



## Evaluation of the Impact of Enhanced Parental Legal Representation on the Timing of Permanency Outcomes for Children in Foster Care

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In 2007, the National Council of Juvenile and Family Court Judges (NCJFCJ) conducted a review of research from the prior ten years that involved juvenile dependency court processes or outcome measures in an effort to assess the state of research involving juvenile dependency courts. The review came to the following conclusions:

Juvenile dependency courts play a key role in overseeing the cases of children removed from their home as a result of abuse and neglect. Although many academic journals and publications are devoted to topics in child welfare, research focused on the role of the court in ensuring the safety, permanency and well-being of children in foster care is relatively rare. In particular, little is known about the causal relationship of juvenile court improvements and reforms to the ultimate outcomes for children in the dependency system. A review of published quantitative research related to juvenile dependency courts identified 76 studies published between 1997 and 2007. Of these, one-quarter were from academic journals and three-quarters were from non-peer reviewed publications, usually sponsored by associations or governmental agencies. The authors found much work of value to the dependency courts and other stakeholders...However, some serious deficiencies in dependency court research were also identified. (Summers, Dobbin, & Gatowski, 2008, p. 3).

*Acknowledgements: We would like to acknowledge the contributions to this work of DSHS Children's Administration, the Office of Public Defense and all our colleagues and funders working to achieve better outcomes for children and families.*

The research review identified inadequate methodological rigor, limited research on outcomes of the juvenile dependency court process and child welfare system, and a dearth of research on legal representation as some of the deficiencies of the existing research literature. In particular, research on parental representation is lacking; of the five studies of parental representation reported in the NCJFCJ review, three involved a single program in one state and only two provided any data on outcomes associated with efforts to improve representation (Summers, Dobbin, & Gatowski, 2008).

This study addresses these gaps in knowledge about the functioning of child welfare services and juvenile courts by evaluating the impact of a program of enhanced parental legal representation on the timing of permanency outcomes for children entering court-supervised out-of-home care in Washington State. The study employs methods that are methodologically superior to prior efforts to evaluate parental representation and focuses on key outcomes of the child welfare and dependency court systems. Study findings provide evidence that the availability of adequate parental legal representation speeds reunification with parents, and for those children who do not reunify, it speeds achieving permanency through adoption and guardianship.

### Background: The Parental Representation Program

In 1999, in response to a request from the state legislature, the Washington State Office of Public Defense (OPD) conducted a study of inequalities in attorney funding in dependency and parental rights termination cases (Washington State Office of Public Defense, 1999). The study found severe disparities between state funding for the Attorney General's Office, which initiates and

processes dependency cases on behalf of the state, and funding provided by counties for legal representation of indigent parents involved in these legal proceedings. The study also found wide variation between counties in the compensation provided to attorneys provided to indigent parents. These disparities called into serious question whether parents in Washington were being provided adequate legal representation in processes that have significant consequences for parents and children; state and federal courts have long recognized the crucial importance of these proceedings and the necessity of providing legal representation for the parties.

In 2000, the OPD succeeded in obtaining a legislative appropriation to create a pilot Parent Representation Program (PRP) which was then established in Benton, Franklin, and Pierce counties. The legislature established five program goals to enhance the quality of defense representation in dependency and termination hearings:

1. Reduce the number of continuances requested by attorneys, including those based on their unavailability;
2. Set maximum caseload requirements per full-time attorney (the OPD sets the fulltime maximum caseload at 80 open cases per attorney);
3. Enhance defense attorneys' practice standards, including reasonable time for case preparation and the delivery of adequate client advice;
4. Support the use of investigative and expert services in dependency cases; and
5. Ensure implementation of indigency screenings of parents, guardians, and legal custodians.

Since 2000, the legislature has continued to fund the program, with program expansion in 2005 and 2006 to Clallam, Clark, Cowlitz, Ferry, Grant, Grays Harbor, Kitsap, Kittitas, Pacific, Pend Oreille, Skagit, Snohomish, Spokane, Stevens and Yakima counties. In 2007, with additional funds from the legislature, the OPD expanded the program to Chelan, Jefferson, Klickitat, Mason, Skamania, Thurston and Wahkiakum counties. (See Appendix A for exact implementation dates and Appendix B for program updates since the end of our evaluation period in 2008).

To achieve its goals, the PRP has developed five key program components:

1. *Selection criteria for attorneys.* Program attorneys are identified by OPD through a formal RFP (Request for Proposal) process. In exchange for reasonable compensation and reduced caseloads, attorneys agree to contracts that set out clear professional expectations and practice guidelines.
2. *Training.* Contained in the practice guidelines is the requirement that program attorneys will at-

tend training, both orientation or initial training and ongoing professional development. The topics covered included client communication, standards of representation, use of independent experts and social workers, enforcement of remedial services orders and trial skills. PRP attorneys are also offered the opportunity to attend the statewide Children's Justice Conference each year.

