RESEARCH REPORT

Children's Home Society: CaseAIM Evaluation

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Introduction

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

There are also concerns for the safety, permanency, and well-being of the children and families receiving case management services. Studies have shown that turnover influences the outcomes for children in foster care by delaying time to permanency, increasing placement moves, increasing safety risks, reducing the quality of case management, and interrupting intervention services such as counseling and educational support.[3] Sadly, the impact of turnover on children's lives belies the intentions that initially drew people to the field. In one study, case managers shared that they chose the work because they wanted to make a difference in at least one child's life.[4] Instead of working with children and their families, many case managers find themselves overwhelmed by administrative tasks. It is estimated that case managers spend approximately 20 to 35 percent of their time in direct services and the rest on case-related or non-case related tasks (e.g., staff meetings).[5] To improve overall service quality and, more importantly, outcomes for the children and families served, child welfare agencies are looking for ways to promote employee retention and foster care outcomes.

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

address staffing challenges, and improve worker effectiveness.[6] These changes are possible through consolidation of:

- requirements and processes
- tools
- technology
- alternative worker arrangements
- prevention and early intervention
- evidenced-based practice
- permanency initiatives
- continuous quality assessment and improvement
- shifts in organizational climate and culture
- reallocation of worker positions
- additional positions made available within agencies
- careful selection of new staff
- the hiring of specialized support staff
- creating teams to work cases together to alleviate the stress of doing it alone
- concerted efforts on the retention of current staff through training and ongoing support and increased supervision.[7,8]

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

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

Research Questions

CHS contracted with the Florida Institute for Child Welfare (Institute) to conduct a two-part evaluation of CaseAIM. The Institute utilized a mixed-method approach (i.e., used quantitative and survey designs) to evaluate case management services and child outcomes. The study design is based on CHS research questions:

1. Does care coordination differ between case managers who are using CaseAIM and case managers who are not using CaseAIM case management services?

2. Does engagement with clients differ between case managers who are using CaseAIM and case managers who are not using CaseAIM case management services?

3. Do child outcomes improve as indicated by child safety, permanency, and well-being for children receiving CaseAIM case management compared to children not receiving CaseAIM case management services?

Literature Review

This study examines three elements of case manager care coordination and engagement: 1) case manager caseload; 2) number of child placements; and 3) number of child case managers. Higher caseloads are linked to staff turnover, which in turn, is linked to children experiencing multiple cases managers and placement moves. These events alone or in combination have the potential to negatively impact child outcomes for safety, permanency, and well-being.[9]

Caseload, defined as: "The number of cases assigned to an individual worker in a given time period" (p. 2),[10] is primarily of interest as a proxy indicator for the best interest of the child. The Child Welfare League of America recommends a foster care caseload between 12 to 15 children.[11] In Florida, the current ratio of child cases to case managers is as high as 22 to one, and the number of children in out-of-home care is the highest it has been since 2008. There is no indication this trend is leveling off.[12] One study found that high caseloads were the second most cited cause of worker dissatisfaction rooted in long hours, emotional exhaustion, and low self-esteem. Job stress and lack of organizational support also result in preventable turnover.[13]

However, much of what is known about the impact of turnover on child outcomes remains tangential or anecdotal. Strolin, McCarthy and Caringi remarked that empirical research was lacking to answer the basic question: "Does workforce turnover negatively influence safety and permanency outcomes for children?" (p. 47).[14] A decade later, the question remains unanswered by empirical research. This study will not fill the gap, but it does look at a known element of worker turnover—caseload—that is linked to negative child outcomes: placement moves and case manager changes.

Losing a case manager poses risks to a child's well-being. The Children's Bureau has identified relationships with family, kin, and stable, caring adults as essential to a child's well-being.[15] In one study, former foster youth reported that changes in case managers often triggered old wounds around abandonment, trust, and stability. The authors conclude that foster children form bonds with their case managers, which contributes to their positive social growth. Therefore, care must be taken (e.g., transition plans) when severing those bonds to minimize thepossible harm the loss may cause the child.[16] Furthermore, research shows that within a 21-month period, children with one case manager have a 75 percent chance of reunification or adoption, those with two case managers have a 17.5 percent chance and those with four or more case managers a two percent chance of the same outcome.[17]

Likewise, placement moves pose similar risks to a child's well-being. Unfortunately, placement moves are common in the lives of foster children, and the impact of frequent moves can have lifelong consequences. The U.S. Department of Education and the U.S. Department of Health and Human Services,[18] issued non-regulatory guidance for children in foster care suggesting two or fewer placement moves during one placement episode. The purpose of the joint project between the agencies was to highlight the effect of placement moves on foster children's educational attainment. The relationship between placement moves and the educational achievement gap is attributed to multiple factors, such as the emotional distress caused by having to adapt to a new family environment, possibly moving to a new school, and loss of prior social supports and relationships.

The emotional/psychological demands created by each move often leaves little energy left to focus on school.[19] Without a long-term investment for services that allow for educational "catch up" after each placement move, the achievement gap will widen as the child ages. Placement moves also cause a long-term psychological impact on children. One study noted a relationship between moves and children's mental health problems, externalizing behavior, emotional insecurity, and attachment issues.[20] The association may be bi-directional, but placement stability appears to be a protective factor for a child's overall sense of well-being. Whereas, frequent moves may leave a child lonely and adrift in the child welfare system without attachment to a trusted adult.

The Institute's study also examines child outcomes that are based on federal or state standards for child welfare programs. The following are statewide data indicators for federal compliance as well as state standards required to be entered into the Florida Safe Families Network (FSFN):[21]

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

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

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

Quantitative Study

The purpose of the quantitative section is to introduce the characteristics (e.g., age, race, gender) of both CaseAIM and non-CaseAIM groups, look for differences and similarities between the groups, and test the following hypotheses:

Case Manager Case Coordination and Engagement

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

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

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

Method

The Florida State University Institutional Review Board (IRB) approved the research. The quantitative portion of the evaluation was conducted by analyzing secondary data sources collected by the Children's Home Society (CHS) of Florida and the community-based care lead agencies. CHS data were entered into the Florida Safe Families Network (FSFN), a child welfare information system developed to meet the federal and state reporting requirements. CHS of Central Florida was responsible for creating datasets for the study. The FSFN data were pulled from nine CHS case management programs, across eight DCF districts throughout the state. Case manager demographic data were collected from the CHS personnel record system. CHS electronically submitted the datasets to the Institute who organized the FSFN and personnel data into three datasets: Case managers, children (foster care), and providers (foster parents and relative/non-relative caregivers).

Participants

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

Design

The researchers employed a quasi-experimental research design. The variable CaseAIM was conceptually defined as a) case managers, providers and children who practiced or received services in units using the new CaseAIM service delivery model; and b) case managers, providers, and children who practiced or received services in units not using the CaseAIM model (referred to as "non-CaseAIM" in the study). The CaseAIM intervention group and the non-CaseAIM comparison group were examined using a) descriptive statistics for demographic data; b) inferential statistics for differences and associations between CaseAIM status (i.e., a member of either CaseAIM or non-CaseAIM group) and the demographic variables; and c) testing CaseAIM status and the outcome variables.

Procedure

The Florida State University's IRB did not require participants to give Informed Consent for the quantitative study because the study was a secondary analysis of data, researchers would have no direct contact with participants, the data were de-identified (anonymous), and CHS had signed Acknowledgement of Receipt forms from caregivers in each child's case file. CHS provided all caregivers a copy of the "Children's Home Society of Florida Consumer Handbook." The Handbook informed caregivers that client records could be released without consent to "research organizations after they satisfy conditions about protecting the privacy of medical information" (p. 6). The caregivers had signed an acknowledgment of receipt that states, "I have received the Children's Home Society of Florida Consumer Handbook. I was given time to ask questions, and I understand the answers that were given to me" (p. 10).[22]

The data provided by CHS to the Institute were imported into IBM SPSS Statistics25 for statistical analysis. The CHS datasets for case manager demographics, chronological notes, and worker assignments were merged to create the dataset Case Managers (N = 766). The variables in the Case Managers dataset included WorkerID, CaseAimYN, CMgender, CMrace, CMmajor, CMAge, ChronoNotes, and CMYrsOfExp. The datasets for case participant (child) demographics, allegations, and service outcomes were merged to create the dataset Children (N = 5,496). The variables in the Children dataset included ChildID, CaseaimYN, ChildGender, ChildRace, ChildAgeCurrent, TPR, PrimaryGoal, DischargeReason, MatchedGoals, PrimaryMaltreatment, PlacementSettings, LengthofStay, and TotalDisability. The dataset for Provider (N = 3,951) contained the variables ProviderID, CaseaimYN, ProviderType, ProviderYrsExp, ProviderMaritalStatus, ProviderLanguage, Provider1age, Provider1race, and Provider1gender. The "CHS Data Dictionary for CaseAIM" provided a list of dataset variables, variable descriptions, and variable data sources (i.e. FSFN or personnel records).

Data Analytic Strategy

Several techniques were used to examine the data. The Chi-square test of association was used for the categorical variables: Data that are grouped into a dichotomous category (e.g., yes/no) or multiple categories (e.g., large, medium, small). The following statistical assumptions for the Chi-square test were examined: 1) variables were measured at the nominal or ordinal level; 2) independence of observations—there were no relationships between the participants; and 3) data for all cells had expected counts greater than five. The test determined whether there was an association between the variables (i.e., were the variables related or independent).

Independent sample t-tests were used to examine the mean difference between the CaseAIM and non-CaseAIM groups on various outcomes. An Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) were conducted to examine the mean difference of the CaseAIM groups while controlling for other grouping variables (e.g., children's maltreatment type) as well as continuous variables (e.g., children's time spent in care). Inspection of the data revealed that several test assumptions were not met. Namely, outliers in the data, normal distribution, and homogeneity of variances. It could not be determined if the outliers were due to data entry errors, so it was decided to treat the outliers as actual data points and include them in the analysis. Independent samples t-tests are quite robust to violations of normality, especially with larger samples.

When the homogeneity of variances assumption was violated, as assessed by Levene's test for equality of variances, the Welch t-test results for equality of variances not assumed were reported. When the homogeneity of assumptions was not met for the ANOVA and ANCOVA tests, we relied on robustness of the tests and presented the results. Randomization was not used due to the overall goals of this study. Rather, FSFN and personnel information were submitted for all child cases, providers, and case managers during the study observation period from December 2015 to November 2017.

Statistics 101

The 'Hypothesis Testing' section of this evaluation report presents hypotheses in the form of a null and alternative format. The alternative hypotheses are based on a speculation that requires testing. The null hypotheses are the opposite of that speculation and assert that there is no relationship between the variables or no difference on the population means between groups. The successful rejection of the null hypotheses confirms that CaseAIM case management services had an impact on child outcome indicators.

Additionally, effect sizes were provided for all statistically significant Chi-square and t-test results. Effect size refers to the magnitude of a result; for example, it tells us the strength of an association (Chi-square) or how large was the mean difference (t-test). Effect size can be understood in relation to statistical significance. A significant test result, usually determined by a p-value ≤ .05, refers to the probability of the observed result having occurred under the null hypothesis (given the null

hypothesis is true). If the chance of its occurrence is five percent or less (i.e., $p \leq .05$) we conclude the result is statistically significant. This is useful information to test hypotheses but difficult to apply to a 'real world' inquiry: If CaseAIM improves a child outcome (i.e., statistically significant), how meaningful is that improvement for CHS case management services (i.e., effect size)?[23]

This paper reports effect size for t-test results using Cohen's *d* (.20 = small, .50 = medium, and .80 = large effect sizes) and effect sizes for Chi-square results phi or Cramer's *V* (.10 = small, .30 = medium, and .50 = large effect sizes). A Cohen's *d* of .20 indicates the two groups' means differ by .2 standard deviations. Although Cohen's index is useful for the interpretation of effect size coefficients, the thresholds are a guide, not a decree.[24] Ellis emphasizes the importance of interpreting effect sizes within the context of the study's environment. For example, child welfare is a very complex environment affected by a multitude of factors that cannot be controlled. In such systems, effect sizes are generally very small (e.g., *d* = .12), so an effect size of *d* = .25 may be considered quite meaningful. Small effect sizes may also be important when the outcomes are particularly consequential. This is especially true when a study addresses the needs of at-risk and vulnerable populations where even small changes may have meaningful real-life effects.[25] For more information on statistical analysis, please visit https://ficw.fsu.edu/sites/g/files/imported/storage/original/application/3be7e05e8e0bc16981225ffa9267bc1a.pdf.

Results

Demographic Analyses

CaseAIM participants were assigned a value according to their CaseAIM status. The resulting groups were then compared by demographic characteristics and the eight outcome variables. The purpose of the comparisons was to look for differences and similarities between the groups and test the outcome hypotheses. The final datasets were as follows: the case manager dataset (N = 766) was comprised of CaseAIM case managers (n = 78, 10.2%) and non-CaseAIM case managers (n = 688, 89.8%); the children's dataset (N = 5,496) was comprised of CaseAIM cases (n = 584, 10.6%) and non-CaseAIM cases (n = 4,912, 89.4%); and the provider dataset (N = 3,951) was comprised of CaseAIM providers (n = 400, 10.1%) and non-CaseAIM providers (n = 3,551, 89.9%).

Case Managers

The dataset consisted of 78 (10.2%) CaseAIM case managers and 688 (89.8%) non-CaseAIM case managers for a total dataset of 766 cases. Group characteristics are presented in Table 1.

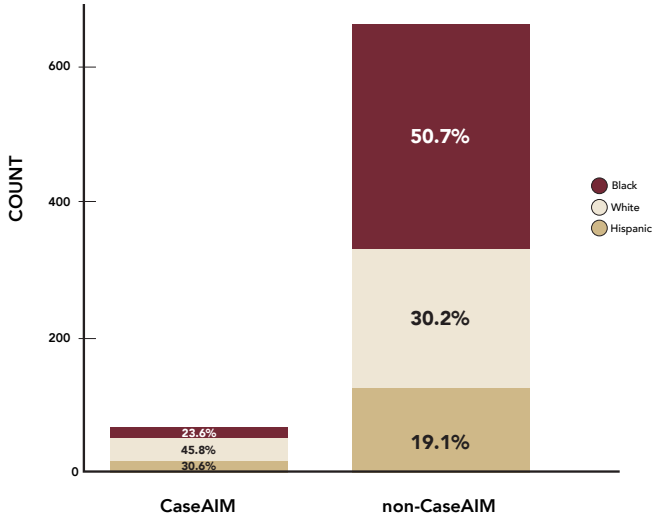
Table 1: Case Managers - CaseAIM and non-CaseAIM Characteristics as a Percentage of the Sample

Characteristics	CaseAIM (n = 78)	non-CaseAIM (n = 688)
Gender		
Male	88.5	86.5
Female	10.3	13.1
Race/Ethnicity		
Black	23.6	50.7
White	45.8	30.2
Hispanic	30.6	19.1
College Major		
Criminal Justice	15.4	17.9
Psychology	38.5	27.9
Social Work	15.4	21.7
Other Social Sciences	29.9	32.3

Note: Categories did not total 100% due to missing data.

