

**Profiles of the Title IV-E
Child Welfare Waiver
Demonstration Projects**

**Volume II: Demonstrations Active as of
Federal Fiscal Year 2014**

Prepared For:
**Children's Bureau
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NOTE: Information contained in the following profiles of Child Welfare Waiver Demonstration Projects has been abstracted from information submitted by the States as of July 2014. All findings reported here should be considered preliminary unless otherwise noted. No additional review of data has been conducted to validate the accuracy of the evaluation findings reported in these profiles. More details regarding the demonstration projects are available in the States' respective progress and evaluation reports.

ARKANSAS

DEMONSTRATION FOCUS:	Enhanced Assessment, Family Engagement, and Differential Response
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	July 31, 2013
EXPECTED COMPLETION DATE:	July 30, 2018
INTERIM EVALUATION REPORT EXPECTED:	March 30, 2016
FINAL EVALUATION REPORT EXPECTED:	January 30, 2019

TARGET POPULATION

The Arkansas waiver demonstration targets all children referred to child welfare services due to a maltreatment allegation or who are already receiving services during the term of the demonstration regardless of their removal status, placement setting, services provided, or eligibility for public assistance. Although the broader target population is inclusive of all client types statewide, specific interventions will concentrate on precise groups of children and families dependent upon their characteristics and needs.

JURISDICTION

The Arkansas demonstration will be implemented statewide; however, specific interventions will be rolled out in phased implementation stages across selected counties or service areas.

INTERVENTION

Under its demonstration Arkansas is adopting, expanding, or developing and implementing the following programs, services, and practices:

- Differential Response (DR) was implemented within the State prior to the waiver demonstration; however, under the demonstration Arkansas has expanded its DR program statewide as of August 2013. The State's DR initiative targets low-risk child maltreatment referrals with the aim of diverting families from the formal investigative track to community supports and resources that build on their strengths and meet their needs. The services and supports provided to eligible families include referrals to food banks, affordable housing, utility assistance, counseling, parenting classes, clothing, transportation, assistance with inpatient mental health service referrals, and assistance with applications for the Supplemental Nutrition Assistance Program. The State is using

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the Family Advocacy and Support Tool (FAST) in association with DR to assess families' needs.

- Child and Adolescent Needs and Strengths (CANS), an evidence-based functional assessment, will be implemented to measure improvements in children's functioning across several domains; including behavioral and emotional functioning, social functioning, cognitive and academic progress, physical health and development, and mental health. Arkansas's statewide CANS implementation plan is being developed in collaboration with the CANS developer. Initial implementation will occur in Fulton, Izard, Lonoke, Miller, Pulaski, and Saline Counties.
- Nurturing Parenting Program (NPP), an evidence-based parenting education program, will be implemented to enhance the parenting knowledge, skills, and practices of caregivers involved in the State's child welfare system. The CANS will be used to identify the highest priority needs of families and will serve as the basis for referral to NPP. NPP will be implemented statewide and will be primarily provided through contract.
- Permanency Round Table (PRT) practices are being expanded to include individualized permanency plans for each participating youth and are focused on identifying innovative yet realistic solutions to permanency obstacles. PRTs were previously conducted in Arkansas between 2010 and 2011 for foster children who had been in care for 36 months or longer. Based on the success of initial implementation efforts, Arkansas is expanding the use of PRTs under the waiver demonstration. The priority population for this initiative includes children over the age of eleven; children who have been in care for 18 months or longer; and children and youth with behavioral and emotional issues.
- Targeted Foster Family Recruitment will increase the number of foster homes in the State and assist caseworkers in making appropriate placement decisions for children in foster care. Arkansas will implement the Family to Family model of targeted recruitment in only those service areas within which Arkansas' concurrent Diligent Recruitment program is not being implemented. The specific approach for implementation in each service area has not yet been determined.
- Team Decision Making (TDM), a family team meeting model developed by the Annie E. Casey Foundation, will be implemented and will allow caregivers and children to serve more active roles in case planning and the decision making process. TDM will initially be implemented in Columbia, Conway, Craighead, Faulkner, Lafayette, Lawrence, Miller, Pulaski, Randolph, Saline, and Union Counties.

EVALUATION DESIGN

Arkansas's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison design for each of the six selected demonstration interventions. Every six months, children and families enrolled in each demonstration intervention (experimental group) will be identified and matched with comparison

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cases drawn from a two-year window ending one year prior to the initial implementation of the intervention (comparison group). Propensity score matching will be used to select the comparison groups using a variety of factors including child and parent demographic characteristics, prior involvement with the agency, type of involvement with the agency, and intervention specific criteria. The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented, how demonstration services differ from services available prior to implementation, and the degree to which demonstration interventions are implemented with fidelity. The State's outcome evaluation will assess differences between the experimental and matched comparison groups for each individual intervention to determine the extent to which intervention specific outcomes were achieved and the extent to which:

- The number and percentage of children entering out-of-home care is reduced;
- Stability is increased for children in foster care; and
- Permanency is expedited for children in foster care.

The State's evaluation of NPP and Targeted Recruitment will also address changes in well-being outcomes (e.g., behavioral, social, and emotional functioning) for children.

Arkansas's evaluation will utilize data from multiple sources including the State's automated child welfare system (e.g., CHRIS), case reviews, document reviews, interviews, and client surveys.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Arkansas's waiver demonstration.

CALIFORNIA

DEMONSTRATION FOCUS:	Flexible Funding
APPROVAL DATE:	March 31, 2006
IMPLEMENTATION DATE:	July 1, 2007
EXPECTED COMPLETION DATE:	September 30, 2014 ¹
INTERIM EVALUATION REPORT DATE:	March 30, 2010
FINAL EVALUATION REPORT DATE:	December 12, 2012

TARGET POPULATION

California's demonstration targets children ages 0–19 currently in out-of-home placement or who are at risk of entering or re-entering foster care, regardless of title IV-E eligibility.

JURISDICTION

The State's demonstration is being implemented in Alameda and Los Angeles (L.A.) Counties.

INTERVENTION

Under its flexible funding demonstration (referred to as the Capped Allocation Project or CAP) California receives a capped amount of title IV-E funds that it distributes in annual allocations to Alameda and L.A. Counties, which then utilize their allocations to expand and strengthen child welfare practices, programs, and system improvements.

Alameda County: Alameda County's Department of Children and Family Services (ACDCFS) and the Alameda County Probation Department (ACPD) are redirecting financial resources from congregate group home care to family-based resource homes and community-based services that directly engage children and families in medical, mental health, education, and social and self-sufficiency supports to achieve higher levels of safety, permanency, and well-being.

L.A. County: L.A. County Department of Children and Family Services (LACDCFS) seeks to enhance community partnerships, improve service delivery, and create new accountability structures through the use of community-based prevention programs; the expansion of Family Team Decision Making Conferences; creation of specialized permanency units focused on

¹ California's five-year waiver demonstration was originally scheduled to end on June 30, 2012; the State has since received three consecutive short-term extensions from the Children's Bureau, with the most recent until September 30, 2014.

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family finding and engagement; and up-front assessments of cases at high risk for domestic violence, substance abuse, and mental health issues. In addition, the L.A. County Probation Department (LACPD) is enhancing cross-system case assessment and case planning; expanding the use of Multi-Systemic Therapy and Functional Family Therapy; restructuring placement services; and increasing the utilization of aftercare support services.

EVALUATION DESIGN

California completed the evaluation of the first five years of the CAP and submitted a final evaluation report in December 2012. The evaluation involved an interrupted time series design that analyzed historical changes in key child welfare outcomes. Using this method, the State observed patterns and tracked changes in child welfare outcomes during the CAP's implementation. To measure longitudinal changes in outcomes the State established a baseline for each outcome prior to the start of the demonstration and reported progress on each outcome at selected time intervals. A summary of major findings from the State's final evaluation report is provided below.

PROCESS AND OUTCOME EVALUATION FINDINGS

Process Evaluation: Key informant interviews, focus groups, and surveys were the primary sources of information for the process evaluation. Findings include the following:

- *Impact on Service Quantity and Diversity*: Over the five-year period of the CAP, ACDCFS funded a total of 37 initiatives, with outside contracting serving as the primary vehicle for increasing the variety and scope of waiver-funded initiatives. LACDCFS employed a careful and deliberative approach to service expansion and funded 12 initiatives. ACPD funded 10 initiatives and although the array of services available to probation youth did not change substantially, existing residential programs changed to some degree, for example, by decreasing in duration but becoming more intensive in an effort to accommodate ACPD's mandate to reduce time in out-of-home care. Lastly, LACPD funded five initiatives within its Placement Services Bureau, which is housed within LACPD's Juvenile Special Services Division and provides case management and other services to minors with placement orders.
- *Impact on Child Welfare Practice*: The CAP assisted front-end decision making in ACDCFS by providing a consistent funding stream that allowed for sufficient numbers of child welfare workers and supervisors. According to survey and focus group respondents, adequate staffing meant that child welfare workers could be more deliberative in their case decision making while supervisors could provide better case oversight and review. Through Family Finding and other engagement strategies and in collaboration with internal and external resources, workers were able to forge durable connections with LACDCFS's most disconnected and longest-waiting youth in three regional offices. In 2009, ACPD blended its Intake and Investigation units and now a single officer performs both intake and investigative functions. Case management practices also shifted within LACPD; specifically, staff and supervisors reported an increased focus on case planning beginning from the point of detention; consideration of the impact and availability of supports from family members, friends, and

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the community; and more focus on youth outcomes rather than on the case management process.

- *Impact on Inter-Organizational Communication and Coordination:* Survey and focus group respondents from ACDCFS reported that cooperation and partnerships with other departments and community-based organizations increased under the CAP. Relationships with ACPD improved significantly, and there were increased efforts to address the needs of dually involved (child welfare and probation) youth. Respondents also reported that the relationship between LACPD and the L.A. County Juvenile Dependency Court improved. Whereas initially the courts were cautious of the changes brought by the demonstration, respondents felt that judges eventually became supportive and essential to the CAP's implementation.
- *Cross-Cutting Contextual Factors:* Contextual issues affecting the CAP that were reported by personnel in all four county departments included significant State budget cuts; court-ordered increases in group home and foster home reimbursement rates; and the Federal government's disallowance of the State's request to increase its capped allocation of title IV-E funds in response to this rate increase. These developments reduced the amount of title IV-E dollars available for investment in additional child welfare programs and services and negatively impacted the departments' overall child welfare budgets.

Outcome Evaluation: Case-level data was drawn from the State's SACWIS and aggregated at the county level for a "pre-waiver" comparison period of 2002–2006 and a "post-waiver" implementation period of 2007–2011. In addition to exploring linear trends in key child welfare outcomes, the outcome evaluation included an assessment of whether national Child and Family Services Review (CFSR) standards were met in each county. Specifically, a county's annual performance on a given CFSR indicator was tracked during the CAP and compared with the county's annual performance during a pre-waiver comparison period. Summaries of major trends and CFSR performance in both counties are provided below.

Child Safety

- Following a small but steady increase during pre-waiver years, maltreatment allegation rates trended downward for ACDCFS during the CAP from 38.2 per 1,000 children in 2007 to 32.4 per 1,000 in 2011. Substantiation rates declined sharply from 5.3 per 1,000 children in 2007 to 2.6 per 1,000 in 2011; these rates had remained largely flat in pre-waiver years. Maltreatment allegations trended slightly upward for LADCFS during the CAP from 52.1 per 1,000 children in 2007 to about 55 per 1,000 in 2011. Similarly, substantiation rates trended upward from 10.9 per 1,000 in 2007 to 12.9 per 1,000 in 2011.

Placement Prevention

- A decrease in foster care entries began for ACDCFS prior to the start of the CAP (from 3.8 per 1,000 children in 2003 to 3.4 per 1,000 in 2006); however, this trend appeared to accelerate following CAP implementation by declining from 3.1 per 1,000 in 2007 to 1.8 per 1,000 in 2011. Foster care entries in L.A. County increased during the pre-waiver period

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from 3.4 per 1,000 children in 2002 to 4.2 per 1,000 in 2007, before dropping modestly under the CAP from 4.2 per 1,000 in 2008 to 4 per 1,000 in 2011.

- In general placement entries declined for both county Probation Departments. Specifically, entries into placement under ACPD jurisdiction declined from 234 youth in Fiscal Year (FY) 2002–03 to 106 youth in FY 2007–08 before increasing to 153 youth in FY 2009–10; however this number remained well below the number of entries from FY 2002–03. Placement entries under LACPD jurisdiction declined steadily from 2,052 in FY 2007–08 to 1,768 in FY 2010–11, continuing a downward trend begun in FY 2005–06 (pre CAP implementation).

Permanency

- Efforts to improve permanency outcomes were mixed in both counties; in general LACDCFS appears to have had moderate success with increasing exits to reunification, although this trend was established before implementation of the CAP. Specifically, the proportion of children exiting to reunification grew from 46.1 percent in FY 2002–03 to 63.1 percent in FY 2010–11. No clear trend in reunifications was evident for ACDCFS, with rates fluctuating between 41.9 and 43.8 percent in the five years prior to the CAP and between 42.2 and 39.2 percent following implementation of the CAP. Exits to guardianship increased markedly for ACDCFS from 3.3 percent of all exits in FY 2006–07 to 12.2 percent in FY 2010–11. No clear trend was evident in either county in adoption rates.
- Despite mixed permanency outcomes both ACDCFS and LACDCFS were successful in reducing their total foster care caseloads, although in both counties this downward trend had been established before the start of the CAP. ACDCFS reduced its total foster care caseload from 11.2 per 1,000 children in 2002 to 4.4 per 1,000 by 2011. LACDCFS's caseload gradually declined from 12.6 per 1,000 in 2002 before leveling off at 7.3 per 1,000 in 2010. These prevention and permanency statistics suggest that ACDCFS achieved lower caseloads primarily by reducing new foster care entries whereas LACDCFS accomplished its reductions through increased reunifications.
- Exits to reunification among youth under ACPD jurisdiction increased by 41 percent during the CAP, rising from 43.4 percent of all foster care exits in FY 2006–07 to 79.5 percent in FY 2010–11. No clear trend in exits to reunification was evident among youth under LACPD jurisdiction, with rates ranging from a high of 52.5 percent of all foster care exits in FY 2007–08 to a low of 43.1 percent in FY 2008–09; however, reunifications as a proportion of all foster care exits averaged 18 percent higher than in pre-waiver years.
- LACPD had marked success in reducing its overall out-of-home placement caseload, with its total placement population declining by 27 percent from 2,386 youth in January 2007 to 1,196 youth in July 2011. Foster care caseloads also declined for ACPD during the CAP years from 330 in July 2007 to 256 in July 2011, although these caseloads were in general no lower than those during the five years prior to CAP.