3. *Oversight.* Throughout the contract periods with OPD, PRP assures adherence to program standards through the following oversight mechanisms: the development of a client complaint procedure and creation of an expectation of reviews prior to contract renewal, with the OPD declining to enter into new contracts when attorneys are evaluated as not in compliance with PRP standards.
4. *Resources from social work.* In addition to the use of expert resources (including expert testimony), program attorneys have access to social work staff. Social workers are assigned to attorneys on a ratio of one social worker per four attorneys. While a social worker might have as many as 320 potential clients, in practice PRP attorneys triage cases for social work support as needed to assist parents to become active participants in their case plans. For example, PRP social workers assist parents to work with the department to obtain concrete resources such as bus passes and housing or locate services required in their case plans such as substance abuse treatment or resolve conflict with other professionals.
5. *Periodic surveys of county judicial officers regarding quality and practice standards.* This is part of PRP's ongoing effort to evaluate and improve the program, e.g. providing feedback on judicial officers' perceptions of the program or more specific information regarding the reduction in continuances since the program was established.

What effects might enhanced parental representation be expected to have on the timing of permanency for children entering out-of-home care? In our discussions with various professionals involved in the dependency court process we found a range of opinions on this question. The creators of the PRP believe that enhanced parental representation is likely to improve the prospects for all forms of legal permanency. They argue that adequate parental representation is likely to speed reunification by increasing the likelihood that parents will receive the services they need to be able to safely parent their children. They also believe that parental representation will speed permanency for foster children even in cases where parents will ultimately be unable or unwilling to meet the requirements of the court for family reunification. They argue that in such cases adequate counsel for parents can

increase the likelihood that parents will understand the need for plans for placing their child with a legal guardian or with an adoptive family; through their relationship with their attorney and the PRP social worker, parents will more quickly come to terms with their inability to care for their child and accept that an alternative arrangement is in their child's best interest. Furthermore they suggest that when parents cannot reunify with their children, their PRP attorney is often able to negotiate adoptions with agreements that they can have prescribed contact with the children in the future. They maintain that this works well for birth families where there is a parent-child relationship valued by both the child and parent, but the parent is unable to raise the child on a day to day basis. Such adoptions with contact in conjunction with voluntary relinquishments of parental rights have always been goals for PRP attorneys in appropriate cases.

Of course, some other observers were less confident that enhanced parental representation would improve permanency outcomes. Some public child welfare agency social workers, lawyers from the Attorney General's Office (AGO), and Court-Appointed Special Advocates (CASA) argued that parents' attorneys often engaged in delay tactics and advised parents not to comply with service plans. They believed that this slowed down the dependency court process in general, sometimes contributing to delays in family reunification, and often delaying children's moves into adoptive homes and guardianship arrangements. It should be noted, however, that concerns were expressed based on individual experiences and perspectives and not official Children's Administration (CA) or AGO policy.

Given widely varying opinions regarding the likely impact of enhanced parental representation on the timeliness of legal permanency for children in foster care, evaluation research on parental representation is sorely needed. To our knowledge, the PRP is the only program of parent representation in juvenile dependency proceedings that has been the subject of evaluation research. Prior studies of PRP have concluded that PRP results in more timely action in dependency cases, increases the likelihood of family reunification, and increases the likelihood of case resolution (i.e., reunification or entry of a third-party custody order; a dependency guardianship; or the child becoming legally free for adoption due to termination or relinquishment of parental rights) (Oetjen, 2003; Harper, Brennan, & Szolnoki, 2005; Washington State Office of Public Defense, 2009). However, these findings should be regarded with considerable caution given the methodological limitations of the prior research. First, two of the three studies (Oetjen, 2003; Harper, Brennan, & Szolnoki, 2005) were undertaken relatively early in the life of the program when few counties had actually implemented the PRP,

calling into question whether any impacts of the program observed in this early research hold up as the program is more widely adopted. Second, two of the three studies (Oetjen, 2003; Harper, Brennan, & Szolnoki, 2005) relied solely on comparison of outcomes prior to PRP implementation to outcomes after implementation in the counties that implemented PRP, in other words there was no comparison of outcomes in PRP counties to other counties in the state that may have experienced similar changes in outcomes to those seen in PRP counties. Third, none of the studies attempted to account for *differences between counties* in the characteristics of children entering care or in changes over time in the characteristics of children entering care. In fact, while the studies all provided descriptive data on the characteristics of children served in the PRP counties, none of the studies used statistical controls to take into account how these characteristics might influence the impact of the PRP on case outcomes.

