Do CaseAIM groups differ on the number of children who receive dental services in a timely manner?	Yes – The results indicated that the CaseAIM groups differed significantly. Eighty-seven percent of CaseAIM children received dental services in a timely manner compared to 78 percent of non-CaseAIM children.
7	Do CaseAIM groups differ on foster care children who are not neglected or abused within six months of termination of supervision?	No – The results indicated that the CaseAIM groups did not differ significantly. Ninety percent of CaseAIM children were not maltreated within 6 months of discharge compared to 92 percent of non-CaseAIM children.
8	Do CaseAIM groups differ on the number of children who do not re-enter foster care within 12 months of moving to a permanent home?	No – The results indicated that the CaseAIM groups did differ significantly; however, the direction of change was not as hypothesized. More CaseAIM children re-entered foster care within 12 months than non-CaseAIM children.

^a “Yes” indicates a statistically significant result ($p \leq .05$).

SURVEY STUDY METHOD

The CHS CaseAIM Case Management Services Survey was exploratory in nature. Both open and closed ended questions were given to key CHS stakeholders (caregivers, case managers, guardians ad litem, and judges) throughout the state of Florida with the goal of gathering insight into the perspectives they have on CHS case management services. The sample was both convenient and purposive. CHS stakeholders were contacted via email to participate in the survey on a voluntary basis. A total of 133 responses were submitted with only 103 cases included in the analysis, giving an overall response rate of 19.9 percent. The instrument collected data using scaled and text response options.

Descriptive statistics were run as well as independent samples t-tests to explore mean differences between the CaseAIM and non-CaseAIM groups. The text responses were exported and hand coded for themes that emerged around differences between the CaseAIM and non-CaseAIM groups using content analysis.

SURVEY STUDY KEY FINDINGS

Eight themes emerged from the caregivers who responded to the survey: communication, timelines, transparency, support, advocacy, inconsistency, and effort. Guardians ad litem’s issues were similar to caregivers’ experiences with CHS case management services. Emergent themes for case managers include incongruence, time, resources, and communication. The themes that emerged for the judges consisted of communication, resources, burnout, and standards. For more information on the stakeholders’ responses, please reference the final CaseAIM evaluation report.

TABLE 2: Summary of Survey Findings for Hypotheses 1 through 2

Hypotheses/Research Questions		Findings
1	Does care coordination differ between those who are and those who are not using CaseAIM Case Management Services?	No – from all accounts, there is no difference in care coordination between groups. All stakeholders referenced high caseloads and insufficient communication as barriers to effective coordination of case management services with CHS.
2	Does worker engagement with clients differ between those case managers who are and those who are not using CaseAIM Case Management Services?	No – from all accounts, there is no difference in engagement with clients between groups. All stakeholders referenced high caseloads and insufficient communication as barriers to effective engagement with clients utilizing CHS case management services.

EVALUATION CONCLUSION

CaseAIM shows great promise as an effective case management model. CHS found that case managers spend approximately 75 percent of their time engaged in administrative tasks rather than in the field working with families and service providers. The CHS finding mirrors a Children's Bureau policy brief that reported "[child welfare] case managers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contacts or collateral contacts (p. 1)."⁷ CHS responded to the problem by designing and implementing CaseAIM, an innovative workforce intervention for case managers. CaseAIM incorporates best practices identified by the Children's Bureau, such as the inclusion of specialized units to support staff and help decrease paperwork and administrative tasks. Children's Home Society is at the forefront of utilizing technology in the social service domain.

Addressing the overwhelming tasks that case managers are expected to carry out on a day-to-day basis seems daunting. The CaseAIM framework attempts to alleviate some of the administrative burdens placed on case managers, which gives them more time to have direct contact with clients. This is all done with the goal of improving child and family outcomes.