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Placement Appropriateness/Restrictiveness

- ACDCFS made noticeable progress in reducing the proportion of children placed in group home or shelter settings, with a decline from 13.7 percent in July 2007 to 8.2 percent in July 2011, compared with an average of around 13 percent in the five years prior to the CAP. The proportion of group home and shelter placements have been historically lower in L.A. County than in Alameda County, averaging around 5 percent of all LACDCFS placements between July 2007 and July 2011 compared with an average of around 6.5 percent in pre-CAP years.
- The use of group homes by ACPD declined steadily under the CAP from 60.6 percent of all placements in July 2007 to 35.6 percent in July 2011; however, this decrease was offset by an increase in the proportion of runaways, which saw a particularly large jump in July 2011 to 31 percent of all youth in ACPD custody. The proportion of “trial home placements” also increased between 2007 and 2011, with a particularly large jump in July 2011 to 20 percent of all placements. LACPD witnessed nearly the opposite trend in placements, with group home placements increasing from 54.6 percent of all placements under LACPD supervision in July 2007 to 76.7 percent in July 2011. During this same time frame runaways declined from 18.4 percent of all youth in placement in July 2007 to 7.9 percent, while “trial home placements” declined from 8.3 percent to 2.3 percent.

COST ANALYSIS FINDINGS

Data sources for the State’s cost study included allocation and expenditure information from the California Department of Social Services and from the individual counties. These data were in general aggregated at the departmental level and were not available at the case- or child-level. Costs noted below are divided into “assistance” expenditures (associated with the board and care costs of out-of-home placement) and “administration” expenditures (associated with staff, services, and programs).

CAP Expenditures

- ACDCFS claimed approximately \$56 million in expenditures for its CAP initiatives during the demonstration, with 77 percent going to external contracts, 22 percent spent internally on staff salaries and benefits, and 1 percent spent directly on children and families (e.g., time-limited discretionary purchases of goods and services). LACDCFS claimed approximately \$55 million in expenditures for CAP initiatives and investments, with 49 percent spent internally on staff, 45 percent spent externally on contracts, and 6 percent spent directly on children and families.
- Both county Probation Departments allocated much larger proportions of their capped allocations on internal staff hiring than on external contracts. Specifically, ACPD claimed approximately \$18 million in expenditures during the CAP, with 81 percent spent internally

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on staff, 18 percent spent on external contracts, and 1 percent spent directly on youth and families. LACPD claimed approximately \$20 million in expenditures for its CAP initiatives, with 92 percent spent internally on staff and 8 percent spent on external contracts.

Changes in Maintenance and Administration Expenditures

- Compared to the pre-waiver period, ACDCFS reduced foster care assistance expenditures while increasing administration expenditures during the CAP. The number of paid placement days and paid placement days categorized as “group home/residential” continued their decline, a change that corresponds with the decrease in group home placements reported in the Outcomes section above. Compared to pre-waivers years, LACDCFS reduced foster care assistance expenditures moderately while consistently increasing administration expenditures. The average daily cost of assistance did not change substantially under the CAP, while the average daily cost of administration rose in each of the CAP’s first four years.
- For ACPD, administration expenditures increased substantially under the CAP in comparison to pre-waiver years, although this was in part an artifact of changes in the way expenditures were captured in the county’s accounting systems. Although overall assistance expenditures increased, the number of paid placement days (and subsequently the number of group home/residential paid placement days) declined. Compared with pre-waiver years, LACPD’s administration expenditures increased, although this increase was also partially an artifact of changes in the county’s accounting systems. Assistance expenditures were mostly stable across both the pre-waiver and CAP periods. LACPD’s paid placement days were comprised almost entirely of group home/residential placements and remained relatively stable until decreasing in the fourth year. Given increased administration expenditures and the stability of the number of paid placement days, the average daily cost of administration rose over the course of the CAP.

Reinvestment Savings

- ACDCFS generated reinvestment savings primarily by reducing its use of assistance-related services and then purchasing administration-related services and staff. LACDCFS generated net reinvestment savings through a reduction in assistance expenditures; however, in the third and fourth years of the CAP administration expenditures were greater than assistance savings, thus resulting in no reinvestment savings in those years.
- On paper ACPD did not generate reinvestment savings due to the fiscal arrangement between the Department and ACDCFS. LACPD generated a small amount of reinvestment savings in the third year of the CAP. Although the ratio of administration to assistance expenditures increased in favor of administration expenditures during the CAP in comparison to the pre-waiver period, the absence of a decline in assistance expenditures made it difficult to generate net reinvestment savings.

PROPOSED EXTENSION

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The State is currently in negotiations to obtain an additional five-year extension of its waiver demonstration. The proposed extension—Title IV-E California Well-Being Project—will continue implementation in Alameda and L.A. Counties as well as 16 additional counties that have indicated an intent to participate. The target population for the extension will change to title IV-E eligible and non-title IV-E eligible children and youth ages 0 up to age 18 currently in out-of-home placement, or who are at risk of entering or re-entering foster care. All participating child welfare agencies will implement Safety Organized Practice to further enhance social work practice and the statewide core practice model. This model includes practice elements that span the continuum of care for child welfare and includes elements such as motivational interviewing, solution focused interviewing and counseling, and child specific interviewing and assessments. All participating probation departments will implement Wraparound for pre-placement youth to decrease their over reliance on out-of-home care.

WEB LINK

Information and reports for California’s demonstration are available online through the following link: <http://www.childsworld.ca.gov/PG1333.htm>

COLORADO

DEMONSTRATION FOCUS:	Enhanced Family Engagement, Assessment, Kinship Supports, and Trauma-Informed Services
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	July 31, 2013
EXPECTED COMPLETION DATE:	July 31, 2018
INTERIM EVALUATION REPORT EXPECTED:	March 31, 2016
FINAL EVALUATION REPORT EXPECTED:	January 31, 2019

TARGET POPULATION

The target population for Colorado's waiver demonstration includes all title IV-E-eligible and non-IV-E eligible children with screened-in reports of abuse or neglect, as well as those already receiving services through an open child welfare case, regardless of their custody status. Once fully implemented, Colorado estimates that it may serve approximately 100,000 cases through the various interventions that are expanded or introduced through the demonstration.

JURISDICTION

The State's demonstration will be implemented in up to 64 counties throughout Colorado; each participating county will implement some or all service interventions in varying stages during the demonstration time period. The State will expand the demonstration through a separate performance agreement.

INTERVENTION

Participating counties will use title IV-E funds flexibly to integrate systemic child welfare reform efforts currently underway in the State with innovative practices that increase family engagement and address the assessment and treatment of childhood trauma. The State has selected five primary service interventions for implementation statewide, which are briefly described below:

1. Family Engagement guidelines and processes will be introduced to child welfare case practice through a combination of training, coaching, and peer mentoring. This strategy will involve the establishment of a standardized Family Meeting model that includes caregivers and their families as key decision makers in the development of case and safety plans. The

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State will also modify non-safety certification regulations of relative foster family homes to facilitate the placement of children with relatives when out-of-home placement is necessary.

2. Permanency Roundtables conducted to develop a Permanency Action Plan for each child. This strategy will engage the child, their identified family and kin, caseworkers, supervisors, administrators, judges, guardians ad litem, and court-appointed special advocates to work together to expedite legal permanency.
3. Kinship Supports provided to potential and current kin placement resources for children in out-of-home care, including congregate care, as well as children at risk of entry or re-entry into out-of-home care. This strategy will identify and provide needed supports and resources for kin so that children can be cared for in a manner that preserves their cultural and familial connections.
4. Trauma-Informed Child Assessment Tools that are geared specifically towards children who have experienced trauma will supplement the State's existing assessment processes and instruments. The Southwest Michigan Children's Trauma Assessment Center's Screening Checklists will be utilized to assess the need to refer children/youth for a trauma-informed assessment. Two tools will be utilized for the trauma-informed assessment: The Trauma History section of the Mental Health Referral Tool in the National Child Traumatic Stress Network Child Welfare Trauma Training Toolkit and a second tool that is dependent on the age of the family member that is being assessed. The second assessment tool will be either the Trauma Symptom Checklist for Young Children, the Child Post Traumatic Stress Checklist (for older children and adolescents), or the PTSD Checklist (for adult caregivers or youth over 18).
5. Trauma-Focused Behavioral Health Treatments that have been shown to be effective with children who have experienced trauma will be used with increased frequency by Colorado counties and behavioral health organizations. Treatment interventions will be evaluated and selected by participating counties that best meet local needs. Examples of treatments that may be introduced or expanded include:
 - Child Parent Psychotherapy
 - Trauma Focused Parent Child Interaction Therapy
 - Trauma Focused Cognitive Behavioral Therapy
 - Alternatives for Families Cognitive Behavioral Therapy
 - Adolescent Dialectical Behavioral Therapy
 - Sensory integration and the Neurosequential Model of Therapeutics

EVALUATION DESIGN

Colorado's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison design and a time series analysis for the evaluation of its waiver demonstration. The matched case comparison will compare changes in outcomes for children receiving one or more interventions at the beginning or in the early phases

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of the demonstration with outcomes among similar children in counties that implement interventions during later phases of the demonstration. The time series analysis will examine longitudinal changes in key measures of child safety and permanency. The State's process and outcome evaluations will include an analysis of the effects of modified non-safety certification regulations for relative foster family homes on child safety outcomes. The State will also examine differences in outcomes between children placed in relative foster family homes and those placed in traditional foster family homes.

Process Evaluation

Colorado's process evaluation will examine how demonstration services differ from services available prior to implementation of the waiver demonstration at both the system level and the child/family level. It will also document the full range of state and county activities associated with the waiver, the related services and supports that children and families receive, differences among the counties in how the waiver is implemented, and the evolution of the waiver over time, including successes and challenges experienced throughout the implementation process. Data sources for the process evaluation include interviews, focus groups, surveys, document review, observation, and administrative data.

Outcome Evaluation

The matched case comparison component of the outcome evaluation will address the impact of specific waiver interventions on outcomes for targeted children, while the time series analysis will identify trends at the state and county levels in key child safety, permanency, and well-being outcomes. Specific outcomes to be addressed through the outcome evaluation include:

- Changes in caregiver knowledge and capacity;
- Child emotional/behavioral and social functioning;
- Out-of-home placement and re-entry rates;
- Placement with kin caregivers (licensed and unlicensed);
- New and repeat allegations of abuse;
- Length of stay in out-of-home placement;
- Frequency of changes in placement setting;
- Exits to permanency through reunification, guardianship, and adoption;
- Changes in the use of congregate care; and
- Changes in the use of psychotropic medications.

Cost Analysis

Colorado's cost analysis will involve two integrated sub-studies to illuminate cost impacts using system- and case-level data. At the system level (including both state and county levels), expenditure patterns in participating counties will be reviewed to determine whether they were influenced by the fiscal stimulus of the title IV-E waiver and associated waiver-funded interventions. This analysis will include an accounting of the costs of interventions offered through Colorado's waiver demonstration, and it will also track the use of different revenue sources. At the case level, cost data from the State's child welfare information system (Trails) will be used where possible to report on the types, amounts, and costs of interventions received by children and families designated to receive waiver-funded services compared to the types,

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amounts, and costs of services received by children and families prior to the start of the demonstration.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Colorado's waiver demonstration.

DISTRICT OF COLUMBIA

DEMONSTRATION TYPE:	Intensive In-Home Prevention, Family Preservation, and Post-Reunification Services; Expanded Service Array
APPROVAL DATE:	September 30, 2013
IMPLEMENTATION DATE:	April 25, 2014
EXPECTED COMPLETION DATE:	April 24, 2019
INTERIM EVALUATION REPORT EXPECTED:	December 26, 2016
FINAL EVALUATION REPORT EXPECTED:	October 24, 2019

TARGET POPULATION

The target population for the District of Columbia’s demonstration includes all title IV-E eligible and non-eligible children and families involved with the District of Columbia’s Child and Family Services Agency (CFSA) that are receiving in-home services; are placed in out-of-home care with a goal of reunification or guardianship; or include families who come to the attention of CFSA and are diverted from the formal child welfare investigation track to community-based services (Family Assessment). Priority access to demonstration services will be provided to children ages 0–6, mothers ages 17–25, and children who have been in out-of-home care for 6–12 months with the goal of reunification.

JURISDICTION

The District of Columbia’s demonstration is being implemented districtwide.

INTERVENTION

Under the title IV-E waiver, the District of Columbia is implementing two new evidence-based practices that include the following:

1. Homebuilders: Homebuilders is an intensive in-home crisis intervention, counseling, and life-skills education intervention for families with children at imminent risk of removal. The goals of Homebuilders are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent removal. The District’s priority target population for this intervention is families with children ages 0–6.

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2. Project Connect: Project Connect is an intensive in-home services intervention for child-welfare involved, high-risk families affected by parental substance abuse, mental health issues, and domestic violence. The program offers counseling, substance abuse monitoring, nursing, and referrals for other services in addition to parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is how the District is implementing the model under its demonstration. The District's priority target population for this intervention is families with children in out-of-home care for 6–12 months with the goal of reunification.

The District is also expanding eligibility for existing prevention programs to serve families receiving in-home services or who are involved with CFSA through Family Assessment. Programs being expanded under the demonstration include the following:

- Home Visiting: These programs offer family-focused services to address maternal and child health, positive parenting practices, safe home environments, and access to services. An interdisciplinary team of case managers, a registered nurse, and others, is responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs. Home visiting programs being expanded under the District's demonstration to also include those focused on father-child attachment.
- Parent and Adolescent Support Services (PASS): In collaboration with the District's Department of Human Services (DHS), CFSA is supporting expansion of the DHS PASS. PASS is a voluntary program open to families of District youth ages 10–17 who are committing status offenses including truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and/or juvenile justice intervention is needed.
- Parent Education and Support Project (PESP): PESP contracted providers offer a range of services to families to include home visits, assessment of the families' needs, parenting groups, and other programming to address concrete needs, such as literacy, job preparedness and others. Providers offer the services using evidence-based models, such as the Effective Black Parenting Program, the Nurturing Parenting Program, the Incredible Years curriculum and others.

EVALUATION DESIGN

The District of Columbia's evaluation includes process and outcome components, as well as a cost analysis. The process evaluation will include interim and final process analyses describing how the demonstration was implemented and how demonstration services differed from services available prior to the demonstration. The District's outcome evaluation consists of two approaches (1) a pre-test post-test study in which changes in key child welfare outcomes for children and families served under the demonstration are tracked and compared with established baselines and (2) a comparison group study through which key child welfare outcomes for

DISTRICT OF COLUMBIA

cohorts of youth and families who participate in the demonstration's programs will be compared to outcomes for a pre-demonstration comparison group. The pre-demonstration comparison group will be matched to the demonstration's Year 1 cohort on key demographic variables and the individual program's eligibility criteria and will exclude youth and families who previously received one of the programs the District is expanding under the demonstration (e.g., home visiting, PASS, PESP). The District's outcome evaluation will address the following outcomes:

Safety

- Decreased new reports of maltreatment
- Decreased re-reports of maltreatment

Permanency

- Decreased average number of months to achieve permanence
- Increased exits to a permanent home
- Decreased new entries into foster care
- Decreased re-entries into foster care

Well-being

- Improved family functioning
- Improved educational achievement
- Improved social and emotional functioning

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of the District of Columbia's waiver demonstration.