## Research Strategy

Our analyses address the following research question: *Is the presence of the PRP associated with a change in the timing of children's transitions to permanency through reunification with their family, adoption, or legal guardianship?* To answer this question, we followed 12,104 children who entered care for the first time in 2004 to 2007 through the end of 2008 to see whether they experienced one of the study outcomes. This period coincides with the implementation of PRP. In essence, our research design takes advantage of the staggered implementation of PRP across Washington's counties. Our models leverage this variation in implementation by simultaneously comparing across counties with and without PRP and comparing within counties prior and post PRP implementation to isolate an effect associated with PRP. Data come from the Case and Management Information System (CAMIS) provided by the Department of Social and Health Services (DSHS) and from the Administrator of the Courts (AOC). We summarize our research methods here, for full details see Appendix C.

In statistical models we examine the relationships between the characteristics of children and the child welfare system, and the timing of family reunification, adoption, and guardianship. Since the PRP only gets involved with families after a dependency petition is filed in a case, our analysis includes only cases with dependency petitions. To isolate the influence of PRP we control for the child's sex, age at entry, race, year of entry, reasons for removal, presence of siblings in the system, the type of placement, number of moves, and the number of children entering foster care in each county, each year (per 1,000 children).

Whether PRP was operating during a child's stay in out-of-home care is of central interest to the study since it is

intended to measure the influence of PRP on permanency outcomes. We assign PRP status to a child on the day of implementation of PRP in the county with court jurisdiction over the child’s case. This means that all cases of children entering care in a PRP county are coded as being subject to the PRP from their first day in care. For cases in which a child was removed from home and subject of a dependency petition in a county that had not yet implemented PRP, but later had PRP implemented while the child was still in care, the child becomes a PRP case on the day of implementation. This way of measuring PRP is most consistent with how the program is implemented.

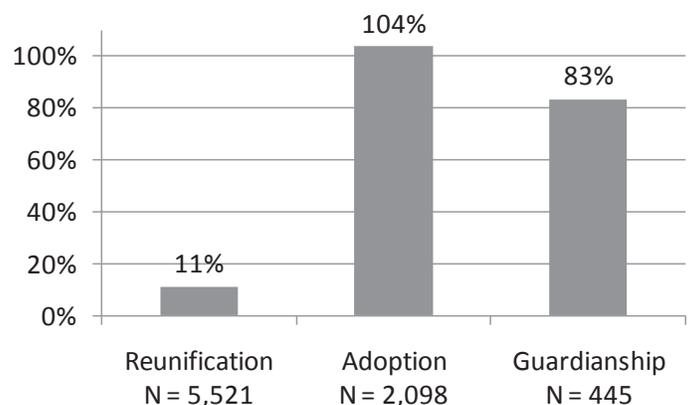
## Findings

Since our interest in this study is on the relationship between the timing of permanency exits and the presence of the PRP, we focus our discussion here on the interpretation of the effects associated with our measure of the presence of the PRP in a county during a child’s time in out-of-home care. Figure 1 shows the subhazard ratios (SHR) for PRP. The SHR can be interpreted in the following manner. A SHR close to 1 means that a variable has no effect on the timing of the exit in question, whereas a value greater than 1 means that the variable increases that rate of exit and a value less than one means that the variable decreases that rate of exit. Appendix C shows the full results of the competing risks event history model predicting the timing of family reunification, adoption, and guardianship as well as descriptive statistics pertaining to the covariates used as statistical controls.