The CaseAIM design of providing case managers with field-based technology and organizational support appears to be a promising practice model. However, the results are mixed. CaseAIM appears to outperform non-CaseAIM case management in several significant ways. The study found that CaseAIM case managers carry fewer cases than non-CaseAIM case managers, CaseAIM children in foster care have fewer placements than non-CaseAIM children, and CaseAIM children also have fewer case managers during a placement episode than non-CaseAIM children. While the quantitative evaluation of data showed statistically significant differences between groups, analysis of the survey data indicated that case managers both within the CaseAIM group as well as the non-CaseAIM group are perceived as overwhelmed with their caseloads. Significant improvement was found in the number of CaseAIM children achieving permanency within 12 months (61%) compared to the non-CaseAIM group (45%). However, the safety outcome for the number of children who are not neglected or abused within six months of discharge was not statistically significant. Likewise, the permanency outcome for the number of children who do not re-enter care within 12 months of discharge was not significant. Receipt of medical services in a timely manner was also not significant.

Overall, the evaluation of the CaseAIM pilot project warrants further evaluation using more rigorous designs, examining the linkages between multiple variables, and exploring potential pathways of change. Replication of the outcomes would also help to verify the findings and determine if they can be applied to other participants and circumstances; particularly as random assignment was not used in this study.

The results of this evaluation are comparable to previous research in the social work field in that stakeholders within CHS all unanimously reported the need for smaller caseloads in order to be effective at their jobs. Respondents who received services also reported that case managers are overworked, fatigued, and spread extremely thin. This theme was reported from CaseAIM participants as well as non-CaseAIM participants.

Clear and concise communication was also a common theme that emerged among all stakeholders in both the intervention and control groups. While there were caregivers who expressed satisfaction with the case managers on their cases, there were some in both the CaseAIM and non-CaseAIM groups who expressed frustration with the level of communication with the case managers on their cases. Caregivers discussed that information was only given if they pressed the case managers for it. Both CaseAIM and non-CaseAIM caregivers reported frustration with the necessity of pressing for information, as well as the lack of response to phone calls, emails, and text messages asking for information.

Emerging from the discussion of better communication with case managers was the desire for more *timely* communication. Stakeholders in both groups expressed the need to have more efficient responses to questions, comments, and concerns about the children's cases, stating that they thought it was detrimental to the outcomes of the children's cases if they are not able to receive the information they are looking for in a timely manner.

In the questions that gave scaled response options, there were higher levels of agreement and a more positive tone for the CaseAIM group compared to that of the non-CaseAIM group. However, the themes that emerged from the content analysis were the same for both groups and reflected a dissatisfied tone for case management services irrespective to the type of case management received.

Further, when asked to rate their level of agreement to statements that discussed case managers' care coordination and engagement, caregivers receiving CaseAIM case management services had statistically significant differences in responses compared to those who were not receiving CaseAIM case management services. This suggests caregivers were more likely to select 'strongly agree' or 'agree' in the scaled response options while simultaneously stating their dissatisfaction with their current case management services, reflecting an overall lack of communication and engagement with their case managers. This sentiment was reflected in the non-CaseAIM group as well.

Overall, it seems that the CaseAIM program has the potential to be beneficial for case management as a whole but needs further evaluation before that conclusion can be definitive. Based on the results of this evaluation, those who are currently utilizing CHS case management services would like there to be improved communication and smaller caseloads to increase the amount of time needed to engage families in direct services. This was the same conclusion for both CaseAIM and non-CaseAIM groups from all stakeholders who were questioned.

RECOMMENDATIONS

- There are many families in the system who have mental health concerns; the Institute recommends deeper examination of 1) if they are receiving services; 2) if the services are impacting mental health and case outcomes.
- Continued evaluation of CaseAIM is crucial. The next phase should examine at least two to three years of data to identify rate of re-entry and re-abuse.
- The next phase of evaluation should be a deeper dive into the experiences of CaseAIM case managers via focus groups and in-depth interviews. It is difficult to make a thorough assessment of case plan involvement, family engagement, quality of relationships etc., with administrative data. Focus groups and interviews could bring more depth to the information gathered in this evaluation.
- This evaluation of aggregate data is a great start to providing evidence for CaseAIM effectiveness. It is recommended that the next evaluation employs a random selection of cases for comparison, has a case file review component, and utilizes focus groups and interviews.

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