FLORIDA

DEMONSTRATION FOCUS:	Enhanced Service Array
APPROVAL DATE:	January 31, 2014
IMPLEMENTATION DATE:	October 1, 2013 ¹
EXPECTED COMPLETION DATE:	September 30, 2018
INTERIM EVALUATION REPORT DATE:	May 31, 2016
FINAL EVALUATION REPORT DATE:	March 31, 2019

TARGET POPULATION

Florida's demonstration targets (1) title IV-E-eligible and non-IV-E-eligible children ages 0–18 who are currently receiving in-home child welfare services or who were in out-of-home placement at the start of project implementation, and (2) all families entering the State's child welfare system with a report of alleged child maltreatment.

JURISDICTION

Florida is implementing its waiver demonstration statewide.

INTERVENTION

Florida's flexible funding demonstration includes the following components:

Contracts with Community-Based Lead Agencies:

The State's waiver supports a wide variety of community-based services and activities that promote child safety, prevent out-of-home placement, and expedite permanency. The State distributes its capped allocation title IV-E funds predominantly through contracts with private and non-profit Community-Based Care Lead Agencies throughout the State. The Lead Agencies are responsible for providing and coordinating services, programs, and supports paid for using waiver dollars and other funds in their respective service regions.

Improved Array of Community-Based Services: The State and its partnering Lead Agencies use title IV-E funds to expand the array of community-based child welfare services and programs

¹ Florida's five-year waiver demonstration was originally scheduled to end on December 31, 2012; the State received several short-term extensions thereafter and in January 2014 received an extension of an additional five years retroactively effective from October 1, 2013 through September 30, 2018.

FLORIDA

available in Florida. Examples of these interventions include intensive early intervention services; one-time payments for goods and services that help divert children from out-of-home placement (e.g., rental assistance and child care); innovative practices to promote permanency such as Family Finding; enhanced training for child welfare staff and supervisors; improved needs assessment practices; and long-term supports to prevent placement recidivism.

EVALUATION DESIGN

Florida's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a longitudinal research design that analyzes historical changes in key child welfare outcomes and expenditures. Changes will be analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward the achievement of the demonstration's primary goals. Evaluation cohorts will be defined and identified using data available in the State's Automated Child Welfare Information System SACWIS. To measure the historical progress of each evaluation cohort, the State will establish a baseline for each key outcome measure prior to the implementation of the demonstration and will track performance on each outcome measure at predetermined time intervals. The longitudinal research design will also incorporate the use of inferential statistical methods where appropriate to assess and control for factors that may be related to variations in observed outcomes.

In addition, the State may implement one or more sub-studies of specific waiver-funded interventions using alternative research designs that may include randomized controlled trials and matched case comparison groups. Cases enrolled in any sub-studies will maintain their assigned status for the full period of the demonstration.

Process Evaluation

Florida's process evaluation will include interim and final analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The process evaluation will also examine:

- The planning process for the demonstration;
- Organizational aspects of the demonstration, including staff structures, administrative structures, and funding;
- Characteristics of staff involved in providing waiver-funded services;
- The service delivery system;
- The role of the court system;
- Contextual factors, including social, economic, and political factors, which may affect implementation;
- Implementation fidelity; and
- Implementation barriers.

FLORIDA

Outcome Evaluation

Florida's outcome evaluation will address changes in the following outcome measures:

- Number and proportion of children exiting foster care within 12 months of removal from the home;
- Number and proportion of children re-entering foster care within 12 months of achieving permanency ;
- Rates of maltreatment as a proportion of the State's child population and/or as a proportion of the child population in each Lead Agency's service region;
- Number and proportion of children that experience maltreatment while receiving child welfare services;
- Number and proportion of children that experience maltreatment within a specified period of time following termination of services or supervision;
- Foster family recruitment and retention rates;
- Timeliness and consistency of medical and dental services for children;
- Number of children who graduate with a high school diploma or a GED;
- School attendance and stability;
- Proportion of children aged birth to three that receive developmental screens and early intervention services as needed;
- Proportion of children enrolled in quality early childhood programs;
- Proportion of children and families that receive and complete needed mental health or substance abuse treatment; and
- Parental protective factors and capacity.

Cost Analysis

Florida's cost analysis will compare the costs of services received by children and families designated to receive demonstration services and will compare these costs with those of services available prior to the start of the demonstration, or that were received by children and families that were not designated to receive demonstration services. The cost analysis will also include an examination of the use of key funding sources, including all relevant Federal sources (e.g., title IV-A, IV-B, IV-E, and XIX of the Act, State and local funds), to compare costs of services available through the demonstration with those services traditionally provided to children and their families. In addition, if suitable data are available, the cost analysis will assess the financial costs of the demonstration in relation to its effectiveness (i.e., cost per successful outcome). In addition, cost analysis will demonstrate cost neutrality apart from extenuating circumstances such as out-of-home care growth factors and any other cost variables outside of the Department's control.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings for the long-term extension of Florida's waiver demonstration are pending continued implementation. The Final Evaluation Report from Florida's previous waiver demonstration is available online through the following link:

<http://centerforchildwelfare2.fmhi.usf.edu/kb/LegislativeMandatedRpts/IV-EWaiverFinalReport3-28-12.pdf>.

HAWAII

DEMONSTRATION TYPE:	Enhanced Crisis Response System, Intensive Home-Based Services, Services to Expedite Permanency.
APPROVAL DATE:	September 30, 2013
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

Target Population

The target populations for Hawaii's demonstration include:

- Short Stayers: Children who come to the attention of Child Welfare Services (CWS) through a hospital referral or police protective custody and who are likely to be placed into foster care for fewer than 30 days.
- Long Stayers: Title IV-E eligible and non-IV-E eligible children who have been in foster care for 9 months or longer.

JURISDICTION

The demonstration will be implemented on the islands of O'ahu and Hawai'i (Big Island), beginning with initial implementation in Year One on the island of O'ahu. Upon consultation and approval of the Department, the State may choose to expand the project to the non-demonstration sites of Maui and Kauai.

INTERVENTION

Hawaii's demonstration will include the following programs, services, and practices for the State's two target populations:

HAWAII

Primary Interventions for Short Stayers:

- *Crisis Response Team (CRT)*: The CRT will be staffed by trained social workers who will be available 24 hours a day, seven days a week to respond in-person within 1–2 hours to hospital referrals and police protective custody cases referred to the CWS Hotline. The CRT will assess the family’s safety/risk factors using the Child Safety Assessment and depending on the results of the assessment will either refer the family to Hawaii’s new Intensive Home-based Services (IHBS) program (if a safety factor has been identified and family is willing to do an in-home safety plan); the State’s Differential Response Services (if no safety issues are identified and the family’s risk level is moderate to low); or will proceed with removal of the child and assign the case to a traditional child welfare assessment worker (if a safety issue is identified and the family is unwilling or unable to implement an in-home safety plan). The CRT worker will continue to work with families assigned to IHBS for up to 60 days and will be responsible for case management during a family’s involvement with the IHBS program.
- *Intensive Home-based Services (IHBS)*: Following a family’s referral to IHBS from the CRT, contracted staff will respond in-person within 4–8 hours of the initial report. Based on the results of the North Carolina Family Assessment Scale, a service plan will be developed for the family. Services provided under this intervention may include, but are not limited to trauma-informed individual and family counseling, parent education and mentoring, intensive family preservation and reunification services (as needed), and prompt referrals for appropriate behavioral and mental health services. Based on the Homebuilders® model, one therapist will work with each family and provide all of the interventions under IHBS during the 4–6 week intervention period.

Primary Interventions for Long Stayers:

- *Safety, Permanency, and Well-Being Roundtables (SPAW)*: SPAW is a case staffing system aimed at breaking down systemic barriers to permanency, while ensuring high levels of safety and well-being. The SPAW includes service providers, other professionals involved with the child and family, consultants (cultural, medical, mental health, etc.), social workers, and administrators who work to develop individualized action plans for participating children and youth, although families are not directly involved in this process.
- *Wrap Services*: Wrap Services incorporate a family-driven model that brings together representatives from multiple service agencies involved with a family to find creative solutions and supports in order to keep youth in the home or in their community.

Details regarding the core components of the interventions under the waiver demonstration, including eligibility criteria and assignment process, as well as the selection of specific assessments and services will be provided in the State’s quarterly reports.

EVALUATION DESIGN

HAWAII

Hawaii's evaluation includes process and outcome components, as well as a cost analysis. The process evaluation will include interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration. The State's outcome evaluation will consist of separate sub-studies of each of the demonstration's core interventions: CRT, IHBS, SPAW, and Wrap Services. The research methodologies for the intervention sub-studies are as follows:

- The evaluation of CRT will involve a time-series analysis that examines changes in out-of-home placement rates over time.
- The evaluation of IHBS will involve a retrospective matched case comparison design in which children that receive IHBS following implementation of the demonstration are matched on a case-by-case basis with children served by the Department of Human Services prior to the demonstration's implementation date. Changes over time in key safety and permanency outcomes will be compared for both matched groups.
- The evaluations of SPAW and Wrap Services will involve a prospective matched case comparison design in which children eligible to receive SPAW and/or Wrap Services following implementation of the demonstration are matched on a case-by-case basis with similar children not participating in these services. Changes over time in key permanency and placement stability outcomes will be compared for both matched groups.

Details regarding the evaluation designs for each sub-study, including child-specific matching variables for sub-studies involving a matched-case comparison design, are pending the State's submission of the evaluation plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Hawaii's waiver demonstration.

IDAHO

DEMONSTRATION FOCUS:	Enhanced Family Engagement, Parenting Education and Support, and Trauma-Informed System of Care
APPROVAL DATE:	September 18, 2013
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

The demonstration’s target population will include all title IV-E eligible and non-IV-E-eligible children ages 0–18 with an open child welfare case and their families. Implementation will occur in two phases: Phase I will focus on infants, children, and youth who are in or enter out-of-home placement during the course of the demonstration; Phase II will expand the target population to include children who are at imminent risk of removal from their home based upon a safety assessment conducted at the time of referral.

The State estimates that approximately 1,200 children currently in or who enter foster care will be offered waiver-funded services during each year of the demonstration. An estimate of the number of children at risk of removal that will receive in-home services under the demonstration will be specified in the coming months.

JURISDICTION

The demonstration will be implemented statewide through the Idaho Department of Health and Welfare, Division of Family and Community Services’ three regional child welfare districts or “hubs.”

INTERVENTION

The demonstration will include three primary interventions:

- Trauma-Informed System of Care, which will include the following components:
 - Training and workforce development in trauma-informed practices;

IDAHO

- Implementation of a universal trauma screening instrument, specifically the Child and Adolescent Needs and Strength (CANS) assessment; and
- Referral to trauma-informed evidence-based programs and practices (e.g., Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy) in the community.
- Expansion of Family Group Decision Making (FGDM): The State’s existing FGDM program will be expanded and fully implemented in all three child welfare hubs in the State, with a specific focus on ensuring fidelity to the FGDM service model.
- Nurturing Parenting Program (NPP) is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents’ skills in supporting attachments, nurturing, and general parenting.

Each child welfare hub will implement all three interventions. During the demonstration’s developmental phase, each hub will perform an assessment of its catchment area and develop a specific implementation plan for each intervention. These plans will address strategies for workforce development, service provider development, collaborative work with partner agencies, and other factors relevant to the successful implementation of the interventions. In addition to the three primary service interventions noted above, individual hubs may identify other interventions to be implemented based on the specific needs and circumstances of the catchment area.

EVALUATION DESIGN

Idaho’s evaluation will include process and outcome components, as well as a cost analysis. The evaluation will involve a statewide retrospective cohort design that will compare outcomes among children involved with the child welfare system prior to the demonstration with outcomes among similar children who are offered the demonstration’s interventions following implementation. The specific methodology for identifying a comparison group(s) of cases before implementation may include propensity score matching or a similar method of case-level matching. In addition to the overarching retrospective cohort design, the State may conduct one or more sub-studies of the specific interventions implemented under the waiver demonstration, including FGDM, NPP, and trauma screening and services.

The State’s process evaluation will include interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The State’s outcome evaluation will address changes in the following outcomes:

- Number of families served in-home;
- Number of entries into foster care;
- Number and proportion of children in out-of-home placement that exit to permanency (including reunification, adoption, and guardianship);
- Time to reunification, adoption, and guardianship;
- Number of placements per foster care episode;

IDAHO

- Number and proportion of children in congregate care among all children in out-of-home placement; and
- Child well-being as measured by the CANS or other standardized and appropriate measurement instruments.

The State will collect data to examine process and outcome variables from the State's automated child welfare information systems, child welfare agency case records, and additional information sources as appropriate. Additional details regarding the final evaluation design, including the specific interventions to be evaluated through sub-studies, the specific research methods for conducting them, and sample sizes for children at risk of or who are in or enter out-of-home placement, will be determined in consultation with the State's third-party evaluation contractor and described in the State's forthcoming evaluation plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of the State's demonstration.

ILLINOIS

DEMONSTRATION FOCUS:	Services for Caregivers with Substance Use Disorders – Phase III
APPROVAL DATE:	September 10, 2013
IMPLEMENTATION DATE:	October 1, 2013 ¹
EXPECTED COMPLETION DATE:	September 30, 2018
INTERIM EVALUATION REPORT DATE:	May 30, 2016
FINAL EVALUATION REPORT DATE:	April 1, 2019 ²

TARGET POPULATION

Phase III of the Illinois Alcohol and Other Drug Abuse (AODA) demonstration targets custodial parents whose children entered out-of-home placement on or after July 1, 2013. This includes, but is not limited to, custodial parents who deliver infants testing positive for substance exposure. To qualify for assignment to the demonstration, a custodial parent must complete a comprehensive substance abuse assessment within 90 days of a temporary custody hearing. Families eligible for benchmarking must meet the requirements for standard demonstration services and have no major co-occurring problems, including mental illness, domestic violence, homelessness, and chronic unemployment. Eligible families may receive services through the demonstration regardless of their title IV-E eligibility status.

JURISDICTION

Phase III is being implemented in the original demonstration site of Cook County, Illinois, as well as in the rural counties of Madison and St. Clair Counties in southern Illinois.

INTERVENTION

Phase III, referred to as the “Enhanced Recovery Coach Program (RCP)”, continues all of the key service components of the previous AODA waiver demonstration, including (1) clinical assessment and identification, (2) recovery plan development, (3) intensive outreach and engagement to facilitate parents’ treatment participation and recovery, (4) random urinalyses, (5)

¹ This is the second long-term waiver extension for Illinois. The State’s original waiver demonstration (Phase I) that was implemented in April 2000 was followed by another long-term extension (Phase II) that began in January 2007 through October 2013.

² Evaluation findings from Phase 1 and II of the State’s demonstration can be found at www.cfrc.illinois.edu.