The association between CaseAIM status and the case manager characteristics were examined using the Chi-square test of association. The Chi-square test of association is used to examine the existence and strength of a relationship between two or more categorical variables. Significant findings ($p \leq .05$) indicated that CaseAIM group status and the variable in question were associated with each other statistically. On visual inspection, the groups appeared similar by gender and major, but different by race/ethnicity. Chi-square results also showed that there was not a significant relationship between CaseAIM group status and gender or college majors ($\chi^2(1, N = 762) = 0.46$, $p = .49$; $\chi^2(3, N = 762) = 4.42$, $p = .22$, respectively), but that there was a significant relationship between CaseAIM group status and race/ethnicity ($\chi^2(2, N = 737) = 19.11$, $p < .001$). The Cramer's *V* test statistic (*V*), an indicator of the strength of the relationship (i.e., effect size), showed a small effect size of $V = .16$. Figure 1 displays the composition of CaseAIM and non-CaseAIM groups by race/ethnicity. As shown, there were significant differences in the race/ethnicity distribution between the groups.

Figure 1. Distribution of Case Managers by Race/Ethnicity



Age difference between the groups was examined with the independent samples *t*-test. CaseAIM case managers' ages ranged from 25 to 61 with a mean of 36.3 (n = 77, SD = 9.97), and non-CaseAIM case managers' ages ranged from 22 to 70 with a mean of 34.5 (n = 685, SD = 9.66). *T*-test results indicated no significant age differences for these two groups, $t(93) = 1.48$, $p = .14$. CaseAIM case managers' years of child welfare experience ranged from three to 21 with a mean of 3.5 (n = 77, SD = 3.12), and non-CaseAIM experience ranged from <1 to 23 years with a mean of 3.7 (n = 685, SD = 3.40). *T*-test results indicated no significant differences in years of experience for these two groups, $t(760) = 0.52$, $p = .60$.

Children

The dataset consisted of 584 (10.6%) children receiving CaseAIM services and 4,912 (89.4%) receiving non-CaseAIM services for a total dataset of 5,496 cases. Group characteristics are presented in Table 2.

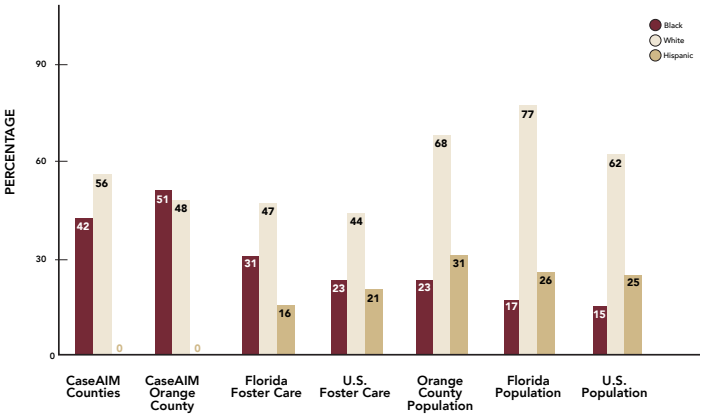
Table 2: Children - CaseAIM and non-CaseAIM Characteristics as a Percentage of the Sample

Characteristics	CaseAIM (n = 584)	non-CaseAIM (n = 4,912)
Gender		
Male	50.3	50.9
Female	49.7	49.1
Race/Ethnicity		
Black	44.4	41.3
White	55.4	56.0
Asian	0.2	0.5
Other	0.0	2.1
TPR		
Yes	2.4	9.9
No	97.6	90.1
Disability		
Yes	0.9	1.1
No	99.1	98.9
Primary Maltreatment		
Abandonment	3.7	4.1
Substance Misuse	20.7	27.7
Physical Abuse	6.2	5.2
Environmental Hazards	9.7	9.0
Failure to Protect	8.2	5.4
Family Violence	17.4	16.1
Neglect	22.0	23.2
Sexual Abuse	.2	1.6
Threatened Harm	11.9	7.8
Placement Setting		
Foster Home (non-relative)	38.8	35.2
Foster Home (relative)	49.4	47.9
Group Home	8.4	8.2
Pre-Adoptive Home	2.2	5.9
Institution	1.2	2.7

Note: Some categories did not total 100% due to missing data.

The demographic findings for children are noteworthy in three respects. First, the children were primarily Black (42%) or White (56%) compared to the state average of Black (alone[a]) 17 percent and White (alone) 77 percent.[26] It is well documented that African American children are over-represented in foster care; however, the African American children in the sample exceed the disproportionality found in foster care nationally. According to the Children's Bureau, the race and ethnicity of the estimated 437,465 children in foster care on September 30, 2016 were 44 percent White, 23 percent Black or African-American, 21 percent Hispanic (of any race), and 10 percent other races or multiracial. National estimates of the population by race and ethnicity are 62 percent White, 15 percent Black, and 25 percent ethnically Hispanic.[27,28] Figure 2 displays the racial disparities in foster care at the national, state, county, and CaseAIM levels.

Figure 2. Race/ethnicity by percentage at the national, state, county, and sample levels



Another observation is that Hispanic children are not reflected in either of the CaseAIM groups, even though the population of those identifying as Hispanic is 31 percent in Orange County (a CaseAIM service area) and approximately 26 percent of Floridian's identify as Hispanic (any race). It is unlikely that Hispanic children are not at-risk for child maltreatment; some other factors must be influencing their absence in the dataset.

In addition, children with documented disabilities are effectively absent in the sample. Of the 5,496 children in out-of-home care, only 57 (1%) "special needs indicators" are entered into FSFN. The indicators include disabilities common to children at risk for maltreatment and out-of-home placement, such as emotionally disturbed, mentally ill, learning disability, physical limitations, and mentally retarded. It is estimated that as many as 80 percent of children in foster care have a serious mental illness.[29] These anomalies in the sample may be a reflection of real world disparities or may be artifacts of the categorizing/assigning of children by race/ethnicity and disability at the FSFN level. Most likely, they are due to multiple factors and deserve examination in an effort to improve services and/or data reliability.

The Chi-square test indicated no association between CaseAIM status and gender, $\chi^2(1, N = 5{,}496) = .074$, $p = .78$, and CaseAIM status and race, $\chi^2(1, N = 5{,}371) = .44$, $p = .50$. Likewise, there was no significant association between a child having a documented disability and group status, $\chi^2(1, N = 5{,}496) = .208$, $p = .64$. As previously stated, the Chi-square test of association is used to test the existence and strength of a relationship between two categorical variables. These results indicate that there is no relationship between CaseAIM group status and any of the variables analyzed above (gender, race, and documented disability).

[a] "Alone" defined as reporting only one race.

CaseAIM status showed a significant relationship to termination of parental rights (TPR), $\chi^2(1, N = 5{,}496) = 35.47$, $p < .001$, although the strength of the association using the Phi (ϕ) coefficient for effect size ($\phi = .08$) attributed little practical significance to the finding. Placement setting and CaseAIM status also demonstrated statistical significance but with a negligible effect, $\chi^2(4, N = 5{,}448) = 19.59$, $p = .001$, $V = .06$. CaseAIM groups were compared on the primary maltreatment allegation for each child. Again, the finding was statistically significant, with an effect size that indicated a very weak association between CaseAIM status and allegation, $\chi^2(8, N = 4{,}777) = 33.30$, $p = .001$, $V = .08$. These findings suggested that while there is a relationship between CaseAIM group status, termination of parental rights, placement setting, and primary maltreatment allegations, the strength of those relationships were weak.

Case managers work to identify the best case plan permanency goal for each child in foster care. As shown in Table 3, for both groups, reunification was the case plan goal for the majority of children, followed by adoption, and permanent guardianship. Chi-square results for the association between CaseAIM groups and case plan goals were examined. The result was significant indicating a relationship between CaseAIM groups and case plan goals, $\chi^2(3, N = 4{,}971) = 96.50$, $p < .001$, $V = 0.14$. However, the effect size indicated the strength of the relationship between the groups was small.

The cases coded as open ($n = 3{,}365$) in the discharge reason variable were excluded from the analysis of CaseAIM group and child's documented permanency placement (i.e., discharge reason). Chi-square results indicated no association between the variables, $\chi^2(2, N = 1{,}926) = 2.67$, $p = .26$. Also, case plan goals and discharge reasons were examined for the frequency with which they matched. Please note that unmatched goals did not imply a poor outcome. A child may have had a case plan goal of reunification and been discharged to permanent guardianship, although not a "match" the placement may have provided a successful permanency plan for the child.

Table 3: Children - CaseAIM and non-CaseAIM Characteristics as a Percentage of the Sample

Characteristics	CaseAIM (n = 545)	non-CaseAIM (n = 4,426)
Case Plan Goals		
Reunification	56.7	62.7
Adoption	4.4	13.6
Permanent Guardianship	4.2	5.0
Goal Missing	34.7	18.7
Discharge Reason*	(n = 113)	(n = 1,813)
Reunification	74.3	66.9
Adoption	11.5	14.7
Permanent Guardianship	14.2	18.4

Note: Some categories did not total 100% due to missing data.

*Open cases (n = 3,365) were excluded from the analysis because they do not have a discharge reason.

However, case plans that identify appropriate placements and contain strategies that expedite permanency are a critical component of effective case management. Looking at the relationship between CaseAIM and whether or not initial plans were successfully executed is one, albeit small, way to consider the issue. Again, open cases were excluded from the analysis. Overall, Chi-square results for total matches and CaseAIM groups were not significant, $\chi^2(1, N = 1{,}776) = .450$, $p = .50$. Likewise, separate analyses for CaseAIM and reunification, adoption, and permanent guardianship indicated no significant associations, $\chi^2(1, N = 1{,}926) = .151$, $p = .69$; $\chi^2(1, N = 1{,}926) = 2.012$, $p = .156$; and χ^2, $(1, N = 1{,}926) = .006$, $p = .940$). Although there is no statistical significance in the relationships, it is worth noting that regardless of group assignment, 68.7 percent of the case plan goals and discharge placements were matched within the dataset.

Table 4: Children - CaseAIM and non-CaseAIM Characteristics as a Percentage of the Sample

Characteristics	CaseAIM (n = 113)	non-CaseAIM (n = 1,813)
Goals Matched*		
Total	65.7	68.9
Reunification	42.5	44.3
Adoption	8.0	12.5
Permanent Guardianship	7.1	6.9

*Open cases (n = 3,365) were excluded from the analysis

Children's ages were provided in years, starting with age 1-year. Date of birth was not included, so it was not possible to calculate how many of the children in the age one category were under age one. Hence, CaseAIM children's ages ranged from 1 to 19 with a mean of 7.5 (n = 584, SD = 5.36), and non-CaseAIM children's ages ranged from 1 to 20 with a mean of 7.8 (n = 4,911, SD = 5.47). The t-test results indicated no statistically significant differences between the two groups according to age, $t(5{,}493) = 1.32$, $p = .18$.

Children's length of stay (LOS) was examined for the cases that were closed during the report period. Children's LOS was defined as the number of days spent in foster care during one removal episode. The LOS for children in the CaseAIM group ranged from 2 to 615 days with a mean of 156.3 (n = 147, SD = 103.87) and for the non-CaseAIM group from 1 to 714 days with a mean of 253.1 (n = 2,175, SD = 158.36). Welch t-test results indicated a significant difference in LOS for the two groups, $t(915.2) = 10.51$, $p = < .001$, and the moderate to large effect size ($d = .72$) showed a meaningful finding for a similar practice setting. Specifically, CaseAIM children spent approximately three fewer months in care than non-CaseAIM children. This result was particularly meaningful because only closed cases were included in this analysis, which provided the most accurate reflection of actual time spent in care.

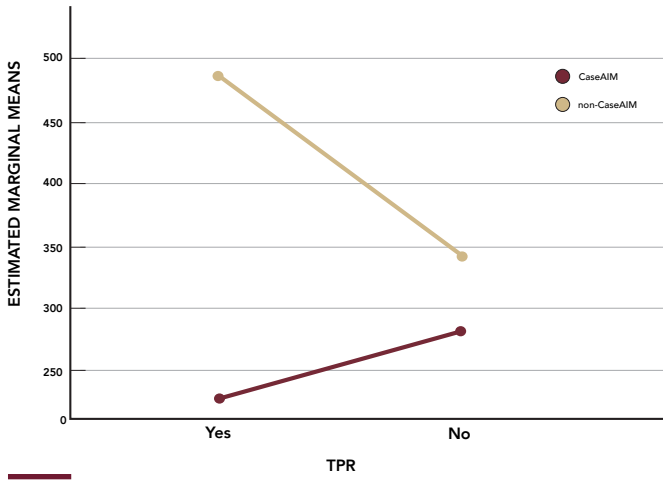
The association between CaseAIM status and LOS was also examined using open cases (Open Cases_Days in Care). Days in care was defined as the number of days spent in foster care during one removal episode as of April 18, 2018. The objective was to see how many children were in care ≤ 365 days and ≥ 366 days by CaseAIM status. The Chi-square results were significant, $\chi^2(1, N = 3{,}153) = 99.479$, $p < .001$, $\phi = .18$, indicting CaseAIM status was associated to whether a child was in care for ≤ 365 days or ≥ 366 days. Specifically, for open cases 70 percent of CaseAIM children were in care for 365 days or less compared to 44 percent of non-CaseAIM children. This finding relates to the state and national standard that promotes permanency for children within 12 months of entering care.

The variable *termination of parental rights* (Y/N) was used as an independent variable to examine its relationship to children's days in care. Open and closed cases were used in this analysis. The variable *Open Cases_Days in Care* was created by subtracting the child's removal date from the date of the analysis, which was April 18, 2018. This provided a snapshot of days in care for open cases. Days in care was defined as the number of days spent in foster care during one removal episode as of April 18, 2018. The variables *Open Cases_Days in Care* and closed cases LOS were used to create the variable, *Combined Cases_Days in Care*. The latter variable allowed for all of the relevant cases to be included in the analysis. This method of data management is appropriate to use with dynamic datasets where change is constantly occurring but the chosen analysis examines only one moment-in-time.