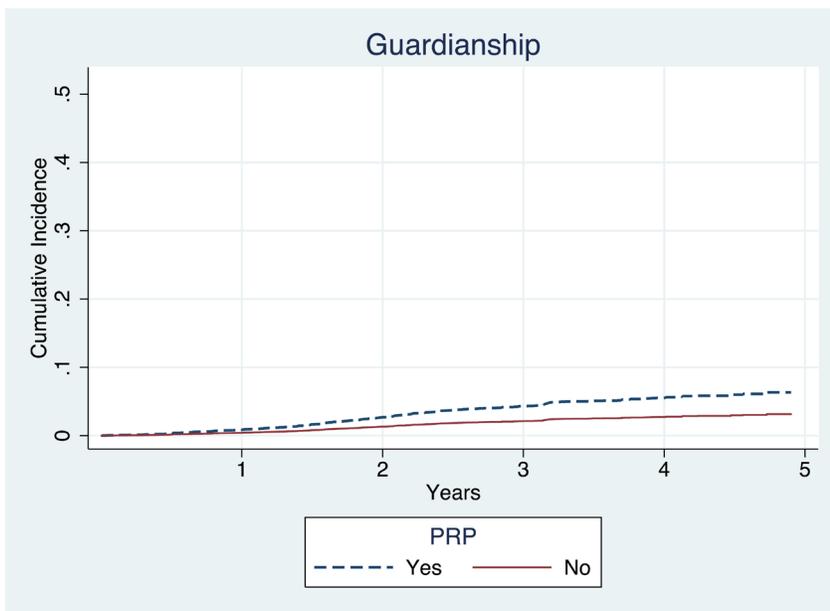
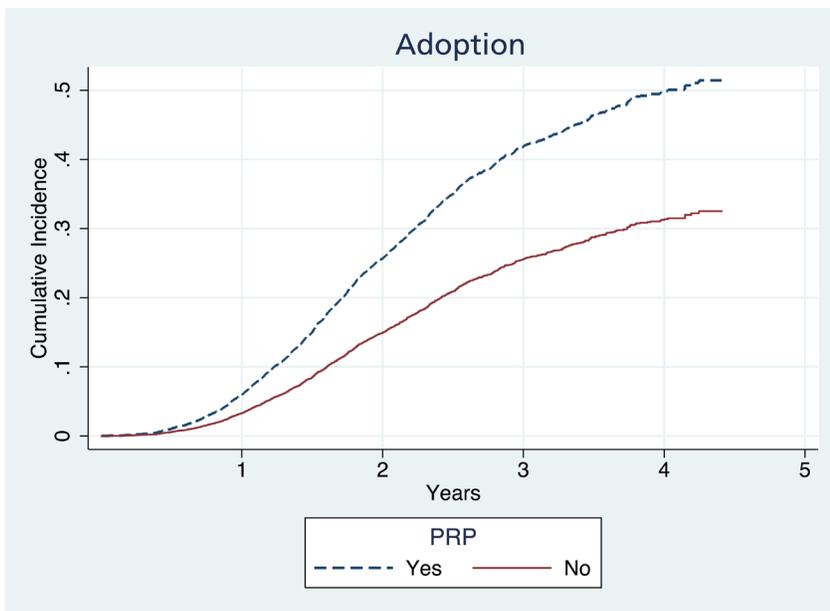
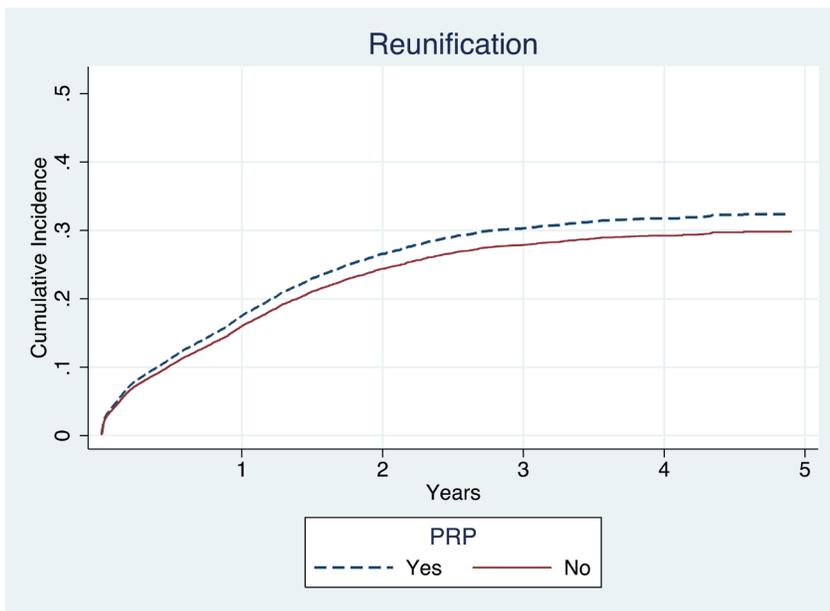
Figure 1 shows that, all else being equal, the exit rate to reunification is 11% higher when a child is living in a county where PRP is in operation than when a child lives in a county where PRP is not in operation, a difference that is marginally statistically significant at  $p < .05$  ( $p \approx .051$ ). The positive association between the PRP and permanency is even stronger for the outcomes of adoption and guardianship; in counties where the PRP is present the rate at which children are adopted is 83% higher, and the rate at which child children enter guardianships is 102% higher. Although PRP’s impact is greater on adoption and guardianship than on reunification, the decrease in time to reunification affects more children because reunification is the most common outcome for children. Of children achieving permanency during the study period 68% reunified, 26% were adopted, and 6% exited to guardianship. Additionally, reunifications generally happen much more quickly than adoptions or guardianships, so there is less room to decrease days in care. For example, the median length of stay for children exiting to reunification in the 2001 cohort (prior to expansion of PRP) was 244 days, compared to 704 days for guardianship, and 902 days for adoption.