ILLINOIS (AODA)

ongoing follow-up after reunification to promote and sustain recovery and ensure child safety,(6) housing resources, (7) mental health services, and (8) domestic violence services.

However, for Phase III of the demonstration the State is expanding the clinical assessment and identification process by implementing a mobile unit for both research groups in Cook County to ensure expedited AODA engagement and follow-up through the following methods:

- For parents who fail to show up for the Temporary Custody Hearing, the Outreach Worker will make contact with the child protection worker within 2–3 days of the Temporary Custody Hearing to set up an appointment and to engage the parent and offer support and logistical assistance (e.g., transportation) to facilitate the appointment and completion of the clinical AODA assessment.
- Alternatively, at the parent’s discretion the clinical assessor will follow-up and conduct the AODA assessment in the field (e.g., the parent’s home) instead of at the next Juvenile Court date or at the child welfare agency.

Additionally, new services will be available through this phase of the demonstration for families in Cook County³ that have been identified as low risk⁴. These enhanced services include:

- Benchmarking: A set of casework practices and procedures for establishing clear treatment goals for parents and helping parents, parents’ families, caseworkers, and judges understand the benefits of achieving those goals. Using three established risk assessment and treatment progress instruments, (Recovery Matrix, Child Risk and Endangerment Protocol, and Home Safety Checklist) Recovery Coaches will work with parents, caseworkers, and judges to develop a benchmarking document to be referenced during permanency hearings to advocate for visitation upgrades and goal changes as appropriate.
- Recovery and Reunification Plan: Custodial parents will work in collaboration with a family court judge, caseworkers, and Recovery Coaches to develop and implement a detailed plan for expediting substance abuse recovery and early reunification. The plan will include specific milestones to which families will be held accountable.
- Be Strong Families: A research-based strategy that focuses on increasing family strengths, enhancing child development, and reducing child abuse and neglect through building protective factors that promote healthy outcomes. Be Strong Families is currently only implemented in Cook County and planning to expand to St. Clair and Madison Counties.

³ Initial implementation of these services will be limited to Cook County, but may be expanded to Madison and St. Clair Counties.

⁴ Families considered “low risk” include those in which the parent reports substance abuse and parenting skills deficits at intake, but who do not report mental health, housing, or domestic violence problems.

ILLINOIS (AODA)

EVALUATION DESIGN

The evaluation of the State's long-term waiver extension includes process, outcome, and cost analysis components. An experimental research design is being used in all participating counties. Illinois will utilize a two-stage random assignment process in which (1) Department of Children and Family Services casework teams and private child welfare agencies are stratified by size and randomly assigned to an experimental or control group; and (2) parents are then randomly assigned to agencies or casework teams in those groups. Parents will undergo random assignment immediately after completion of an assessment in Cook County, or following initial substance abuse assessment by a Recovery Coach or qualified assessor in Madison and St. Clair Counties. Parents assigned to the control group receive standard substance abuse referral and treatment services, while parents assigned to the experimental group receive standard services in addition to enhanced RCP services.

The outcome evaluation will compare the experimental and control groups for significant differences in the following areas:

- Treatment access, participation, duration, and completion;
- Permanency rates, especially reunification;
- Placement duration;
- Placement re-entry;
- Child safety; and
- Child well-being

Additionally, the State will conduct sub-analyses that compare low-risk experimental group families that receive the enhanced RCP services (benchmarking) in Cook County with similarly low-risk families assigned to the experimental group in previous years (prior to July 1, 2013).

Data Collection

Illinois's evaluation utilizes data from multiple sources, including the State's SACWIS and Management and Reporting System/Child and Youth Centered Information System for safety, permanency, and placement data. Substance abuse assessment data come from the Juvenile Court Assessment Program, and treatment data are derived from the Treatment Record and Continuing Care System based on forms completed by child welfare workers, Recovery Coaches, and treatment providers. Additional service data come from the Division of Alcoholism and Substance Abuse Automated Reporting and Tracking System. Other data sources include interviews with caseworkers and case record reviews.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings for Phase III of the demonstration are pending the continued implementation of the demonstration

ILLINOIS

DEMONSTRATION FOCUS:	Parenting Education and Support Services
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	July 1, 2013
EXPECTED COMPLETION DATE:	June 30, 2018
INTERIM EVALUATION REPORT EXPECTED:	February 29, 2016
FINAL EVALUATION REPORT EXPECTED:	December 31, 2018

BACKGROUND

The Illinois parenting support demonstration constitutes the State's fourth title IV-E waiver demonstration. An earlier demonstration that focused on enhanced child welfare staff training ended in June 2005 while a subsidized guardianship demonstration ended in October 2009 with the establishment of a statewide Guardianship Assistance Program. A third demonstration focused on the provision of enhanced alcohol and other drug abuse services continues under a long-term waiver extension.

TARGET POPULATION

Illinois's parenting support demonstration, titled *Illinois Birth to Three (IB3)*, targets caregivers and their children aged 0–3 who enter out-of-home placement following implementation of the demonstration, regardless of title IV-E eligibility. Children at risk of or who have experienced physical and psychological trauma as a result of early exposure to maltreatment are a particular focus of the State's demonstration.

JURISDICTION

The State's demonstration is being implemented in Cook County, Illinois.

INTERVENTION

Illinois will use title IV-E funds flexibly to provide one of two evidence-based and developmentally informed interventions to targeted children and their caregivers in an effort to improve attachment, reduce trauma symptoms, prevent foster care re-entry, improve child well-being, and increase permanency for children in out-of-home placement:

ILLINOIS (IB3)

1. Child Parent Psychotherapy (CPP) is a dyadic (caregiver and child) therapeutic intervention for children aged 0–5 who have experienced one or more traumatic events (for example, a serious accident, sexual abuse, exposure to domestic violence) and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child’s sense of safety, attachment, and appropriate affect.
2. Nurturing Parenting Program (NPP) is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents’ skills in supporting attachments, nurturing, and general parenting. The State will implement a version of NPP known as the Nurturing Program for Parents & Their Infants, Toddlers & Preschoolers that is focused specifically on the biological parents of children aged 0–5. In addition, the State will use a version of the NPP designed for the foster caregivers of children aged 0–5 known as the NPP-Caregiver Version.

For each of the above-mentioned interventions, the selection of participating children and families will be determined using an enhanced developmental screening protocol implemented through the State’s Integrated Assessment or Early Childhood Program. The State currently uses the Denver II Developmental Screening tool, the Ages and Stages Questionnaire, and the Ages and Stages: Social and Emotional assessment instrument, all of which will continue to be administered to children in both the experimental and comparison groups. The enhanced screening protocol, administered to both experimental and comparison groups, includes the Devereux Early Childhood Assessment for Infants and Toddlers, the Infant Toddler Symptom Checklist, and the Parenting Stress Inventory, to supplement the State’s use of existing screening protocols.

EVALUATION DESIGN

The Illinois evaluation design includes process and outcome components as well as a cost analysis. The evaluation design builds on the rotational assignment system that the Illinois Department of Children and Family Services (DCFS) uses to assign foster care cases to either teams of DCFS case managers or contracted private child welfare agencies. Illinois DCFS teams and service provider agencies were first randomly assigned to an experimental or to a comparison cluster. Eligible children in family cases are then rotationally assigned to the next available provider within each cluster designation. Rotational assignment helps to ensure that every DCFS team and private agency receives a “representative mix” of children as new referrals so that no team or agency has an unfair advantage through creaming of the “easy” cases.

Sample Size

The State estimates that up to 2,600 children will be eligible for services over the course of the demonstration, of whom 1,560 will be assigned to the intervention (experimental) group while the remaining 1,040 are assigned to a control group (services as usual). Of the 1,560 children assigned to the intervention group, the State estimates that an estimated 1,077 will receive one of the core service interventions described above (CPP or NPP).

ILLINOIS (IB3)

Process Evaluation

The process evaluation will measure outputs related to program exposure, program differentiation, and adherence (fidelity) to each evidence-based intervention. Program exposure will be measured by the amount of program content received by children and families and program differentiation will be measured by the Illinois Survey of Child and Adolescent Well-Being (ILSCAW), which will include a range of questions about the service use of children, parents, and caregivers who come in contact with the child welfare system. Fidelity of program delivery will be measured through the use of the Implementation Tracker, a 6-point scale developed by the National Implementation Research Network that rates each allocated service-delivery component for implementation capacity and readiness and assigns an aggregate implementation score, called the Implementation Quotient.

In addition to program output measures, the process evaluation will measure the extent to which the tenets of implementation science have been followed. This will include documenting the process to develop an internal Teaming Structure, assessing organizational capacity, and tracking program installation.

Outcome Evaluation

The overarching goal of the outcome evaluation is to examine the impact of the IB3 waiver demonstration on key child welfare outcomes in the areas of safety, permanency, and well-being. Specifically, the evaluation will compare the intervention and comparison groups on the following outcomes:

- Parenting and child rearing behaviors;
- Rates of needed service receipt;
- Placement stability;
- Child well-being (including emotional regulation and child temperament, behavior problems, cognitive functioning, and adaptive/pro-social behavior);
- Time to and rates of permanency (reunification, adoption, and guardianship); and
- Safety (foster care re-entry and reported and indicated re-abuse).

Data on parenting behavior, service receipt, and child well-being outcomes will come from the enhanced developmental screening protocol and the child, caregiver, and caseworker modules of the ILSCAW. Safety, permanency, and stability outcomes will be measured with existing administrative data from Illinois's Statewide Automated Child Welfare Information System and related information reported biennially to the Federal Adoption and Foster Care Analysis and Reporting System and National Child Abuse and Neglect Data System.

Cost Analysis

The cost analysis will compare the costs of services received by children and families assigned to the experimental group with the costs of services for children and families receiving treatment as usual. The analysis will examine costs in both groups by service type, funding source, service provider, and costs per child and family. In addition, the cost analysis will assess the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome). If suitable cost data are available, effectiveness will be measured in terms of length of time spent in a safe and permanent home.

ILLINOIS (IB3)

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of the Illinois waiver demonstration.

INDIANA

DEMONSTRATION FOCUS:	Flexible Funding – Phase III
APPROVAL DATE:	September 14, 2012
IMPLEMENTATION DATE:	July 1, 2012 ¹
EXPECTED COMPLETION DATE:	June 30, 2017
INTERIM EVALUATION REPORT EXPECTED:	February 28, 2015
FINAL EVALUATION REPORT EXPECTED:	December 31, 2017

BACKGROUND

Indiana's original flexible funding waiver demonstration was completed in January 2003 and continued under several short-term extensions through June 30, 2005. For its first five-year (Phase II) waiver extension, the State continued its demonstration of the flexible use of title IV-E funds to improve on the process and outcome findings reported for its original waiver demonstration. In particular, the State focused on promoting the utilization of waiver dollars by a greater number of counties in light of the finding from its original demonstration that only 25 of 90 participating counties made significant use of the funds. For its current five-year (Phase III) extension, the State will continue efforts to increase Department of Child Services staff's understanding of and capacity to implement waiver demonstration interventions statewide and will emphasize increasing the array, accessibility, and intensity of evidence-based/evidence-informed child welfare services available to children and families in Indiana.

TARGET POPULATION

The target population for the Phase III demonstration includes title IV-E-eligible and non-IV-E eligible children at risk of or currently in out-of-home placement, as well as their parents, siblings or caregivers. Unlike in the previous waiver demonstration the State is not capping the number of cases eligible to receive demonstration services.

JURISDICTION

Implementation of the Phase III waiver demonstration will occur statewide across all 92 counties.

¹ Indiana's original (Phase I) demonstration was implemented on January 1, 1998, after which it received a five-year waiver extension that was originally scheduled to end on June 30, 2010. The State received several short-term extensions thereafter until its current waiver extension was approved effective July 1, 2012.

INDIANA

INTERVENTION

Under its waiver extension, Indiana will increase the array, intensity, and accessibility of innovative child welfare services, including community-based wraparound services and home-based alternatives to out-of-home placement. Programs and initiatives currently underway through Indiana's waiver demonstration include:

- Family Centered Treatment (FCT) – FCT is a home-based, family centered evidence-based program that is currently offered statewide by seven contracted providers.
- Child Parent Psychotherapy (CPP) – CPP is an intervention for children from birth to age 5 who have experienced at least one traumatic event. Twenty-eight therapists are currently attending training on CPP with an anticipated completion date of May 2014.
- Sobriety Treatment and Recovery Teams (START) Program – The START Program serves caregivers with substance use disorders with children under the age of 5. The START Program is currently being piloted in one county in Indiana with an estimated capacity of serving 30 families at any given time.
- Children's Mental Health Initiative – This Initiative provides access to intensive wraparound and residential services for children who do not qualify for Medicaid. The Initiative is operating statewide with the exception of two counties that will begin operation by mid-2014.
- Family Evaluations – Family Evaluations connect families with services in instances in which the severe mental, behavioral health, or developmental disability needs of the child put the family in crisis or at risk.

Additional programs and initiatives that may be implemented using flexible IV-E funds include:

- Trauma Focused Cognitive Behavioral Therapy
- Alternatives for Families Cognitive Behavioral Therapy
- Applied Behavioral Analysis
- Motivational Interviewing

EVALUATION DESIGN

The State's Phase III evaluation includes process, outcome, and cost analysis components. The State will implement a longitudinal research design that analyzes historical changes in key child welfare outcomes and expenditures. Changes will be analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward achievement of the demonstration's primary goals of (1) safely reducing the number of out-of-home placements, (2) reducing the length of time to permanency, (3) enhancing child well-being, and (4) increasing the array of services that promote the least restrictive, most family-oriented environment for children.

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Cohorts of children will be defined using data available in the State's automated child welfare information systems: Indiana's legacy Child Welfare Information System (ICWIS) and the Management Gateway for Indiana's Kids (MaGIK). To measure progress, administrative ICWIS and MaGIK data for aggregate outcome indicators drawn from FY2010–2011 and FY2011–2012 and data from two rounds of Quality Service Reviews (QSR) from 2007–2009 and 2009–2011 will serve as baseline data. The QSR process involves the review of a representative sample of cases from each region once every two years. Additional data sources to address the process and outcome measures described below include agency case records, interviews, surveys, and observations of participants, as appropriate.

Process Evaluation

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and that identify how services available under the waiver demonstration differ from services available prior to implementation. These analyses will include an examination of the availability, accessibility, intensity, and appropriateness of in-home and community-based services and the extent to which interventions offered through the demonstration maintain fidelity to their original service models. Data for the process evaluation will primarily come from interviews and surveys conducted with Regional Managers and Family Case Managers, as well as data from QSRs and other surveys implemented by the State.

