



ARKANSAS FAMILY FIRST PREVENTION SERVICES ACT EVALUATION

Family
Centered
Treatment[®]
Model

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Abstract

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) is supplying in-home parenting interventions for families entering child protective services. One intervention, Family Centered Treatment® (FCT), is a home-based intervention for families who are at risk of separation or who need intensive services to return from treatment facilities, foster care, group or residential treatment, psychiatric hospitals, and juvenile justice facilities. The FCT model is based on Eco-Structural Family Therapy and Emotionally Focused Therapy. Its services are appropriate for families with children ages birth to 17 years.

In Arkansas, the FCT model is implemented by two contracted providers: Saint Francis Ministries (St. Francis), which began providing services in February 2019, and Youth Advocate Programs (YAP), which began providing services in June 2020. DCFS contracted with researchers at the University of Arkansas for Medical Sciences, Department of Family and Preventive Medicine, Division of Research and Evaluation (UAMS-RED), to conduct a well-designed and rigorous outcomes evaluation for St. Francis' implementation of FCT (SF:FCT) as well as YAP's implementation of FCT (YAP:FCT). The major goals of this evaluation are to determine if FCT is successful in improving child safety (i.e., reduced entry into foster care, reduced maltreatment recidivism), permanency, and family and child well-being. The SF and YAP implementations were evaluated separately.

UAMS-RED's evaluation of FCT used a quasi-experimental design. The general method for determining the success of FCT on outcomes of interest was a cohort analysis. An intention-to-treat design was used to test differences in outcomes. For the SF:FCT comparisons, a larger sample enabled the evaluation team to conduct an additional outcomes analysis using the subsample of participants who successfully completed the intervention. To establish baseline equivalence of treatment and comparison groups, propensity score matches were performed. Propensity score match analysis is a selection bias reducing technique used to establish a comparison group in the absence of randomization.

FCT enrollees were matched with children who were potential candidates for FCT but did not subsequently enroll based on 1:1 match using the child's and caregiver's demographics, geographic and socioeconomic indicators, prior involvement with DCFS, allegation type, and other risk indicators. For the SF:FCT evaluation, children enrolled in the YAP implementation of FCT were excluded from the potential match sample. Similarly, those enrolled in SF:FCT were excluded from the potential match sample in the YAP analysis. Children in the comparison group are from a treatment-as-usual condition and may have had other services available in their community. Data extracts from the official record of child welfare information for DCFS, Children's Reporting Information System (CHRIS), were used for all propensity matching characteristics and program outcomes.

FCT is available in 44 Arkansas counties. St. Francis has provided services in 21 counties in the Northern and Eastern Arkansas and YAP has provided services in 23 counties in the Northern and Southern parts of Arkansas.¹ There were a total of 233 target children who were enrolled in SF:FCT prior to January 31st, 2023, who were identified in administrative data and eligible for matching. The outcomes examined in the current study include child safety and well-being. There were too few reunification cases (SF:FCT N=24) to examine child permanency.

A total of 108 target children were enrolled in YAP:FCT prior to April 31st, 2023, who were identified in administrative data and eligible for matching. The smaller YAP:FCT sample resulted in unbalanced propensity score matched samples for all outcomes except the intention-to-treat analysis of child safety outcomes. There were also too few reunification cases in the YAP sample (YAP:FCT N=11) to examine child permanency outcomes.

Child safety research question 1 examined whether children whose families were served by FCT have reduced entry into foster care following completion of the intervention as compared to a propensity-matched comparison sample. For the SF:FCT sample, in both the intention-to-treat comparison and subgroup analysis, there were no group differences in the prevalence of foster care entry at 6, 12, and 18 months post intervention. Similarly, there were no significant differences between the intervention and propensity-matched comparison samples for the YAP:FCT intention-to-treat analysis of foster care entry at 6 and 12 months following treatment.

Child safety research question 2 examined whether children whose families were served by FCT, that started services with a family preservation goal, have reduced entry into foster care during the treatment period compared to propensity matched non-FCT families. Analyses showed similar prevalence of foster care placement with no differences in the intention-to-treat comparison in the St. Francis and YAP implementations. However, families who successfully completed the SF:FCT program had significantly lower rates of foster care placements during the treatment period than children in the matched comparison group.

Child safety research question 3 examined children whose families were families served by FCT have reduced new true findings at 6, 12, and 18 months after completion of the intervention as compared to a propensity-matched comparison sample. In the SF:FCT implementation, there were no statistically significant differences at 6- and 12-months following treatment in the intention-to-treat comparison and the successful completion subgroup analysis. However, at 18-months, analysis showed more true findings for children whose families participated in SF:FCT compared to the matched comparison group in the intention-to-treat comparison. The finding for this period was not significant in the successful completion subgroup analysis. The intention-to-treat analysis of YAP:FCT found no significant differences in new true finding at 6 and 12 months post intervention.

Child well-being research question 5 examined whether children whose families were served by FCT have increased family functioning from protective services entry to exit at a higher rate compared to a propensity-matched comparison sample. We analyzed the *Youth Status* subscale of the Family Advocacy and Support Tool (FAST).² In the SF:FCT implementation there were no significant differences in change over time in both the intention-to-treat comparison and subgroup analysis. There were too few participants to evaluate this outcome in YAP:FCT.

Early evidence from this evaluation did not demonstrate a significant positive impact of Arkansas's SF:FCT and SF:YAP on child safety. However, the FCT programs in Arkansas are relatively nascent with both implementations beginning after or near the beginning of the COVID-19 public health crisis and most families included in this evaluation received services during the pandemic. Recent implementation fidelity reports^{1,3,4} document barriers in program implementation that are likely associated with the pandemic, including statewide systemic challenges that increased the referral of families who may not have been appropriate for

services, specifically through the court system. Further, YAP was placed on corrective action/performance improvement during the implementation covering this evaluation period. Thus, it will be important to examine outcomes in both implementations with a larger sample and over a longer period.

Study Description

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) is supplying in-home parenting interventions for families entering child protective services. Goals of the interventions are to prevent family separations or to hasten reunification when out-of-home placements are necessary. DCFS has implemented multiple interventions, one of which is Family Centered Treatment® (FCT).

DCFS contracted with researchers at the University of Arkansas for Medical Sciences, Department of Family and Preventive Medicine, Division of Research and Evaluation (UAMS-RED) to conduct a well-designed and rigorous outcomes evaluation for each intervention model. *The major goals of this evaluation are to determine if FCT is successful in reducing the removal of children from the home into foster care, reducing maltreatment and subsequent maltreatment, and reducing future involvement with the child welfare system with the overall goals of improving child safety, permanency, and well-being.*

FCT is an evidence-based, family stabilization program that is designed to serve children and youth three to 20 years of age and their parents.⁵ FCT is a home-based intervention for families who are at risk of separation or who need intensive services to return from treatment facilities, foster care, group or residential treatment, psychiatric hospitals, and juvenile justice facilities. The FCT model is based on Eco-Structural Family Therapy and Emotionally Focused Therapy.⁶ The goal of FCT is to support optimal relational health among family members thereby increasing effective connection and engagement.

The Children’s Bureau classified FCT as a “well-supported” intervention, and the California Evidence-Based Clearinghouse for Child Welfare (CEBC) categorizes it as a family stabilization program with Level 3 “Promising Research Evidence” and “High” Child Welfare Relevance.⁷ The model is not included in the HomVEE database of evidence-based home visiting models. The Nebraska Department of Health and Human Services commissioned a systematic review of the model using Title IV-E Prevention standards.⁸ Reviewers concluded that the model should be designated “Well Supported.” As of October 2021, the Title IV-E Prevention Services Clearinghouse rated FCT “Supported”.

Intervention Condition

The model delivers counseling, skills training, interventions, and resource coordination that are strength-based and trauma-informed. Treatment involves all members of the “family constellation.” Families define who is in this constellation and may invite outside the nuclear family to participate. FCT treatment consists of four phases.

1. **Joining and Assessment Phase:** Using a suite of three instruments, Family Centered Evaluation®, families work with a clinician to identify changes or improvements needed in

family functioning. The instruments address family resiliency, family life cycles, and generational patterns.

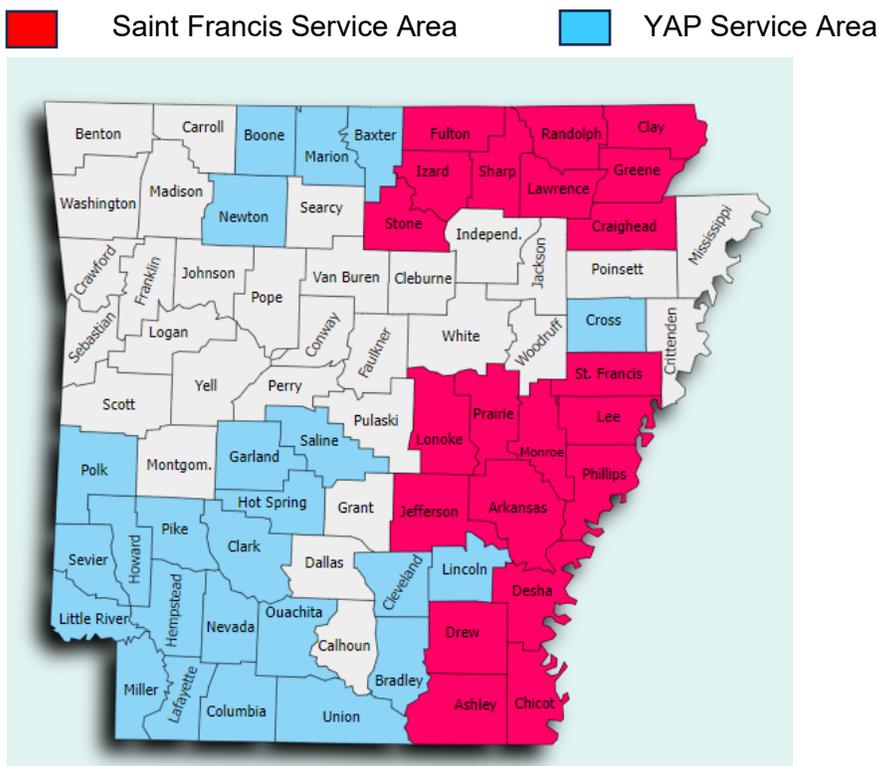
2. Restructuring Phase: The clinician and the family use the goals set in the first phase to negotiate common daily tasks among family members. This phase calls on family members to identify and shift their interaction patterns.
3. Valuing Changes Phase: Families self-evaluate reasons for making changes and identify how changes are useful not only for getting through a current crisis but also for future daily living or family situations. FCT developers point out that this phase is a unique feature in comparison to other family intervention models.
4. Generalization Phase: Families report on how they are applying new skills and patterns to cope with crisis or daily functioning. Clinicians help them analyze whether they can sustain these skills without further external assistance.

A detailed exposition of the Family Centered Treatment model can be found in *The Definitive Report for Family Centered Treatment*.⁹

Program Implementation

As seen in Figure 1, the FCT model in Arkansas is implemented by two contracted providers: Saint Francis Ministries (SF:FCT) and Youth Advocate Programs (YAP:FCT). St. Francis began providing services in February 2019 and has provided FCT in 21 counties in the Northern and Eastern parts of Arkansas.¹ YAP began providing services in June 2020. YAP has provided services in 23 counties in the Northern and Southern parts of Arkansas.¹

Figure 1. Family Centered Treatment Service Areas.



FCT requires a minimum of two multi-hour sessions per week excluding the enrollment period in the first month and separation phase in the last month of treatment. Lengthier and more frequent sessions are available based on assessed need. Duration is individualized based on each family's needs, progress, and self-perception with an average treatment duration of 6 months. In the SF:FCT study cohort, the average duration of treatment for families that successfully completed the program was close to 6 months (177 days: interquartile range 146 to 192 days). In the YAP:FCT study cohort, the average duration of treatment for families that successfully completed the program was 158 days: interquartile range 114 to 192 days), however YAP:FCT was under corrective action with the FCT Foundation during this period of implementation.

Clinicians must participate in a 100-hour certification process. Clinicians take an online self-study training called *Wheels of Change*®. As they take the course, they apply these skills in the field. Then certified FCT trainers conduct a performance evaluation of the clinician.⁶

Licensing, training, and implementation support are provided by the non-profit FCT Foundation. In addition to requiring 100 hours of certification, FCT has the following requirements for implementation:⁶

- Training of supervisors to enable approved FCT supervisor status.
- Peer supervision via a weekly team meeting process.
- Monthly staffing of each FCT case utilizing a family systems model of review.
- Supervision to assure fidelity to the FCT model.
- Generation of key treatment-related documents for each case, which helps create family goals and plans, notate movement through each treatment phase, and demonstrate model fidelity.

In 2022, SF:FCT was provided by 33 individuals (4 providers in area 3, 9 providers in service area 7, 11 providers in service areas 8 and 9, and 9 providers in service area 10). Practitioners averaged 41 years of age and the majority were female (87%). All staff with SF:FCT held at least a bachelor's degrees (9 with graduate degrees) and they reported 4.74 average years of experience. YAP:FCT was provided by 13 individuals (8 providers in service area 4 and 5 providers in service area 5). Practitioners averaged 35 years of age and the majority were female (99%). All staff held at least a bachelor's degree (2 with graduate degrees) and they reported a minimum of 1 year of experience.

Implementation Fidelity

The FCT Foundation has established 15 core Adherence Measures that help organizations and practitioners maintain fidelity.⁷ These are written records for the various phases of treatment. They are produced during the treatment process for each client. Families participate in all measures except a case review instrument. These records are indicators of progress and can be used to quantify the degree of fidelity of services each family has received.