Figures 2 through 4 provide a visual illustration of how the presence of PRP in a county might be expected to influence the speed at which children achieve permanency. It shows the estimated cumulative likelihood of exit to each form of permanency for a specific type of case (here, white females, aged 5 to 8 at entry, removed for neglect, with no siblings in the system, with the average number of moves, entering into care in 2004 in a county with the average flow of children into the system). For different types of cases we would see the same general pattern, but the percent of children eventually exiting to each type of permanency would be different. For example, younger children are more likely to exit to adoption than older children and youth, thus rates of reunification and guardianship would be higher for older children and rates for adoption would be lower. Under the assumption that PRP influences the timing of exits equally for all subgroups of children, the figures give a good sense of the overall impact of the PRP on the cumulative likelihood of each exit. Figures 2 through 4 show that PRP increases the speed to all types of permanency, indicating that it reduces the number of children staying in care for long periods of time. PRP increases the speed at which children reunify, and for those children who cannot be reunified, PRP speeds their permanency to adoption or guardianship. We estimate that if PRP had existed statewide in 2001, the 2001 cohort of children in care would have achieved reunification about a month sooner, and children who could not be reunified would achieve other permanency outcomes about a year sooner.

Figure 1. Percent increase in the speed of reunification, guardianship, and adoption associated with PRP implementation



Note: N is the number of children experiencing each exit type during the study period. The percentage increase shows how much more quickly each type of exit occurred.



Figures 2 – 4 represent the cumulative incidence of exit to each type of permanency for court-involved white females, aged 5 to 8 at entry, removed for neglect, with no siblings in the systems, with the mean number of moves, entering into care in 2004 in a county with the mean flow of children into the system. For different types of cases we would see the same general pattern, but the percent of children eventually exiting to each type of permanency would be different (e.g. reunification and guardianship would be higher for older children whereas adoption would be lower). Under the assumption that PRP influences the timing of exits equally for all subgroups of children, the figures show that PRP increases the speed to all types of permanency, indicating that it reduces the number of children staying in care for long periods of time.

## Limitations

It is important to keep in mind several limitations of this study in interpreting study findings and their implications for child welfare policy and practice. First, our study compares a particular form of enhanced parental representation to “representation as usual” in a single state with a state-administered human services system. Given the lack of available research on the availability and quality of parental representation around the U.S., it is difficult to know whether providing the kind of parental representation and social work support afforded by the PRP would be associated with the same increases in permanency exits observed here. Second, our study does not allow us to “unpack” the PRP to better understand which aspects of the program contribute to the impacts we observe. For example, does the program influence permanency solely through legal representation, solely through social work support of attorneys and parents, or through both? Third, we draw conclusions about the impact of the PRP based on the observed association between the presence or absence of the program in a county and the rate of children’s exits from care, but this association does not necessarily imply causation. For example, the observed relationship between the PRP and the rates of exits to permanency could be the result of other changes in child welfare or court practice that occurred at the same time as PRP implementation. It could also result from changes in the characteristics of the children and families served by counties such that PRP implementation coincides with a change in case mix favoring cases that are easier to move to permanency.

## Conclusion

In spite of these study limitations, we believe that the findings of our evaluation of the impact of enhanced parental legal representation on the timing of permanency outcomes for children in foster care should be taken seriously by policymakers interested in improving the prospects of legal permanency for children who become dependents of juvenile courts. Based on these findings we recommend that Washington extend PRP to all counties. While there are no reliable data on the availability and quality of parents’ counsel in dependency proceedings around the country, anecdotal evidence suggests that the poorly resourced situation that existed in Washington prior to the development of the PRP was not unusual. Jurisdictions with poor parental representation that wish to address that deficiency in their dependency court process, while potentially shortening the time children spend in foster care and the costs associated with additional days

in care, should consider implementing something akin to the PRP. Moreover, while our study cannot identify which aspects of the PRP might be responsible for the observed impact on exit rates, the PRP is a fairly straightforward intervention without lots of moving parts that could be readily replicated in other jurisdictions. Lastly, while we acknowledge that our evaluation design is not experimental in nature, we believe that our ability to take advantage of discontinuities in county-level court practices over a several-year period, owing to the staggered implementation of the PRP, provides a very strong quasi-experimental test of the PRP. Our analysis of child welfare and court data in Washington and our conversations with child welfare system and court personnel in the state did not uncover any evidence that the timing of PRP implementation in counties coincided with other changes at the county level in child welfare practice, court practice, or the characteristics of children and families served.