Outcome Evaluation

The State's outcome evaluation will track changes over time in key child safety, permanency, and well-being outcomes. Specific outcome measures of interest include the following:

- The number and proportion of children designated as a Child in Need of Services (CHINS) who enter out-of-home care.
- The number and proportion of children designated as CHINS who are served in their own homes.
- Of all children who enter out-of-home placement, the number and proportion exiting to reunification, a finalized adoption, or guardianship.
- The average number of days from foster care entry to foster care exit for each permanency outcome.
- The average number of placement moves per child in out-of-home placement.
- Of all children who exit to each permanency outcome, the proportion experiencing a subsequent substantiated report of abuse or neglect within 6 and 12 months after services were terminated.
- The proportion of children in out-of-home care with an occurrence of maltreatment while in placement.

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- Of all children who exit to permanency, the number and proportion who re-enter out-of-home care within 12 months.
- The number and proportion of children placed in out-of-home care with a relative compared with the number and proportion of children placed in non-relative foster homes or congregate care settings.
- The number and proportion of children placed with one or more siblings.
- The number and proportion of children placed locally (i.e., in their home counties).
- Changes in key indicators of child well-being tracked through the State's existing QSR process, including physical health, emotional health, and social/cognitive development.

Sub-Study

In addition to the overarching process and outcome evaluations described above, the State will conduct a sub-study of the Family Centered Practice intervention implemented under the waiver demonstration using a rigorous quasi-experimental research design. Detailed plans for the sub-study are in development. The target population of the study include children and youth in or at risk of residential placement and families with complex needs (e.g., previous child welfare involvement, criminal activity, chronic neglect, poor family functioning).

Cost Analysis

Indiana's cost analysis will compare the expenditures of services provided for children during each fiscal year, beginning with the two baseline years of 2010–2011 and 2011–2012. The analysis will examine changes over time in the ratio of expenditures for out-of-home placements versus expenditures for community and preventative services.

PROCESS AND OUTCOME EVALUATION FINDINGS

Detailed process and outcome evaluation findings are pending the continued implementation of Indiana's demonstration. Initial process evaluation findings as of December 2013 are summarized below.

Family Case Manager and Community Member Survey

- Surveys were conducted with Family Case Managers (FCM, n=889) and Community Members (n=881). Respondents participating in the Community Member Survey consisted of a wide range of stakeholders including community service providers, probation staff, and foster parents. Both surveys assessed perceptions of the service array in regard to service need, availability, utilization, and effectiveness. Surveys will be repeated annually to compare changes in perception over time.
- Overall, respondents for both surveys reported that most services were "sometimes" or "usually" needed. However, a comparison between FCMs' and community members' responses showed several significant differences in perception. Of the 20 service types listed, community members perceived a significantly greater need than FCMs for 7

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service types, yet reported significantly lower ratings of service availability (11 services), utilization (8 services), and effectiveness (4 services) than FCMs.

Regional and Executive Manager Interviews

- Semi-structured interviews were conducted with 18 Regional Managers and 2 Executive Managers regarding region-specific services and needs and their perceptions of the 2012 waiver demonstration.
- Regional and Executive Managers generally praise their local staff and report positive relationships with the courts; however, they commonly cited perceived service needs related to effective drug abuse treatment, housing, and transportation, as well as administrative challenges including staffing, worker turnover, and high caseloads.

MASSACHUSETTS

DEMONSTRATION FOCUS:	Enhanced Residential and Community-Based Services
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	January 1, 2014
EXPECTED COMPLETION DATE:	December 31, 2018
INTERIM EVALUATION REPORT EXPECTED:	August 29, 2016
FINAL EVALUATION REPORT EXPECTED:	July 1, 2019

TARGET POPULATION

Massachusetts's demonstration broadly targets children of all ages in State custody who are in residential placement and can return to a family setting, are preparing for independence, or who are at risk of residential placement.

Children in State custody at the time the demonstration begins and those who enter or are at risk of entering State custody following implementation will be eligible for demonstration services based on findings from a Level of Service instrument that draws on the Child and Adolescent Needs and Strengths (CANS) assessment tool as well as other indicators of need. Certain children will be excluded from participating in demonstration services, specifically those who (1) are currently served in settings designed for the significantly cognitively impaired; (2) have multiple disabilities requiring specialized care and supervision; or (3) have pervasive developmental delays accompanied by behaviors that make them a danger to themselves or others, and community risk management strategies are deemed to be insufficient. The State estimates that it will serve approximately 3,400 children over the life of the demonstration.

JURISDICTION

Massachusetts's demonstration will be implemented statewide.

INTERVENTION

The State's demonstration, titled *Caring Together*, is a joint undertaking by the Massachusetts Department of Children and Families and the Department of Mental Health to design, price, and implement residential program models that best support child, family, and system outcomes and that foster family and youth engagement. The demonstration seeks to increase permanency for children in residential care settings, improve child safety and well-being, prevent foster care re-entry, prevent re-entry to congregate care, increase placement stability, strengthen parental

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capacity, and promote positive youth development. The State has designed a systemic response that involves practice changes at the program, management and systems level.

The following five programs will be implemented as part of *Caring Together*:

1. Redesigned Congregate Care with an Integrative Services Approach: Congregate care services for youth age 18 and younger have been re-procured with a new set of service standards. Integrative Services includes the provision of comprehensive services that focus on developing family and youth skills and are strength-based, culturally competent, family-driven, youth-guided, and trauma-informed. Integrative Services are administered by treatment teams that coordinate care and remain the same across residential and community placements for any given youth and family.
2. Follow Along Services: Intensive home-based family intervention and support to families and youth age 18 and younger while youth are being prepared to return to the home or community from congregate care settings and after the return has taken place. The focus is on comprehensive family skill building to improve parental capacity to support their children and effectively utilize the support systems in their lives. Follow along services are provided by the same treatment team that delivered clinical care to the child and family while the child was in placement in order to maintain continuity of relationships built during the placement episode.
3. Stepping Out Services: Services for young adults age 17 and older who are transitioning to living independently after receiving pre-independent living and independent living group home services. Stepping Out services will provide ongoing individual supports during this transition period to help youth achieve independence, build relationships, and sustain lifelong connections. Stepping Out services are provided by the same treatment team that delivered clinical care to the child and family while the child was in placement in order to maintain continuity of relationships built during the placement episode.
4. Continuum Services: Provided to children age 18 and younger at risk for congregate care placement whose families are identified as able to care for the child at home with intensive supports. The service team is responsible for family treatment, care coordination, outreach, and crisis support within the community even when the child receives out-of-home services.
5. Family Partners: Family Partners are individuals with personal experience with the child welfare and/or child behavioral systems who will support children and families in or at risk of congregate care placement. Parent Partners will be available on request to each family to support them in their interactions with programs and with the larger system of informal and formal supports.

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EVALUATION DESIGN

Massachusetts will implement a statewide retrospective matched-case research design in which service utilization and outcomes for the cohort of children that exit congregate care during the five years prior to the waiver demonstration are compared with service utilization and outcomes for similar children who receive *Caring Together* services during Years 3 through 5 of the demonstration. The evaluation is comprised of three components: (1) a process evaluation that documents the system changes made by DCF during the waiver demonstration period and examines the overall implementation of the demonstration's interventions, including the level of fidelity with which they are implemented; (2) an outcome evaluation that examines whether children and families who receive *Caring Together* services experience greater improvement in key child welfare outcomes than do similar children who received services prior to the start of the waiver demonstration; and (3) a cost analysis that examines changes in service utilization and spending resulting from the waiver and the implementation of financial performance incentives.

Data collection will occur over three main time periods: (1) a "pre-waiver" period that includes data on children who were discharged from care in the five years prior to the start of the waiver demonstration, as well as data on certain process and descriptive measures for the 12 months prior to the waiver; (2) a "formative" period during the first two years of the demonstration that will focus primarily on process evaluation activities; and (3) an "outcome" period during the last three years of the demonstration that will be the focal time frame for the evaluation of safety, permanency, and well-being outcomes.

The State's outcome evaluation will address changes in outcomes in the following key domains:

Permanency

- Reduced length of time in congregate care
- Increased placement stability
- Fewer re-entries into congregate care placement

Safety

- Reduced rates of re-entry into congregate care specifically, or into out-of-home placement generally
- Reduced rates of subsequent maltreatment

Child/Youth Well-Being

- Decreased transitional crisis reactions for children returning to the community from congregate care
- Improved well-being and safety as measured by the CANS assessment instrument

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of the State's demonstration.

MICHIGAN

DEMONSTRATION FOCUS:	Intensive Early Intervention Case Management and Services
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	August 1, 2013
EXPECTED COMPLETION DATE:	July 31, 2018
INTERIM EVALUATION REPORT EXPECTED:	March 31, 2016
FINAL EVALUATION REPORT EXPECTED:	January 31, 2019

TARGET POPULATION

The target population of Michigan’s demonstration includes families with young children aged 0–5 that have been determined by Child Protective Services to be at high and intensive risk (Category II or IV)¹ for future maltreatment and reside in a participating county. Both title IV-E eligible and non-title IV-E-eligible children may participate in the demonstration.

JURISDICTION

The State’s demonstration is being implemented in Kalamazoo, Macomb, and Muskegon Counties. In year three of the demonstration, if there is sufficient evidence that the demonstration has been implemented as intended, and upon consultation and approval from the U.S. Department of Health and Human Services, Administration for Children and Families, the State may expand the demonstration to additional sites (counties or smaller geographic regions).

INTERVENTION

Through its demonstration—called Protect MiFamily—Michigan will expand secondary and tertiary prevention services to improve outcomes for children and families, including safety and well-being; and to strengthen parental capacity. The State has contracted with Lutheran Social Services of Michigan and Catholic Charities of West Michigan who over a 15 month period will identify participating families’ strengths and needs, coordinate timely referrals to community

¹ A Category II disposition is defined by a preponderance of evidence that abuse or neglect occurred, the risk level is high or intensive, and CPS must open a services case. A Category IV disposition is defined by a lack of a preponderance of evidence that abuse or neglect occurred; however, the risk level is determined to be high or intensive and CPS must refer the family to community-based services commensurate with the risk level.

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providers, provide clinical and evidence-based interventions, and directly engage families in their own homes to build strengths and reduce risk. Protect MiFamily's components include:

- Family Psychosocial Screen will be administered by private agency contractors with appropriate training within seven days of referral to the demonstration. The tool screens for depression, substance abuse, domestic violence, and other risk factors. Depending on assessment and family need, referrals to appropriate community services will be made.
- Trauma Screening Checklist will be administered to all households with children aged 0–5 years. When eligible and appropriate, these households will be linked to trauma-focused, evidence-based mental health interventions, such as Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, or other evidence-based interventions deemed appropriate, including Nurse-Family Partnership, Early Head Start, or Healthy Families America. In addition, children aged 3–5 years with a positive history of trauma will be screened using the Trauma Symptom Checklist for Young Children and will also be referred for these mental health interventions.
- Strengthening Families, a protective factors framework, will be integrated through which contracted agencies will be responsible for establishing a link to resources in order to build the following factors: 1) social connections, 2) parental resilience, 3) knowledge of parenting and child development, 4) concrete support in times of need, and 5) social and emotional competence of children.
- Concrete Assistance will be made available to each enrolled family to pay for goods and services (e.g., transportation, day care, household goods) to reduce short-term family stressors and help divert children from out-of-home placement.
- Safety Assessment and Planning will occur throughout the 15-month intervention to identify and address issues related to child safety.
- Long-term Family Engagement and Support will provide an array of services and supports and include three phases: 1) engagement and case planning, 2) service provision and collaborative monitoring, and 3) aftercare with step-down of engagement and intervention.

EVALUATION DESIGN

The evaluation of Michigan's demonstration includes process and outcome components, as well as a cost analysis. The State will implement an experimental research design with random assignment to experimental and control groups. Eligible families will be randomly assigned to the experimental and control groups using a 2:1 sampling ratio. Families in the experimental group will receive Protect MiFamily services, while families in the control group will receive "services as usual."² The State's process evaluation will include interim and final process

² Services as usual for Category II disposition cases will require the case to be opened and services coordinated or provided by CPS until the risk level is reduced, while services as usual for Category IV disposition cases will require CPS to provide the family with information on available community resources commensurate with the risk

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analyses that describe how the demonstration was implemented. It will also identify how demonstration services differ from services available to children and families that are not designated to receive demonstration services, along with analysis of the degree to which program participants were satisfied with demonstration-funded programs, services, and interventions. The State's outcome evaluation will compare children and families who received Protect MiFamily services (experimental group) to children and families in the control group 15 months following acceptance into the demonstration. Specific outcome measures of interest for children and families who receive enhanced demonstration services include the number and percent of:

- Children who experience fewer subsequent maltreatment episodes at the 15th, 18th, 24th, 36th, and 48th month following random assignment;
- Children who remain safe in their homes at the 15th, 18th, 24th, 36th, and 48th month following random assignment;
- Children whose risk of future maltreatment is reduced to "low" or "moderate" and does not elevate in the 15 months following random assignment;
- Children with improved well-being; and
- Parents and or caregivers who make positive changes in protective factors.

Michigan's cost analysis will compare costs of services in key categories for the experimental and control group families including development costs, costs related to investigations, clinical and support services, and family preservation and placement related services. A cost benefit analysis will also be conducted to determine relative savings attributable to the waiver services. The evaluation will also assess the financial cost of the demonstration in relation to its effectiveness by computing the cost effectiveness ratio, $Costs (Intervention - Comparison) / Outcomes (Intervention-Comparison)$, to reveal the difference in costs between the intervention and comparison group for each additional child remaining safe in home for 15 months.

Sample Size

Michigan estimates enrolling at least 300 families per year to the experimental group and 150 families per year to the control group, for a total sample of 2,250 families (1,500 experimental and 750 control) over the five-year demonstration period.

Data Collection

Michigan's evaluation will utilize data from multiple sources, including the State's automated child welfare system, a Protective Factors Survey, the Devereux Assessment, risk and safety assessments, document review, staff and stakeholder interviews and focus groups, a Family Satisfaction Survey, a Fidelity Checklist, and Quality Service Reviews.

PROCESS AND OUTCOME EVALUATION FINDINGS

to the child.

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Evaluation findings are pending the continued implementation of Michigan's waiver demonstration.

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DEMONSTRATION FOCUS:	Enhanced Family Engagement, Assessment, and Service Array
APPROVAL DATE:	September 23, 2013
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

The services to be implemented under the demonstration will target three distinct populations:

1. Intensive In Home Services for children ages 0–5 who have been in foster care for less than 60 days, or are at risk of entering foster care, due to neglect will receive targeted and intensive concrete supports and interventions for up to six months to allow the child(ren) and families to be safely served in the home.
2. Kinship Support and Family Re-Engagement Services for children ages 0–12 who are in the temporary legal custody of the Montana Child and Family Services Division pursuant to a District Court order and who are in a kinship placement. Furthermore, parent(s) of these children must have court ordered treatment plans; however, parent(s) may not be actively engaged in the required services under the plan. The intensive family engagement model will allow these families to safely achieve reunification within six months or will move these children into the Kinship Guardianship Assistance Program if reunification cannot safely occur within a six month time period.
3. Family Find; Safety, Permanency and Well-Being (SPAW) Roundtables; and Increased Permanency for Youth in Congregate Care will be provided to youth 0–18 years of age in congregate care facilities to expedite transitions into lower levels of care and move the youth successfully to permanency.