Children whose parents' rights were terminated spent more days in foster care (n = 498, M = 479.4, SD = 202.25) than children whose parents retained their rights (n = 4,977, M = 335.6, SD = 192.86). The t-test result was statistically significant with an effect size that indicated a moderate to large difference between TPR status on the number of days spent in care, $t(5473) = 15.19$, $p < .001$, $d = .73$. Children whose parents had their rights terminated stayed approximately five months (143 days) longer in care than other children.

A factorial ANOVA was conducted to compare the main effects of TPR and CaseAIM and the interaction effect of TPR and CaseAIM on the dependent variable, combined cases_days in care. The CaseAIM and TPR variables each had two levels (Y or N). There was a non-significant main effect of TPR on the number of days in care, $F(1, 5{,}471) = 2.87$, $p = 0.09$. CaseAIM, however, had a significant main effect, $F(1, 5{,}471) = 36.59$, $p < .001$. There was also a significant interaction between TPR and CaseAIM on all levels, $F(1, 5{,}471) = 14.14$, $p < .001$. This indicated that the magnitude of mean difference of CaseAIM on days in care depended on the level of TPR. Figure 3 shows the interaction effect of each two factor independent variable on days in care. Overall, the non-CaseAIM group had more days in care (*EMM*[b] = 415) than the CaseAIM group (*EMM* = 255), but the magnitude of that difference increased for the TPR/Yes group compared to the TPR/No group. This indicated that children in the CaseAIM group had fewer days in care compared to the non-CaseAIM group; however, that difference diminished when looked at concomitantly with TPR. This suggested that termination of parental rights had more of a bearing on days in care than did CaseAIM group status.

Figure 3. Interaction effect of TPR and CaseAIM on Days in Care



[b] Estimated Marginal Mean

A variable was constructed to examine the differences between CaseAIM groups and the total number of verified maltreatments reported for each case/child in the sample. For all cases, verified maltreatments per child ranged from 1 to 12 with a mean of 2.4. Allegations for the CaseAIM group ranged from 1 to 9 with a mean of 2.6 (n = 536, SD = 1.59) and non-CaseAIM ranged from 1 to 12 with a mean of 2.4 (n = 4,242, SD = 1.50). The t-test results were statistically significant indicating an increased number of verified maltreatments for children in the CaseAIM group, although the effect size showed limited practical meaning for the finding, $t(4778) = 3.14$, $p = .002$, $d = .14$.

Building on the previous findings, the relationship between children's time spent in care (combined cases_days in care), children's allegations, and CaseAIM status were examined. A one-way ANOVA was conducted to check if any of the nine major categories of maltreatment (recoded from the allegations documented in FSFN) would impact children's time spent in out-of-home care. The overall F-test was statistically significant at the .05 level, $F(8, 1{,}783) = 2.46$, $p = .01$, indicating maltreatment type had a significant effect on children's time spent in care. Tukey's test indicated that children from families with substance misuse allegations did not stay significantly longer in care than those with other types of allegations. Children with the primary maltreatment of 'family violence' had a significantly shorter length of stay than those who are 'neglected' (p =.04).

Further analysis with the maltreatment type of neglect was conducted, as previous results seemed to show that it had a significant influence on a child's time spent in care. Results show that children who were neglected had a significantly longer stay than children with other types of verified maltreatment ($F(1,1,790) = 4.21$, $p = .04$).

A two-way ANOVA was further added to see if CaseAIM status affected the association between 'neglect' and time spent in care (combined cases_days in care). The results showed that CaseAIM was a significant contributor to children's time spent in care. After controlling for CaseAIM status, neglect status no longer made a statistical difference on the time spent in care.

The final analyses focused on CaseAIM status and 'chronological note types.' This variable contained the label for each note type (e.g., field visit, home visit_sibling, supervisory review) entered by case managers into FSFN. The number of "chrono" notes entered varied in each case, but the total number of entries for all 5,143 cases during the study period equaled 174,950. Given the volume of data, the study focused on several key indicators of child well-being and permanency, such as the impact of CaseAIM status on the number of home visits. An ANCOVA was conducted to test the group difference between CaseAIM and non-CaseAIM on the number of home visits of case managers for the child, controlling for the time children spent in care (combined cases_days in care). A significant main effect was observed, $F(1, 2070) = 9.92$, $p = .002$, indicating that the two groups differed on the number of home visits by case managers. Specifically, the CaseAIM group recorded a higher number of home visits (M = 20.4, SD = 14.72) than the non-CaseAIM group (M = 18.7, SD = 11.52).

An ANCOVA was conducted to test the group difference between CaseAIM and non-CaseAIM on the number of field visits, controlling for the time children spent in care (combined cases_days in care). A significant main effect was observed, $F(1, 2{,}070) = 52.34$, $p < .001$, indicating that the two groups differed on the number of field visits. Specifically, the CaseAIM group performed more field visits (M = 6.2, SD = 11.97) than the Non-CaseAIM group (M = 3.1, SD = 4.34).

To test the group difference between CaseAIM and non-CaseAIM on the number of office visits (by relatives or siblings), controlling for the time children spent in care (combined cases_days in care), an ANCOVA was conducted. A significant main effect was observed, $F(1, 2{,}070) = 7.88$, $p = .005$, indicating that the two groups differed on the number of office visits. Specifically, the non-CaseAIM group recorded a higher number of office visits ($M = 2.4$, $SD = 5.67$) than the CaseAIM group ($M = .4$, $SD = 1.03$).

Lastly, an ANCOVA was conducted to test the group difference between CaseAIM and non-CaseAIM on the number of supervisor reviews, controlling for the time children spent in care (combined cases_days in care). A significant main effect was observed, $F(1, 2{,}070) = 17.04$, $p < .001$, indicating that the two groups differed on the number of supervisor reviews. Specifically, the non-CaseAIM group reported a higher number of supervisor reviews ($M = 5.8$, $SD = 3.86$) than the CaseAIM group ($M = 3.5$, $SD = 2.23$). Regarding the total activities entered into FSFN, after controlling for the time children spent in care (combined cases_days in care), the CaseAIM and non-CaseAIM groups did not demonstrate a statistically significant difference, indicating that the total number of recorded activities were the same between the two groups.

Providers

Providers were referred to licensed foster parents and relative/non-relative caregivers. The dataset consisted of 400 (10.1%) providers receiving CaseAIM services and 3,551(89.9%) receiving non-CaseAIM services for a total dataset of 3,951 providers. Demographic data were reported for the primary caregiver in the household. Frequencies were run to compare the groups. The groups' characteristics are presented in Table 5. Visual inspection of the table shows the groups to be alike on the variables of gender and race, similar for provider type, and similar for marital status other than single female.

Table 5: Provider Characteristics as a Percentage of the Sample Characteristics

Characteristics	CaseAIM (n = 400)	non-CaseAIM (n = 3,551)
Gender		
Male	13.6	11.9
Female	86.4	88.1
Race		
White	63.3	60.8
Black	60.8	30.3
Multi-racial	7.7	8.9
Provider Type		
Relative/Non-Relative	68.0	61.1
Foster Care	23.5	27.5
Non-Family Setting	7.0	8.2
Adoption	1.5	3.2
Marital Status		
Married Couple	45.7	43.7
Single Female	37.5	45.0
Unmarried Couple	7.8	6.1
Single Male	5.0	5.1

Note: Categories did not total 100% due to missing data.

A Chi-square test showed no significant relationship between CaseAIM groups and gender, $\chi^2(1, N = 3{,}547) = .936$, $p = .333$; race $\chi^2(2, N = 3{,}881) = 1.199$, $p = .549$; or marital status $\chi^2(3, N = 3{,}624) = 4.437$, $p = .218$. There was a statistically significant association between CaseAIM status and provider type, $\chi^2(3, N = 3{,}948) = 8.97$, $p = .03$. However, the effect size statistic of Cramer's V = .05 indicated essentially no practical significance of the finding,

CaseAIM providers' ages ranged from 23 to 84 with a mean of 48.4 ($n = 370$, $SD = 12.51$), and non-CaseAIM providers' ages ranged from 19 to 86 with a mean of 47.9 ($n = 3{,}232$, $SD = 12.82$). The t-test results indicated no statistically significant differences between the two groups according to age, $t(3{,}600) = .864$, $p = .39$. The primary providers' years of experience were also examined. CaseAIM providers' experience ranged from < 1 to 9 years as did the non-CaseAIM group. CaseAIM providers' mean experience was 1.9 years ($n = 109$, SD 2.24) and non-CaseAIM mean experience was 2.2 years ($n = 1{,}163$, SD 2.45). The t-test results indicated no statistically significant differences between the two groups according to years of experience as foster care providers, $t(1{,}270) = .963$, $p = .34$.

Of note, data were collected for the providers' documented languages. The analysis was not conducted because there was insufficient variability between the categories: Haitian-Creole, Spanish, Bilingual, English. The CaseAIM group ($n = 400$) were 99.8 percent English language speakers with one Spanish/English language provider, and the non-CaseAIM group ($N = 3{,}551$) were 99.2 percent English language speakers with three Creole, 15 Spanish, and 10 Spanish/English language providers.

Hypotheses Testing[c]

Null Hypothesis 1: ***There is no population mean difference between the CaseAIM and non-CaseAIM groups on caseworker caseload***. Caseload referred to the number of cases carried by each case manager. To test this, the two CaseAIM groups were compared on the number of cases carried by each case manager. The CaseAIM group's caseload ranged from 1 to 50 ($n = 88$, $M = 14.3$, $SD = 10.96$) and the non-CaseAIM group's caseload ranged from 1 to 206 ($n = 756$, $M = 19.3$, $SD = 16.85$). The t-test results indicated there was a significant mean difference for these two groups and a small to medium effect size, showing the difference was large enough to be meaningful in the practice setting, $t(140.3) = 3.83$, $p < .001$, $d = .36$). Given the result, the null hypothesis of no difference was rejected in favor of the alternative hypothesis that the CaseAIM group would carry fewer cases than the non-CaseAIM group.

Null Hypothesis 2: ***There is no population mean difference on the number of placement moves (i.e., number of placements per child during one removal episode) between the CaseAIM foster children and the non-CaseAIM foster children***. To test the second hypothesis, the two groups were compared on the number of placement moves associated with each child. The CaseAIM group's placement moves ranged from 1 to 40 ($n = 584$, $M = 2.8$, $SD = 3.33$) and the non-CaseAIM group placement moves ranged from 1 to 90 ($n = 4{,}912$, $M = 3.4$, $SD = 4.51$). T-test results showed the mean difference between placement moves of the two groups were statistically significant with a very

[c] An alpha level of .05 was used for statistical tests.

small effect size, $t(2{,}031.6) = 3.813$, $p < .001$, $d = .15$). The significant result provided sufficient evidence to reject the null hypothesis in favor of the alternative hypothesis that stated CaseAIM foster children would have fewer placement moves than the non-CaseAIM foster children.

Null Hypothesis 3: ***There is no population mean difference on the number of case managers per child between CaseAIM and non-CaseAIM foster children***. The two groups were compared on the number of case managers assigned to a child's case during one placement episode. The number of case managers per children in the CaseAIM group ranged from 1 to 4 ($n = 584$, $M = 1.6$, $SD = .66$) and the non-CaseAIM group ranged from 1 to 8 ($n = 4{,}912$, $M = 1.9$, $SD = 1.11$). *T*-test results showed the mean difference between the number of case managers of the two groups were statistically significant with a small to medium effect size, $t(1{,}023) = 13.148$, $p < .001$, $d = .46$). The effect size indicated the degree of difference to have substantive meaning for CHS case management services.

An ANCOVA was also conducted to test the group difference between the CaseAIM and non-CaseAIM groups on the number of case managers, controlling for the time children spent in care (combined cases_days in care). A significant main effect was observed, $F(1, 5{,}472) = 36.69$, $p < .001$, indicating that the two groups differed on the number of case managers. Specifically, children in the CaseAIM group still had significantly fewer case managers while in care ($M = 1.6$, $SD = .66$) than the non-CaseAIM group ($M = 1.9$, $SD = 1.11$) after controlling for the time children spent in care (combined cases_days in care). The significant results provided sufficient evidence to reject the null hypothesis in favor of the alternative hypothesis that the CaseAIM group would have fewer case managers per child than the non-CaseAIM group.

Null Hypothesis 4: ***There is no relationship in the population between CaseAIM status (Yes/No) and children exiting foster care to a permanent home within 12 months (Yes/No)***. The FSFN criteria for selecting the outcome data was "A child is flagged as 'Yes' if they achieved permanency such that their permanency date is less than 12 months from the removal date of the removal episode." The data were collected and reported as days rather than months.

Per the DCF standards, children who exited foster care within 365 days were coded as "Yes" indicating the goal was achieved. Children who exited care after a LOS that exceeded 365 were coded as "No" as were children with open cases who were in care for more than 365 days, indicating the 12-month permanency goal was not achieved. Children in care with cases open for less than 365 days were excluded from the analysis.

To test the hypothesis, a Chi-square test was performed to compare CaseAIM status on the number of children who achieved permanency within 12 months. The analysis indicated 61 percent of CaseAIM children achieved permanency within 12 months compared to 45 percent of non-CaseAIM children, $\chi^2(1, N = 3{,}979) = 25.827$, $p = < .001$, $\phi = .08$. The result was statistically significant, although the effect size was quite small.

A *t*-test was also conducted to examine the mean difference between CaseAIM groups on the number of days before permanency was achieved. The results were also statistically significant, $t(348.9) = 8.90$, $p < .001$, $d = .50$. Specifically, CaseAIM children spent fewer days before permanency ($n = 280$, $M = 296.9$, $SD = 164.70$) than non-CaseAIM children ($n = 3{,}699$, $M = 389.9$, $SD = 206.44$). Furthermore, the medium effect size ($d = .50$) reflected practical significance for CHS case management services.

Given the Chi-square results, the null hypothesis of no relationship was rejected in favor of the alternative hypothesis that more children in the CaseAIM group would exit foster care to a permanent home within 12 months than children in the non-CaseAIM group.

Null Hypothesis 5: ***There is no relationship in the population between the CaseAIM status (Yes/No) and children in foster care who received medical services within the last 12 months (Yes/No)***. The criteria for selecting the data was "A child is flagged as 'Yes' if they have had a medical service documented in FSFN where the date of the medical service is in the 12 months prior to the end of the selected report period." The end of the selected reporting period for this dataset was April 18, 2018. The data were collected and reported as days rather than months.