The findings of the evaluation of the PRP call for more research on parental representation. Jurisdictions should develop programs such as the PRP and other approaches to parental representation and rigorously evaluate their impact. Future evaluation research should seek to better understand which aspects of parental representation efforts influence permanency outcomes for children. Qualitative research that explores the inner workings of parental representation will be helpful in this regard.

If the results of the PRP evaluation are taken at face value they are very impressive indeed and provide support for the arguments of advocates for adequate parental representation in the dependency court process. We find that enhanced parental representation is associated with an increase in the rate of family reunification. This finding might not be considered surprising since most parents involved in dependency proceedings want their children back and the availability of adequate counsel might improve parents’ ability to prevail in court. However, the finding that enhanced parental representation nearly doubled the speed to adoption and doubled the speed to legal guardianship is striking. It calls into question the concerns expressed by some social workers and state’s attorneys about parents’ attorneys delaying the process of moving from a case goal of family reunification to adoption or guardianship. Our findings suggest that, far from serving as an obstacle to adoption and guardianship, the availability of adequate legal counsel might facilitate a parent’s acceptance of the need to find another permanent home for their child if the parent and child cannot reunify.

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## Recommended Citation

Courtney, M.E., & Hook, J.L. (2011). *Evaluation of the Impact of Enhanced Parental Legal Representation on the Timing of Permanency Outcomes for Children in Foster Care*. Seattle: Partners for Our Children at the University of Washington.

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## Appendix A. Implementation Dates

County	Start Date
Benton	Jan-00
Franklin	Jan-00
Pierce	Jan-00
Cowlitz	Sep-05
Grays Harbor	Nov-05
Ferry	Dec-05
Stevens	Dec-05
Pend Oreille	Dec-05
Kittitas	Dec-05
Pacific	Dec-05
Skagit	Dec-05
Yakima	Dec-05
Grant	Jan-06
Kitsap	Aug-06
Spokane	Nov-06
Clallam	Dec-06
Wahkiakum	Aug-07
Snohomish	Sep-07
Thurston	Oct-07
Chelan	Nov-07
Clark	Nov-07
Klickitat	Nov-07
Mason	Nov-07
Skamania	Nov-07
Jefferson	Dec-07

## Appendix B. The PRP Today

This study covers the period of the program from 2004 through the end of 2008. We have described the program as it existed during that period; however, since 2009 the program has continued to evolve and mature, in particular the development of additional oversight and more specific expectations of social workers. The program standards were formalized in July 2008. One key goal is to maintain attorney caseloads at less than 80. The PRP is managed by three experienced attorneys and a social services manager, who provide training, support and consultation and oversee compliance with contracts. Current program manuals, including attorney and social worker standards are available at the PRP website: [www.opd.wa.gov/PRP-home.htm](http://www.opd.wa.gov/PRP-home.htm). The program currently exists in 25 of 39 counties in Washington.

## Appendix C. Research Methods and Results

We describe here the research methods used to assess the relationship between implementation of the PRP and the timing of permanency outcomes for children entering out-of-home care and becoming dependents of juvenile courts in Washington. Our analyses address the following research question: *Is the presence of the PRP associated with a change in the timing of children's transitions to permanency through reunification with their family, adoption, or legal guardianship.* To answer this question, we followed 12,104 children who entered care for the first time in 2004 to 2007 through the end of 2008 to see whether they experienced one of the study outcomes. This period coincides with the implementation of PRP. Data come from the Case and Management Information System (CAMIS) provided by the Department of Social and Health Services (DSHS) and from the Administrator of the Courts (AOC).

In event history models for competing risks, we examine the relationships between the characteristics of children and the child welfare system, and the processes of family reunification, adoption, and guardianship. Since the PRP only gets involved with families after a dependency petition is filed in a case, our analysis includes only cases with dependency petitions. We use competing risks models (Fine and Gray 1999), regressing on the subdistribution of the hazard (cumulative incidence function; CIF). The CIF is the probability of failing from a specific event by a certain time. It depends on both the number of people who have experienced a specific event and the number of people who have not experienced any other competing event. The sum of the CIFs provides the overall distribution function (the CIFs sum to 1 - the Kaplan-Meier estimate of survival for failures of any kind). The partial likelihood is calculated similar to Cox proportional hazards models except, 1) the risk set includes those who have not yet experienced an event and those who experienced a competing event. Thus persons who fail from other causes remain in risk set. However, 2) individuals in the risk set who experienced a competing event are weighted. Those who have yet to experience an event are weighted to 1, whereas those who experienced a competing event are weighted to less than or equal to 1. The further away from  $t$  the competing event occurred, the smaller the weight.