JURISDICTION

The waiver demonstration will be piloted in four counties: Cascade County, Lewis and Clark County, Missoula County, and Yellowstone County. The State will use a phased approach to

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implement the waiver interventions statewide based on individual county capacity and lessons learned from the pilot counties during the first years of the demonstration. In addition, American Indian Tribes in the State of Montana may opt into the waiver demonstration following initial implementation.

INTERVENTION

Demonstration services will be provided by personnel housed in Intensive Service Units (ISUs) in each participating county. The three core innovations implemented by the ISUs will involve the following specific activities:

1. Intensive In-Home Services (Innovation I) will include monthly Family Group Conferences; a minimum of one weekly in-home visit by an ISU worker; concrete support services; and the SafeCare Augmented in-home visiting program. Additional evidence-based mental health and other supportive services may be implemented by participating counties and Tribes.
2. Intensive Family Reengagement Services (Innovation II) will include monthly Team Decision Making meetings; a minimum of one weekly in-home visit that includes an ISU worker, birth parent, and kinship caregiver; kinship support services; and other evidence-based services such as Trauma Focused Cognitive Behavioral Therapy and Parent Child Interaction Therapy. The provision of additional programs and services will vary by county and depend on the availability of providers.
3. Intensive Family Reintegration Services (Innovation III) will include the use of the Family Find model, SPAW Round Tables, High Fidelity Wraparound Mental Health Services, youth-centered meetings, and youth engagement.

All children enrolled in the three core demonstration innovations will be assessed using the Child and Adolescent Needs and Strengths assessment tool, initially and at repeated intervals. In addition, children receiving intensive in-home services will be screened and assessed using standardized instruments such as the Ages and Stages Questionnaire and the Life Skills Progression Scale.

EVALUATION DESIGN

Montana's evaluation will include process and outcome components, as well as a cost analysis. The State will implement separate sub-studies of each of the three primary demonstration innovations; each sub-study will involve a quasi-experimental design in which outcomes among children who are enrolled in each of the primary innovations are tracked and compared over time with outcomes among a matched group of similar children who do not participate in the demonstration innovations. Children will be matched on a case-by-case basis using criteria that may include demographic characteristics, case histories, and other relevant variables identified by the State and its evaluation contractor.

In addition, the evaluation will incorporate a longitudinal analysis of administrative data from the State's child welfare automated information systems. Data on outcomes will be tracked and

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analyzed at baseline and subsequent time intervals to provide an overall sense of how changes in child and family safety, permanency, and well-being in participating counties compare with changes in these outcomes in the remainder of the State over time.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The State's outcome evaluation will, at minimum, address changes in the following outcomes:

- Out-of-home placement rates
- Length of stay in out-of-home care
- Exits to permanency through reunification, guardianship, and adoption
- Repeat referrals for abuse/neglect
- Kinship placement rates
- Congregate care placement rates
- Length of stay in congregate care
- Step-downs from congregate care to less restrictive placement settings
- Child well-being
- Family functioning

The State will collect data to examine process and outcome variables from the State's automated child welfare information systems, child welfare agency case records, and additional information sources as appropriate. Additional information regarding Montana's evaluation will be provided in the State's forthcoming evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of the State's demonstration.

NEBRASKA

DEMONSTRATION TYPE:	Alternative Response and Results-Based Accountability
APPROVAL DATE:	September 30, 2013
IMPLEMENTATION DATE:	July 1, 2014
EXPECTED COMPLETION DATE:	June 30, 2019
INTERIM EVALUATION REPORT EXPECTED:	March 1, 2017
FINAL EVALUATION REPORT EXPECTED:	December 30, 2019

TARGET POPULATION

The target population for Nebraska’s Alternative Response (AR) initiative includes children aged 0–18 who, following a call to the State’s hotline, are identified as meeting the State’s eligibility criteria for AR and as being able to remain safely at home through the provision of in-home services and supports tailored to the family’s needs, regardless of title IV-E eligibility.

The target population for Nebraska’s Results-Based Accountability (RBA) initiative includes all children aged 0–18 currently served by the State’s Division of Children and Family Services (DCFS), or who become eligible for services during the course of the demonstration, regardless of title IV-E eligibility.

JURISDICTION

Nebraska’s demonstration will be implemented statewide, with the State’s AR initiative beginning with an initial pilot in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties.

INTERVENTION

Nebraska has selected two primary interventions for its demonstration, which include the following:

1. Alternative Response: Nebraska is implementing AR to ensure child safety while working in partnership with parents to identify protective factors, avoid negative labels and fault findings, and provide services and resources matched to families’ needs. The AR program will include a comprehensive assessment of each enrolled child’s safety, and well-being, as well as any barriers the child’s family faces in keeping the child safely at home. The family will be offered supports and voluntary services that enable them to keep the child at home while addressing issues that resulted from an initial maltreatment referral. Nebraska will

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randomly assign families who meet the eligibility requirements for AR and a DCFS case manager will provide or oversee the provision of the following services:

- A comprehensive assessment of child safety and well-being, and of family strengths and needs using Nebraska's Structured Decision Making Safety Assessment, Risk or Prevention Assessment, and the Family Strengths and Needs Assessment.
- The provision of concrete services to improve household conditions, including but not limited to: rental assistance, child care, access to economic assistance, housing, and transportation.
- In collaboration with community agencies, link AR families to an array of evidence-based programs and services that enhance parental protective factors and promote family stability and preservation. The identification of specific services is pending the results of a service array assessment being conducted in the five pilot counties.

Eligibility criteria and the core components of Nebraska's AR program are in the process of being finalized and will be detailed in the State's quarterly report.

2. Results-Based Accountability: Will be implemented as part of a system reform of the State's contract and performance management system for contracted child welfare service providers. Title IV-E funding will be used flexibly to conduct the following activities:

- Train DCFS staff and 74 contracted service providers in RBA principles.
- In collaboration with service providers, develop standard performance measures for incorporation into statewide service contracts.
- Develop the RBA Scorecard database into which contracted providers will enter their service data monthly according to the developed performance measures.
- Meet semi-annually with contracted service providers to perform a "Turn the Curve" conversation using a concrete and specific process through which DCFS and service providers can see measureable results in the delivery and effectiveness of services.

Nebraska will use the data collected throughout the RBA intervention to drive future decisions regarding the State's contract and performance management system.

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EVALUATION DESIGN

Nebraska's evaluation includes process and outcome components, as well as a cost analysis. The State will use an experimental design with random assignment to evaluate AR and a longitudinal time series design to evaluate RBA. The process and outcome evaluations will include interim and final process analyses describing how the demonstration was implemented and how demonstration services differed from services available prior to the demonstration. For AR, the State's outcome evaluation will address differences between the experimental and control groups for the following child and family outcomes:

- Number and proportion of repeat maltreatment allegations (screened in reports)
- Number and proportion of substantiated maltreatment allegations
- Number and proportion of entries (removals) to out-of-home care
- Changes in child and family behavioral and emotional functioning, physical health, and development
- Increased child and family engagement
- Improved adequacy of services and supports to meet the family's needs after the initial report

For experimental group families in the AR component, the evaluation will track the number and proportion of families assigned to the AR track who are re-assigned to a traditional maltreatment investigation due to an allegation of maltreatment that warrants heightened concern regarding the safety of one or more children. The evaluation of AR will also address organizational outcomes (e.g., worker job satisfaction; strengthened partnerships between agency, providers, and community stakeholders; and improved staff retention) by examining longitudinal trends.

Child and family outcomes for RBA will be assessed using both a retrospective and prospective cohort design to compare outcomes for entry cohorts prior to and after RBA implementation. Specific child and family outcomes to be addressed through the evaluation of RBA include:

- Number and proportion of children with a subsequent substantiated allegation of maltreatment within 6 months of discharge or case closure
- Average number of changes in placement setting among children in out-of-home placement
- Average and median months in out-of-home care prior to reunification
- Number and proportion of children who re-enter out-of-home placement within 12 months of discharge to reunification or another permanent placement (e.g., guardianship)
- Number and proportion of children legally free for adoption who are adopted within 12 months of the termination of parental rights
- Number and proportion of children in out-of-home placement for three or more years who are discharged to independent living
- Likelihood of maltreatment in out-of-home care
- Likelihood of out-of-home placement
- Likelihood of discharge to emancipation

Though children and families are the target population for Nebraska's intervention, service providers are the direct recipients of RBA and the evaluation will also track and measure

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contracted provider outcomes (e.g., changes in providers understanding of and buy-in for RBA, changes to practice within provider agencies, etc.) using a one-group, post-test design.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Nebraska's waiver demonstration.

NEW YORK

DEMONSTRATION TYPE:	Evidence-Based and Evidence-Informed Services, Trauma Informed Assessment, and Enhanced System Supports
APPROVAL DATE:	September 30, 2013
IMPLEMENTATION DATE:	January 1, 2014
EXPECTED COMPLETION DATE:	December 31, 2018
INTERIM EVALUATION REPORT EXPECTED:	August 29, 2016
FINAL EVALUATION REPORT EXPECTED:	July 1, 2019

TARGET POPULATION

The target population for New York’s demonstration includes all title IV-E eligible and non-eligible children and youth aged 0–21 who are currently in out-of-home placement in regular family foster care or at home receiving post-reunification aftercare services from provider agencies contracted with the New York City Administration for Children’s Services (ACS). The total target population of children accounts for approximately 80 percent of New York City’s foster care population. Currently, ACS is completing a needs assessment to determine if additional target or sub-populations exist.

JURISDICTION

New York’s demonstration is initially being implemented in New York City, with a staggered rollout. Cohorts 1 and Cohorts 2, starting in January and April 2014 respectively, will begin to implement waiver components in two phases. During 2014, agencies will make structural changes and administer the Child and Adolescent Needs and Strengths – New York tool. Starting in 2015, the cohorts will begin evidenced-based model implementation. Upon approval by the Department of Health and Human Services, the State may extend the demonstration to additional jurisdictions in the State.

INTERVENTION

New York’s demonstration includes a city-wide model of foster care services called *ChildSuccessNYC* (CSNYC). The CSNYC model was piloted in New York City in 2012 and

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2013 with five contracted foster care agencies that care for a combined total of 20 percent of the “regular” family foster care population.¹ Building on the experiences and lessons-learned from the pilot phase, New York will use title IV-E funding flexibly to roll out CSNYC with the foster care agencies that provide “regular” family foster care to the remaining 80 percent of children. All children and families participating in the demonstration will receive all appropriate intervention components under the model.

Key structural reforms and policy changes being instituted under the CSNYC model include: limits on caseloads and supervisory ratios; updated policies and standardized training on permanency planning and visitation, court presentation, and the drafting of court reports; and limits on the number of children placed in CSNYC foster homes. In addition, all participating agencies are required to assess children’s emotional, behavioral, and cognitive functioning using New York’s version of the Child and Adolescent Need and Strengths (CANS-NY) tool.

To ensure that agency staff training and implementation of the evidence-based and evidence-informed interventions takes place in a stable organizational context, participating agencies will first implement the required structural changes described above (e.g., reduced caseloads, lower staffing and supervisory ratios, etc.) as well as receive training on the CANS-NY tool. Cohort 1 and Cohort 2 agencies will begin evidence-based model training in early 2015.

ACS is conducting a reassessment of needs, using implementation science, to ensure that identified models are appropriate to the changing foster care population in New York City. The current components of CSNYC include:

- **Family Finding**: Family Finding is an evidence-informed model focused on identifying family resources and supports in the community, which incorporates multiple methods, strategies and technology to locate and engage relatives of children in out-of-home care. The goal of Family Finding is to provide each child and family with lifelong connections and create strong permanency options.
- **Keeping Foster and Kin Parents Trained and Supported (KEEP)**: KEEP is an evidence-based model designed to support and teach strong parenting techniques to foster parents. The model aims to increase the parenting skills of foster parents, decrease placement disruptions, improve child outcomes including expedited reunification, and increase the number of positive permanency options for youth.
- **Parenting Through Change (PTC)**: PTC, an evidence-based model providing parent support and teaching behavior change, focuses on promoting effective parenting practices in order to decrease children’s behavioral and emotional problems and increase their pro-social behavior.
- **Youth Development Skills Coaching (YDSC)**: YDSC, an evidence-informed model designed to support older youth in foster care, teaches youth aged 14–21 new skills for forming positive relationships with peers and adults and for succeeding at school or work; engages

¹ “Regular” family foster care is defined as non-specialized settings and excludes such setting as residential and specialized foster boarding home settings or specialized medical foster care.

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them in career planning and pre-employment skills development; increases pro-social behavior while decreasing problem behaviors; and fosters long-lasting connections to community. YDSC is a component of Multidimensional Treatment Foster Care (MTFC).

Depending on the outcome of the reassessment of needs, the interventions will include the above selected models, or may change slightly to use different models or a combination of both.

EVALUATION DESIGN

New York's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a longitudinal research design in which changes in key outcomes among children served by child welfare service providers are tracked and compared against established performance baselines for each provider. The process and outcome evaluations will include interim and final process analyses describing how the demonstration was implemented and how demonstration services differed from services available prior to the demonstration. The State's outcome analysis will consider both intent-to-treat and per-protocol designs to assess treatment effects on the following child and family outcomes:

- Reduced repeat child maltreatment;
- Reduced foster care-re-entry;
- Increased permanency;
- Reduced trauma associated with foster care placement; and
- Improved child well-being during and following, foster care including, but not limited to: reduced emotional and behavioral problems; improved school functioning; and improved quality of child/family relationships.

The operational adjustments being made as a part of CSNYC (e.g., limiting caseloads, reducing supervisory workloads, capping placements in foster home, and updated policies and procedures agencies) will also be factored into the analysis to address the extent to which these changes in process, quality, and capacity exert their own independent effects on children's outcomes. As the State's demonstration continues to roll-out, the State will also consider conducting one or more quasi-experimental sub-studies.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of New York's waiver demonstration.

OHIO

DEMONSTRATION FOCUS:	Flexible Funding–Phase III
APPROVAL DATE:	October 1, 2010 ¹
IMPLEMENTATION DATE:	October 1, 2010
EXPECTED COMPLETION DATE:	September 30, 2015
INTERIM EVALUATION REPORT EXPECTED:	November 20, 2013
FINAL EVALUATION REPORT EXPECTED:	March 31, 2016

TARGET POPULATION

The target population for Ohio’s Phase III waiver demonstration (known as ProtectOHIO) includes children ages 0–17 who are at risk of, currently in, or who enter out-of-home placement during the demonstration period, as well as their parents or caregivers. Both title IV-E-eligible and non-IV-E-eligible children may receive waiver-funded services through the demonstration.

JURISDICTION

Phase III of the demonstration is operating in 17 counties, 14 of which participated in Ohio’s previous Phase II waiver demonstration (Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark) and three additional counties that joined the Waiver demonstration in October 2006 (Coshocton, Hardin and Highland). While only 17 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio’s child welfare population.