Per the DCF standards, children in foster care who received medical services within the last 365 days were coded as "Yes" indicating the goal was achieved, and children who did not receive or received medical services in excess of 365 days were coded as "No" indicating the goal was not achieved. Only children who were in foster care (i.e., open cases) were included in the analysis.

A Chi-square test was conducted to assess the relationship between CaseAIM status and the outcome. Eighty-six percent CaseAIM children received medical services with the last 12 months compared to 84 percent of non-CaseAIM children, $\chi^2(1, N = 3{,}064) = 1.605$, $p = .21$. The test failed to detect a significant relationship between CaseAIM status and receipt of medical services. A *t*-test was also conducted to examine CaseAIM status on the mean difference in number of days since a child had a documented medical service. The results showed a non-significant difference between the days for CaseAIM ($n = 497$, $M = 250.1$, $SD = 92.23$) and non-CaseAIM ($n = 2{,}567$, $M = 258.6$, $SD = 96.31$) conditions; $t(721.4) = 1.868$, $p = .06$. Based on the non-significant Chi-square results, it was concluded that there was not enough evidence to suggest an association between CaseAIM and timely medical services and the null hypotheses of no relationship in the population was retained.

Null Hypothesis 6: ***There is no relationship in the population between the CaseAIM status (Yes/No) and children in foster care who received dental services within the last seven months (Yes/No).*** The criteria for selecting the outcome data was "A child is flagged as 'Yes' if they have had a dental service documented in FSFN where the date of the dental service is within the seven months prior to the end of the report period." The end of the selected reporting period for this dataset was April 18, 2018. The data were collected and reported in days rather than months.

Per the DCF standards, children in foster care who received dental services within the last 214 days were coded as "Yes" indicating the goal was achieved, and children who did not receive or received dental services in excess of 214 days were coded as "No" indicating the goal was not achieved. Only children who were in foster care (i.e., open cases) were included in the analysis.

A Chi-square test was conducted to assess the relationship between CaseAIM status and the outcome. Eighty-seven percent of CaseAIM children and 78 percent of non-CaseAIM children received dental services within the last seven months, $\chi^2(1, N = 1{,}426) = 5.623$, $p = .02$, $\phi = .06$. The findings were significant with an effect size of negligible practical application to CHS case management services. Results for a *t*-test showed a non-significant difference in the mean number of days for receipt of dental services and the CaseAIM ($n = 123$, $M = 156.8$, $SD = 62.43$) and non-CaseAIM ($n = 1{,}303$, $M = 159.5$, $SD = 70.02$) conditions, $t(153.3) = .456$, $p = .65$.

Given the result of the Chi-square test, the null hypothesis was rejected in favor of the alternative hypothesis that more children in in the CaseAIM group would receive dental services within the last seven months than children in the non-CaseAIM group.

Null Hypothesis 7: ***There is no relationship in the population between CaseAIM status (Yes/No) and children in foster care who are not neglected or abused within six months of termination of supervision (Yes/No)***. The FSFN criteria for selecting the outcome data was "A child is flagged as 'Yes' if they had no verified maltreatment of abuse or neglect in the six-month period following their termination of supervision." Termination of supervision was defined as the date of discharge from foster care. The data were collected and reported in days rather than months.

Per the DCF standards, children in foster care who were not neglected or abused within 180 days of termination of supervision were coded as "Yes" indicating the goal was achieved (i.e., the children were not abused) and children who had a verified maltreatment within 180 days of termination of supervision were coded as "No" indicating the goal was not achieved. Unless they already had a verified report of maltreatment, children who had been discharged from foster care for less than 180 days were excluded from the analysis.

A *t*-test was conducted to examine CaseAIM status and the mean difference in number of days from discharge to verified maltreatment. There appeared to be no significant difference between the groups and the average number of days from discharge to re-abuse: CaseAIM ($n = 77$, $M = 81.6$, $SD = 102.09$); non-CaseAIM ($n = 1{,}694$, $M = 142.0$, $SD = 100.13$); and $t(211) = 1.861$, $p = .06$. On average, CaseAIM children had documented reports of verified maltreatment 82 days after discharge compared to non-CaseAIM children who had documented reports in 142 days.

Ninety percent of CaseAIM children had no verified maltreatment within six months of discharge, and 92 percent of non-CaseAIM children had no verified maltreatment within six months.
A Chi-square test was conducted to assess the relationship between CaseAIM status and the outcome. The results were non-significant, $\chi^2(1, N = 1{,}771) = .434$, $p = .51$. There was no statistical support for a relationship between CaseAIM status and verified maltreatment. Consequently, the null hypothesis of no relationship in the population was retained.

Null Hypothesis 8: ***There is no relationship in the population between the CaseAIM status (Yes/No) and children in foster care who do not re-enter foster care within 12 months of moving to a permanent home (Yes/No)***. The FSFN criteria for selecting the outcome data was to "Select all children who entered foster care during the report period and achieved permanency within 12 months of entry. A child is flagged as 'Yes' if they did NOT re-enter foster care within 12 months of their permanency date." The data were collected and reported in days rather than months.

Per the DCF standards, children were coded "Yes" if they did not re-enter foster care within 365 days of their permanency date and "No" if they did re-enter foster care within 365 days. Unless they had already re-entered care, children who had been discharged from foster care for less than 365 days were excluded from the analysis. Sixty-three percent of CaseAIM children did not re-enter foster care within 365 days and 81 percent of non-CaseAIM children did not re-enter foster care.

First, a *t*-test was conducted to examine CaseAIM status and the mean difference in number of days from discharge to re-entry to foster care. There was a significant difference between the groups and the average number of days from discharge to re-entry: CaseAIM ($n = 41$, $M = 100.6$, $SD = 119.77$); non-CaseAIM ($n = 1{,}012$, $M = 188.45$, $SD = 163.32$); and $t(237) = 2.110$, $p = .04$, $d = .61$. On average, for the children who re-entered foster care, CaseAIM children re-entered in 101 days after discharge compared to non-CaseAIM children who re-entered in 188 days.

To test the hypothesis, a Chi-square test was run. The result was significant, although the very small effect size indicated limited applicability of the finding to the CHS practice setting, $\chi^2(1, N = 1{,}053) = 8.091$, $p = .004$, $\phi = .08$. Despite the significant result, the null hypothesis was retained because the alternative hypothesis that fewer CaseAIM children would re-enter foster care within 12 months than non-CaseAIM children was incorrect. Meaning, the significant finding indicated that CaseAIM children re-entered foster care within 12 months more frequently than non-CaseAIM children (37% and 19% respectively).

Quantitative Discussion

The goal of CaseAIM is to create more time for case managers to engage with the caregivers, children, and child welfare professionals on their caseloads, thereby achieving better outcomes for families. The underlying assumption of CaseAIM is that case managers who have time to engage with families and meet with relevant child welfare professionals will have improved outcomes in children's safety, permanency, and well-being.

The report first introduces the demographic characteristics of CaseAIM and non-CaseAIM participants. The results section reports the findings related to demographic differences and similarities between the groups and the research hypotheses. Analyzing the three groups separately, the findings show that case managers, children, and providers are similar on key demographics, with a few minor exceptions. Finding similarities between the CaseAIM intervention group and non-CaseAIM comparison groups is informative. When groups have been formed without random assignment, the intervention and comparison groups should be matched on key demographics. A closely matched comparison group can act as a "control" which reduces the influence that outside variables might have on the dependent variable and allows the analysis to assess the influence of the variable of interest: CaseAIM.

CaseAIM case manager caseloads compare favorably to the Child Welfare League of America's recommended caseload of no more than 15 active families.[30] Although CaseAIM caseloads are not strictly an outcome measure in the current study, research has found that manageable caseloads can improve a worker's ability to engage families, deliver quality services, and ultimately achieve positive outcomes for children and families.[31] Thus, this finding suggests that CaseAIM's current caseloads may be associated with its overall objectives to increase worker engagement, improve service delivery, and improve outcomes.

CaseAIM children have fewer placements than non-CaseAIM children. The effect size, however, was very small indicating minimal application in a practice setting. Nevertheless, the finding suggests that CaseAIM may be moving towards improvement in placement stability, which is promising as we know that placement moves can be re-traumatizing for children and often result in negative family outcomes. For example, multiple placements can disrupt a child's capacity for attachment and precipitate or exacerbate externalizing behaviors.[32] Overall, research suggests that emphasizing policies, interventions, and services that increase placement stability will promote better child outcomes.

CaseAIM children also have fewer case managers during a placement episode that non-CaseAIM children. As stated in the literature review, turnover is primarily responsible for the increase in the number of case managers assigned to a child's case. An earlier CaseAIM report found that CaseAIM reduces case manager turnover by more than 50 percent.[33] Perhaps the reduction in case managers per child is linked to the significant reduction in case manager turnover. The test results also showed a medium effect size. This provides encouragement that the finding has practical significance for CHS case management services. For children in out-of-home care, the findings indicate that CaseAIM may reduce the sense of instability and lack of trust that youth associate with case manager changes.[34]

An interesting result is found in the analysis of case manager chronological notes. The group difference between CaseAIM and non-CaseAIM on the number of field visits was significant. Specifically, the CaseAIM group performed 50 percent more field visits than the non-CaseAIM group. Significance was also found between CaseAIM and non-CaseAIM on the number of office visits. Specifically, the non-CaseAIM group recorded a higher number of office visits (M = 2.4) than the CaseAIM group (M = .4). The study design does not extend to causation, so we are left with informed speculation. The findings possibly indicate that the CaseAIM model is realizing its goal of reducing case manager office time in order to increase time in the field visiting families, supporting parents, and networking with stakeholders such as educators, mental health providers, and healthcare providers.

A slightly different perspective on permanency is presented in the analysis of open cases. Specifically, on April 18, 2018, 30 percent of CaseAIM children were in care for more than 12 months compared to 56 percent of non-CaseAIM children. This finding is supported by the examination of closed cases for CaseAIM status and days in care. The significant result indicated that CaseAIM children spent approximately 93 fewer days in care than non-CaseAIM children. Further analysis may discover which CaseAIM practices are contributing to the finding of children's fewer days in care.

Reflecting the literature, on average the children in the study whose parents' rights were terminated spent more days in foster care (M = 479) than children whose parents retained their rights (M = 336). Although termination of parental rights is sometimes unavoidable, the finding indicates the importance of assisting parents with successful completion of their case plans in order to avoid TPR. For example, in Florida, if a child is adjudicated dependent and the parents have not complied with the case plan for a period of time, a court can terminate a parent's rights. This may occur when the court finds that there is evidence of continuing abuse, that a parent has not made significant progress on the case plan for 12 out of the last 22 months, or that clear and convincing evidence demonstrates that the parent will not be able to substantially comply with the case plan (Fla. Stat. § 39.806). CaseAIM case management prioritizes working with families to achieve case plan goals in a timely manner. As stated above, further analysis may discover the CaseAIM practices that are promoting case plan success.

The following hypotheses are based on data entered into FSFN. The CBC Scorecard uses FSFN data as it relates to 12 quality measures used to assess the performance of Florida's CBC lead agencies.[35] The outcomes below reflect four of the CBC Scorecard's performance measures. FSFN reports were run for the project timeframe of December 2015 to November 2017, adjusting the times when necessary to accommodate the outcome criteria.

CaseAIM showed statistically significant and meaningful results for the CBC Permanency Measure: The percent of children exiting to a permanent home within 12 months of entering care. The findings suggest that CaseAIM is having an impact on reducing a child's length of stay in care and achieving permanency within 12 months. CaseAIM children spend approximately three months less time in care than non-CaseAIM children. This is an important finding because a child's timely return to a safe and stable home improves the long-term prospects in multiple domains for children who have experienced abuse and neglect.[36]

CBC Child Well-Being measures for the timely and consistent provision of medical and dental services had mixed results. Regarding whether or not children received medical services within the last 12 months, the results were non-significant. Both CaseAIM groups had similar results, with only a two percent difference in the number of children who received medical services. Dental services, however, demonstrated a significant relationship between CaseAIM status and the receipt of dental services within the last seven months. Eighty-seven percent of CaseAIM children received timely dental services compared to 78 percent of non-CaseAIM children. Although the test result is statistically significant, most likely due to the large sample size, the effect size is quite small, indicating limited practical meaning of the findings for CHS case management services. Continual improvement in medical, dental, and mental health services is needed to address the substantial health disparities foster children face compared to their non-fostered peers. Scribano states that "children in foster care have disproportionately greater chronic physical and behavioral health conditions and require greater utilization of health care services, even when adjusting for socioeconomic and other demographic indicators (p. 282)." He advocates the development if integrative healthcare models that can meet the psychological and emotional needs of this vulnerable population and improve their lifelong health trajectories.[37] Health is one arena where a small effect may have a powerful impact.

There is insufficient evidence to reject the null hypotheses for the last two outcomes. CaseAIM and non-CaseAIM groups measure similarly on the CBC Safety standard that 95 percent of children will have no verified maltreatment within six months of terminating supervision. There is a two percent difference between the groups on the number of children with no verified maltreatment: CaseAIM achieved 90 percent, and non-CaseAIM achieved 92 percent. However, the total number of CaseAIM children is quite small (n = 77) and a total of 8 children have verified reports of maltreatment. Nevertheless, this represents 10 percent of the children with verified maltreatment or double that of the CBC performance measure, indicating room for improvement.