We choose this over Cox's semi-parametric proportional hazards model (regressing on the cause-specific hazard) because the Cox model assumes independence of events. The Kaplan-Meier estimator (KM) showing the survival curve overestimates the prevalence of the event because it assumes individuals experiencing other events are censored and could later experience the event of interest. The models we estimate produce subhazard ratios (SHR) instead of hazard ratios (HR); they are interpreted similarly (Fine and Gray, 1999; Pintilie, 2006).

Fixed covariates in our models include the child's sex, age at entry, race, year of entry, reasons for removal, and presence of siblings in the system. Time-varying covariates include the type of placement, number of moves, and the flow of children into the system per thousand (measured in each county, each year), and whether the PRP was operating in the county during a child's out-of-home placement. Because children's outcomes in a county may be correlated (i.e., children share the same court), we use a statistical procedure that corrects for this correlation by adjusting standard errors used for calculating tests of statistical significance (clustering errors .on county)

The time varying covariate that captures PRP operation during a child's stay in out-of-home care is of central interest to the study since it is intended to measure the influence of PRP on permanency outcomes. We operationalized this variable in several ways during the course of our analyses. Conversations with the Director of the Office of Public Defense made us aware of details of the PRP and its implementation that informed our thinking in this regard. PRP is considered to be up and running on the first day of implementation, however, as is the case with many new interventions in complex public systems, upon implementation of the program an initial period of uncertainty and anxiety is experienced by some parties involved, meaning that it can take some time for things to flow smoothly. Thus, PRP program managers told us they believe that, at least in some counties, the program may not be in "full swing" for about nine months to one year. Therefore, in order to take into account the possibility that there is a real lag in the effect of PRP on case outcomes, we estimated predictive models with PRP treated as having been fully implemented on the first date of implementation and also conducted sensitivity analyses with PRP treated as being implemented nine months after the first date of implementation. We found that the effect of PRP is clearer if we measure from the implementation date. Lagging by nine months appears to dilute observed effects of the program since it ends up mixing cases with recent PRP coverage and cases with no PRP coverage into a comparison group.

In our final model, we assign PRP status to a child on the day of implementation of PRP in the county with court jurisdiction over the child's case. This means that all cases of children entering care in a PRP county are coded as being subject to the PRP from their first day in care. For cases in which a child was removed from home and subject of a dependency petition in a county that had not yet implemented PRP, but later had PRP implemented while the child was still in care, we split one line of data into two, creating a time-varying covariate for PRP. The portion of the case prior to implementation is coded to "0" representing no PRP and the portion after implementation is coded to "1" representing PRP. This way of

measuring PRP is most consistent with how the program is implemented. All cases in the county fall under the PRP umbrella from day one. For the purpose of analyzing the sensitivity of our findings to different ways of measuring PRP implementation, we also tried measuring the PRP as having an impact on new cases only. Again, however, this has the problem of mixing older cases now receiving PRP with cases not receiving PRP, diluting any discernable program effect.

OPD marks 2006 as the year the program went to scale (i.e., began to exist as it currently does). We have a rela-

tively short observation window, particularly for counties that implemented in 2007, because we can only follow outcomes through the end of 2008. Many cases are likely to remain open at this time and thus be censored in our event history models, particularly when we lag implementation by nine months. Nevertheless, we find that the effect of PRP is observable even in counties with recent implementation. Pierce County is unlike the other counties because the PRP does not receive all cases; some cases are assigned to defense attorneys assigned at the county level. We therefore omitted Pierce County from our analysis.