In Arkansas, FCT fidelity is monitored using the Adherence Measures through a contract to the Public Consulting Group, LLC. The first fidelity reports (2020, 2021) examined the fidelity of the SF:FCT and YAP:FCT programs combined. Selection for inclusion in the fidelity monitoring

was completed by taking a random sample of families served. In those reports, they examined the fidelity of services in 6-month cohorts. Cohorts 1, 2, and 3 included families enrolled between October 1st of 2019 and March 31st of 2020 (thereby representing only families served by SF:FCT), April 1st and September 30th of 2020, and October 1st, 2020, to March 31st of 2021, respectively. The fidelity report published in June 2022, re-examined Cohort 3 and provided new data for Cohort 4 (families served from April 1, 2021 to September 30, 2021) separately by implementation. The most recent fidelity report, published March 2023, includes outcomes for families from Cohorts 5 (October 1, 2021 and March 31, 2022) and 6 (April 1, 2022 and September 31, 2022).

The studies examined fidelity based on a threshold defined by the FCT Foundation, such that "...the general expectation for an organization or site with less than two years of implementation since the program's launch/licensing date is that approximately 50 percent of the competency, leadership, and organizational drivers are in place or met." (pg. 10). Across the core measures, there were areas identified as in need of improvement, including service dosage and service completion. A summary of SF:FCT and YAP:FCT implementation fidelity measures are provided in Table 1.

Service dosage was measured against two minimum visitation benchmarks; families received a minimum of two sessions per week (model fidelity) and families received a minimum of three or more sessions (contracted services). For each of these constructs, FCT was below 50% in fidelity Cohorts 1 and 2. The measurement of service dosage also includes sessions that last at least 90 minutes. This fidelity measure was met in fidelity Cohort 1 but not in Cohort 2.

The 2022 and 2023 report that separates out fidelity for SF:FCT and YAP:FCT documented differences between the agencies. Families served by SF:FCT received a minimum of two sessions per week (model fidelity) at 54% in Cohort 3, 75% in Cohort 4, 92% in Cohort 5, and 75% in Cohort 6. Families served by YAP:FCT received a minimum of two sessions per week at 33% in Cohort 3, 70% in Cohort 4, 30% in Cohort 5, and 44% in Cohort 6. When examining the number of sessions that last at least 90 minutes, this measure was met in SF:FCT by 92% of Cohort 3, 100% of Cohorts 4 and 5, and 94% of Cohort 6. In YAP:FCT, the compliance rate was 44% of Cohort 3, 90% of Cohort 4, 40% of Cohort 5, and 100% of Cohort 6.

In the measurement of service completion, the standard states, "excluding cases classified as non-starters, the FCT Foundation proposes that 80 percent or more of families should be

Table 1. Implementation Summary		
	SF:FCT	YAP:FCT
<i>Families receive 2 sessions/week</i>		
Cohort 3	54%	33%
Cohort 4	75%	70%
Cohort 5	92%	30%
Cohort 6	75%	44%
<i>Sessions are at least 90 minutes</i>		
Cohort 3	92%	44%
Cohort 4	100%	90%
Cohort 5	94%	40%
Cohort 6	94%	100%
<i>Sessions are at least 90 minutes</i>		
Cohort 3	92%	44%
Cohort 4	100%	90%
Cohort 5	94%	40%
Cohort 6	94%	100%
<i>80% successfully complete</i>		
Cohort 3	0%	0%
Cohort 4	33%	0%
Cohort 5	100%	0%
Cohort 6	0%	0%
<i>All 4 phases completed >75%</i>		
Cohort 3	Yes	Yes
Cohort 4	Yes	Yes
Cohort 5	Yes	No
Cohort 6	Yes	No

able to successfully complete the program...”. The fidelity monitoring reports indicated a 71% and 62% successful completion rate for fidelity Cohorts 1 and 2. However, there were no successful completions in the Cohort 3. The 2023 report documents that this measure was met in SF:FCT by 33% of Cohort 4, 100% of Cohort 5, and 0% of Cohort 6. In Cohorts 3, 4, 5, and 6, no families were discharged from YAP:FCT for successful completion of the program.

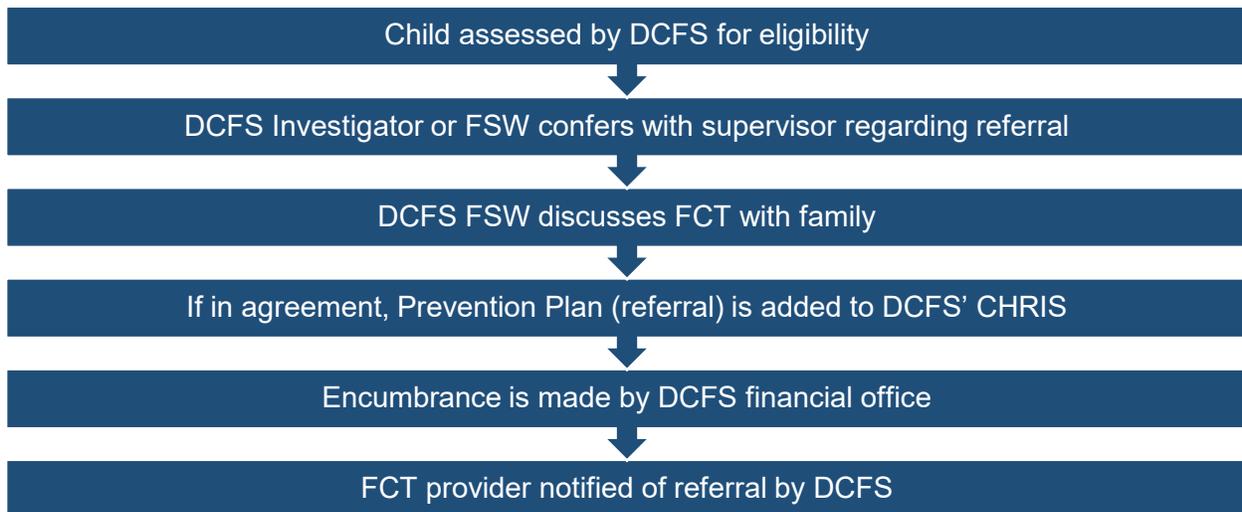
Finally, FCT requires that at least 85% of families meet program fidelity for the 4 phases of the intervention. The fidelity report documented SF:FCT was above 75% for all 4 phases within fidelity Cohorts 3, 4, 5, and 6, for families who were within that phase of the intervention. The fidelity report documented YAP:FCT was above 75% for all 4 phases within fidelity Cohorts 3, 4, but was below the threshold for the Restructuring (7%) and Value Change (7%) Phases in Cohort 5, and for the Generalization (17%) Phase of Cohort 6.

Setting

The FCT model is implemented in families’ homes, but there was a transition from in-home to telehealth services resulting from the COVID-19 pandemic. The 2022 and 2023 PCG reports documented 56%, 70%, 79% and 88% of sessions were delivered by SF:FCT in the home during Cohorts 3, 4, 5 and 6, respectively. For YAP:FCT, 70%, 94%, 97% and 97% of sessions were delivered in the home during Cohorts 3, 4, 5 and 6, respectively.

Referrals to FCT are provided from DCFS staff at both contracted agencies. Referral procedures for FCT are shown in Figure 2. After the referral by DCFS, an FCT representative acknowledges receipt of the referral and notifies DCFS if/when a provider has been assigned.

Figure 2. DCFS Referral Process



Comparison Conditions

The comparison condition is treatment as usual. Families eligible to be included in the comparison group were those identified in CHRIS and these families may have received typical services available for the population in the study. According to the state of Arkansas’ Title IV-E

Prevention Program Plan for 2020-2024,¹⁰ existing services include in-home parenting support and mental health interventions. In-home parenting support programs include FCT, SafeCare, Triple P Parenting, and Youth Villages' Intercept.¹¹

DCFS also funds Intensive Family Services (IFS) Program – which exists in 20 counties (31% of the state) that do not have IIHS.¹¹ These programs are like IIHS programs in that they offer an array of services including time-limited intensive counseling, skill building, support services, and referrals to resources that target the needs of the family. Like IIHS, the primary intent of IFS is to prevent out-of-home placements of children; however, it is also used to support a reunification of children with their families. Services are available for 4 to 6 weeks and are provided in family homes or in alternative natural environment settings. DCFS procures contract providers throughout the state to offer IFS to referred families.

Medicaid funding is also used to cover substance abuse and mental health services. Mental health services include Parent-Child Interaction Therapy, Child-Parent Psychotherapy, and Functional Family Therapy, for example. Many DCFS clients are covered with Medicaid. DCFS does have small contracts for counseling services for those children and caregivers who do not have coverage. These contracts are for counseling agencies and/or private licensed providers. Substance abuse services and support for motivational interviewing were being explored but were not part of Arkansas' prevention plan.

Study Participants

DCFS Investigators and Family Services Workers use two primary assessments for service planning with children and families involved in the Arkansas child welfare system: The Child and Adolescent Needs and Strengths (CANS)¹² Assessment is used to assess the strengths and service needs of children and youth removed from the home, and the Family Advocacy and Support Tool (FAST)² is used to assess the strengths and service needs of intact families, including both children and parents. The tools, regardless of type, are to be completed within 30 days of the case opening. Needs identified by the FAST are to be used to inform the eligibility assessment and subsequent Prevention Plan.

According to the Prevention Plan, it is mandatory that all children from birth to 17 years of age be screened for Family First candidacy. This is either done at the end of an investigation when the result is to open a case, reopen a closed case, or connect a new report to an already open case. Qualifying children and their caregivers are then eligible to participate in prevention services for 12 months, with an option to renew or extend services if children or families need additional time to meet prevention goals.

Eligible families are those with children aged 0-18. Referrals to FCT are provided from DCFS based on Family First Prevention Services Act (FFPSA) candidacy guidelines. In the current study, caregivers and children enrolled in SF:FCT service before January 31, 2023, were eligible for inclusion (N=760) and those enrolled in YAP:FCT prior to April 31, 2023 were eligible for inclusion (N=218). Caregivers and children who did not meet each of the following criteria were excluded (see Figure 3): (1) Individual or Case not found in CHRIS (SF: N=30, YAP: N=29), (2) Incomplete CHRIS Records for Matching (SF: N=381, YAP: 63), and (3) program exclusions (SF: N=116, YAP: N=18), which include non-starters. Non-starters are those who participated only in the FCT enrollment period and were classified by SF:FCT as a

non-starter or had an enrollment of less than 30 days. Non-starters may remain in comparison but are removed from treatment group for analysis.

Figure 3: Flow Diagram Depicting the Development of the Analyzable Family Centered Treatment Population

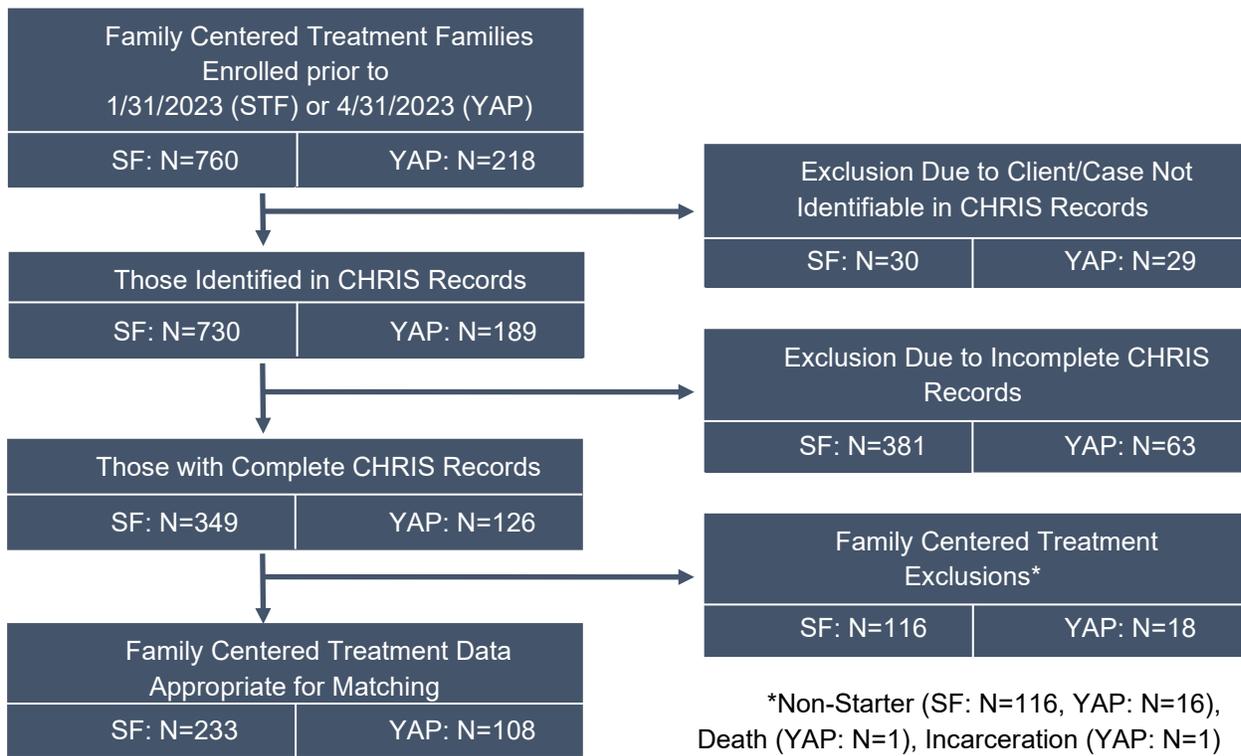


Table 2 provides the discharge reasons for the families eligible for matching. Over half (67%) of families in SF:FCT successfully completed the program, and the resulting sample was sufficiently large to examine 6-, 12-, and 18-month outcomes for those who successfully completed the intervention in addition to the intention-to-treat comparisons. The sample for the YAP:FCT permitted 6- and 12-month intention-to-treat comparisons.