INTERVENTION

Participating counties will use title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For Phase III, the State has selected two core intervention strategies to serve as the focus of waiver activities. All 17 participating counties will implement both of these intervention strategies, which are briefly described below:

1. Family Team Meetings (FTM), which bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended

¹ This is the second long-term waiver extension for Ohio. The State’s original (Phase I) waiver was implemented in October 1997, followed by a long-term extension (Phase II) that began in October 2004 and continued through September 2010.

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family) to jointly plan for and make crucial decisions regarding children in open and ongoing cases.

2. Kinship Supports, which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child's physical, emotional, financial, and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

ODJFS collaborates with the ProtectOHIO Consortium, Ohio Child Welfare Training Program and the Institute for Human Services to develop and coordinate the delivery of training workshops in the kinship and FTM manuals titled, 'ProtectOHIO Family Team Meetings (FTM): Engaging Parents in the Process' and 'ProtectOHIO Kinship Strategy' for all demonstration counties. The outcome of each workshop is to encourage fidelity to the models, and develop specific skills in facilitation and understanding and supporting kinship caregivers. In addition to these core strategies, any county that implemented the Supervised Visitation strategy during Phase II of the State's waiver demonstration may choose to continue to implement it during Phase III. Participating counties will also have the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

EVALUATION DESIGN

The State will implement a comparison county design for the evaluation of its Phase III waiver demonstration, with the 17 ProtectOHIO counties comprising the experimental group and the 16 non-participating comparison counties that comprised the comparison group during Phase II serving once again as the comparison group for Phase III. In forming the comparison group the evaluation team considered several relevant variables to ensure comparability with experimental group counties, including local demographics (e.g., population size and density, racial composition, poverty rates), caseload characteristics (e.g., maltreatment substantiation rates and out-of-home placement rates) and the availability of other child welfare programs and services.

As in the evaluation of Ohio's Phase II waiver demonstration, the evaluation of Phase III comprises three primary study components:

1. A Process Study that examines the overall implementation of the demonstration in experimental counties in comparison to typical child welfare practices in the comparison counties.
2. A Fiscal Study that examines changes in expenditure patterns in major child welfare funding streams during Phase III, with special attention to shifts from foster care maintenance towards non-placement services and supports.

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3. A Participant Outcomes Study that analyzes changes in key child welfare outcomes among children who enter the child welfare system in experimental group counties during Phase III. This study consists of the following four distinct sets of activities:
 - Data Management, which includes several subtasks related to collecting, managing, reporting, and ensuring the quality of waiver-related child and case-level data;
 - Entry Cohort Placement Outcome Analysis, which will examine the effects of the Phase III demonstration on (1) placement duration and permanency outcomes for children in placement, (2) placement stability, and (3) reentry into placement;
 - Trajectory Analysis, which will utilize SACWIS and U.S. Census data to examine the impact of the Phase III demonstration on children's service experiences and the effects of these experiences on maltreatment risk; and
 - Strategy Outcomes Analysis, which seeks to understand the impact of the demonstration's two core service strategies—FTMs and Kinship Supports, both in isolation and in combination—on key child welfare outcomes.

EVALUATION FINDINGS

Process Evaluation

Family Team Meetings (FTMs)

- All 17 demonstration counties implemented the FTM model; however, the level of fidelity to the FTM model varied. In terms of overall adherence to the model per case, 19 percent of cases met the threshold for high fidelity (e.g., an initial FTM is held within 35 days, subsequent meetings are held at least quarterly, and meetings had a minimum range of participants including a parent or primary caregiver, a PSCA staff person, and at least one other type of person), 23 percent of cases were classified as medium fidelity, and the remaining 59 percent of cases were classified as low fidelity.
- All demonstration counties have at least one FTM facilitator either directly employed through the agency (14 counties) or privately contracted (3 counties). A survey administered in spring 2013 indicated that staffing of facilitators has been fairly stable during the third demonstration period with 78 percent (25 out of 32 respondents) reporting that they had been facilitating FTMs for three or more years (at least since the third waiver period began). Only two facilitators had been facilitating FTMs for less than one year.
- Demonstration counties provided over 10,000 FTMs to over 3,000 families and over 7,000 children. Overall, demonstration counties reached nearly three-fourths of their ongoing caseload with the FTM strategy.
- Penetration rates ranged across counties from 34 percent to 90 percent of eligible cases receiving FTM. In seven counties the penetration rate was 80 percent or higher. Some

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suggestions for reasons why cases may not have received FTM include that the case plan goal was not reunification or maintain-in-home, the case closed within 30 days of transfer date, the family refused or failed to attend, criminal charges are pending, or caseworkers feel that the family would not benefit from FTM and thus do not offer it. The evaluation team noted the need to further explore any potential bias in the FTM study group.

- Overall, demonstration counties differ in the way they fit FTM into their usual management process. Nearly all of the demonstration counties schedule FTMs to coincide with the service review schedule for Comprehensive Assessment and Planning Model-Interim Solution (CAPMIS) reviews and/or Semi-Annual Administrative Reviews (SARs), with only one county that never merges FTM with a CAPMIS or SAR meeting. Counties are primarily motivated to combine these meetings out of a desire to limit the number of meetings families need to attend. The two efforts address many of the same topics (e.g., risk and safety); however, seven counties noted that merging an FTM with a CAPMIS review or SAR can affect the tone of the meeting, making the FTM less engaging for families and more administrative in nature.
- Among comparison counties, 2 of 17 have a practice very similar to ProtectOHIO FTM (i.e., independently facilitated meetings with families in ongoing services over the course of the case are held); four counties hold independently facilitated meetings with a subset of ongoing caseload; five counties hold regular meetings, but are not facilitated by a neutral third party; and the remaining six counties do not have a regular family meeting practice.

Kinship Strategy

- All 17 demonstration counties formally began implementing the Kinship Strategy on October 1, 2011.
- All demonstration counties have a kinship coordinator; however, the direct service delivery is structured differently across the demonstration counties, with counties implementing one of three distinct direct kinship service models that include either a kinship coordinator supervising a unit of kinship workers who provided direct services (five counties); a kinship coordinator providing direct services (10 counties); or caseworkers providing direct services (two counties) while the kinship coordinator acts as an expert resource.
- Forty-six percent of all kinship households across all demonstration counties with kinship placement received Kinship Strategy services between October 1, 2011 and December 31, 2012. This represents fewer than half of all eligible kinship households. Moreover, only about one-third of demonstration counties targeted the population outlined in the practice manual (e.g., all cases open to ongoing services regardless of custody status or supervision orders).

Outcome Evaluation

FTM Model

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- The interim outcome analysis included only child abuse/neglect (CA/N) cases transferred to ongoing services between January 1, 2011 and October 1, 2012, and for whom at least one FTM was conducted during the case. The overall case-level sample size was 2,692, with 5,599 children associated with these cases; 445 of the 2,692 cases were classified as having received high-fidelity FTM, these cases included 891 children.
- FTM cases were significantly shorter than their matched cases in comparison counties. This difference held for all levels of FTM fidelity; however, the difference in length of case was particularly evident for high fidelity cases with an estimated median difference of 136 days.
- FTM cases were significantly more likely to have a re-report of CA/N within a six month period (10.4 percent or 281 cases) compared to the matched comparison group (7.5 percent or 201 cases; $p < .001$). However, the report cautions this result is based on a small effect size. No significant difference was found between the two groups for high fidelity cases (6.5 percent for the FTM group and 7.9 percent for the comparison group).
- Children in the FTM group tended to be removed from home at a higher rate (12 percent of 671) compared to matched comparison group children (10 percent of 539 cases); however, the report notes that due to effect size the findings are marginal. Additionally, the high fidelity group showed no significant difference (9 percent for both groups.).

Kinship Strategy

- The child-level outcomes analysis for the Kinship Strategy has not yet begun. Findings presented in the interim evaluation report focus on the implementation process. The Kinship Strategy outcome analysis to be provided in the final evaluation report will address all cases opened to ongoing services beginning October 1, 2011, which the evaluation team will follow through December 2014.

Participant Outcomes Study

- Interim outcome analysis focused on children and youth entering care in both the demonstration and comparison counties during calendar year (CY) 2011 ($n=6,395$) and focused on research questions pertaining to exit types, placement duration, and placement stability. Research questions related to re-entry will be addressed in the final evaluation report.
- Reasons for exit from care between demonstration and comparison counties were not statistically different. Over half of children exited care (58.6 percent in the demonstration counties and 58.3 in the comparison counties) within 12 months of entry and about 40 percent (41.4 percent in the demonstration counties and 41.7 percent in the control counties) were still in care at the end of 12 months. The most common exit type was reunification (61.5 percent demonstration and 55.8 percent comparison), followed by custody or guardianship of a relative (29.8 percent demonstration counties and 38.4 percent comparison counties).

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- No statistically significant difference was found between demonstration and comparison counties on placement duration or early placement disruption, suggesting the waiver demonstration neither increased nor decreased placement duration and placement stability.
- Interim findings from the trajectory analysis found minor differences between demonstration and comparison counties in terms of the likelihood of recurrence following initial substantiated allegation of maltreatment (16.2 percent of demonstration counties and 14 percent of comparison counties). No statistical difference was found between groups with regard to the likelihood of abuse following discharge from placement with 17.9 percent of demonstration counties showing abuse post-discharge compared to 18.2 percent of comparison counties.

COST ANALYSIS

- In general, the rate of average change in placement days, unit costs, and total foster care board and maintenance expenditures remained similar in both demonstration and comparison counties, with a total of 18 counties (8 demonstration and 10 comparison) experiencing a decrease in foster care board and maintenance expenditures. However, all four counties with the greatest increase in non-foster care expenditures were demonstration counties (Coshocton, Fairfield, Muskingum, and Richland).
- ProtectOHIO increases permanency efforts by providing a capped allocation to waiver counties, paid monthly. This permits them to provide services allowable under title IV-E and title IV-B to keep children safely in their home, reunify children in custody with their parent or with kin or in an adoptive placement. These services reduce the number of days children are in high cost paid placements, and represents a cost savings compared to non-waiver counties. Overall, in the first two years of Phase II of the State's demonstration 10 demonstration counties had flexible waiver revenue to reinvest for a total of \$16.5 million to spend on non-foster care services during 2011 and 2012. Data suggests a trend in the expected direction; however, no strong pattern was determined to distinguish demonstration and comparison counties.

Additional evaluation findings are pending the continued implementation of Ohio's Phase III waiver demonstration.

WEB LINK

All evaluation reports associated with Ohio's demonstration are available online through the following link: <http://jfs.ohio.gov/ocf/pohio.stm>

OREGON

DEMONSTRATION FOCUS:	Relationship-Based Visitation and Parent Mentoring– Phase III
APPROVAL DATE:	July 8, 2011 ¹
IMPLEMENTATION DATE:	July 1, 2011
EXPECTED COMPLETION DATE:	June 30, 2016 ²
INTERIM EVALUATION REPORT SUBMITTED:	May 2, 2014
FINAL EVALUATION REPORT EXPECTED:	December 31, 2016

BACKGROUND

During its second five-year waiver extension (Phase III), Oregon is continuing its demonstration of the flexible use of title IV-E funds to implement innovative child welfare service programs. Changes to the demonstration from its prior (Phase II) waiver extension include:

- A focus on implementing just two innovative child welfare programs: Relationship-Based Visitation (RBV) and Parent Mentoring (PM);
- A shift from a comparison site research design to an experimental research design for both the RBV and PM demonstration components; and
- Discontinuation of a separate Subsidized Guardianship demonstration component.

TARGET POPULATION

The target population for the RBV component includes families in which: (1) at least one child under the age of 13 has been in out-of-home placement (not including residential treatment) for at least 14 days and no more than 30 days at the time of initial identification; (2) the child's placement in out-of-home care occurred during the study recruitment period; (3) at least one parent has been approved for visitation outside of an office of the Oregon Department of Human Services (DHS); (4) at least one parent has participated in two or more visits with a child; and (5) the parent has a documented need for parenting services in his/her child welfare case plan.

Caregivers eligible for PM include those who have an active child welfare case in a participating

¹ Oregon's original (Phase I) waiver demonstration was implemented in July 1997, followed by a long-term (Phase II) waiver extension that was implemented from April 1, 2004 through June 30, 2011.

² Pending approval of a proposed new waiver demonstration, this waiver demonstration extension will terminate early and the final evaluation report will be expected 6 months after the termination date.

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child welfare district (see below) and who have been identified as in potential need of substance abuse treatment. Methods for determining a need for substance abuse treatment include, but are not limited to, a court petition that indicates that the use of alcohol or drugs interferes with a caregiver's ability to safely parent, parent self-disclosure, a court order that requires an alcohol and drug assessment, law enforcement involvement, or a psychological or mental health evaluation that indicates a need for an alcohol and drug assessment.

JURISDICTION

1. Relationship Based Visitation: RBV is being provided in 26 counties within 13 child welfare districts throughout the State. Three rural counties no longer have a resource to provide the service.
2. Parent Mentoring: PM is being provided in seven counties within four child welfare districts throughout the State.

INTERVENTION

1. Relationship Based Visitation: RBV is a parenting intervention utilizing the Nurturing Parenting curriculum in the context of a parent-child visitation. The intervention includes a parenting assessment and development of a parenting plan within the NPP curriculum. The parent and coach meet prior to each parent-child visitation to address a specific module of the curriculum. The coach then participates in the visit to coach the parent. Parents may receive visits outside of the RBV program in accordance with their visitation plan.
2. Parent Mentoring: PM utilizes peer mentors to support parents with substance abuse issues whose children are receiving either in-home or out-of-home services. Parent mentors are in recovery, and most have experiences with the child welfare system. Core services provided by Parent Mentors include intensive outreach efforts to referred parents; regular face-to-face contacts with parents; non-judgmental, empathic support and encouragement; modeling sober lifestyles and assisting enrolled caregivers in developing their own culturally appropriate recovery networks and resources; and provision of information and referrals to address enrolled families' immediate and ongoing service and resource needs.

EVALUATION DESIGN

The evaluation of the Phase III demonstration includes process and outcome components, as well as a cost analysis. Each demonstration component is being evaluated separately using an experimental research design involving random assignment to an experimental group (eligible for RBV or PM services) and a control group (eligible for traditional services). The outcome evaluations for both demonstration components will examine changes in several key child welfare outcomes, including (1) length of stay in out-of-home care, (2) rates of reunification, (3) length of time to reunification or another permanent living arrangement, (4) length of time to case closure, (5) rates of maltreatment recurrence, and (6) rates of foster care re-entry. In

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addition, the process and outcome evaluations of each demonstration component are separately addressing the following specific topics:

1. Relationship Based Visitation: The process evaluation will examine the RBV implementation process; implementation challenges and successes; the level of fidelity to the RBV model maintained by contracted service providers; level of collaboration between caseworkers and contracted service providers; degree to which RBV differs from traditional visitation services; level of parent involvement/engagement in services; level of foster parent involvement; and the ways/extent to which the implementation of RBV influences key outcomes of interest.