Table C1. Children's competing risks of permanency exits

	% or mean (b)	Reunification		Adoption (a)		Guardianship	
		SHR	SE	SHR	SE	SHR	SE
Female	49.8%	1.02	.04	1.09	.03 **	.92	.10
Age (ref: 5-8)							
Infant	31.8%	.69	.04 ***	3.44	.30 ***	.29	.05 ***
1-4	29.1%	.92	.03 **	1.78	.17 ***	.59	.11 **
9-12	11.7%	.96	.05	.52	.05 ***	1.81	.38 **
13-15	7.6%	1.03	.05	.13	.03 ***	2.05	.42 ***
16+	2.2%	.90	.10	.15	.14 *	.53	.29
Race/Ethnicity (ref: White)							
Native Am.	5.7%	1.01	.06	.47	.06 ***	1.62	.34 *
Asian/Pacific	1.5%	1.22	.17	.76	.13	.78	.36
African-Am, non-Hisp	10.4%	.81	.06 **	.72	.19	.70	.13
Hispanic	16.7%	.98	.04	.68	.07 ***	.54	.11 **
Other	5.4%	.95	.08	.80	.11	.90	.22
Unknown	1.1%	1.84	.14 ***	1.31	.36	0.00	0.00 ***
Removal Reason							
Sexual abuse	4.2%	.90	.08	.61	.12 *	1.48	.49
Physical abuse	14.0%	1.28	.09 ***	.72	.08 **	1.10	.15
Neglect	74.2%	.90	.04 *	.93	.08	.96	.12
Parent alcohol	9.3%	.98	.07	.97	.10	1.04	.20
Parent drug	38.4%	.94	.05	.90	.09	1.01	.12
Child alcohol	0.5%	1.01	.13	1.19	.26	.39	.39
Child drug	1.4%	.89	.13	.94	.16	1.05	.33
Child disability	0.4%	.33	.15 *	2.21	.71 *	1.70	.66
Child behavior	2.0%	.96	.12	.40	.23	.92	.38
Death	0.4%	.74	.21	2.51	.92 *	.74	.72
Parent jail	6.7%	1.06	.06	.81	.08 *	.83	.22
Parent disability	9.8%	.82	.05 **	.96	.09	1.51	.34
Abandonment	3.8%	.67	.07 ***	1.62	.18 ***	1.77	.45 *
Housing	3.7%	.86	.08	1.01	.17	.74	.31

Table C1. Children's competing risks of permanency exits (continued)

	% or mean (b)	Reunification			Adoption (a)			Guardianship		
		SHR	SE	p	SHR	SE	p	SHR	SE	p
Sibling in system										
Not placed same day	18.4%	.82	.04	***	1.05	.06		.85	.13	
Placed same day	49.8%	1.09	.03	**	.71	.04	***	.77	.10	*
Placement type (TV):										
Adoptive home	2.4%	.01	.01	***	2.57	.57	***	0.00	0.00	***
Congregate care	7.0%	1.76	.42	*	.08	.08	**	0.00	0.00	***
Crisis Residential	4.8%	4.83	1.27	***	0.00	0.00	***	1.67	1.01	
Detention center	1.9%	3.66	1.56	**	0.00	0.00	***	0.00	0.00	***
Independent Living	0.2%	0.00	0.00	***	0.00	0.00	***	0.00	0.00	***
Licensed Relative	2.8%	.46	.09	***	.99	.18		3.63	1.15	***
Other	13.9%	1.11	.09		.62	.12	*	3.96	.95	***
Respite	6.5%	2.69	.79	***	1.49	.29	*	4.82	1.88	***
Unlicensed Relative	52.4%	1.02	.06		.43	.05	***	3.17	.48	***
Runaway	3.0%	3.74	1.03	***	0.00	0.00	***	.46	.49	
# moves (TV)	2.0	.80	.02	***	.91	.01	***	.91	.03	*
Flow/per 1000 (TV)	5.8	1.05	.02	**	.96	.03		.93	.04	
Year 2005	25.8%	.92	.06		.67	.08	***	.91	.17	
2006	25.4%	.95	.06		.44	.06	***	.46	.11	***
2007	25.5%	1.00	.07		.21	.04	***	.29	.11	***
PRP at event (TV)	49.1%	1.10	.06	*	1.84	.34	***	2.05	.43	***
PRP at event (TV)		B	SE	p	B	SE	p	B	SE	p
		.100	.050	.051	.610	.180	.001	.720	.210	.001
BIC (null model)		99110.58			35772.38			7990.44		
BIC (full model)		97659.21			33725.47			7923.63		
No. of obs		37,224			23,176			37,224		
No. of subjects		12,014			9,478			12,014		
No. failed		5,521			2,098			445		
No. competing		2,545			3,542			7,621		
No. censored		3,948			3,838			3,948		

Notes: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ; SHR = subhazard ratio; SE = standard error. The reference category is male (50.2%), age 5 to 8 (17.6%), white (59.4%), with no sibling in the child welfare system (31.8%), living in a family foster home (72.5% of children ever experience this placement type), entering care in 2004 (23.3%). (a) Children enter risk of adoption 6 months after placement. (b) Percentages for placement refer to the percent of children ever experiencing this type of placement.