Table 2. Discharge Reasons for Family Centered Treatment Participants

Family Centered Treatment Discharge Reason	SF N (%)	YAP N (%)
Successful Completion	157 (67.4%)	49 (45.4%)*
Moved and/or Lost Contact	18 (7.7%)	5 (4.6%)
DCFS Service Disruption	26 (11.2%)	0 (0.0%)
Family Requested Service End or Refused Services	26 (11.2%)	10 (9.3%)
Other	6 (2.6%)	44 (40.7%)
Total	233 (100%)	108 (100%)

*YAP criteria for successful completion may not have met FCT guidelines.

Study Design and Analysis

Design

UAMS-RED conducted a rigorous quantitative outcomes evaluation of FCT in Arkansas using a quasi-experimental design. To measure program impact, we need to know what would have happened in the absence of program participation. To identify a comparison group whose experiences can be analyzed against those of the treated children, a propensity score match analysis was used. Propensity score match establishes a comparison group of similar background as a treatment group when a randomization of groups is infeasible or unethical. This study was not pre-registered.

The general method for determining the success of FCT on outcomes of interest was a prospective cohort analysis. An intention-to-treat design was used to test differences in outcomes at an individual level. When sample sizes were sufficient, an additional analysis was conducted using subsample participants who successfully completed the intervention. To establish baseline equivalence of treatment and comparison groups, propensity score matches were performed. Propensity score match analysis is a selection bias reducing technique used to establish a comparison group when a randomization of groups is infeasible or unethical.

Providers contracted with DCFS submitted FCT service delivery data. Records of enrollment (e.g., program start and end dates) and information about completion, including whether the family met program goals, were drawn at child/family-level from this dataset. For each case, prospective data from enrollment into the intervention were analyzed to determine whether the outcome occurred within specified time frames as described in the research questions. Data collection and processing procedures did not differ between the treatment and comparison groups.

Children enrolled in the YAP:FCT implementation and those outside of the SF:FCT service regions were excluded from the potential match universe for the SF:FCT analysis. For the YAP:FCT analysis, SF:FCT and those outside of the YAP:FCT service region were excluded from the potential match universe. For both treatment and comparison, only individuals with an open case at the time of the FFPSA assessment were included. Individuals in new foster care placements at the time of the FFPSA assessment and those in foster care before and throughout the entire treatment window were not included. Individuals that were missing variables used in propensity score matching were excluded. Only one child per family was included as the target child.

Since the comparison group does not have an intervention enrollment date, the time frame for observing outcomes for the comparison group was computed based on the date of the FFPSA eligibility assessment. To simulate a “program completion time” among the comparison group, a wait time of 6 months after the FFPSA eligibility was added to approximate the length of time that it would have taken to complete FCT. In addition, if program participants were in the program for less the average length of time to complete the program (177 days for SF:FCT and 6 months for YAP:FCT), then their “treatment window” was extended to the average length of time.

Research questions

The research questions were developed to assess impacts of FCT related to child safety, permanency, and well-being:

Child Safety Outcomes

1. Will families served by FCT have reduced entry into foster care at 6, 12, 18, and 24 months following completion of the intervention as compared to a propensity-matched comparison sample?
2. Will families served by FCT have reduced entry into foster care during the treatment period for FCT and propensity matched non-FCT families? This analysis will exclude families that started services as reunifications.
3. Will families served by FCT have reduced true findings after program closure at 6, 12, 18, and 24 months following completion of the intervention as compared to a propensity-matched comparison sample?

Permanency Outcomes

4. Will families served by FCT as a reunification case have increased permanency at 6, 12, 18, and 24 months following completion of the intervention as compared to a propensity-matched comparison sample?

Well-Being Outcomes

5. Will families served by FCT have increased family functioning from entry to exit from protective services as compared to a propensity-matched comparison sample?
6. Will families served by FCT as a reunification case have increased well-being from entry to exit from foster care compared to a propensity-matched comparison sample of children who were reunified with their families?

Propensity Score Match

In this single arm study, the FCT enrollees were matched with children who were potential candidates for FCT but did not subsequently enroll based on 1:1 propensity matching as follows:

First, a logistic regression model was fitted to estimate the probability of a child being assigned to the intervention using the child's demographics, caregiver's demographics, geographic and socioeconomic indicators, FFPSA eligibility assessment date, caregiver substance use, prior involvement with DCFS, and other risk indicators. These variables were selected based on a review of the literature, availability in the CHRIS system and clearinghouse recommendations. Specifically, the match variables included the child's age, gender, and race/ethnicity, the caregiver's age, gender, substance use, the number of children and adults in the household, RUCA, the ZIP-code-level median household income, prior involvement with child welfare (investigations, open cases, and foster care placements), allegation type, and other risk indicators (see Table 3). Median household income quartiles were derived from assigning the family address a median household income based on the ZIP-code. All match variables were based on status at the time of the FFPSA eligibility assessment.

Table 3. Propensity Matching Variables

Family Characteristics	FFPSA Candidacy Reasons
Child age	Child living with relative caregiver
Child gender	Domestic violence risk
Race/Ethnicity	High or intensive risk assessment
Caregiver age	Team Decision Making (TDM) and/or protection plan
Caregiver gender	Supportive Services (SS) case
Caregiver substance use	Abuse allegation
Number of children in household	Neglect allegation
Median household income based on ZIP-code	Prior foster care placements
RUCA based on ZIP-code	Prior DCFS involvement*
FFPSA assessment date	
NOTE: *Prior DCFS involvement is define as caregiver assessments, case involvement, and/or Arkansas State Police Crimes Against Children Division investigation with a true finding and an in-home or unknown offender within 3 years of FFPSA assessment date.	

Second, an optimal matching algorithm was used to 1:1 match FCT children (treatment) and non-intervention children (comparisons) based on model-derived propensity score for child safety outcomes. For well-being outcomes, a greedy matching algorithm was used as the subsample did not yield a conversion of optimal match algorithm. For a pair to be matched, child gender and race/ethnicity had to be identical.

Baseline Equivalence

Baseline equivalence of matched groups was assessed using Hedge’s G for continuous values and the Cox transformation¹³ for binary variables as recommended in the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures Handbook¹⁴ used by the What Works Clearinghouse (WWC). According to the Handbook, baseline effect sizes (ES) less than 0.05 in demographic characteristics, socioeconomic characteristics, and pre-measurement in case or pre-post analyses are considered equivalent, and no further statistical adjustments are required to examine program impacts. Baseline ES between 0.05 and 0.25 indicate that statistical adjustments in the final models may be required. Evidence of large differences (ES > 0.25) imply that the individuals in the intervention and comparison conditions were drawn from very different settings and are not sufficiently comparable for the review.

Missing Data

Listwise deletion was performed when there was any data element missing.

Sample Sizes and Attrition

Analytic sample sizes by condition (treatment/comparison) for each outcome at each measurement point (pre-PSM, post-PSM) are summarized in Tables 4a (SF:FCT) and 4b (YAP:FCT).

Table 4a. SF:FCT Sample Sizes by Outcome

Outcomes	Pre-PSM		Post-PSM	
	Treatment	Comparison	Treatment	Comparison
Child safety outcomes: Research questions 1 and 2				
Foster care at 6 months following completion of the treatment	173	1,959	173	173
<i>Subsample that successfully completed the intervention</i>	115	1,959	115	115
Foster care at 12 months following completion of the treatment	135	1,581	135	135
<i>Subsample that successfully completed the intervention</i>	88	1,581	88	88
Foster care at 18 months following completion of the treatment	110	1,194	109	109
<i>Subsample that successfully completed the intervention</i>	70	1,194	70	70
Foster care placement during treatment	208	2,382	208	208
<i>Subsample that successfully completed the intervention</i>	138	2,382	138	138
Child safety outcomes: Research question 3				
True finding at 6 months following completion of the treatment	162	1,859	162	162
<i>Subsample that successfully completed the intervention</i>	112	1,859	112	112
True finding at 12 months following completion of the treatment	124	1,469	124	124
<i>Subsample that successfully completed the intervention</i>	86	1,469	86	86
True finding at 18 months following completion of the treatment	100	1,099	99	99
<i>Subsample that successfully completed the intervention</i>	66	1,099	66	66
Well-being outcomes: Research question 5				
FAST measures	151	884	115	115
<i>Subsample that successfully completed the intervention</i>	110	884	83	83

Table 4b. YAP:FCT Sample Sizes by Outcome

Outcomes	Pre-PSM		Post-PSM	
	Treatment	Comparison	Treatment	Comparison
Child safety outcomes: Research questions 1 and 2				
Foster care at 6 months following completion of the treatment	78	2,564	78	78
Foster care at 12 months following completion of the treatment	60	2,082	60	60
Foster care placement during treatment	96	3,014	96	96
Child safety outcomes: Research question 3				
True finding at 6 months following completion of the treatment	75	2,446	75	75
True finding at 12 months following completion of the treatment	56	1,956	55	55

Measures

The official record of child welfare information for DCFS is maintained through the Children's Reporting Information System (CHRIS). Extracts of quantitative case data from CHRIS were used to measure all outcomes. CHRIS extracts are generated monthly. CHRIS data includes family and child characteristics and FFPSA candidacy definitions. CHRIS data also includes case outcomes and their relevant dates. The specific dates used in this evaluation include the date of a true finding and dates of reunification and/or subsequent removal. Observation windows for treatment group were defined as follows:

- 6-months-follow-up window: From the date of discharge to the date of 6 months post discharge.
- 12-months-follow-up window: From the date of 6 months post discharge to the date of 12 months post discharge.
- 18-months-follow-up window: From the date of 12 months post discharge to the date of 18 months post discharge.

For control cases, the date of discharge is replaced with six months, which is an average time of the length of treatment for those who successfully complete SF:FCT, after the FFPSA eligibility assessment date.

Child Safety Outcomes

Child safety outcomes were measured using CHRIS records of foster care entry and true findings. To answer Research Questions 1 and 2, we examined foster care placements (a) during treatment and a comparable observation window for the comparison group, and (b) during each 6-month follow-up window. CHRIS records indicated when a child is removed from home and placed into foster care. Placements that lasted fewer than 7 days were excluded to account for 72-hour holds which may have occurred during holidays to account for state policy

on this category of removal. Foster care entry that occurred in one observation window and continued into subsequent observation windows was counted in the subsequent observation windows as well. For example, if a child entered foster care within 6 months of program completion and stayed under the care in the 12-months-follow-up window, this child was counted as a child under foster care in the 12-months-follow-up window. For each of these observation windows, a binary variable was created that indicates an entrance to foster care or continued foster care placement at any time. Families who entered the FFPSA system as a reunification were excluded from analysis of this outcome. If a child was adopted out of foster care, then he or she was not included in subsequent follow-up windows.

Research Question 3 addresses true findings from allegations that occur post-intervention. A binary outcome was created to indicate whether an investigation yielding a true finding had occurred at any time during the 6-, 12-, or 18-month follow-up window.

Permanency Outcomes

Permanency outcomes were measured in cases that began as reunification. A binary outcome was created to represent a foster care placement of a child during a follow-up window. We were unable to assess this outcome due to insufficient samples (SF N=24, YAP: N=11).

Well-Being Outcomes

Family Advocacy and Support Tool (FAST) assessments were used to answer Research Question 5. FAST assessments are designed for use with the entire family. DCFS uses the FAST tool within 30 days of protective services case initiation and completes the tool every 3 months.¹⁵ The Arkansas FAST includes 50 indicators of family functioning in 4 domains:

1. *Family Together* includes 10 items that address collaboration and supportive relationships among family members, communication and role appropriateness, family conflict and safety, financial resources, housing condition, and residential stability.
2. *Caregiver's Status* includes 20 items that assess parenting and biopsychosocial resources.
3. *Caregiver Advocacy Status* includes 8 items that measure mastery to advocate for needed supports.
4. *Youth Status* includes 12 items that include multiple indicators of the child's status, including relationships with caregiver and others, health status, mental health status and adjustment to trauma, cognitive skills and educational status, and self-regulation and interpersonal skills.

FAST items identified as a 0 are often strengths that can be used in strength-based planning. Items rated a 1 should be monitored, and preventive efforts might be indicated. Items rated a 2 or 3 are actionable and should be addressed in the intervention plan. Average scores were computed for each domain. When multiple parents were assessed in the same household, an average of their scores was computed. For an individual to be included in the FAST analysis cohort, they must have at least three appropriately timed FAST assessments. The first FAST assessment used occurred closest to the date the case opened. The second FAST assessment occurred between 2 and 5 months after the case opened and the third FAST assessment

occurred between 5 and 8 months after the case opened. In the final analyses (described in the Statistical Techniques and Quasi-Experimental Methods section), the first FAST was used as the pre-test and the third FAST was used as the post-test. This outcome was not evaluated in YAP:FCT due to the small sample of cases with appropriately timed FAST scores (N=40).

The Child and Adolescent Needs and Strengths (CANS) assessments were to be used to answer Research Question 6; however, we were unable to assess this outcome due to the small sample of cases that began as reunification (SF: N=24, YAP: N=11).

Family Characteristics

Family characteristics were obtained from CHRIS administrative data and included in the analyses. Analyses included demographic information including child and caregiver age, which were computed based on the individual's date of birth and the date of eligibility assessment for services, gender, and race/ethnicity. Caregiver substance use and the number of children in the household were retrieved from administrative data.

Two indicators, median household income and rurality/urbanicity, were created based on the family 5-digit ZIP-code. Median household income quartiles were derived from assigning the family address at the time of referral to a 5-digit ZIP-code level median household income obtained from the 2019 American Community Survey 5-Year Estimates.¹⁶ The rural-urban commuting area code (RUCA) associated with family ZIP code was also used to create two categories to describe the area of the family residency: urban and rural.¹⁷

Prior involvement with child welfare including investigations or open cases, and foster care placements were computed and included as two separate binary variables. If there were any investigations performed by either the Arkansas State Police Crimes Against Children Division (CACD) or DCFS or open cases in the 3 years prior to the FFPSA assessment, this was represented as a 1, and if there were not any investigations or open cases, this was represented as a 0. Any history of foster care placements was represented as 1 and the absence of foster care placements as 0. Abuse and neglect allegations were included as two separate binary variables.