Last is the CBC Permanency measure that 91.7 percent of children will not re-enter foster care within 12 months of achieving permanency. Although the results are significant, the alternative hypothesis could not be accepted because it postulated that fewer CaseAIM children would re-enter foster care within 12 months than non-CaseAIM children. In fact, the finding shows the opposite occurred. Again, the CaseAIM group was small (n = 41) but approximately one third (n = 15) of the children re-entered foster care within 12 months compared to approximately one fifth (n = 189) of non-CaseAIM children. Both groups were shy of the CBC standard of 91.7 percent: CaseAIM achieved 63 percent of children not re-entering within 12 months, and non-CaseAIM achieved 81 percent. This is an important indicator for foster children's well-being. Goering and Shaw found that 14 percent of children re-entered care within 18 months of termination of supervision with an average time to re-entry of 6.36 months. The negative effects of repeated reentries are cumulative, and the authors note that care in permanency planning and provision of post-permanency services may have a significant impact on long-term stability, although further research is needed to identify the types of services that have the greatest effect on permanency.[38]

Table 6: Summary of Quantitative Findings for Hypotheses 1 through 8

	Hypotheses/ Research Questions	Findings
1	**Do CaseAIM groups differ on case manager caseload?**	**Yes**[d] **–** On average, CaseAIM case managers carry 14 cases, which are 5 fewer cases than the non-CaseAIM caseload of 19.
2	**Do CaseAIM groups differ on the children's number of placement moves during foster care stays?**	**Yes –** On average, non-CaseAIM children moved 3.4 times compared to CaseAIM children's moves of 2.8. If this decrease were applied to the non-CaseAIM group, it would result in 2,947 fewer placements moves.
3	**Do CaseAIM groups differ on how many case managers are assigned to children while they are in foster care?**	**Yes –** On average, non-CaseAIM children had 1.9 case managers compared to CaseAIM children who had 1.6 case managers. If this decrease were applied to the non-CaseAIM group, 1,474 children would have fewer case managers while in care.
4	**Do CaseAIM groups differ on how many children achieve permanency within their first 12 months in foster care.**	**Yes –** 61 percent of CaseAIM children exited foster care within 12 months compared to 45 percent of non-CaseAIM children. CaseAIM children spent approximately three fewer months in foster care than non-CaseAIM children.
5	**Do CaseAIM groups differ on the number of children who receive medical sevices in a timely manner?**	**No** – The results indicated that the CaseAIM groups did not differ significantly; 86 percent of CaseAIM children received medical services in a timely manner compared to 84 percent of non-CaseAIM children.
6	**Do CaseAIM groups differ on the number of children who receive dental services in a timely manner?**	**Yes** – The results indicated that the CaseAIM groups differed significantly; 87 percent of CaseAIM children received dental services in a timely manner compared to 78 percent of non-CaseAIM children.
7	**Do CaseAIM groups differ on foster care children who are not neglected or abused within six months of termination of supervision?**	**No** – The results indicated that the CaseAIM groups did not differ significantly; 90 percent of CaseAIM children were not maltreated within 6 months of discharge compared to 92 percent of non-CaseAIM children.
8	**Do CaseAIM groups differ on the number of children who do not re-enter foster care within 12 months of moving to a permanent home?**	**No** – The results indicated that the CaseAIM groups did differ significantly; however, the direction of change was not as hypothesized. More CaseAIM children re-entered foster care within 12 months than non-CaseAIM children.

In conclusion, CaseAIM shows great promise as an effective case management model. CHS found that case managers spend approximately 75 percent of their time engaged in administrative tasks rather than in the field working with families and service providers. The CHS finding mirrors a Children's Bureau policy brief that reported "[child welfare] case managers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contacts or collateral contacts (p. 1)." CHS responded to the problem by designing and implementing CaseAIM, an innovative workforce intervention for case managers. CaseAIM incorporates best

[d] "Yes" indicates a statistically significant result ($p \leq .05$).

practices identified by the Children's Bureau, such as the inclusion of specialized units to support staff and help decrease paperwork and administrative tasks. Children's Home Society is at the forefront of utilizing technology in the social service domain.

The CaseAIM design of providing case managers with field-based technology and organizational support appears to be a promising practice model. However, the results are mixed. The safety outcome for the number of children who are not neglected or abused within six months of discharge was not statistically significant. Likewise, the permanency outcome for the number of children who do not re-enter care within 12 months of discharge was not significant. Receipt of medical services in a timely manner was also not significant. However, the other five outcomes were significant. Overall, the evaluation of the CaseAIM pilot project warrants further evaluation using more rigorous designs, examining the linkages between multiple variables, and exploring potential pathways of change. Replication of the outcomes would also help to verify the findings and determine if they can be applied to other participants and circumstances; particularly as random assignment was not used in this study.

Quantitative Limitations

There are limitations worth mentioning within the findings of this report. A quasi-experimental study lacks random assignment and therefore cannot provide causal inference. Reporting that CaseAIM is directly responsible for the observed differences can only be determined in a true experiment. The contingency tables used in this study tell us about the associations between variables but not causation, so we do not have an explanation for the differences between the groups in relation to the variables.

For example, we cannot know from the data why race/ethnicity is significantly different between the case manager groups. The differences could be attributable to CaseAIM or to other outside variables unaccounted for by the study design (e.g., rural/urban, hiring pool, region, etc.).

Internal Validity

The difficulty of controlling for outside variables in a quasi-experimental design produces some limitation to the internal validity of the study's findings. Two limiting factors that are pertinent to this study are history and selection.

History refers to unplanned events or dynamics that may occur during a study that impact the results unintentionally. Selection limitations occur when group participants are not randomly selected at the beginning of the study, which would result in biases when making comparisons between the groups at the end. Since this is a secondary data analysis collected throughout a large state, it was difficult to account for the threat history poses to the findings. The non-random selection of participants cannot be addressed in a secondary analysis either, although matching and other statistical techniques can try to minimize selection bias.

External Validity

Random selection and random assignment of study participants ensure that the members of the study are representative of the larger population. Without these conditions, external validity is not easily established. Threats that affect this study are selection bias that occurs when subjects are selected in a manner that does not ensure that they are representative of the overall population and multiple treatment interference that occurs when participants have received early treatments whose cumulative effects can influence responses. The variability in the children's treatment histories is complicated and often undocumented.

Without random selection, the participants' unique differences may limit generalizability. Construction of a reasonably similar control group using matching methods may help to minimize the issue of random selection. Finally, replication of the study offers the best evidence for external validity.

Survey Study

The Institute conducted a survey study to assess service quality and consumer satisfaction with CaseAIM case management services. The study utilized an online survey disseminated to a sample of CHS case managers, Guardians ad Litem (GAL), judges, and caregivers. The participants are either providing/receiving non-CaseAIM case management services or are providing/receiving CaseAIM case management services. The purpose of survey study was to explore the perspectives of child welfare professionals who have engaged with case managers utilizing CaseAIM. Initially, the findings were triangulated to corroborate the quantitative findings, but they also provided richer detail and depth to the quantitative findings and opened new lines of inquiry through the exploration of themes identified in the content analysis.

The survey evaluation of CaseAIM primarily focused on two research questions:

1) Does care coordination differ between those who are and those who are not using CaseAIM Case Management Services?

2) Does worker engagement with clients differ between those case managers who are using CaseAIM and those who are not using CaseAIM Case Management Services?

Method

This study was conducted in collaboration with CHS and following approval of the Florida State University's Institutional Review Board, the research team collected and analyzed the data. The Children's Home Society (CHS) CaseAIM Case Management Services Survey was exploratory in nature. Both open and closed ended questions were given to Children's Home Society stakeholders (caregivers, case managers, guardians ad litem, and judges) throughout the state of Florida with the goal of gathering insight into the perspectives they have on CHS case management services. The sample was both convenient and purposive. CHS stakeholders were contacted via email to participate in the survey on a voluntary basis. The instrument collected data using scaled and text response options.

Quantitative data was exported from the Qualtrics system and entered in SPSS v25 for analysis. The data was stratified into CaseAIM and non-CaseAIM groups using the information gathered about the counties in which participants currently experience CHS case management services. CaseAIM is currently only implemented in Orange and Seminole Counties. Descriptive statistics were run as well as independent samples *t*-tests to explore mean differences between the CaseAIM and non-CaseAIM groups. The text responses were exported and hand coded for themes that emerged around differences between the CaseAIM and non-CaseAIM groups.

Design

The survey consisted of four different sections, one for each of the stakeholders (caregivers, case managers, guardians ad litem, and judges). Case managers received 11 items, five of which were open-ended questions. Guardians ad litem received 12 items, five of which were open-ended questions. Caregivers received 15 items, nine of which were open-ended questions. Judges received nine items, four of which were open-ended questions.

These questions were focused on gathering more detailed and specific information about respondents' perspectives and experiences about CHS case management services.

Procedure

On May 1, 2018, the Florida Institute for Child Welfare disseminated an anonymous survey link to an email list serve of 538 Children's Home Society (CHS) stakeholders (case managers, caregivers, guardians ad litem, and judges) to all counties in Florida currently served by CHS. A total of 518 emails were successfully delivered. Reminder emails were sent on May 11 and May 12 to elicit more responses from the sample pool. The survey was closed and all data collection was stopped on May 29. A total of 133 responses were submitted with only 103 cases included in the analysis, giving an overall response rate of 19.9percent. Cases were excluded if they were missing 95 percent or more of their data (*N* = 30). No identifying information was collected from the respondents (e.g. names, IP addresses). The following is a summary of the analysis of the data collected from the current CHS stakeholders.

Data Analytic Strategy

The text responses collected from the open-ended questions were analyzed using content analysis, which is a flexible method for analyzing text data.[39,40] Conventional content analysis uses inductive reasoning within studies that aim to describe phenomena when existing theories or literature on the phenomena are limited, as is the case here.

The text responses were read word-by-word by two different researchers to derive codes. Exact words were highlighted from the text that appeared to capture the derived codes. The codes were then placed into categories based on how the derived codes related to one another. The common themes that emerged are synthesized and defined for each respondent type in the results that follow. All identifying information was redacted and not included in data analysis.

Results

Demographic Analyses

Respondents were asked to identify what county they currently work/reside and to note their affiliation with Children's Home Society (i.e. caregiver, case manager, GAL, or judge). Children's Home Society's CaseAIM intervention has only been implemented in Orange and Seminole Counties; all other CHS counties surveyed conduct their case management services as usual. More than 63 percent (63.1%) of the sample identified as caregivers (*n* = 65), 25.2 percent (*n* = 26) were case managers, 7.8 percent (*n* = 8) were GAL, and 3.9 percent (*n* = 4) were judges. Out of the 103 respondents, 46.6 percent (*n* = 48) were a member of the CaseAIM group (i.e. either received or administered CaseAIM case management services due to working or currently residing in Orange and Seminole Counties), and 55 (53.4%) of the sample were from other counties served by CHS and as such were placed in the non-CaseAIM case management group. Table 7 gives a detailed breakdown of the sample of respondents included in data analysis.

Table 7: CHS Case Management Services Survey Sample

	Total Sample (*N* = 103)	CaseAIM (*n* = 48)	non-CaseAIM (*n* = 55)
	Frequency (*n*)	**Frequency (*n*)**	**Frequency (*n*)**
Caregivers	63.1% (65)	64.6% (31)	61.8% (34)
Case Managers	25.2% (26)	20.8% (10)	29.1% (16)
GAL	7.8% (8)	8.3% (4)	7.3% (4)
Judges	3.9% (4)	6.3% (3)	1.8% (1)
Totals	100% (103)	100% (48)	100%(55)

Caregivers

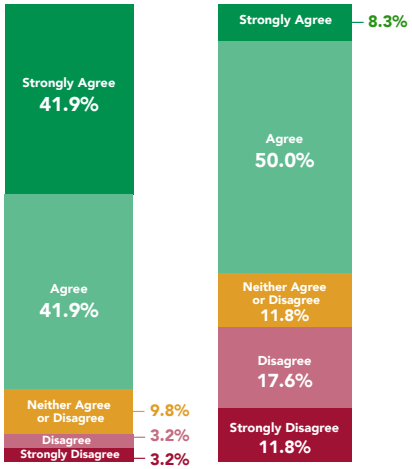
Caregivers were asked to indicate what type of caregiver they are in regards to their relation to Children's Home Society case management services. A total of 65 caregivers responded to the survey (63.1%). Respondents were given four options to choose from to indicate their relationship with CHS. Relative caregivers made up 15.4 percent (*n* = 10) of the caregiver sample, 13.8 percent (*n* = 9) were non-relative caregivers, 64.6 percent (*n* = 42) indicated they were licensed foster parents, and 6.2 percent (*n* = 4) specified through text other options that were not one of the four listed. Of the four caregivers who chose "other please specify", the following information was given to describe their roles as caregivers with CHS: 1) Medical foster parent (*n*= 1); 2) Residential group home for teen mothers and their babies (*n* = 1); 3) Licensed group care (*n* = 1); and 4) I am a licensed therapeutic foster parent and a non relative caregiver for the two children in my home (*n* = 1). Table 8 shows a detailed breakdown of the caregivers who responded to the survey, including those who were receiving CaseAIM case management services and those who were not.

Table 8. CHS Caregivers (*N* = 65)

	Total Sample (*N* = 65)	CaseAIM (*n* = 31)	non-CaseAIM (*n* = 34)
	Frequency (*n*)	**Frequency (*n*)**	**Frequency (*n*)**
Relative Caregivers	15.4% (10)	25.8% (8)	5.9% (2)
Non-relative Caregivers	13.8% (9)	9.7% (3)	17.6% (6)
Licensed Foster Parents	64.6% (42)	64.5% (20)	64.7% (22)
Other, please specify	6.2% (4)	0% (0)	11.8% (4)
Totals	100% (65)	100% (31)	100% (34)

Caregivers were asked to rate their level of agreement with four different statements in regards to their experiences with CHS case management services using a 5-point Likert scale for responses:
1) strongly agree; 2) agree; 3) neither agree nor disagree; 4) disagree; and 5) strongly disagree.

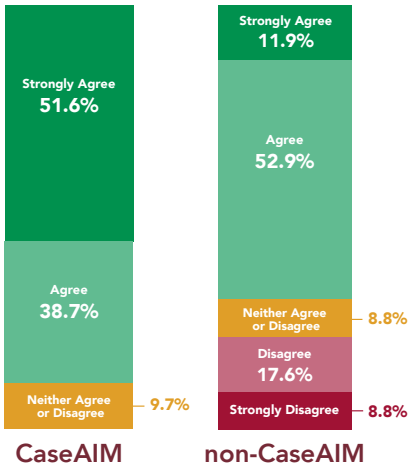
I am happy with the services I am receiving from my case manager.



Quote exemplifying level of agreement:

"My case manager is amazing. She is always available whenever I need her. She is very quick to respond and does everything she can for my child. No matter what it is she tries her best to make sure we get what we need in a timely fashion. I cannot say enough things about her dedication and professionalism."
(CaseAIM caregiver)

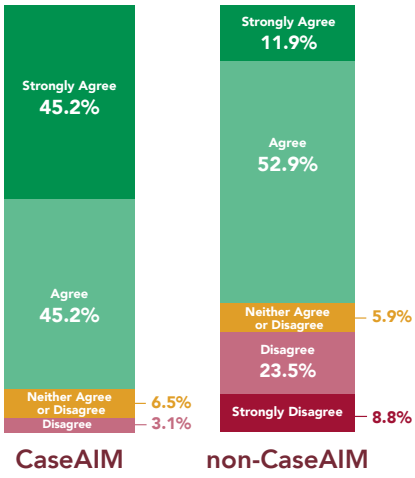
My case manager calls me back when I need them.