Baseline Equivalence

Tables A-1 through A-21 and B-1 through B-3 in Appendix present the baseline characteristics of families served by FCT and the potential comparison sample before PSM is performed. There are significant differences across multiple demographics, DCFS involvement, and other risk indicators. To achieve baseline equivalence of treatment and comparison samples, propensity score matches were performed in the following manner. For all comparisons, variables are balanced post-matching across treatment and comparison groups (effect size <0.25 and variance ratio within the recommended range of 0.5 to 2.0).

Those variables with the balance in the adjustment range (effect size between 0.05-0.25) are included as covariates in the final regression model for the analyses of child safety outcomes. Analyses of well-being outcomes utilized difference-in-difference method, thus time-invariant covariates were not included.¹⁸ Baseline equivalence of initial well-being scores are described in Table B-3. Of the four FAST subscales, only *Youth Status* met the criteria for baseline equivalence.

Samples in this study included families who were enrolled and served in FCT regardless of the duration, intensity, and discharge reasons of services (i.e., intention-to-treat comparison). For the SF:FCT implementation, additional analyses were conducted with a subsample of participants who successfully completed the intervention (i.e., successfully completed intervention comparison). There was a sufficient SF:FCT participant in the observation window to examine the 6-, 12-, and 18-month follow-up. For YAP:FCT, there was sufficient number of participants to examine the 6- and 12-month follow-up.

Data Analysis and Findings

To test the association of FCT enrollment and discrete outcomes addressed in Research Questions 1 through 3, logistic regression models were fitted using the SAS proc logistic procedure. In order to address the issues of small sample size and separation, Firth's logistic regression model was applied to compute odds ratios (OR). Firth's logistic regression is a standard method applied to analyze rare events with small samples and is appropriate to estimate OR. A binomial distribution with a logit-link function was used and odds ratios were calculated. Odds ratios were converted to effect sizes using the Cox transformation.¹⁹ All statistical analyses were performed using the SAS 9.4.

A difference-in-differences approach was used to test the association of SF:FCT enrollment and the improvement in FAST scores addressed in Research Question 5.

Child Safety Outcomes

Research Question 1: Will families served by FCT have reduced entry into foster at 6, 12, or 18 months following completion of the intervention as compared to a propensity-matched comparison sample?

Examining SF:FCT, in the intention-to-treat comparison and the subgroup analysis of those who successfully completed the program, there were no statistically significant differences in the prevalence of foster care entry within 6, 12, or 18 months of program discharge between those enrolled in treatment and those in the comparison group. Details are provided in Table 4a.

Table 4a. SF:FCT Treatment and Comparison Group Child Foster Care Outcomes

Follow-Up Time	N	Treatment n (%)	Comparison n (%)	Estimated Effect		
				Effect Size	Adjusted Odds Ratio (95% CI)	P-value
<i>Intention-to-Treat Comparisons</i>						
6 month follow-up	346	12 (3.47%)	15 (4.34%)	-0.17 (-0.63, 0.29)	0.75 (0.34-1.64)	0.466
12 month follow-up	270	13 (4.81%)	12 (4.44%)	0.04 (-0.45, 0.53)	1.07 (0.47-2.47)	0.868
18 month follow-up	218	9 (4.13%)	9 (4.13%)	-0.09 (-0.65, 0.47)	0.86 (0.32-2.27)	0.755
During treatment	416	12 (2.88%)	6 (1.44%)	0.38 (-0.16, 0.93)	1.89 (0.74-5.29)	0.169

Follow-Up Time	N	Treatment n (%)	Comparison n (%)	Estimated Effect		
				Effect Size	Adjusted Odds Ratio (95% CI)	P-value
<i>Successfully Completed Intervention Comparisons</i>						
6 month follow-up	230	2 (0.87%)	6 (2.61%)	-0.55 (-1.31, 0.21)	0.40 (0.07-1.66)	0.156
12 month follow-up	176	4 (2.27%)	8 (4.55%)	-0.34 (-1.06, 0.38)	0.57 (0.15-1.98)	0.357
18 month follow-up	140	5 (3.57%)	8 (5.71%)	-0.53 (-1.27, 0.20)	0.42 (0.11-1.41)	0.157
During treatment	276	2 (0.72%)	10 (3.62%)	-0.89 (-1.65, -0.13)	0.23 (0.04-0.81)	0.021
For all models, variables with the balance in the adjustment range (effect size between 0.05-0.25) are included as covariates in the final regression model.						

For the YAP:FCT intention-to-treat comparison, there were no statistically significant differences in the prevalence of foster care entry within 6 or 12 months of program discharge between those enrolled in treatment and those in the comparison group (see Table 4b).

Table 4b. YAP:FCT Treatment and Comparison Group Child Foster Care Outcomes Differences

Follow-Up Time	N	Treatment n (%)	Comparison n (%)	Estimated Effect		
				Effect Size	Adjusted Odds Ratio (95% CI)	P-value
<i>Intention-to-Treat Comparisons</i>						
6 month follow-up	156	5 (3.21%)	3 (1.92%)	0.23 (-0.52, 0.97)	1.45 (0.38-6.19)	0.554
12 month follow-up	120	5 (4.17%)	6 (5.00%)	0.04 (-0.70, 0.79)	1.07 (0.28-4.32)	0.910
During treatment	192	5 (2.60%)	5 (2.60%)	0.11 (-0.58, 0.80)	1.20 (0.34-4.55)	0.749
For all models, variables with the balance in the adjustment range (effect size between 0.05-0.25) are included as covariates in the final regression model.						

Research Question 2: Will families served by FCT have reduced entry into foster care during the treatment period for FCT and propensity matched non-FCT families?

In the intention-to-treat comparison, there were no differences between those enrolled in SF:FCT and those in the comparison group in the prevalence of foster care placements during the program duration. In the subgroup analysis of families who successfully completed the program, the families who successfully completed SF:FCT had significantly lower odds (adjusted Odds Ratio [aOR]=0.23; 95% Confidence Interval [CI]=[0.04, 0.81], p=0.021) of being placed in foster care during the treatment period (see Table 4a).

In the intention-to-treat comparison, there were no differences between those enrolled in YAP:FCT and those in the comparison group in the prevalence of foster care placements during the program duration. Details are provided in Table 4b.

Research Question 3: Will families served by FCT have reduced true findings after program closure at 6, 12, or 18 months following completion of the intervention as compared to a propensity-matched comparison sample?

For SF:FCT, in the intention-to-treat comparison, there were not significant differences in true findings in the 6 and 12 month follow up periods, but there were significantly more true findings during the 18-month follow-up period in families that participated in SF:FCT compared to the matched comparison group (aOR=5.33; 95% CI=[1.09, 53.3], p=0.040) and the effect size was large (ES=1.01; 95% CI=[0.05, 1.98]). In the subgroup analysis of families who successfully completed the program, there were no statistically significant differences in true findings at any follow up period in the SF:FCT participants compared to the matched comparison group. Details are provided in Table 5a.

Table 5a. SF:FCT Treatment and Comparison Group True Finding Outcomes Differences

Follow-Up Time	N	Treatment n (%)	Comparison n (%)	Estimated Effect		
				Effect Size	Adjusted Odds Ratio (95% CI)	P-value
<i>Intention-to-Treat Comparisons</i>						
6 month follow-up	324	9 (2.78%)	3 (0.93%)	0.60 (-0.10, 1.29)	2.68 (0.81-11.1)	0.091
12 month follow-up	248	6 (2.42%)	2 (0.81%)	0.57 (-0.28, 1.41)	2.55 (0.56-16.4)	0.189
18 month follow-up	198	8 (4.04%)	1 (0.51%)	1.01 (0.05, 1.98)	5.33 (1.09-53.3)	0.040
<i>Successfully Completed Intervention Comparisons</i>						
6 month follow-up	224	4 (1.79%)	3 (1.34%)	0.04 (-0.72, 0.79)	1.06 (0.25-4.80)	0.926
12 month follow-up	172	4 (2.33%)	1 (0.58%)	0.50 (-0.38, 1.39)	2.30 (0.43-21.40)	0.265
18 month follow-up	132	7 (5.30%)	2 (1.52%)	0.63 (-0.17, 1.42)	2.81 (0.74-120)	0.122
For all models, variables with the balance in the adjustment range (effect size between 0.05-0.25) are included as covariates in the final regression model. Firth's logistic regression was used.						

In the intention-to-treat comparison of the YAP:FCT implementation, there were no differences between those enrolled in services and those in the comparison group in the prevalence of true findings during the 6- and 12-month follow-up period (see Table 5b).

Table 5b. YAP:FCT Treatment and Comparison Group True Finding Outcomes Differences

Follow-Up Time	N	Treatment n (%)	Comparison n (%)	Estimated Effect		
				Effect Size	Adjusted Odds Ratio (95% CI)	P-value
<i>Intention-to-Treat Comparisons</i>						
6 month follow-up	150	2 (1.33%)	3 (2.00%)	-0.08 (-0.81, 0.65)	0.88 (0.07-16.0)	0.833
12 month follow-up	110	3 (2.73%)	1 (0.91%)	2.21 (-2.56, 6.98)	38.3 (0.11-64E5)	0.364
For all models, variables with the balance in the adjustment range (effect size between 0.05-0.25) are included as covariates in the final regression model. Firth's logistic regression was used for 6 month follow-up. Firth's logistic regression did not converge for 12 month follow-up and a logistic regression was used.						

Well-Being Outcomes

Research Question 5: Will families served by SafeCare have increased family functioning from entry to exit from protective services as compared to a propensity-matched comparison sample?

For the SF:FCT implementation, the intention-to-treat comparison analysis documented no significant difference or effect in change over time for the *Youth Status* ($\beta=0.171$, $p=0.113$; Hedge's $G=0.169$) construct. Similarly, the difference in change over time for the successfully completed analysis was not significant for *Youth Status* ($\beta=0.138$, $p=0.256$) and the effect size was negligible (Hedge's G of 0.128). Details are provided in Table 6.

Table 6. SF:FCT Treatment and Comparison Group Child Well-being Outcomes Differences

FAST Domain	Treatment Mean Diff (SE)	Comparison Mean Diff (SE)	Estimate (SE)	P-value	Effect Size ^a
<i>Intention-to-Treat Comparisons (N=230)</i>					
Youth Status	-0.004 (0.012)	-0.030 (0.016)	0.171 (0.108)	0.113	0.169
<i>Successfully completed SafeCare Comparisons (N=166)</i>					
Youth Status	-0.017 (0.014)	-0.039 (0.022)	0.138 (0.121)	0.256	0.128
^a Effect size in the form of Hedge's G.					

Following the analyses completed, we performed a post-hoc calculation to determine the power to correctly reject null hypotheses with a SF:FCT and YAP:FCT combined sample. We used SAS proc power^{20,21} and outcome proportions seen in SF:FCT and YAP:FCT analyses to determine if the combined sample size would be sufficiently powered. We used an outcome measure with the largest sample; the entrance into foster care during treatment. The power to

detect the treatment effect with the probability of a Type I error set at $\alpha=0.05$, given the sample of 308 in each control and treatment group with 17 and 11 foster care entries in treatment and control, respectively, was 0.104. Given this result, we did not conduct further analyses using the combined sample.

Discussion

This study investigated the effects of the Arkansas implementations of FCT on child safety outcomes during services and in the 6, 12, and 18 months post service completion. The study also examined change in responses to youth well-being surveys conducted at the start and end of child welfare involvement. Overall, this evaluation did not demonstrate a significant positive impact of Arkansas's SF:FCT and SF:YAP on child safety or child well-being.

Outcomes for SF:FCT were mixed. There were no observed differences in out-of-home placements during services and in the 6, 12, and 18 months after services ended in the intention-to-treat analysis. Families who successfully completed the SF:FCT program had significantly lower rates of foster care placements during the treatment period than children in the matched comparison group, but those differences were not observed at any of the follow up periods examined.

When we examined substantiated maltreatment referrals post intervention for the SF:FCT implementation using the intention-to-treat approach, there were no differences between SF:FCT enrolled families and the matched comparison group within 6 months and between 6 and 12 months of service completion. However, between 12 and 18 months following the end of treatment, SF:FCT enrolled children had higher rates of true findings compared to the matched comparison group. We did not find differences between groups for those who successfully completed the program at any follow-up period.

When we examined child well-being using the Youth Status subscale of the FAST, there were no significant differences in change over time in either the intention-to-treat comparison and subgroup analysis for the SF:FCT implementation.

When examining outcomes for the YAP:FCT implementation, the small sample size limited the feasible analysis to intention-to-treat examinations only. Across all outcomes examined, there were no significant differences between the group enrolled in YAP:FCT and the matched comparison group.

The implementations of the FCT intervention are relatively nascent. It does take time to achieve implementation fidelity when delivering a new intervention. This is acknowledged by the FCT Foundation's fidelity measures. However, the two implementations of FCT appear to differ substantially in their fidelity to the FCT model.

Across the core fidelity measures, the Public Consulting Group, noted that the Saint Francis implementation mostly met fidelity in the areas of service dosage, completion and program requirements in the reports in which data were disaggregated by contractor. However, earlier reports do suggest difficulty in meeting implementation fidelity was in the measurement of service dosage during the first year of implementation, which also coincided with the start of the COVID-19 pandemic.^{1,3,4} In the measurement of service completion, FCT expects that 80% or

more of families who successfully begin services should be able to complete the program. The latest fidelity monitoring report included a retrospective analysis of data included in all cohort analyses and concludes, “St. Francis has maintained a successful discharge proportion over 60 percent for all previous cohorts.”³

The implementation of YAP:FCT has been challenged. Only one YAP: FCT Cohort (4) exceeded more than 50% of families receiving at least 2 visits per week. Further, the latest fidelity monitoring study, when retrospectively examining successful completions, reported “YAP experienced a significant decrease in the proportion of cases successfully being discharged from the program in Cohort 2 at the start of the pandemic (4/2020–9/2020) and the proportion has remained under 40 percent successful discharges for the remaining cohorts.” Further, the implementation of YAP:FCT required the use of corrective action from the FCT Foundation. Services provided after the end of the correction may yield more reliable effects, although recent fidelity analyses report suggest some remaining implementation challenges.

It is important to note that both FCT implementations closely coincided with the start of the COVID-19 pandemic. The pandemic brought additional challenges that likely impacted service fidelity and processes that influence our evaluation outcomes. DCFS reported the pandemic increased staff turnover and, relatedly, the average caseload for FSWs statewide.²² There were also noted delays in case closures and an increase in the number of children in foster care and fewer potential foster care placements. The increased proportion of FCT referrals where family preservation was not the long-term goal may have been associated with these broader systemic issues. For example, the implementation fidelity report highlighted that some referrals included children for whom there were already planned placements (e.g., residential mental health treatment) when space to become available.

Because the FCT began providing services in Arkansas relatively recently (in 2019 and 2020), there is a small sample available for analysis. In addition, many of the program participants with longer follow up periods (i.e., to be included in the 18 month follow up analysis, families would have started services at least 2 years ago) enrolled during the COVID-19 pandemic when implementation fidelity was assessed as having room for improvement, which introduces further variability since some participants received a large portion of the program via telehealth and the strategies to adapt the program may have varied depending on the time of enrollment, region and clinician. Further, providers of FCT reported concerns that virtual sessions were not as effective as those conducted in person, which suggests that the pandemic may have negatively impacted the effectiveness of FCT services beyond the reduction of program dosage and service completion. These factors likely impact the findings of this evaluation.

Strengths and Limitations

There are substantial strengths of this study. The first is the availability of the CHRIS administrative data for this evaluation. These data provide a large, statewide source of potential matches and the opportunity to examine the same outcomes in the absence of a randomized trial. Second, optimal matching is effective strategy to produce bias reduction when there is small sample. Caliper matching, which can result in greater reduction in the confounder bias;

can lead to a reduced sample size due to the possible exclusion of some treated subjects from the matched sample.²³ Thus, this matching algorithm was well-suited in this study.

The use of administrative data is a strength, but it is also a limitation. While there are mechanisms in place at the state level to ensure the correctness and completeness of data (e.g., area supervisors review candidacy with family service workers to ensure the appropriate candidacy reasons are included in the case files) the state has limited resources to conduct ongoing validation, correction, and update of individual data elements. As such, there was some sample loss due to incomplete or missing data in CHRIS.

It is also important to note that the evaluation is also impacted by referrals for services that are not made through DCFS. The most recent implementation fidelity report highlighted referrals for FCT that were court-ordered. The most recent report stating, “half of the FSWs we spoke with reporting having cases that were court-ordered”.³ In an analysis of case exclusions, the UAMS-RED evaluation team determined a number of families with referrals from the Division of Youth Services that were randomly noted in the case file. Unfortunately, the CHRIS system currently does not systematically track court petitions.¹⁰ While we include matching on covariates that are likely associated with court-ordered services (e.g., prior involvement with the system, a high-risk safety assessment, and parental substance use), without indicators of court-ordered services it is not possible to determine whether there are characteristics of families and/or children that remain unmeasured with the current data available.

There are also limitations inherent in the use of a treatment as usual comparison condition. While the interventions available through Arkansas’ Prevention Plan are not funded at a level to serve every family, it is possible that families selected for the comparison condition received in-home parenting or mental health services through their interaction with DCFS. Similarly, individuals in the treatment or comparison may have received additional supports through these other service mechanisms. As a result, it should be noted that the analyses presented are possibly a conservative estimate of FCT’s impact.²⁴

Conclusions

Early evidence from this evaluation did not detect SF:FCT or YAP:FCT as implemented in Arkansas has discernable positive impact on child safety. A larger sample would yield sufficient power to detect potential treatment effects. The fidelity report documents clear barriers in program implementation associated with the COVID-19 pandemic. Thus, it will be important to examine outcomes with a larger sample and over a longer period.

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Appendix A: Propensity Matching Outcomes

Table A-1. SF:FCT Treatment and Comparison Groups Background Characteristics, Pre-Propensity Score Matching

		Total	Treatment (N=208)	Control (N=2382)	
Continuous variables		Mean (SE)	Mean (SE)	Mean (SE)	P Value
Child Age (years)		6.2 (0.11)	8.9 (0.39)	6.0 (0.11)	<0.001
Caregiver age (years)		34.9 (0.21)	38.5 (0.78)	34.6 (0.22)	<0.001
Number of children in household		2.6 (0.03)	2.9 (0.10)	2.6 (0.03)	0.008
Median household income		\$36,105 (\$158)	\$32,240 (\$421)	\$36,442 (\$166)	<0.001
Categorical variables	Category	N (%)	N (%)	N (%)	P Value
Child Race/Ethnicity	White	1,640 (63.3%)	132 (63.5%)	1,508 (63.3%)	0.948
	Black	848 (32.7%)	67 (32.2%)	781 (32.8%)	0.865
	Hispanic or Latino	102 (3.9%)	9 (4.3%)	93 (3.9%)	0.764
Binary variables		N (%)	N (%)	N (%)	P Value
Child gender: Female		1,289 (49.8%)	110 (52.9%)	1,179 (49.5%)	0.349
RUCA: Rural		1,639 (63.3%)	185 (88.9%)	1,454 (61.0%)	<0.001
Female caregiver present		2,450 (94.6%)	194 (93.3%)	2,256 (94.7%)	0.378
Male caregiver present		1,370 (52.9%)	112 (53.8%)	1,258 (52.8%)	0.775
Caregiver substance use		1,335 (51.5%)	71 (34.1%)	1,264 (53.1%)	<0.001
Child living with relative caregiver		405 (15.6%)	54 (26.0%)	351 (14.7%)	<0.001
Domestic violence is a risk factor		305 (11.8%)	37 (17.8%)	268 (11.3%)	0.005
High or intensive risk assessment		642 (24.8%)	82 (39.4%)	560 (23.5%)	<0.001
TDM and/or protection plan		317 (12.2%)	49 (23.6%)	268 (11.3%)	<0.001
SS case opened to prevent removal		150 (5.8%)	41 (19.7%)	109 (4.6%)	<0.001
Abuse allegation		852 (32.9%)	99 (47.6%)	753 (31.6%)	<0.001
Neglect allegation		1,903 (73.5%)	131 (63.0%)	1,772 (74.4%)	<0.001
Prior foster care placements		246 (9.5%)	32 (15.4%)	214 (9.0%)	0.003
CACD investigation, previous case or assessment (past 3 years)		1,248 (48.2%)	142 (68.3%)	1,106 (46.4%)	<0.001
P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; TDM = Team Decision Making					

Table A-2. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 0-6 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=173)	Control (N=173)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.9 (0.42)	9.1 (0.40)	0.819	-0.025	1.077
Caregiver age (years)		38.4 (0.85)	39.1 (0.95)	0.612	-0.054	0.792
Number of children in household		3.0 (0.11)	3.0 (0.13)	0.838	-0.022	0.833
Median household income		\$32,076 (\$460)	\$32,896 (\$447)	0.201	-0.137	1.060
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	110 (63.6%)	110 (63.6%)	1.000	-	-
	Black	56 (32.4%)	56 (32.4%)	1.000	0.000	1.000
	Hispanic or Latino	7 (4.0%)	7 (4.0%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		94 (54.3%)	94 (54.3%)	1.000	0.000	1.000
RUCA: Rural		158 (91.3%)	159 (91.9%)	0.846	-0.046	1.065
Female caregiver present		162 (93.6%)	162 (93.6%)	1.000	0.000	1.000
Male caregiver present		91 (52.6%)	98 (56.6%)	0.450	-0.099	1.015
Child living with relative caregiver		45 (26.0%)	51 (29.5%)	0.471	-0.105	0.926
Caregiver substance use		61 (35.3%)	62 (35.8%)	0.911	-0.015	0.993
Domestic violence is a risk factor		31 (17.9%)	30 (17.3%)	0.888	0.024	1.026
High or intensive risk assessment		65 (37.6%)	72 (41.6%)	0.442	-0.103	0.965
TDM and/or protection plan		37 (21.4%)	35 (20.2%)	0.791	0.043	1.042
SS case opened to prevent removal		36 (20.8%)	31 (17.9%)	0.496	0.112	1.120
Abuse allegation		85 (49.1%)	88 (50.9%)	0.747	-0.042	1.000
Neglect allegation		107 (61.8%)	108 (62.4%)	0.912	-0.015	1.006
Prior foster care placements		26 (15.0%)	29 (16.8%)	0.659	-0.079	0.915
CACD investigation, previous case or assessment (past 3 years)		115 (66.5%)	116 (67.1%)	0.909	-0.016	1.009
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.01. Variance ratio of 1.10). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-3. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 0-6 Months Post-Treatment: Successful Completion Analysis

		Treatment (N=115)	Control (N=115)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		9.0 (0.50)	9.2 (0.49)	0.728	-0.046	1.004
Caregiver age (years)		39.3 (1.08)	40.8 (1.13)	0.340	-0.126	0.920
Number of children in household		2.9 (0.13)	3.1 (0.17)	0.399	-0.111	0.553
Median household income		\$32,409 (\$583)	\$33,200 (\$564)	0.331	-0.128	1.069
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	80 (69.6%)	80 (69.6%)	1.000	-	-
	White	80 (69.6%)	80 (69.6%)	1.000	-	-
	Black	29 (25.2%)	29 (25.2%)	1.000	0.000	1.000
	Hispanic or Latino	6 (5.2%)	6 (5.2%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		64 (55.7%)	64 (55.7%)	1.000	0.000	1.000
RUCA: Rural		106 (92.2%)	106 (92.2%)	1.000	0.000	1.000
Female caregiver present		109 (94.8%)	108 (93.9%)	0.775	0.099	0.865
Male caregiver present		57 (49.6%)	60 (52.2%)	0.692	-0.063	1.002
Child living with relative caregiver		29 (25.2%)	32 (27.8%)	0.654	-0.081	0.939
Caregiver substance use		34 (29.6%)	37 (32.2%)	0.668	-0.074	0.954
Domestic violence is a risk factor		21 (18.3%)	18 (15.7%)	0.598	0.112	1.131
High or intensive risk assessment		46 (40.0%)	46 (40.0%)	1.000	0.000	1.000
TDM and/or protection plan		30 (26.1%)	28 (24.3%)	0.761	0.056	1.047
SS case opened to prevent removal		23 (20.0%)	24 (20.9%)	0.870	-0.032	0.969
Abuse allegation		56 (48.7%)	51 (44.3%)	0.509	0.106	1.012
Neglect allegation		66 (57.4%)	60 (52.2%)	0.427	0.128	0.980
Prior foster care placements		21 (18.3%)	22 (19.1%)	0.866	-0.035	0.965
CACD investigation, previous case or assessment (past 3 years)		81 (70.4%)	81 (70.4%)	1.000	0.000	1.000
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.06. Variance ratio of 1.08). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-4. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 6-12 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=135)	Control (N=135)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.5 (0.47)	7.8 (0.46)	0.309	0.124	1.037
Caregiver age (years)		37.8 (0.97)	38.6 (1.10)	0.581	-0.067	0.782
Number of children in household		3.0 (0.13)	3.0 (0.14)	0.969	0.005	0.934
Median household income		\$31,441 (\$438)	\$31,334 (\$455)	0.866	0.020	0.929
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	84 (62.2%)	84 (62.2%)	1.000	-	-
	Black	46 (34.1%)	46 (34.1%)	1.000	0.000	1.000
	Hispanic or Latino	5 (3.7%)	5 (3.7%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		74 (54.8%)	74 (54.8%)	1.000	0.000	1.000
RUCA: Rural		129 (95.6%)	129 (95.6%)	1.000	0.000	1.000
Female caregiver present		126 (93.3%)	125 (92.6%)	0.812	0.069	0.907
Male caregiver present		72 (53.3%)	76 (56.3%)	0.625	-0.073	1.012
Child living with relative caregiver		36 (26.7%)	42 (31.1%)	0.420	-0.131	0.912
Caregiver substance use		49 (36.3%)	48 (35.6%)	0.899	0.020	1.009
Domestic violence is a risk factor		24 (17.8%)	22 (16.3%)	0.746	0.064	1.072
High or intensive risk assessment		52 (38.5%)	48 (35.6%)	0.614	0.077	1.034
TDM and/or protection plan		32 (23.7%)	28 (20.7%)	0.558	0.104	1.100
SS case opened to prevent removal		28 (20.7%)	28 (20.7%)	1.000	0.000	1.000
Abuse allegation		66 (48.9%)	65 (48.1%)	0.903	0.018	1.001
Neglect allegation		84 (62.2%)	86 (63.7%)	0.801	-0.039	1.017
Prior foster care placements		19 (14.1%)	20 (14.8%)	0.863	-0.036	0.958
CACD investigation, previous case or assessment (past 3 years)		90 (66.7%)	85 (63.0%)	0.524	0.098	0.953
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.07. Variance ratio of 0.96). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-5. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 6-12 Months Post-Treatment: Successful Completion Analysis