Quote exemplifying level of agreement:

"My case manager is amazing. She was always very supportive and always had answers and resources for anything that was needed. She always answered or responded to my calls in timely matter no matter what time or day or night or 7 days a week. She was very Professional and Caring for the children and in her care!!! She Provided A Strong Supportive Team which made everything and everyone a Team!!! She is an exceptional case worker one of the Best!!!!."
(non-CaseAIM caregiver)

My case manager is helpful when I need them.



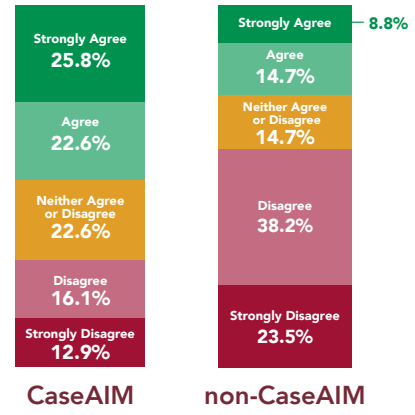
Quote exemplifying level of agreement:

"In the beginning my case manager advised me as to what to expect. How the biological parents had a plan for 1 year to get on track. Once we knew that the biological parents had no intentions of following their case plan to get back on track, my case manager told me what was next and advised me every step of the way. When I had issues getting in to one of the doctors my case manager would find a doctor so they would not fall behind in any particular type of treatment. We are now ready to finalize the adoption. My case manager has helped us every step of the way. We are so grateful for all that she has done and for everyone else in the background. You are wonderful."
(CaseAIM caregiver)

Quote exemplifying level of disagreement:

"The system is so overwhelmed now that we do not get proper input or strategizing."
(CaseAIM caregiver)

My case manager and I work together to create the case plan.



Quote exemplifying level of agreement:

"Our case languished under the previous case manager, and the current case manager has been a God-send. The current case manager has been aggressive in picking up the pieces from the previous case manager, and has catapulted this case through the steps which should have been managed within the previous year. She is pro-active, pro-child, pro-family, and pro-'let's get this case to a good resolution for the child'."
(non-CaseAIM caregiver)

Quote exemplifying level of disagreement:

"The case manager answers questions I have. However I am not involved with a case plan or goal since I am a foster parent."
(CaseAIM caregiver)

Table 9 gives a detailed breakdown of how the caregivers in both groups responded. Independent samples *t*–tests were conducted to determine if there were statistically significant differences between CaseAIM caregivers and non-CaseAIM caregivers in regards to their level of agreement with the statements provided on their experiences with CHS case management services. Results of the test indicate significant differences between CaseAIM and non-CaseAIM caregivers for all statements (tested at the .05 level). The significant difference between groups suggests more agreement with statements within the CaseAIM group than that of the non-CaseAIM group. Table 10 shows the results of independent samples *t*-test. Overall, 40 percent (*n* = 26) of caregivers who responded with some level of agreement to the statements (i.e. they stated that they agreed or strongly agreed), were from the CaseAIM case management group while 30.8 percent of the non-CaseAIM case management group showed some level of agreement to the statements. In regards to those who showed some level of disagreement to the statements provided, 3.1 percent (*n* = 2) were in the CaseAIM case management group and 15.4 percent (*n* = 10) were from the non-CaseAIM case management group.

Table 9: Caregiver Experience with CHS Case Management Services (*N* = 65)

Statement	Respondent Group	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total
I am happy with the services I am receiving from my case manager.	CaseAIM	41.9% (13)	41.9% (13)	9.8% (3)	3.2% (1)	3.2% (1)	100% (31)
	non-CaseAIM	8.8% (3)	50% (17)	11.8% (4)	17.6% (6)	11.8% (4)	100% (34)
My case manager calls me back when I need them.	CaseAIM	51.6% (16)	38.7% (12)	9.7% (3)	0% (0)	0% (0)	100% (31)
	non-CaseAIM	11.9% (4)	52.9% (18)	8.8% (3)	17.6% (6)	8.8% (3)	100% (34)
My case manager is helpful when I need them.	CaseAIM	45.2% (14)	45.2% (14)	6.5% (2)	3.1% (1)	0% (0)	100% (31)
	non-CaseAIM	14.7% (5)	47.1% (16)	5.9% (2)	23.5% (8)	8.8% (3)	100% (34)
My case manager and I work together to create the case plan.	CaseAIM	25.8% (8)	22.6% (7)	22.6% (7)	16.1% (5)	12.9% (4)	100% (31)
	non-CaseAIM	8.8% (3)	14.7% (5)	14.7% (5)	38.2% (13)	23.5% (8)	100% (34)

Table 10: Independent Samples *t*-test Results (*N* = 65)

	t	*df*	*Sig*
I am happy with the services I am receiving from my case manager.	-3.3	63	.002
My case manager calls me back when I need them.	-4.2	63	.000
My case manager is helpful when I need them.	-3.7	63	.000
My case manager and I work together to create the case plan	-2.6	63	.01

Note: Significance was tested at the .05 level.

Caregivers were asked to indicate whether or not their case managers involve them in case staffings, meetings, and court hearings. Forty-two of the caregivers in the sample responded with yes, they are included (*n* = 21 CaseAIM caregivers, *n* = 21 non-CaseAIM caregivers), and 23 (*n* = 10 CaseAIM caregivers, and *n* = 13 non-CaseAIM caregivers) responded with no, they were not included. Text response options were given to those who responded yes. Of the 42 who stated that they are included, 40 provided a description of the inclusion. Just over 47 percent (*n* = 19) of the narrative responses came from CaseAIM caregivers with the remaining 21 responses coming from non-CaseAIM caregivers. Caregivers discussed their concerns of their case managers ineffective communication, stating that they feel it is because their case managers are over worked (i.e. too large of a caseload). Further, caregivers expressed that when they ask for information, their case managers give it to them; however, many caregivers expressed frustration at the necessity of asking as opposed to the case managers telling them what is happening with their child's case. There was an interesting dichotomy within the responses, wherein caregivers expressed that they have some good and some not so good case managers on their children's cases. Both CaseAIM and non-CaseAIM caregivers stated that they have case managers who are communicative and inform them of meeting and staffing dates. They also have case managers who are not communicative at all and who do not inform them of anything going on within their child's case. Both CaseAIM and non-CaseAIM caregivers discussed the need for sufficient notice of the meetings and staffings because even if they are given the dates, they are unable to plan on attending the meeting due to work and childcare needs.

Of the 23 caregivers who responded "No" when asked whether or not they are included in case staffings, meetings, and court hearings, 18 indicated that they think it would be helpful if they were included while five stated that no, it would not be helpful to be included in case staffings, meetings, and court hearings. Of the 18 who responded that it would be helpful if they were included, all 18 gave descriptions of how that inclusion would be helpful to them (*n* = 7 CaseAIM caregivers and *n* = 11 non-CaseAIM caregivers). The responses provided by caregivers discussed inclusion in meetings and staffings help caregivers feel heard and as though their opinions matter. Both CaseAIM and non-CaseAIM caregivers expressed the need to be included because they are the best advocates for the children they are caring for, as they spend the most time with them and know what is in their best interests.

The next section of the survey used a probe that asked caregivers to think of how their case managers have helped them and then to describe the following: 1) How their case manager help them want to complete their case plans; 2) How much they have learned about caring for their child(ren) from their case manager; 3) How the case manager has given them confidence in caring for their child(ren); and 4) How the case managers can do better.

Caregiver Themes

Caregivers in both groups expressed the need for more communication with case managers assigned to work with the child(ren) in their care. The theme of communication emerged as caregivers discussed the need for more transparent information regarding the current state of the cases involving their children. This further implied that frequent, honest communication helps the caregivers to feel supported, advocated for, validated,

and encouraged to engage in the case and treatment plans. According to the caregivers, having a line of timely and clear bilateral communication is beneficial for child outcomes. This clear communication clarifies the expectations that the system has for the caregivers and the children in their care. Without a clear line of communication, caregivers expressed that there is the perception that case managers' efforts are inconsistent which leads to frustration when they do not know or understand activities occurring in their child's case. Of the caregivers (*N* = 65), 63 responded to the first probe asking for a description of how the case managers help them want to finish their case plans. Of the 63 caregivers who responded, 29 were CaseAIM caregivers and 34 were non-CaseAIM caregivers.

Themes	Quote
 **COMMUNICATION** ☑ FEEL HEARD ☑ VALIDATION ☑ ENCOURAGEMENT ☑ HELPFUL TO CHILD OUTCOMES	"We'd like to see better communication whenever possible, again we are here for the children! We understand that we aren't the only placement, nor or we the only foster home, and that we are a team. Case managers are human, they do their best, and we understand that, very, very much. So if we can handle the situations ourselves, which we do, then we notify the case managers as quickly as possible letting them know of the situation, and that the matter can be resolved or needs their immediate attention, otherwise we try and most time do, handle the situation ourselves, (it's what Parents do). We're not stating that we handle every situation ourselves, there are times and situation that occur that require case managers prompt attention, and it then our case preform their assignment very well, again their awesome, and there are times that case managers need time to gather the requested information." (CaseAIM caregiver)
 **TIMELINES**	"Our case manager is helpful on many fronts, but appears over-worked and sometimes doesn't communicate quickly. We initiated staffings and we have been informed of all court." (CaseAIM caregiver)
 **TRANSPARENCY** ☑ CLEAR EXPECTATIONS ☑ FULL PICTURE OF CHILD(REN)'S CASE(S) ☑ INFORMATION	"My current one (so far) has helped me heal from the last two by simply not being a jerk. We are about to finalize the adoption, so things are going well so far. However, the first one broke me down and caused me many tears. She was so condescending and we caught her deliberately lying several times. We lost all trust in her and in the system that allowed it. We like the current worker, but the damaged caused by the previous one has led us to the point we will never trust anyone in the system again." (CaseAIM caregiver) "Treat me like a parent." (non-CaseAIM caregiver) "I want to know anything and everything about my foster son—past, present, and future." (CaseAIM caregiver) "I feel as though I am only ever give partial info and I am treated like a babysitter." (non-CaseAIM caregiver)
 **SUPPORT**	"My case manager has not helped me at all to use the skills I have learned. I am licensed as a foster parent through the Florida Baptist Children's Home (One more child), and my licensure case manager is more helpful at trying to encourage me to use the skills I learned through the training class. They have also provided ongoing trainings for foster parents. But the dependency case management has been of no help at all." (non-CaseAIM caregiver)
 **ADVOCACY**	"Supportive and advocating for the child and foster parents." (CaseAIM caregiver)
 **INCONSISTENCY** ☑ FOCUS OF INTERESTS	"I like the friendliness of all the case workers I have worked with. Each one hasn't been professional and respectful. Some are more personable than others, but overall they have been kind and caring women working to do their best with what they have been given. I sometimes feel like the best interest for the child is not considered over the best interest for the parents." (CaseAIM caregiver)
 **EFFORT**	"I am sure they are over worked and they do try." (CaseAIM caregiver)

The next question asked caregivers to describe how much they have learned about how to care for their child(ren). There were 59 responses (*n* = 29 CaseAIM, *n* = 30 non-CaseAIM). Many caregivers, both CaseAIM and non-CaseAIM, stated that they had not learned anything from their case managers but instead learned how to care for their children through previous experiences they had with parenting, whether that was with their own children or with previous placements. A few of the caregivers expanded upon their response of 'nothing' to say that many case managers on their cases do not have the training/experience necessary to give education on how to care for their child(ren), or they do have the training/experience and they do not give the information to the caregivers.

> *"They haven't really helped me learn about how to care for the children. They both don't have a lot of experience working with children & many don't have children of their own. If I'm needing assistance with something, they are able to request a staffing or meeting."*
>
> *(CaseAIM caregiver)*

Caregivers who stated they have learned from their case managers discussed the coping strategies their case managers taught them in order to effectively care for their child(ren). Caregivers also discussed that they learned how to care for their children through the use of appropriate referrals made by their case managers that helped get proper services into their homes.

> *"My child has severe behavioral issues. His case manager has given me lots of pointers on how to cope with them and how to not take it personal. She also made sure we got a behavioral specialist to help out. Since starting, his behaviors have drastically reduced and I know ways to manage and react to them."*
>
> *(CaseAIM caregiver)*

When asked to describe how their case managers give them confidence in caring for their child(ren), 59 caregivers responded—26 were CaseAIM caregivers and 33 were non-CaseAIM caregivers. The responses between CaseAIM and non-CaseAIM caregivers were fairly similar. Both groups shared that caregivers helped instill confidence and provided verbal encouragement Additionally, the caregivers noted that case managers give them support by listening to their concerns with their child(ren) and providing the resources that they need to support the issues in the home. There were several responses from both CaseAIM and non-CaseAIM caregivers that discussed a lack of confidence given to them by case managers and even expanded to discuss the same theme of inconsistency between case managers on their cases.

> *"They are very supportive verbally and thank me often for doing this."*
>
> *(non-CaseAIM caregiver)*

> *"My current one (so far) has helped me heal from the last two by simply not being a jerk. We are about to finalize the adoption, so things are going well so far. However, the first one broke me down and caused me many tears. She was so condescending and we caught her deliberately lying several times. We lost all trust in her and in the system that allowed it. We like the current worker, but the damaged caused by the previous one has led us to the point we will never trust anyone in the system again."*
>
> *(CaseAIM caregiver)*

The final prompt to the probe "Think of how your case manager has helped you" asked caregivers to describe how their case managers can do better. Both CaseAIM (*N* = 26) and non-CaseAIM (*N* = 32) caregivers alike discussed the need for case managers to improve their communication with the caregivers when it comes to their cases. In terms of communication, caregivers discussed how case managers being transparent about all aspects of their cases and the child(ren) being put into their care would help in handling potential behavioral/emotional issues that the child(ren) may have and can help better prepare the caregiver and their family to handle potential issues. Caregivers also discussed that transparency about expectations and goals of the case would be helpful for caregivers to ask the right questions and request services that are in the best interest of the child(ren) in their care. Another persistent theme that emerged from the content analysis was the need for case managers to improve their response time to caregivers questions, comments, concerns, and referral submissions. Concomitantly, caregivers shared that they understand case managers have a very overwhelming caseload and that delays in communication are reasonable. However, they expressed concern that the large caseloads were detrimental to the care of the child(ren) as it makes it harder for case managers to focus on the individual needs of the child(ren) and their outcomes.

Caregivers were asked to describe what they dislike about the case management services they receive. Of the 56 caregivers who gave text responses, 25 were CaseAIM caregivers and 32 were non-CaseAIM caregivers. Responses were comparable between the CaseAIM and non-CaseAIM groups. Responses from caregivers in regards to their dislikes expressed concern about having to constantly ask for services. In essence, caregivers are frustrated with having to nag about requesting resources/services for their child(ren). Caregivers expanded their responses to state that they do not like that case managers are so over worked.

> *"The case managers are always over worked with too many cases. When they have to visit kids each month with a minimum of 25 kids on each of their plates that is excessive. In order for them to effectively do their job they really should not have more than 15 kids. Having less kids will I give them the opportunity to get more involved with the current cases they have and be able to documents make visits etc.."*
>
> *(CaseAIM caregiver)*

There was also the recurrence of a previously stated theme, inconsistency between case managers within an agency. There are current case managers who are great, and current case managers who are inattentive and lack communication skills. The same discrepancy was noted for case managers that caregivers had worked with in the past. Caregivers, both CaseAIM and non-CaseAIM, discussed a disparity in the focus of case managers on their cases, stating that case managers seem to be more focused on the parents than the child(ren). The caregivers want the case managers to pay more attention to the needs of the child(ren).

> *"The lack of inclusion, communication, and honesty runs rampant. The system is set up in a way that seems to pit the system against families that are struggling, and foster parents are pawns in that game. The system really needs to reconsider its outlook. Ideally, families can be given the chance to do better, and the goal is to keep the children with their family if possible. This is preached much more than it is practiced."*
>
> *(CaseAIM caregiver)*

When caretakers were asked what they like about the case management services they are receiving, 55 caregivers responded (25 CaseAIM caregivers and 30 non-CaseAIM caregivers). The responses given by caregivers were similar between groups, both indicating that they like when the case managers are effective communicators and respond to requests and needs for services in a timely manner. Many caregivers discussed that they like that case managers try to do the best that they can, even with the large caseloads they are managing. Caregivers expressed that they like that they feel supported by case managers.

> *"In dealing with us the case management service providers have been helpful—though they do seem to have a very heavy case load. We do feel at times that we are not kept informed of legal developments related to the case."*
>
> *(non-CaseAIM caregiver)*

In the final open-ended question, caregivers were asked to discuss how their case manager helped them use the skills they have learned. Of the 65 caregivers who responded to the survey, 53 responded to this question (*n* = 25 CaseAIM caregivers and *n* = 28 non-CaseAIM caregivers). Many CaseAIM and non-CaseAIM caregivers responded positively to the question, indicating that they have learned patience from their case managers, learning how to work in a partnership with case managers to help the children in their care, and how to best navigate the child welfare system.

> *"She has taught me patience and the ability to not take things personal."*
>
> *(CaseAIM caregiver)*

> *"CM has taught me how to not be afraid of asking any question and she always let me know it was okay to be a strong advocator for the child in my care. She never made me feel like I didn't have the right to advocate."*
>
> *(non-CaseAIM caregiver)*

There were also many responses from caregivers that were negatively framed. Some caregivers implied that the lack of communication and overall relationship with their case manager forces the caregivers to learn how to get resources and services on their own without the help of the case manager altogether.

Case Managers

Case managers were asked to rate their level of agreement with three different statements regarding their experiences in managing their caseloads, engaging their clients, and empowering and supporting their clients while utilizing CHS case management services. Respondents were asked to rate their perspectives using a 5-point Likert scale that gauges the level of the respondent's agreement: 1) strongly agree; 2) agree; 3) neither agree nor disagree; 4) disagree; and 5) strongly disagree.

Table 11 gives a detailed breakdown of how the 26 case managers responded. Independent samples *t*–tests were conducted to find if there were statistically significant differences between CaseAIM case managers and non-CaseAIM case managers in regards to their level of agreement with the statements provided on their experiences in using CHS case management services. Results of the test did not indicate statistically significant differences between CaseAIM and non-CaseAIM case managers for all statements (tested at the .05 level). Overall, there was 70 to 80 percent agreement from CaseAIM case managers for all statements provided (i.e. they stated that they agreed or strongly agreed with the statement). Between 37.5 to 93.8 percent of non-CaseAIM case managers responded with some level of agreement to all statements provided. In regards to case managers who showed some level of disagreement to the statements provided, zero to 20 percent (*n* = 2) were in the CaseAIM case management group and 56.3 percent (*n* = 9) were from the non-CaseAIM case management group.

Table 11: Case Managers' Experience with CHS Case Management Services (*N* = 26)

Statement	Respondent Group	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total
My caseload is manageable	CaseAIM	20% (2)	50% (5)	10% (1)	20% (2)	0% (0)	100% (10)
	non-CaseAIM	0% (0)	37.5% (6)	6.3% (1)	50% (8)	6.3% (1)	100% (16)
I engage caregivers (relative/ non-relative) in services.	CaseAIM	30% (3)	40% (4)	30% (3)	0% (0)	0% (0)	100% (10)
	non-CaseAIM	18.8% (3)	75% (12)	6.3% (1)	0% (0)	0% (0)	100% (16)
I have been able to support and empower the families on my caseload towards reunification (i.e. families are more compliant with the case plan).	CaseAIM	30% (3)	50% (5)	20% (2)	0% (0)	0% (0)	100% (10)
	non-CaseAIM	12.5% (2)	56.3% (9)	31.3% (5)	0% (0)	0% (0)	100% (16)

All case managers were asked to select indicators that best showed how CHS case management services improved their overall abilities as case managers. Table 12 shows a detailed breakdown of the choices selected by CHS case managers. The most common indicators of improved ability chosen by CHS case managers include: 1) Stay in contact with other professionals who are working the case; 2) Effectively assess family situations and provide useful recommendations; 3) Create meaningful relationships with the families on my caseload and; 4) Provide thoughtful resources and service provisions for the families on my caseload. Three respondents chose "other, please specify" when asked what abilities are improved through CHS case management.

> *"The demands of meeting so many time limits with case loads is difficult. The SDMM model time frames are not being used as trained to be used. The allowance to assess families and build relationships is difficult due to needing to meet the time frames that are less than 30 days and majority of the time within 7 to 10 days to have FFA-O and case plan completed. This needs to be looked at and assessed as the need to engage families without appropriate assessment by case management is rushed and leads to providing services with a kitchen sink approach."*
>
> *(CaseAIM Case Manager)*

Table 12: Provider Characteristics as a Percentage of the Sample Characteristics

Case management services have improved my ability to… (select all the apply)	Frequency (*n*)
Create meaningful relationships with the families on my caseload.	**69.2% (18)**
CaseAIM	30.8% (8)
non-CaseAIM	38.5% (10)
Stay in contact with other professionals who are working the case.	**80.8% (21)**
CaseAIM	34.6% (9)
non-CaseAIM	46.2% (12)
See behavioral change over time with my clients.	**53.8% (14)**
CaseAIM	26.9% (7)
non-CaseAIM	26.9% (7)
Effectively assess family situations and provide useful recommendations.	**80.8% (21)**
CaseAIM	34.6% (9)
non-CaseAIM	46.2% (12)
Respond more timely to calls and emails.	**38.5% (10)**
CaseAIM	19.2% (5)
non-CaseAIM	19.2% (5)
Provide thoughtful resources and service provisions for the families on my caseload.	**65.4% (17)**
CaseAIM	26.9% (7)
non-CaseAIM	38.5% (10)
Other, please specify.	**11.5% (3)**
CaseAIM	7.7% (2)
non-CaseAIM	3.8% (1)

Note: Percentages are rounded to the tenths place.

Case managers were asked to select all indicators that most appropriately showed how they measure success as a case manager. Table 13 gives a detailed breakdown of the indicators chosen by case managers. The most common measures of success include the following: 1) Connecting with families in a meaningful way; 2) Getting paperwork done on time; 3) When my family successfully complete their case plans and reunify with their child(ren); and 4) Being knowledgeable about each case on my caseload. There were two selections of "other please specify", where case managers provided text response answers on how they measure success with CHS case management services. The responses are below.

> *"Finalizing adoptions."*
>
> *(non-CaseAIM Case Manager)*

> *"I try to do my best each day under incredible emotional demands and stress of deadlines and the fear of working/testifying in court when it feels like everyone is out to discredit you. I have a passion to help children and try to do so through the parameters of my job and responsibilities."*
>
> *(CaseAIM Case Manager)*

Table 13: Case Managers Measures of Success (*N* = 26)

While using case management services, how have you measured success as a case manager? (select all the apply)	Frequency (*n*)
Getting paperwork done on time.	**53.8% (14)**
CaseAIM	26.9% (7)
non-CaseAIM	26.9% (7)
Connecting with families in a meaningful way.	**57.7% (15)**
CaseAIM	26.9% (7)
non-CaseAIM	30.8% (8)
When my family successfully complete their case plans and reunify with their child(ren).	**53.8% (14)**
CaseAIM	26.9% (7)
non-CaseAIM	26.9% (7)
Engagement in meaningful and effective communications with other professionals who are involved with the case.	**46.2% (12)**
CaseAIM	23.1% (6)
non-CaseAIM	23.1% (6)
Being responsive to emails/phone calls in a timely manner.	**42.3% (11)**
CaseAIM	19.2% (5)
non-CaseAIM	23.1% (6)
Being knowledgeable about each case that is on my caseload.	**50% (13)**
CaseAIM	23.1% (6)
non-CaseAIM	26.9% (7)
Other, please specify.	**11.5% (3)**
CaseAIM	0% (0)
non-CaseAIM	11.5% (3)

Case Manager Themes

Emergent themes for case managers include incongruence, time, resources, and communication. Both CaseAIM and non-CaseAIM case managers discussed a discrepancy between caregiver engagement that was contingent on the treatment plan goals and whether or not the goals/outcomes established in that plan were in line with what the caregiver wanted for the child(ren) in their care. Case managers discussed the necessity of better availability of resources for the children, their caregivers, as well as the agencies as a whole in order to allow themselves more time to meet with and communicate with caregivers and their child(ren). Case managers in both groups also discussed that not much within the child welfare system can change if there is not a serious reduction in caseloads that would make it possible to fit everything they need to do in an 8-hour day.

Themes	Quote
WILLINGNESS	"Overall, I have had a positive relationship with the caregivers. The caregivers are generally open to services for the children in their care." (non-CaseAIM Case Manager)
CONSISTENCY	"The relative/non-relative caregivers seem to like me when cases are going in the direction they want to see the case go. They tend to be fickle and blame me or turn against me if the case goal or direction is not the way they want it to be. I try to engage my caregivers in a manner that shows I care, but also communicates that I have an obligation to follow statue and work within the parameters of my job capacity. Just as in any human interaction, there are some caregivers that are more responsive to my efforts than others." (non-CaseAIM Case Manager)
CIRCUMSTANCES ☑ DESIRED VERSUS UNDESIRED OUTCOMES	"The relative/non-relative caregivers are not as familiar with dependency as other participants. The caregivers tend to be amicable when the case goes the way they want it to, and less so when the goals or outcomes are not what they desire. I have developed some excellent bonds with some of my caregivers." (CaseAIM Case Manager)
TIME	"I have time, but I usually feel as though my time is not enough. We currently are only allowed to work 40 hours a week and, in this field, 40 hours a week is not enough for best practice." (non-CaseAIM caregiver) "For the families that are ready to engage and willing and cooperative case management is able to motivate and encourage families to make behavior changes through the services and skills learned with their services provided in their case plan. For families that are not ready to engage and willing and cooperative case management finds it difficult to motivate and encourage the families as they continue to focus on issues that do not pertain to the reason their child is removed from their care. This set case management back and requires case management to refocus the parent on the child and how to increase there caregiver protective capacities." (CaseAIM Case Manager)
ABILITY ☑ EFFICIENCY ☑ RESOURCES	"I am required to meet with my parents monthly. At these monthly meetings I am required to discuss the case plan and any barriers to service completion." (CaseAIM Case Manager)
CASELOAD ☑ BURNOUT ☑ TURNOVER ☑ REQUIREMENTS	"Because my caseload is so high I do not have the time to work with the parents on my case as much as I would like to." (non-CaseAIM Case Manager) "More transportation assistance will be beneficial. Also, hiring per diem team members to work on call shifts will help case managers refresh following long weeks, decreasing burn out." (CaseAIM Case Manager)

COMMUNICATION

"Every agency and all the bosses have different work ethics and things that they feel that are important. It doesn't matter as much about how many children that we have and work with. I feel that it is the support we are given by our superiors. As a Case Manager I am able to see how the system works to support and help our children and families. We need to focus on reunification and engaging with our families. We need to make sure the parents are invited to everything for their child. The less contact they have with the child the more likely they are to give up. I have seen Case Managers get burned out because they are working with the families and pulling late nights and early mornings. They are trying to give their superiors what they are asking for, but also trying to engage with the families. I feel like the home visits have gotten shorter and that it is just a checklist. As a team, we should be able to sit down and have full discussions with the caregivers and the children both together and separately. It gets hard when you have to be in different places all at the same time. If we could get better support in upper management that would be the best for everyone involved. I even see our supervisors being pulled in many different directions."

Case managers were asked to describe how caregivers (relative and non-relative) have responded to case management services. Twenty-one case managers responded (seven CaseAIM and 14 non-CaseAIM). Case managers, both CaseAIM and non-CaseAIM, stated that caregivers have responded fairly positively to their services. Some CaseAIM case managers stated that as CHS case management services have improved, so have caregiver abilities to reach out and discuss their needs. Others discussed that case managers had a positive relationship with caregivers and that the caregivers are generally open to services for the child(ren) that they care for.

> *"Caregivers have been more able to communicate, as case management services have improved over my time with CHS. With improved technology and assistance for case managers, caregivers appear confident in reaching me and getting a quick, effective response. I, as a case manager, am able to utilize resources that provide fast and accurate answers for my caregivers."*
>
> *(CaseAIM Case Manager)*

Case managers also expressed that caregivers tend to be open to services when they feel that the cases for their foster children are going in the direction that they want, and caregivers tend to stop responding to services when they do not support the goals of the case.

> *"The relative/non-relative caregivers are not as familiar with dependency as other participants. The caregivers tend to be amicable when the case goes the way they want it to, and less so when the goals or outcomes are not what they desire. I have developed some excellent bonds with some of my caregivers."*
>
> *(CaseAIM Case Manager)*

Overall, both CaseAIM and non-CaseAIM case managers expressed positive regards to caregivers receiving CHS case management services.