		Treatment (N=88)	Control (N=88)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.5 (0.56)	9.3 (0.51)	0.316	-0.151	1.173
Caregiver age (years)		38.7 (1.28)	40.6 (1.45)	0.325	-0.148	0.772
Number of children in household		3.0 (0.15)	3.0 (0.17)	0.764	-0.045	0.799
Median household income		\$31,545 (\$568)	\$32,231 (\$622)	0.417	-0.122	0.835
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	60 (68.2%)	60 (68.2%)	1.000	-	-
	White	60 (68.2%)	60 (68.2%)	1.000	-	-
	Black	24 (27.3%)	24 (27.3%)	1.000	0.000	1.000
	Hispanic or Latino	4 (4.5%)	4 (4.5%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		50 (56.8%)	50 (56.8%)	1.000	0.000	1.000
RUCA: Rural		85 (96.6%)	85 (96.6%)	1.000	0.000	1.000
Female caregiver present		83 (94.3%)	82 (93.2%)	0.755	0.118	0.843
Male caregiver present		44 (50.0%)	43 (48.9%)	0.880	0.028	1.001
Child living with relative caregiver		24 (27.3%)	29 (33.0%)	0.411	-0.164	0.898
Caregiver substance use		27 (30.7%)	26 (29.5%)	0.869	0.033	1.022
Domestic violence is a risk factor		15 (17.0%)	14 (15.9%)	0.839	0.050	1.057
High or intensive risk assessment		37 (42.0%)	32 (36.4%)	0.440	0.145	1.053
TDM and/or protection plan		25 (28.4%)	21 (23.9%)	0.493	0.143	1.119
SS case opened to prevent removal		19 (21.6%)	19 (21.6%)	1.000	0.000	1.000
Abuse allegation		43 (48.9%)	42 (47.7%)	0.880	0.028	1.002
Neglect allegation		51 (58.0%)	54 (61.4%)	0.645	-0.086	1.028
Prior foster care placements		16 (18.2%)	19 (21.6%)	0.571	-0.130	0.879
CACD investigation, previous case or assessment (past 3 years)		62 (70.5%)	66 (75.0%)	0.498	-0.139	1.110
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of 0.04. Variance ratio of 1.02). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-6. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 12-18 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=109)	Control (N=109)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.9 (0.51)	8.0 (0.47)	0.885	-0.020	1.188
Caregiver age (years)		36.9 (1.04)	36.9 (1.11)	0.995	0.001	0.882
Number of children in household		3.0 (0.14)	3.0 (0.18)	0.967	-0.006	0.642
Median household income		\$31,123 (\$389)	\$31,209 (\$494)	0.891	-0.018	0.621
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	65 (59.6%)	65 (59.6%)	1.000	-	-
	Black	39 (35.8%)	39 (35.8%)	1.000	0.000	1.000
	Hispanic or Latino	5 (4.6%)	5 (4.6%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		62 (56.9%)	62 (56.9%)	1.000	0.000	1.000
RUCA: Rural		106 (97.2%)	105 (96.3%)	0.701	0.180	0.757
Female caregiver present		102 (93.6%)	102 (93.6%)	1.000	0.000	1.000
Male caregiver present		60 (55.0%)	55 (50.5%)	0.498	0.112	0.990
Caregiver substance use		40 (36.7%)	34 (31.2%)	0.391	0.149	1.082
Child living with relative caregiver		31 (28.4%)	28 (25.7%)	0.647	0.085	1.066
Domestic violence is a risk factor		19 (17.4%)	17 (15.6%)	0.715	0.081	1.093
High or intensive risk assessment		42 (38.5%)	40 (36.7%)	0.780	0.047	1.020
TDM and/or protection plan		25 (22.9%)	19 (17.4%)	0.311	0.208	1.228
SS case opened to prevent removal		21 (19.3%)	17 (15.6%)	0.475	0.155	1.182
Abuse allegation		54 (49.5%)	53 (48.6%)	0.892	0.022	1.001
Neglect allegation		66 (60.6%)	66 (60.6%)	1.000	0.000	1.000
Prior foster care placements		14 (12.8%)	14 (12.8%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		73 (67.0%)	73 (67.0%)	1.000	0.000	1.000
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.19. Variance ratio of 0.86). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-7. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 12-18 Months Post-Treatment: Successful Completion Analysis

		Treatment (N=70)	Control (N=70)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.8 (0.61)	7.7 (0.57)	0.824	0.037	1.130
Caregiver age (years)		38.0 (1.41)	37.7 (1.55)	0.892	0.023	0.819
Number of children in household		3.1 (0.17)	2.8 (0.18)	0.187	0.223	0.865
Median household income		\$31,062 (\$498)	\$31,514 (\$593)	0.561	-0.098	0.704
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	45 (64.3%)	45 (64.3%)	1.000	-	-
	White	45 (64.3%)	45 (64.3%)	1.000	-	-
	Black	21 (30.0%)	21 (30.0%)	1.000	0.000	1.000
	Hispanic or Latino	4 (5.7%)	4 (5.7%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		43 (61.4%)	43 (61.4%)	1.000	0.000	1.000
RUCA: Rural		69 (98.6%)	70 (100.0%)	0.316	-	-
Female caregiver present		66 (94.3%)	66 (94.3%)	1.000	0.000	1.000
Male caregiver present		35 (50.0%)	35 (50.0%)	1.000	0.000	1.000
Caregiver substance use		22 (31.4%)	19 (27.1%)	0.577	0.126	1.090
Child living with relative caregiver		20 (28.6%)	21 (30.0%)	0.853	-0.042	0.972
Domestic violence is a risk factor		12 (17.1%)	9 (12.9%)	0.478	0.205	1.268
High or intensive risk assessment		29 (41.4%)	23 (32.9%)	0.294	0.223	1.100
TDM and/or protection plan		20 (28.6%)	19 (27.1%)	0.850	0.043	1.032
SS case opened to prevent removal		15 (21.4%)	17 (24.3%)	0.687	-0.098	0.916
Abuse allegation		34 (48.6%)	36 (51.4%)	0.735	-0.069	1.000
Neglect allegation		41 (58.6%)	38 (54.3%)	0.609	0.106	0.978
Prior foster care placements		11 (15.7%)	11 (15.7%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		50 (71.4%)	49 (70.0%)	0.853	0.042	0.972
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.09. Variance ratio of 1.27). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-8. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care During Treatment Window: Intention-to-Treat Analysis

		Treatment (N=208)	Control (N=208)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.9 (0.39)	9.0 (0.37)	0.858	-0.017	1.065
Caregiver age (years)		38.5 (0.78)	37.3 (0.81)	0.296	0.103	0.950
Number of children in household		2.9 (0.10)	3.0 (0.11)	0.549	-0.059	0.841
Median household income		\$32,240 (\$421)	\$32,139 (\$373)	0.858	0.018	1.276
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	132 (63.5%)	132 (63.5%)	1.000	-	-
	Black	67 (32.2%)	67 (32.2%)	1.000	0.000	1.000
	Hispanic or Latino	9 (4.3%)	9 (4.3%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		110 (52.9%)	110 (52.9%)	1.000	0.000	1.000
RUCA: Rural		185 (88.9%)	183 (88.0%)	0.759	0.057	0.930
Female caregiver present		194 (93.3%)	194 (93.3%)	1.000	0.000	1.000
Male caregiver present		112 (53.8%)	110 (52.9%)	0.844	0.023	0.997
Caregiver substance use		71 (34.1%)	83 (39.9%)	0.223	-0.150	0.938
Child living with relative caregiver		54 (26.0%)	63 (30.3%)	0.326	-0.130	0.910
Domestic violence is a risk factor		37 (17.8%)	31 (14.9%)	0.426	0.128	1.153
High or intensive risk assessment		82 (39.4%)	84 (40.4%)	0.841	-0.024	0.992
TDM and/or protection plan		49 (23.6%)	46 (22.1%)	0.726	0.050	1.045
SS case opened to prevent removal		41 (19.7%)	37 (17.8%)	0.615	0.077	1.082
Abuse allegation		99 (47.6%)	95 (45.7%)	0.694	0.047	1.005
Neglect allegation		131 (63.0%)	137 (65.9%)	0.539	-0.076	1.037
Prior foster care placements		32 (15.4%)	34 (16.3%)	0.788	-0.044	0.952
CACD investigation, previous case or assessment (past 3 years)		142 (68.3%)	140 (67.3%)	0.834	0.027	0.984
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of 0.05. Variance ratio of 1.03). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-9. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care During Treatment Window: Successful Completion Analysis

		Treatment (N=138)	Control (N=138)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		9.0 (0.46)	8.5 (0.44)	0.439	0.093	1.069
Caregiver age (years)		39.5 (1.01)	40.2 (1.19)	0.659	-0.053	0.726
Number of children in household		2.9 (0.12)	2.9 (0.12)	0.932	-0.010	0.956
Median household income		\$32,679 (\$543)	\$32,707 (\$451)	0.969	-0.005	1.451
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	93 (67.4%)	93 (67.4%)	1.000	-	-
	White	93 (67.4%)	93 (67.4%)	1.000	-	-
	Black	37 (26.8%)	37 (26.8%)	1.000	0.000	1.000
	Hispanic or Latino	8 (5.8%)	8 (5.8%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		74 (53.6%)	74 (53.6%)	1.000	0.000	1.000
RUCA: Rural		121 (87.7%)	122 (88.4%)	0.853	-0.042	1.054
Female caregiver present		130 (94.2%)	130 (94.2%)	1.000	0.000	1.000
Male caregiver present		71 (51.4%)	72 (52.2%)	0.904	-0.018	1.001
Caregiver substance use		37 (26.8%)	39 (28.3%)	0.788	-0.044	0.968
Child living with relative caregiver		35 (25.4%)	34 (24.6%)	0.889	0.023	1.020
Domestic violence is a risk factor		25 (18.1%)	30 (21.7%)	0.451	-0.138	0.872
High or intensive risk assessment		55 (39.9%)	59 (42.8%)	0.625	-0.072	0.979
TDM and/or protection plan		40 (29.0%)	36 (26.1%)	0.590	0.088	1.068
SS case opened to prevent removal		28 (20.3%)	26 (18.8%)	0.762	0.056	1.058
Abuse allegation		66 (47.8%)	65 (47.1%)	0.904	0.018	1.001
Neglect allegation		81 (58.7%)	80 (58.0%)	0.903	0.018	0.995
Prior foster care placements		25 (18.1%)	27 (19.6%)	0.758	-0.057	0.943
CACD investigation, previous case or assessment (past 3 years)		97 (70.3%)	97 (70.3%)	1.000	0.000	1.000
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of 0.05. Variance ratio of 1.15). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-10. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 0-6 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=162)	Control (N=162)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.8 (0.43)	8.8 (0.41)	0.992	0.001	1.090
Caregiver age (years)		38.0 (0.88)	37.9 (0.95)	0.883	0.016	0.866
Number of children in household		3.0 (0.12)	3.0 (0.13)	0.833	-0.023	0.900
Median household income		\$32,118 (\$483)	\$32,510 (\$457)	0.555	-0.065	1.116
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	55 (34.0%)	55 (34.0%)	1.000	0.000	1.000
	Hispanic or Latino	7 (4.3%)	7 (4.3%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		87 (53.7%)	87 (53.7%)	1.000	0.000	1.000
RUCA: Rural		147 (90.7%)	147 (90.7%)	1.000	0.000	1.000
Female caregiver present		153 (94.4%)	153 (94.4%)	1.000	0.000	1.000
Male caregiver present		82 (50.6%)	83 (51.2%)	0.912	-0.015	1.000
Child living with relative caregiver		42 (25.9%)	47 (29.0%)	0.534	-0.094	0.932
Caregiver substance use		57 (35.2%)	58 (35.8%)	0.908	-0.016	0.992
Domestic violence is a risk factor		28 (17.3%)	26 (16.0%)	0.766	0.054	1.061
High or intensive risk assessment		63 (38.9%)	67 (41.4%)	0.650	-0.062	0.980
TDM and/or protection plan		34 (21.0%)	28 (17.3%)	0.397	0.145	1.160
SS case opened to prevent removal		32 (19.8%)	24 (14.8%)	0.240	0.211	1.256
Abuse allegation		78 (48.1%)	77 (47.5%)	0.911	0.015	1.001
Neglect allegation		100 (61.7%)	106 (65.4%)	0.488	-0.097	1.044
Prior foster care placements		24 (14.8%)	25 (15.4%)	0.877	-0.029	0.967
CACD investigation, previous case or assessment (past 3 years)		109 (67.3%)	112 (69.1%)	0.720	-0.052	1.032
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.08. Variance ratio of 1.10). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-11. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 0-6 Months Post-Treatment: Successful Completion Analysis

		Treatment (N=112)	Control (N=112)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		9.0 (0.50)	9.2 (0.49)	0.839	-0.027	1.059
Caregiver age (years)		39.2 (1.10)	40.7 (1.28)	0.378	-0.118	0.734
Number of children in household		2.9 (0.13)	3.0 (0.16)	0.569	-0.076	0.715
Median household income		\$32,336 (\$596)	\$33,205 (\$582)	0.298	-0.139	1.048
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	28 (25.0%)	28 (25.0%)	1.000	0.000	1.000
	Hispanic or Latino	6 (5.4%)	6 (5.4%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		63 (56.3%)	63 (56.3%)	1.000	0.000	1.000
RUCA: Rural		103 (92.0%)	103 (92.0%)	1.000	0.000	1.000
Female caregiver present		106 (94.6%)	106 (94.6%)	1.000	0.000	1.000
Male caregiver present		55 (49.1%)	55 (49.1%)	1.000	0.000	1.000
Caregiver substance use		33 (29.5%)	39 (34.8%)	0.391	-0.149	0.916
Child living with relative caregiver		28 (25.0%)	31 (27.7%)	0.649	-0.084	0.937
Domestic violence is a risk factor		21 (18.8%)	22 (19.6%)	0.865	-0.035	0.965
High or intensive risk assessment		46 (41.1%)	53 (47.3%)	0.346	-0.154	0.971
TDM and/or protection plan		28 (25.0%)	28 (25.0%)	1.000	0.000	1.000
SS case opened to prevent removal		23 (20.5%)	19 (17.0%)	0.494	0.142	1.158
Abuse allegation		54 (48.2%)	55 (49.1%)	0.894	-0.022	0.999
Neglect allegation		65 (58.0%)	68 (60.7%)	0.683	-0.067	1.021
Prior foster care placements		19 (17.0%)	19 (17.0%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		78 (69.6%)	80 (71.4%)	0.769	-0.052	1.036
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.04. Variance ratio of 0.99). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-12. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 6-12 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=124)	Control (N=124)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.5 (0.48)	8.9 (0.43)	0.450	-0.096	1.246
Caregiver age (years)		37.4 (1.02)	38.5 (1.01)	0.475	-0.091	1.022
Number of children in household		3.0 (0.14)	3.1 (0.14)	0.752	-0.040	0.976
Median household income		\$31,438 (\$457)	\$31,635 (\$463)	0.763	-0.038	0.975
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	44 (35.5%)	44 (35.5%)	1.000	0.000	1.000
	Hispanic or Latino	5 (4.0%)	5 (4.0%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		67 (54.0%)	67 (54.0%)	1.000	0.000	1.000
RUCA: Rural		118 (95.2%)	118 (95.2%)	1.000	0.000	1.000
Female caregiver present		116 (93.5%)	116 (93.5%)	1.000	0.000	1.000
Male caregiver present		63 (50.8%)	66 (53.2%)	0.703	-0.059	1.004
Child living with relative caregiver		32 (25.8%)	37 (29.8%)	0.479	-0.122	0.915
Caregiver substance use		42 (33.9%)	38 (30.6%)	0.587	0.090	1.054
Domestic violence is a risk factor		21 (16.9%)	16 (12.9%)	0.373	0.194	1.252
High or intensive risk assessment		47 (37.9%)	42 (33.9%)	0.508	0.106	1.051
TDM and/or protection plan		28 (22.6%)	21 (16.9%)	0.264	0.217	1.243
SS case opened to prevent removal		26 (21.0%)	27 (21.8%)	0.877	-0.029	0.973
Abuse allegation		61 (49.2%)	66 (53.2%)	0.525	-0.098	1.004
Neglect allegation		75 (60.5%)	74 (59.7%)	0.897	0.020	0.993
Prior foster care placements		18 (14.5%)	24 (19.4%)	0.310	-0.210	0.795
CACD investigation, previous case or assessment (past 3 years)		83 (66.9%)	79 (63.7%)	0.594	0.086	0.957
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.18. Variance ratio of 0.85). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-13. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 6-12 Months Post-Treatment: Successful Completion Analysis

		Treatment (N=86)	Control (N=86)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.5 (0.57)	9.0 (0.53)	0.529	-0.096	1.147
Caregiver age (years)		38.5 (1.28)	38.9 (1.31)	0.825	-0.034	0.966
Number of children in household		2.9 (0.15)	3.0 (0.18)	0.845	-0.030	0.723
Median household income		\$31,431 (\$574)	\$31,373 (\$577)	0.944	0.011	0.990
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	24 (27.9%)	24 (27.9%)	1.000	0.000	1.000
	Hispanic or Latino	4 (4.7%)	4 (4.7%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		49 (57.0%)	49 (57.0%)	1.000	0.000	1.000
RUCA: Rural		83 (96.5%)	83 (96.5%)	1.000	0.000	1.000
Female caregiver present		81 (94.2%)	81 (94.2%)	1.000	0.000	1.000
Male caregiver present		42 (48.8%)	39 (45.3%)	0.647	0.085	1.008
Caregiver substance use		26 (30.2%)	31 (36.0%)	0.418	-0.159	0.915
Child living with relative caregiver		22 (25.6%)	24 (27.9%)	0.730	-0.072	0.946
Domestic violence is a risk factor		15 (17.4%)	16 (18.6%)	0.843	-0.048	0.951
High or intensive risk assessment		36 (41.9%)	33 (38.4%)	0.641	0.088	1.029
TDM and/or protection plan		24 (27.9%)	22 (25.6%)	0.730	0.072	1.057
SS case opened to prevent removal		19 (22.1%)	18 (20.9%)	0.853	0.042	1.040
Abuse allegation		41 (47.7%)	43 (50.0%)	0.760	-0.056	0.998
Neglect allegation		49 (57.0%)	55 (64.0%)	0.349	-0.177	1.063
Prior foster care placements		15 (17.4%)	13 (15.1%)	0.680	0.104	1.122
CACD investigation, previous case or assessment (past 3 years)		60 (69.8%)	59 (68.6%)	0.869	0.033	0.979
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.06. Variance ratio of 0.95). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-14. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 12-18 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=99)	Control (N=99)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.8 (0.54)	8.3 (0.52)	0.517	-0.092	1.063
Caregiver age (years)		36.5 (1.10)	38.3 (1.35)	0.298	-0.148	0.666
Number of children in household		3.0 (0.15)	2.9 (0.17)	0.685	0.058	0.820
Median household income		\$31,101 (\$402)	\$31,318 (\$495)	0.734	-0.048	0.660
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	36 (36.4%)	36 (36.4%)	1.000	0.000	1.000
	Hispanic or Latino	5 (5.1%)	5 (5.1%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		56 (56.6%)	56 (56.6%)	1.000	0.000	1.000
RUCA: Rural		96 (97.0%)	96 (97.0%)	1.000	0.000	1.000
Female caregiver present		93 (93.9%)	93 (93.9%)	1.000	0.000	1.000
Male caregiver present		51 (51.5%)	49 (49.5%)	0.776	0.049	0.999
Child living with relative caregiver		27 (27.3%)	25 (25.3%)	0.747	0.063	1.051
Caregiver substance use		36 (36.4%)	36 (36.4%)	1.000	0.000	1.000
Domestic violence is a risk factor		18 (18.2%)	15 (15.2%)	0.567	0.133	1.157
High or intensive risk assessment		37 (37.4%)	30 (30.3%)	0.293	0.192	1.108
TDM and/or protection plan		21 (21.2%)	21 (21.2%)	1.000	0.000	1.000
SS case opened to prevent removal		20 (20.2%)	17 (17.2%)	0.584	0.121	1.133
Abuse allegation		49 (49.5%)	47 (47.5%)	0.776	0.049	1.002
Neglect allegation		60 (60.6%)	63 (63.6%)	0.660	-0.078	1.032
Prior foster care placements		12 (12.1%)	12 (12.1%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		66 (66.7%)	65 (65.7%)	0.881	0.027	0.986
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.11. Variance ratio of 0.99). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-15. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 12-18 Months Post-Treatment: Successful Completion Analysis

		Treatment (N=66)	Control (N=66)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.6 (0.63)	7.3 (0.57)	0.696	0.068	1.188
Caregiver age (years)		37.4 (1.43)	36.7 (1.51)	0.739	0.058	0.899
Number of children in household		3.1 (0.18)	3.1 (0.21)	0.956	0.010	0.723
Median household income		\$30,880 (\$512)	\$31,178 (\$625)	0.713	-0.064	0.670
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	20 (30.3%)	20 (30.3%)	1.000	0.000	1.000
	Hispanic or Latino	4 (6.1%)	4 (6.1%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		40 (60.6%)	40 (60.6%)	1.000	0.000	1.000
RUCA: Rural		65 (98.5%)	66 (100.0%)	0.315	-	-
Female caregiver present		63 (95.5%)	63 (95.5%)	1.000	0.000	1.000
Male caregiver present		31 (47.0%)	25 (37.9%)	0.291	0.226	1.059
Caregiver substance use		21 (31.8%)	18 (27.3%)	0.567	0.133	1.094
Child living with relative caregiver		17 (25.8%)	15 (22.7%)	0.685	0.100	1.089
Domestic violence is a risk factor		12 (18.2%)	11 (16.7%)	0.819	0.064	1.071
High or intensive risk assessment		26 (39.4%)	26 (39.4%)	1.000	0.000	1.000
TDM and/or protection plan		18 (27.3%)	16 (24.2%)	0.691	0.096	1.080
SS case opened to prevent removal		15 (22.7%)	13 (19.7%)	0.670	0.110	1.110
Abuse allegation		31 (47.0%)	30 (45.5%)	0.861	0.037	1.005
Neglect allegation		39 (59.1%)	38 (57.6%)	0.860	0.038	0.990
Prior foster care placements		9 (13.6%)	9 (13.6%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		47 (71.2%)	44 (66.7%)	0.573	0.129	0.923
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.23. Variance ratio of 0.85). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-16. YAP:FCT Treatment and Comparison Groups Background Characteristics, Pre-Propensity Score Matching

		Total	Treatment (N=96)	Control (N=3,014)	
Continuous variables		Mean (SE)	Mean (SE)	Mean (SE)	P Value
Child Age (years)		6.3 (0.10)	7.9 (0.54)	6.3 (0.10)	0.005
Caregiver age (years)		34.7 (0.19)	38.0 (1.20)	34.6 (0.19)	0.002
Number of children in household		2.4 (0.02)	2.6 (0.14)	2.4 (0.03)	0.101
Median household income		\$37,798 (\$104)	\$36,177 (\$397)	\$37,850 (\$107)	0.005
Categorical variables	Category	N (%)	N (%)	N (%)	P Value
Child Race/Ethnicity	White	2,128 (68.4%)	75 (78.1%)	2,053 (68.1%)	0.112
	Black	819 (26.3%)	18 (18.8%)	801 (26.6%)	0.087
	Hispanic or Latino	163 (5.2%)	3 (3.1%)	160 (5.3%)	0.345
Binary variables		N (%)	N (%)	N (%)	P Value
Child gender: Female		1,553 (49.9%)	43 (44.8%)	1,510 (50.1%)	0.306
RUCA: Rural		1,549 (49.8%)	75 (78.1%)	1,474 (48.9%)	<0.001
Female caregiver present		2,905 (93.4%)	90 (93.8%)	2,815 (93.4%)	0.891
Male caregiver present		1,699 (54.6%)	61 (63.5%)	1,638 (54.3%)	0.075
Caregiver substance use		1,645 (52.9%)	40 (41.7%)	1,605 (53.3%)	0.025
Child living with relative caregiver		511 (16.4%)	8 (8.3%)	503 (16.7%)	0.030
Domestic violence is a risk factor		382 (12.3%)	19 (19.8%)	363 (12.0%)	0.023
High or intensive risk assessment		792 (25.5%)	45 (46.9%)	747 (24.8%)	<0.001
TDM and/or protection plan		627 (20.2%)	16 (16.7%)	611 (20.3%)	0.386
SS case opened to prevent removal		235 (7.6%)	20 (20.8%)	215 (7.1%)	<0.001
Abuse allegation		1,148 (36.9%)	41 (42.7%)	1,107 (36.7%)	0.232
Neglect allegation		2,248 (72.3%)	67 (69.8%)	2,181 (72.4%)	0.580
Prior foster care placements		274 (8.8%)	17 (17.7%)	257 (8.5%)	0.002
CACD investigation, previous case or assessment (past 3 years)		1,429 (45.9%)	66 (68.8%)	1,363 (45.2%)	<0.001
P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; TDM = Team Decision Making					

Table A-17. YAP:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 0-6 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=78)	Control (N=78)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.7 (0.60)	8.3 (0.64)	0.532	-0.100	0.873
Caregiver age (years)		37.8 (1.21)	37.5 (1.44)	0.886	0.023	0.702
Number of children in household		2.6 (0.16)	2.8 (0.15)	0.452	-0.120	1.241
Median household income		\$36,144 (\$466)	\$35,565 (\$607)	0.451	0.120	0.588
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	61 (78.2%)	61 (78.2%)	1.000	-	-
	Black	14 (17.9%)	14 (17.9%)	1.000	0.000	1.000
	Hispanic or Latino	3 (3.8%)	3 (3.8%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		34 (43.6%)	34 (43.6%)	1.000	0.000	1.000
RUCA: Rural		60 (76.9%)	59 (75.6%)	0.851	0.043	0.963
Female caregiver present		74 (94.9%)	74 (94.9%)	1.000	0.000	1.000
Male caregiver present		49 (62.8%)	47 (60.3%)	0.742	0.066	0.975
Caregiver substance use		32 (41.0%)	25 (32.1%)	0.244	0.235	1.111
Child living with relative caregiver		7 (9.0%)	7 (9.0%)	1.000	0.000	1.000
Domestic violence is a risk factor		16 (20.5%)	15 (19.2%)	0.841	0.049	1.050
High or intensive risk assessment		35 (44.9%)	31 (39.7%)	0.517	0.127	1.033
TDM and/or protection plan		16 (20.5%)	15 (19.2%)	0.841	0.049	1.050
SS case opened to prevent removal		17 (21.8%)	17 (21.8%)	1.000	0.000	1.000
Abuse allegation		34 (43.6%)	40 (51.3%)	0.336	-0.187	0.984
Neglect allegation		54 (69.2%)	50 (64.1%)	0.497	0.140	0.926
Prior foster care placements		13 (16.7%)	11 (14.1%)	0.657	0.120	1.147
CACD investigation, previous case or assessment (past 3 years)		55 (70.5%)	54 (69.2%)	0.861	0.037	0.976
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.15. Variance ratio of 0.58). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-18. YAP:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care 6-12 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=60)	Control (N=60)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.8 (0.66)	8.2 (0.66)	0.643	-0.084	1.005
Caregiver age (years)		38.2 (1.37)	38.9 (1.54)	0.735	-0.062	0.787
Number of children in household		2.7 (0.18)	2.5 (0.15)	0.580	0.101	1.408
Median household income		\$35,928 (\$459)	\$36,686 (\$651)	0.343	-0.173	0.498
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	47 (78.3%)	47 (78.3%)	1.000	-	-
	Black	11 (18.3%)	11 (18.3%)	1.000	0.000	1.000
	Hispanic or Latino	2 (3.3%)	2 (3.3%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		26 (43.3%)	26 (43.3%)	1.000	0.000	1.000
RUCA: Rural		46 (76.7%)	42 (70.0%)	0.409	0.207	0.852
Female caregiver present		57 (95.0%)	57 (95.0%)	1.000	0.000	1.000
Male caregiver present		39 (65.0%)	39 (65.0%)	1.000	0.000	1.000
Caregiver substance use		22 (36.7%)	17 (28.3%)	0.330	0.231	1.144
Child living with relative caregiver		6 (10.0%)	7 (11.7%)	0.769	-0.105	0.873
Domestic violence is a risk factor		14 (23.3%)	16 (26.7%)	0.673	-0.108	0.915
High or intensive risk assessment		26 (43.3%)	25 (41.7%)	0.853	0.041	1.010
TDM and/or protection plan		12 (20.0%)	12 (20.0%)	1.000	0.000	1.000
SS case opened to prevent removal		16 (26.7%)	17 (28.3%)	0.838	-0.051	0.963
Abuse allegation		28 (46.7%)	27 (45.0%)	0.855	0.041	1.006
Neglect allegation		41 (68.3%)	41 (68.3%)	1.000	0.000	1.000
Prior foster care placements		9 (15.0%)	8 (13.3%)	0.793	0.083	1.103
CACD investigation, previous case or assessment (past 3 years)		43 (71.7%)	42 (70.0%)	0.841	0.049	0.967
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of 0.06. Variance ratio of 0.36). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-19. YAP:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Foster Care During Treatment Window: Intention-to-Treat Analysis