Case managers were asked if while using case management services they have time to motivate and encourage families to complete their case plans. Eleven case managers (six CaseAIM and five non-CaseAIM) answered that they did have the time to motivate and encourage families and that they did so due to the requirements of their agency to meet with their families at least once per month.

> *"I am required to meet with my parents monthly. At these monthly meetings I am required to discuss the case plan and any barriers to service completion."*
>
> *(CaseAIM Case Manager)*

Some case managers expressed concern of having the time to engage with families, but that the allotted time they do have within a given week is not enough.

> *"I have time, but I usually feel as though my time is not enough. We currently are only allowed to work 40 hours a week and, in this field, 40 hours a week is not enough for best practice."*
>
> *(non-CaseAIM Case Manager)*

For both CaseAIM and non-CaseAIM case managers, the level of motivation and encouragement is dependent upon the caregivers' willingness to engage in services provided to their family. There are families that are willing to engage in the helping process but families that are not, make it hard for the case managers to motivate them towards case completion.

> *"For the families that are ready to engage and willing and cooperative case management is able to motivate and encourage families to make behavior changes through the services and skills learned with their services provided in their case plan. For families that are not ready to engage and willing and cooperative case management finds it difficult to motivate and encourage the families as they continue to focus on issues that do not pertain to the reason their child is removed from their care. This set case management back and requires case management to refocus the parent on the child and how to increase there caregiver protective capacities."*
>
> *(CaseAIM Case Manager)*

Case managers that indicated they do not have the time to motivate and encourage families to complete their case plans (six non-CaseAIM) further stated that they have caseloads that are unmanageable and therefore do not have the time necessary to dedicate to families.

> *"Because my caseload is so high I do not have the time to work with the parents on my case as much as I would like to."*
>
> *(non-CaseAIM Case Manager)*

> *"I do not feel as though I have sufficient time to spend with my families due to paperwork, time restraints (there is just not enough time in the day), and case load."*
>
> *(non-CaseAIM Case Manager)*

When asked to describe how they have been able to facilitate better outcomes for families, 15 case managers responded (five CaseAIM, 10 non-CaseAIM) that being able to connect families to the appropriate resources helps them to attain better results. Case managers also discussed that better outcomes are facilitated through open lines of communications between the families and themselves.

> *"Quick responses from service providers, as well as parents and caregivers, provides me with the opportunity to more accurately assess my parents' needs, which speeds up the referral and reunification. By having more assistance, I as a case manager am better able to engage in longer, more meaningful conversations with my parents. Therefore, I feel confident that a majority of the families I work with feel comfortable reaching out to me when the parents or children are in need of a service that effects their safety and/or well-being."*
>
> *(CaseAIM Case Manager)*

Finally, case managers were asked to describe how case management services can be improved. Fifteen case managers responded to the question (five CaseAIM case managers and 10 non-CaseAIM case managers). Overall, both CaseAIM and non-CaseAIM case managers alike discussed the need for smaller caseloads, better pay, and a need for more resources available to the families that they serve in order to have better outcomes.

> *"Better pay. We do not get paid enough for all of the things we are asked to and do on a daily basis."*
>
> *(non-CaseAIM Case Manager)*

> *"More transportation assistance will be beneficial. Also, hiring per diem team members to work on call shifts will help case managers refresh following long weeks, decreasing burn out."*
>
> *(CaseAIM Case Manager)*

Guardians ad Litem

Respondents were asked what the nature of their position as a guardian ad litem is with CHS. GAL were give the options of: 1) voluntary, not paid; 2) part-time employee; and 3) full-time employee. All eight GALs who responded to the survey indicated that they were full-time employees; four were CaseAIM GALs and four were non-CaseAIM GALs.

Guardian ad Litem Themes

Guardians ad litem's issues were similar to caregivers' experiences with CHS case management services. Respondents indicated that the overwhelming number of cases and responsibilities of case managers creates a palpable distinction between those case managers who have time and those who do not. Further, respondents indicated that this discrepancy between case managers creates incongruence in the services provided to, as well as communication with, the caregivers and families that they serve. The GALs discussed the need for lighter caseloads for case managers in order to reduce burnout. This helps to increase the case managers' willingness, effort, and overall approach that they take with their clients. Examples provided by the GALs within the survey included increased communication, less delay in referrals of services and better follow through after referral submission.

Themes	Quote
DELAYS ☑ FOLLOW THROUGH ☑ AVAILABILITY OF RESOURCES ☑ REFERRAL OF SERVICES ☑ FITTING ☑ APPROPRIATENESS OF RESOURCES	"Appropriate referrals are made for services. There is sometimes a delay in services beginning due to a delayed referral being submitted or provider unavailability." (non-CaseAIM GAL) "Some case managers need reminders to complete referrals for services or follow-up with individuals following the referral to make sure they were contacted by the provider." (non-CaseAIM GAL) "There is no real follow through. We have been aware of case managers telling parents to follow through on the referrals themselves and even if parents tell them that they are having trouble getting in touch with the services they have been referred to, there is no real help." (CaseAIM GAL) "Generally appropriate. Not always completely timely" (non-CaseAIM GAL)
WILLINGNESS ☑ COMUNICATION	"It all depends on whether the case manager is willing to work with the parents they are making referrals for. The referrals are usually appropriate but not usually done in a timely manner. Referrals for children usually take a back seat and are never done in a timely manner and if they are done in a timely manner, the case manager does not follow up to see what the hold up is." (CaseAIM GAL)
BURNOUT/TURNOVER ☑ CASELOAD ☑ REQUIREMENTS	"The majority of case managers appear to need more training in testifying in open court and lack proper preparedness; they don't know important dates and don't bring notes to allow them to refresh their memories on the stand. I also think that the high turnover rate contributes greatly to delays in referrals for services and follow-up on important issues." (non-CaseAIM GAL) "Due to issues of turnover, timeliness of follow-up and documentation of compliance are often lacking." (CaseAIM GAL)
CONSISTENCY ☑ DISCONNECT/ INCONGRUENCE	"It is hard to measure this. It does appear that some case managers have great judgement, however, the guidelines governing them does not allow them to appropriately exercise good judgement or for them to make appropriate decisions. For example, a psychological evaluation was ordered for a child by a judge and the case manager wanted to follow through with that order, however, administration within Children's Home Society and Community Based Care of Central Florida would not allow her to follow through on that order as they did not deem the evaluation necessary although it was court ordered. Another example would be when case managers complete home studies and decide that the home study is negative but their supervisors and higher ups decide that it should be made positive although there are some clear problems in the home. There are also case managers who completely ignore problems within a home in order to quickly and efficiently close cases."
APPROACH	"The best experiences I have had with case managers have been those responsive to my queries (within 24 hours), those who have not surprised me but kept me in the loop, and those who understood that just because we may disagree sometimes, it is not personal. Fortunately, I have worked with some great case managers. Those who are deceitful, lazy, or disrespectful of my agency's mission are who have tarnished my opinion about the position." (CaseAIM GAL)
STANDARDS	"I have seen judgements on a wide spectrum. The most significant concern I have is that case managers' have told me more than once that their judgments and decisions about cases have been overturned by supervisors. In essence, case managers told me they didn't feel proposed placements or reunifications were appropriate, but they were expected to advocate for them." (CaseAIM GAL)

Guardians ad litem were asked to describe the quality of the referrals received by CHS case managers. Six GALs responded to the question (four were CaseAIM GAL and two non-CaseAIM). Overall, there was a general positive response from GALs about the referrals given, stating that they are generally appropriate, although not always completed in a timely manner.

> *"Generally appropriate. Not always completely timely."*
>
> *(non-CaseAIM GAL)*

> *"Referrals are provided to the approved providers and often based on the case manager's experience with a particular case manager. Referrals are usually completed in a timely manner."*
>
> *(CaseAIM GAL)*

When asked to describe case manager follow through, six GALs responded, with a general concern about a lack of follow through from case managers, stating that reminders are needed for referrals to be completed and that turnover is one of the main reasons for such delays.

GALs were asked to describe case managers' overall ability to engage the children and families in the case plan and treatment process. The six GALs that responded indicated that most of the case managers do a good job with engaging their families, but noted there is a palpable incongruence in regards to the effort that is expounded by case managers to engage the families in the treatment process. Additionally, GALs further discussed that the incongruence comes from the information provided to them by the families they are working with compared to the information they are given by case managers assigned to their families' cases, noting that the information provided by both parties is contradictory in nature.

GALs expressed difficulty discussing case manager's judgment and decision-making skills. Six respondents (4 CaseAIM and 2 non-CaseAIM) indicated that while they feel as though the case managers are generally making sound decisions and exercising good judgment, it is entirely dependent on what bureaucratic regulations allow them and their agency to do. Further, GALs purported that a case manager's response to a case is entirely dependent upon the individual case manager. Factors such as the amount of time on the job and personal life experiences heavily influence how individual case managers engage in their work.

GALs were asked to provide any additional information that they thought important to share in regards to their experiences with CHS case management services. All six GALs responded and both CaseAIM and non-CaseAIM GALs discussed the need for improvement of case management communication skills. They expressed a need for more training on how to handle court proceedings, as well as a need for a decrease in turnover rates to help with the delays in referrals and follow-ups.

Judges

A total of four judges responded to the survey. Three of the judges indicated that they were from CaseAIM counties, while one indicated that they were not.

Out of the four judges that responded to the previous survey questions, only three responded to the open-ended questions. The three judges who responded indicated that they worked in CaseAIM counties.

Judge Themes

The themes that emerged for the judges consisted of communication, resources, burnout, and standards. The judges that responded to the survey all expressed a certain level of hesitance when asked to offer information or opinion on the matter of judgment and decision-making skills regarding their experiences with CHS case managers. However, judges were willing to discuss their perceptions of case managers' efficiency stating that all social services can be improved if adequate resources are provided to case managers and their clients. Judges also discussed the need for clear standards in the field for both case managers as well as client expectations.

Judges were asked to describe the overall quality of CHS case management services. The three judges who responded to this open-ended question were CaseAIM Judges. One judge stated that the services are very good, while another stated that their experiences with the services were average compared to other case management organizations.

Judges stated that the level of involvement of parents and caregivers varies and that most caregivers are involved but that many parents are not involved despite the case manager's best efforts in the situation. As far as the level of involvement for the children, one judge offered that the children who are old enough to be involved, are very involved, while others did not understand the question or stated that the level of involvement of the child(ren) depends upon the circumstances of the case.

One judge offered additional information when given the space to do so stating: "Every social service can be improved on. The important thing to remember is that diligent pursuit of services and case plan tasks will result in faster and better reunification or easier and faster alternative permanence for the child if the parent fails."

> *"I would say the quality of their work is average as compared with other case management organizations.*
>
> *Most caregivers are very involved. Unfortunately, many parents are not involved no matter what the caseworker does or does not do.*
>
> *The children who are old enough to be involved are very involved."*
>
> *(CaseAIM Judge)*

Survey Discussion

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

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

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

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

There were higher levels of agreement and a more positive tone for the CaseAIM group compared to that of the non-CaseAIM group, even though the themes that emerged from the content analysis were the same for both groups.

When asked to rate their level of agreement to statements that discussed case managers' care coordination and engagement, caregivers receiving CaseAIM case management services had statistically significant differences in responses compared to those who were not receiving CaseAIM case management services. This is an interesting finding due to the amount of dissatisfaction stated in the narrative responses received by caregivers which reflected a lack of communication and engagement with their case managers in both the CaseAIM and non-CaseAIM groups.

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

Survey Limitations

Due to the nature of survey design, there are several limitations to the study. Using a self-report survey gives the potential for false respondent and social desirability bias in the data collected. The response rate was 19.9 percent, giving a relatively small sample size compared to the size of the sample pool that was contacted with the survey link. The respondents were informed of the confidential and voluntary nature of the study to try to control for the effects of these limitations; However, the open-ended questions given to respondents and the request for information regarding the likes and dislikes of CHS case management services gives the potential for respondents to respond how they think CHS would want them to respond as opposed to giving an accurate reflection of their experiences with CHS case management services.

There is also the potential bias inherent in respondents who are not receiving or using CaseAIM case management services but who know it exists. Knowing that there is a tool being used currently by CHS with the intention of helping case managers with their workload but not being one of the people given said tool has the potential to skew the answers given about experiences with CHS case management services as a whole. The use of open-ended questions/prompts in the survey to collect the data is a limitation. In order to gain a full understanding of the experiences of stakeholders with CHS case management services as well as CaseAIM case management services, there would need to be in-depth face-to-face qualitative interviews and focus groups conducted.

Conclusion of CaseAIM Evaluation

CaseAIM appears to outperform non-CaseAIM case management in several significant ways. The study found that CaseAIM case managers carry fewer cases than non-CaseAIM case managers, CaseAIM children in foster care have fewer placements than non-CaseAIM children, and CaseAIM children also have fewer case managers during a placement episode than non-CaseAIM children. While the quantitative evaluation of data showed statistically significant differences between groups, analysis of the survey data indicated that case managers both within the CaseAIM group as well as the non-CaseAIM group are perceived as overwhelmed with their caseloads.

Significant improvement was found in the number of CaseAIM children achieving permanency within 12 months (61%) compared to the non-CaseAIM group (45%). The effect size indicates that the finding has meaningful application in CHS practice settings. Cases managed by CaseAIM exceed the Florida CBC performance standard for this measure, which is 40.5 percent. CaseAIM children are receiving dental services in a more timely manner than non-CaseAIM children.

Findings regarding no verified maltreatment reports in six months' post discharge showed that CaseAIM was not associated with a significant difference in reports compared to non-CaseAIM. Ninety percent of CaseAIM children and 92% of non-CaseAIM children received no reports of verified maltreatment within six months of discharge. Both groups did not meet the CBC performance standard for this measure of 95 percent. There was no significant relationship between CaseAIM and the percent of children who re-enter foster care within 12 months of achieving permanency (92%).

In both the CaseAIM and non-CaseAIM groups, the narrative responses showcased contrasts in regards to their current experiences with CHS case management services. Stakeholders in both groups expressed concerns as well as satisfaction with the services that they were receiving from CHS. These responses exemplify the differing levels of engagement experienced with case managers as well as care coordination experienced with CHS case management services.

Overall, CaseAIM Case Management shows promise as an effective model of organizational support for case managers in CHS. However, the mixed findings from the quantitative and survey studies indicate the model would benefit from further evaluation before conclusions are made about CaseAIM's effect on outcomes for children, families, and case managers.

Recommendations

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

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