		Treatment (N=96)	Control (N=96)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.9 (0.54)	7.6 (0.56)	0.689	0.058	0.915
Caregiver age (years)		38.0 (1.20)	37.0 (0.98)	0.527	0.091	1.489
Number of children in household		2.6 (0.14)	2.8 (0.17)	0.570	-0.082	0.748
Median household income		\$36,177 (\$397)	\$36,341 (\$449)	0.785	-0.039	0.782
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	75 (78.1%)	75 (78.1%)	1.000	-	-
	Black	18 (18.8%)	18 (18.8%)	1.000	0.000	1.000
	Hispanic or Latino	3 (3.1%)	3 (3.1%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		43 (44.8%)	43 (44.8%)	1.000	0.000	1.000
RUCA: Rural		75 (78.1%)	73 (76.0%)	0.731	0.072	0.938
Female caregiver present		90 (93.8%)	90 (93.8%)	1.000	0.000	1.000
Male caregiver present		61 (63.5%)	65 (67.7%)	0.543	-0.112	1.060
Caregiver substance use		40 (41.7%)	47 (49.0%)	0.310	-0.179	0.973
Child living with relative caregiver		8 (8.3%)	8 (8.3%)	1.000	0.000	1.000
Domestic violence is a risk factor		19 (19.8%)	17 (17.7%)	0.712	0.083	1.089
High or intensive risk assessment		45 (46.9%)	44 (45.8%)	0.885	0.025	1.003
TDM and/or protection plan		16 (16.7%)	21 (21.9%)	0.360	-0.204	0.813
SS case opened to prevent removal		20 (20.8%)	15 (15.6%)	0.350	0.213	1.251
Abuse allegation		41 (42.7%)	42 (43.8%)	0.884	-0.026	0.994
Neglect allegation		67 (69.8%)	71 (74.0%)	0.521	-0.125	1.095
Prior foster care placements		17 (17.7%)	17 (17.7%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		66 (68.8%)	70 (72.9%)	0.525	-0.122	1.088
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.08. Variance ratio of 0.62). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table A-20. YAP:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 0-6 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=75)	Control (N=75)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.9 (0.61)	7.8 (0.62)	0.891	0.022	0.978
Caregiver age (years)		38.1 (1.29)	37.9 (1.24)	0.923	0.016	1.077
Number of children in household		2.6 (0.17)	2.5 (0.16)	0.574	0.092	1.088
Median household income		\$36,237 (\$475)	\$36,668 (\$452)	0.513	-0.107	1.105
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	14 (18.7%)	14 (18.7%)	1.000	0.000	1.000
	Hispanic or Latino	3 (4.0%)	3 (4.0%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		33 (44.0%)	33 (44.0%)	1.000	0.000	1.000
RUCA: Rural		57 (76.0%)	53 (70.7%)	0.460	0.166	0.880
Female caregiver present		71 (94.7%)	70 (93.3%)	0.731	0.144	0.811
Male caregiver present		45 (60.0%)	48 (64.0%)	0.614	-0.103	1.042
Caregiver substance use		32 (42.7%)	36 (48.0%)	0.512	-0.131	0.980
Child living with relative caregiver		8 (10.7%)	8 (10.7%)	1.000	0.000	1.000
Domestic violence is a risk factor		16 (21.3%)	14 (18.7%)	0.683	0.101	1.105
High or intensive risk assessment		34 (45.3%)	42 (56.0%)	0.191	-0.260	1.006
TDM and/or protection plan		15 (20.0%)	17 (22.7%)	0.690	-0.096	0.913
SS case opened to prevent removal		17 (22.7%)	13 (17.3%)	0.414	0.203	1.223
Abuse allegation		32 (42.7%)	34 (45.3%)	0.742	-0.066	0.987
Neglect allegation		52 (69.3%)	52 (69.3%)	1.000	0.000	1.000
Prior foster care placements		14 (18.7%)	14 (18.7%)	1.000	0.000	1.000
CACD investigation, previous case or assessment (past 3 years)		53 (70.7%)	52 (69.3%)	0.859	0.038	0.975

P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.13. Variance ratio of 0.49). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio

Table A-21. YAP:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for True Finding 6-12 Months Post-Treatment: Intention-to-Treat Analysis

		Treatment (N=55)	Control (N=55)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.8 (0.68)	6.9 (0.75)	0.401	0.159	0.831
Caregiver age (years)		38.2 (1.50)	36.6 (1.47)	0.458	0.141	1.040
Number of children in household		2.6 (0.20)	2.9 (0.22)	0.397	-0.161	0.787
Median household income		\$36,087 (\$473)	\$36,304 (\$598)	0.777	-0.054	0.626
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	Black	11 (20.0%)	11 (20.0%)	1.000	0.000	1.000
	Hispanic or Latino	2 (3.6%)	2 (3.6%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		24 (43.6%)	24 (43.6%)	1.000	0.000	1.000
RUCA: Rural		42 (76.4%)	42 (76.4%)	1.000	0.000	1.000
Female caregiver present		52 (94.5%)	52 (94.5%)	1.000	0.000	1.000
Male caregiver present		34 (61.8%)	36 (65.5%)	0.692	-0.095	1.044
Caregiver substance use		21 (38.2%)	26 (47.3%)	0.335	-0.226	0.947
Child living with relative caregiver		7 (12.7%)	5 (9.1%)	0.541	0.229	1.344
Domestic violence is a risk factor		13 (23.6%)	13 (23.6%)	1.000	0.000	1.000
High or intensive risk assessment		24 (43.6%)	28 (50.9%)	0.445	-0.177	0.984
TDM and/or protection plan		11 (20.0%)	12 (21.8%)	0.815	-0.067	0.938
SS case opened to prevent removal		14 (25.5%)	11 (20.0%)	0.495	0.189	1.186
Abuse allegation		24 (43.6%)	25 (45.5%)	0.848	-0.045	0.992
Neglect allegation		38 (69.1%)	42 (76.4%)	0.392	-0.223	1.183
Prior foster care placements		9 (16.4%)	6 (10.9%)	0.405	0.284	1.408
CACD investigation, previous case or assessment (past 3 years)		39 (70.9%)	40 (72.7%)	0.832	-0.054	1.040
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.19. Variance ratio of 0.42). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Appendix B: Baseline Equivalence for Child Well-being Outcomes

Table B-1. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Well-being Outcomes: Intention-to-Treat Analysis

		Treatment (N=115)	Control (N=115)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		7.4 (0.53)	7.6 (0.49)	0.781	-0.037	1.166
Caregiver age (years)		36.4 (1.00)	35.5 (0.96)	0.546	0.079	1.084
Number of children in household		2.9 (0.13)	2.8 (0.15)	0.691	0.052	0.800
Median household income		\$32,165 (\$538)	\$32,521 (\$564)	0.648	-0.060	0.912
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	77 (67.0%)	77 (67.0%)	1.000	-	-
	Black	34 (29.6%)	34 (29.6%)	1.000	0.000	1.000
	Hispanic or Latino	4 (3.5%)	4 (3.5%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		69 (60.0%)	69 (60.0%)	1.000	0.000	1.000
RUCA: Rural		106 (92.2%)	106 (92.2%)	1.000	0.000	1.000
Female caregiver present		115 (100.0%)	115 (100.0%)	1.000	0.000	1.000
Male caregiver present		57 (49.6%)	63 (54.8%)	0.428	-0.127	1.009
Caregiver substance use		44 (38.3%)	48 (41.7%)	0.590	-0.088	0.971
Child living with relative caregiver		23 (20.0%)	21 (18.3%)	0.737	0.068	1.072
Domestic violence is a risk factor		20 (17.4%)	23 (20.0%)	0.612	-0.104	0.898
High or intensive risk assessment		43 (37.4%)	42 (36.5%)	0.891	0.023	1.010
TDM and/or protection plan		27 (23.5%)	24 (20.9%)	0.634	0.092	1.088
SS case opened to prevent removal		11 (9.6%)	11 (9.6%)	1.000	0.000	1.000
Abuse allegation		53 (46.1%)	53 (46.1%)	1.000	0.000	1.000
Neglect allegation		78 (67.8%)	76 (66.1%)	0.779	0.048	0.974
Prior foster care placements		15 (13.0%)	16 (13.9%)	0.847	-0.045	0.947
CACD investigation, previous case or assessment (past 3 years)		79 (68.7%)	80 (69.6%)	0.886	-0.025	1.016
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.01. Variance ratio of 1.04). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table B-2. SF:FCT Treatment and Comparison Groups Background Characteristics, Post-Propensity Score Matching for Well-being Outcomes: Successful Completion Analysis

		Treatment (N=83)	Control (N=83)			
Continuous variables		Mean (SE)	Mean (SE)	P Value	Effect Size	Var Ratio
Child Age (years)		8.3 (0.59)	7.4 (0.59)	0.263	0.174	1.018
Caregiver age (years)		37.0 (1.08)	36.5 (0.97)	0.728	0.054	1.239
Number of children in household		2.9 (0.14)	2.7 (0.15)	0.484	0.108	0.910
Median household income		\$32,628 (\$628)	\$32,801 (\$619)	0.845	-0.030	1.031
Categorical variables	Category	N (%)	N (%)	P Value	Effect Size	Var Ratio
Child Race/Ethnicity	White	59 (71.1%)	59 (71.1%)	1.000	-	-
	Black	21 (25.3%)	21 (25.3%)	1.000	0.000	1.000
	Hispanic or Latino	3 (3.6%)	3 (3.6%)	1.000	0.000	1.000
Binary variables		N (%)	N (%)	P Value	Effect Size	Var Ratio
Child gender: Female		49 (59.0%)	49 (59.0%)	1.000	0.000	1.000
RUCA: Rural		77 (92.8%)	78 (94.0%)	0.755	-0.118	1.185
Female Caregiver Present		83 (100.0%)	83 (100.0%)	1.000	0.000	1.000
Male caregiver present		39 (47.0%)	47 (56.6%)	0.214	-0.235	1.014
Caregiver substance use		30 (36.1%)	25 (30.1%)	0.410	0.165	1.097
Child living with relative caregiver		17 (20.5%)	17 (20.5%)	1.000	0.000	1.000
Domestic violence is a risk factor		15 (18.1%)	17 (20.5%)	0.694	-0.094	0.909
High or intensive risk assessment		36 (43.4%)	29 (34.9%)	0.266	0.215	1.080
TDM and/or protection plan		23 (27.7%)	18 (21.7%)	0.368	0.197	1.179
SS case opened to prevent removal		9 (10.8%)	12 (14.5%)	0.484	-0.199	0.782
Abuse allegation		38 (45.8%)	37 (44.6%)	0.876	0.029	1.005
Neglect allegation		54 (65.1%)	54 (65.1%)	1.000	0.000	1.000
Prior foster care placements		11 (13.3%)	10 (12.0%)	0.815	0.066	1.085
CACD investigation, previous case or assessment (past 3 years)		55 (66.3%)	57 (68.7%)	0.740	-0.067	1.039
<p>P-values were calculated with the T-test for continuous variable and the Chi-Square test for categorical variables. FFPSA eligibility assessment date was also included in propensity score matching (Effect size of -0.02. Variance ratio of 1.06). Abbreviations: CACD = Crimes Against Children Division; RUCA = Rural-urban commuting area; SE = Standard Error; SS = Social Services; Std Diff = Standardized Difference; TDM = Team Decision Making; Var Ratio = Variance Ratio</p>						

Table B-3: SF:FCT Treatment and Comparison Group Family Well-Being Baseline Differences

FAST Domain	Treatment Mean (SD)	Comparison Mean (SD)	Baseline Effect Size^a
<i>Intention-to-Treat Comparisons (N=230 matched dyads)</i>			
Youth Status	0.25 (0.33)	0.18 (0.27)	0.247
Caregiver's Status	0.36 (0.21)	0.23 (0.20)	0.616
Caregiver's Advocacy Status	0.19 (0.23)	0.10 (0.19)	0.419
Family Together	0.52 (0.36)	0.35 (0.36)	0.491
<i>Successfully completed SafeCare (N=166 matched dyads)</i>			
Youth Status	0.28 (0.33)	0.22 (0.28)	0.213
Caregiver's Status	0.34 (0.20)	0.27 (0.23)	0.309
Caregiver's Advocacy Status	0.19 (0.21)	0.11 (0.20)	0.383
Family Together	0.49 (0.34)	0.39 (0.39)	0.267
^a Baseline Effect Size is measured by Hedge's G.			

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