Specific outcomes associated with the RBV strategy that will be examined include successful achievement of competency in parenting areas as identified in each family's Family Nurturing Plan; active involvement by parents in visits with children; improved parenting attitudes and practices; more frequent demonstration of positive parenting skills; decreased parenting stress; and increased family and social support.

2. Parent Mentoring: The process evaluation will examine the implementation process of PM services; implementation successes and challenges in working with parents and service providers; degree to which the program diverges from the original program plan with respect to service delivery, staffing, and client numbers and demographics (model fidelity); parental satisfaction with the mentoring process, mentoring relationship, services, and supports; parents' understanding of substance abuse treatment and child welfare system requirements; and Parent Mentors' satisfaction with program training, supervision, and agency support.

Specific outcomes associated with the PM strategy that will be examined include the proportion of parents that participate in and complete substance abuse treatment; level of engagement with the recovery community; proportion of parents who participate in other services and recovery-related activities; and the degree to which issues of concern identified in parents' case plans are resolved.

PROCESS AND OUTCOME EVALUATION FINDINGS

Detailed outcome findings are pending the continued implementation of the State's demonstration; process evaluation findings to date regarding each core demonstration component are summarized below.

1. Relationship-Based Visitation
As of March 31, 2014, a total of 1,484 parents were found to be eligible for RBV services and had been randomly assigned to either the RBV (experimental) group (n=768) or control group (n=716). Of those assigned to the RBV group, about 71 percent (n=543) had been referred to RBV as of January 14, 2014 and 370 (48 percent of those randomly assigned to the RBV group) had completed an RBV intake. The most frequent reasons that parents who were referred to RBV did not receive services were that the parent's child had already returned home or the RBV provider was unable to engage the parent.

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Initial work to develop a methodology for examining implementation of and fidelity to the RBV model has been completed. Two types of indicators related to program implementation were developed: (1) Fidelity to RBV services, i.e., the extent to which the RBV program was delivered according to the program model, and (2) Implementation Drivers, using the National Implementation Research Network framework. Results from this analysis suggest that fidelity was strongest in the following areas: (1) length of RBV sessions; (2) successful implementation of Nurturing Skills lessons for parents during visits; (3) successful implementation of debriefing sessions with parents; (4) frequency of sharing information with foster parents; and (5) completion of intakes on referred families. With respect to implementation drivers, sites were strongest in terms of the quality of supervision and the frequency of DHS-RBV provider communication.

- Correlations between the various fidelity and implementation indicators were examined to explore relationships among the indicators and the clustering of indicators in a conceptually meaningful manner. This preliminary network analysis led to the identification of four key factors that may be most important to overall program fidelity: (1) quality of supervision, (2) providers' initial level of readiness to implement EBPs, (3) the quality of collaborative work between DHS and the RBV providers, and (4) leadership from RBV program directors and supervisors.

2. Parent Mentoring

- To date, 367 parents (65 percent) have been assigned to the PM experimental group and 200 parents (35 percent) have been assigned to the PM control group. A total of 277 unduplicated individuals have been referred to the PM program.
- As of December 31, 2013, PM providers have received a total of 308 referrals (including duplicate individuals) with 67 percent (205) of the referrals resulting in services being accepted. Of these 205 referrals that accepted services, 71 are currently open (i.e., working with PM providers) and 142 have exited the program. Of those who have exited the program, 59 (42 percent) completed the program and/or the DHS case was closed, and 56 (39 percent) exited because they did not initially engage or disengaged in services.
- It has been challenging to identify individuals to act as mentors, particularly in the States' smaller communities. It has proven difficult to identify people who have personal experience with child welfare, have the requisite number of years in recovery, are knowledgeable about local resources, and are otherwise appropriate for the positions. Providers have had mixed success in recruiting mentors who reflect the local populations.
- Interviews provided information on mentors' perspectives on their challenges and successes in implementing key components of PM services with fidelity. Mentors have provided a variety of supports, using a predominantly parent-directed approach, by drawing on supervision, peer-to-peer support and education, formal trainings, and mentors' own life experience. Challenges reported by mentors focused primarily on the written PM tools that are designed to elicit feedback from parents and facilitate planning

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and goal setting. Mentors often viewed the tools as a distraction and reported that it is possible to get feedback from parents and set goals without using the formal PM tools.

- Findings from the analysis of quantitative and qualitative implementation data on the six domains of the PM framework include the following:
 1. Parent Directed: Mentors reported that about half of the parents with whom they had contact in the past quarter requested services or supports. Mentors use a range of strategies to encourage parents to direct the mentoring work themselves, and consistently solicit the parents' needs and wants and engage them in thinking about their goals.
 2. Goal Focused: Mentors infrequently use written tools such as the My Change Plan tool in their work with parents, but nonetheless actively talk with parents regarding their plans.
 3. Systems Navigation: Assistance with navigating the child welfare system was provided in more than three quarters of mentoring cases and is clearly a primary focus of the work. For instance, mentors shared information with parents on translating official documents and other instances of agency jargon, explaining "how" the system works, and strategies for communicating effectively with caseworkers and other providers.
 4. Advocacy: Advocacy within the child welfare system occurred in more than half of the mentoring cases; advocacy with other systems occurred in nearly half of the cases; and advocacy with substance abuse recovery occurred in nearly a third of the cases.
 5. Supporting Recovery: A high level and wide range of activity in the area of supporting substance abuse recovery was reported by mentors; this is a particularly positive finding given that parents who are willing to engage in other services often resist dealing with addiction. During interviews, mentors described engaging in a wide range of recovery-related activities, such as providing detailed information about local treatment agencies and 12-Step groups, helping parents with transportation, and introducing them to the recovery community in their area.
 6. Building Support Networks: The data suggest that accessing informal supports and culturally specific or faith-based services is occurring in fewer cases than desired, and that mentors may need additional training and support in this area.

PENNSYLVANIA

DEMONSTRATION FOCUS:	Enhanced Family Engagement, Assessment, and Service Array
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	July 1, 2013
EXPECTED COMPLETION DATE:	June 30, 2018
INTERIM EVALUATION REPORT EXPECTED:	February 29, 2016
FINAL EVALUATION REPORT EXPECTED:	December 31, 2018

TARGET POPULATION

The target population for Pennsylvania’s demonstration includes children aged 0–18 years (1) in placement, discharged from placement, or who are receiving in-home services at the beginning of the demonstration period; or (2) who are at-risk of or enter placement during the term of the waiver demonstration. Both title IV-E eligible and non-IV-E eligible children may receive services under the demonstration.

JURISDICTION

The State’s demonstration will initially be implemented in Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango Counties, which collectively represent nearly one-half of the State’s foster care population. Starting in July 2014 implementation will begin in Crawford County and a third cohort of counties will be selected to begin implementation in July 2015.

INTERVENTION

Participating counties will use title IV-E funds flexibly to support a case practice model focused on family engagement, assessment, and the introduction or expanded use of evidence-based programs with the aim of increasing permanency, reducing time in foster care, improving child and family safety and well-being, and preventing child maltreatment. The demonstration will include three core programmatic components, the first two of which will be implemented on the implementation date:

1. Family Engagement Strategies that strengthen the role of caregivers and their families in standard casework practice. Specifically, Family Group Decision Making and/or Family Team Conferencing (or a variant of) will be introduced or expanded in participating counties.

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All participating counties have identified core family engagement principles for the purposes of creating standardization and assisting with the independent evaluation.

2. Enhanced Assessments, which will focus on the introduction or expanded use of standardized well-being, developmental, and behavioral assessment tools in participating counties, specifically: the Child and Adolescent Needs and Strengths Assessment (CANS), the Family Advocacy and Support Tool (FAST), Ages and Stages Questionnaire (ASQ), and Ages and Stages Questionnaire: Social Emotional (ASQ:SE). In terms of the CANS and FAST, the participating counties have identified consistent core assessment questions that have been agreed to in terms of implementation and utilized in the independent evaluation.
3. Evidence-based/Evidence Informed Programs (EBPs) will be introduced or expanded in participating counties, beginning in the second year of implementation. EBPs that the first cohort of counties have selected for implementation are the following:
 - Parent-Child Interaction Therapy (PCIT) (Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango Counties)
 - Positive Parenting Program (Triple P) (Dauphin, Philadelphia, & Venango Counties)
 - Homebuilders (Allegheny County)
 - Multi-Systemic Therapy (Allegheny County)
 - Trauma-Focused Cognitive-Behavioral Therapy (Allegheny County)
 - Dialectical Behavioral Therapy (Dauphin County)
 - SafeCare (Lackawanna County)
 - Functional Family Therapy (Philadelphia County)
 - Parents as Teachers & Nurse Home Visitor Program (Venango County)

In addition to the above-mentioned core programmatic components, participating counties may elect to use demonstration funding/savings to implement a variety of other child welfare services.

EVALUATION DESIGN

Pennsylvania's evaluation will include process and outcome components, as well as a cost analysis. The State will implement an interrupted time series design in which statewide changes in key child welfare outcomes are tracked over time using aggregated data from the State's child welfare information systems. In addition, the State's evaluation team will conduct a meta-analysis of common interventions across participating counties.

Process Evaluation

The State's process evaluation will assess the extent to which stages of implementation, defined by the National Implementation Research Network, are followed for assessment and engagement efforts in Year One, and for the implementation of EBPs in Years 2–5. Readiness to implement and fidelity to the implementation model, two key factors in the stages of implementation, will be assessed at the county and client-level. An implementation study will also be conducted for two EBPs implemented in counties in Cohort One: PCIT (all counties) and Triple P (three counties). These EBPs were selected for the implementation study because they are common across counties, there is potential for a high volume of children to receive services from these

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EBPs, they are both grounded in social learning theory, and because they are well-operationalized interventions with fidelity measures and evidence of positive effects.

Information for the process evaluation will be drawn from administrative data (including EBP fidelity data), document review, training records, results of child and family assessments, surveys, observation, focus groups, and key informant interviews.

Outcome Evaluation

The State's outcome evaluation will involve a multiple baseline longitudinal design using the three cohorts of counties implementing EBPs to determine if the addition of EBPs to engagement and assessment efforts improves safety, permanency, and well-being among targeted children and families. The State is also exploring the possibility of utilizing retrospective within-county case matching. Specific outcomes to be addressed include:

- Out-of-home placement rates;
- Length of stay in out-of-home care;
- Placements in congregate/institutional care settings;
- Exits to permanency;
- Maltreatment recurrence rates;
- Foster care re-entry rates;
- Child and adolescent emotional, behavioral, developmental, academic, and social functioning; and
- Parent functioning.

Data sources for the outcome evaluation will come from child and family assessment tools (i.e., CANS, FAST, ASQ, and ASQ:SE), administrative data, and individualized datasets modeled after the National Foster Care Data Archive, which will include child demographics and event characteristics for out-of-home care episodes .

Cost Analysis

Pennsylvania's cost analysis will compare the expenditures of services provided for children during each fiscal year, beginning with two baseline years (2010–2012). The analysis will examine changes over time in the ratio of expenditures for out-of-home placements versus expenditures for prevention and family preservation services. In addition, the cost analysis will assess the financial costs of the demonstration in relation to its effectiveness (i.e., cost per successful outcome).

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Pennsylvania's waiver demonstration.

RHODE ISLAND

DEMONSTRATION FOCUS:	Enhanced Wraparound Service Model
APPROVAL DATE:	September 23, 2013
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

The State's target population includes title IV-E-eligible and non-IV-E-eligible children and youth primarily between the ages of 6 and 18 who are in or at significant risk of congregate care placement, and their families. For purposes of the demonstration, congregate care includes residential, group home, treatment foster care, and emergency shelter placements, as well as semi-independent and independent living arrangements. The State estimates that approximately 300 children and youth will be served during each year of the demonstration, and that 500–600 unique unduplicated cases of children and youth will be served cumulatively over the course of the five-year demonstration period.

JURISDICTION

The demonstration will ultimately be implemented statewide. In the first year, services will be implemented in seven Department of Children, Youth, and Families (DCYF) units, with services extended to the remaining 32 units during subsequent years.

INTERVENTION

The State's demonstration will enhance its existing system of care and wraparound service model (WS). Through the WS facilitation process, other evidence-based and evidence-informed services will be identified and provided according to the needs of each child and family and in accordance with DCYF protocols. During the WS process, a team of individuals who are responsible for the well-being of each enrolled child or youth (the Child and Family Team) will collaboratively develop an individualized plan of care, implement this plan, and evaluate its success over time. WS will be led by Network Care Coordinators (NCCs) working in coordination with DCYF.

The Child and Adolescent Needs and Strengths (CANS) assessment and the Ohio Problem

RHODE ISLAND

Functioning Scales will be administered to all children and youth served in the demonstration. Throughout the duration of the demonstration, service system planning will take place among DCYF leadership, the service Networks, the evaluator, and other system of care stakeholders to identify community-based services available within the system of care to facilitate the transition from congregate care services to community-based care. This planning will ensure that essential and appropriate community-based services are available within the service array for targeted children and families.

Under the demonstration the State's existing WS model (which was first implemented in 2012) will be enhanced through:

- Additional training for NCCs/DCYF workers on integrating the wraparound process and youth assessments into the service plan;
- Ongoing availability of coaching for NCC/DCYF worker collaborations;
- Ongoing consultation to teams on running effective family team meetings; and
- Ongoing resource planning to identify available evidence-based and evidence-informed services for children and families.

All children and youth involved in the demonstration will receive WS, but a subset of the target population will receive higher-intensity WS. The Standard Practice Model WS model is distinct from usual practice WS in that the Standard Practice Model involves a staff-to-client ratio of 1:10, whereas the usual practice WS model involves a staff-to-client ratio of 1:15. In addition, the higher-intensity WS model involves a unique, regionalized teaming approach to service provision. The higher-intensity WS will be provided by NCCs that are assigned to specific DCYF service units so that the NCCs and DCYF workers share the same cases, receive the same training, and work in the same geographic areas. During the first year of the demonstration, the subset of children and youth receiving the Standard Practice Model WS will include approximately 60 children from four regions of the State that are served by six child welfare units and one juvenile probation unit. Each year this subset will increase by approximately 60 additional children, such that by the final year of the demonstration all children and youth receiving WS will receive higher-intensity WS.

EVALUATION DESIGN

Rhode Island's evaluation will include process and outcome components, as well as a cost analysis. The State will implement a retrospective matched case cohort design in which data will be gathered from children and families that are offered WS and other enhanced services following implementation of the demonstration and compared with data on a matched group of children and families served by DCYF prior to the demonstration. The matched case comparison group will be created from administrative data from a comparable group of children served by DCYF in State Fiscal Years 2010 and 2011. All children with an open DCYF case during this time period who experienced a congregate care placement (including group home, residential, intensive residential, emergency shelter, semi-independent, independent living, or treatment foster care placements) will be included in the matched comparison group. The State will use propensity score matching (PSM) as its methodology to match both groups on a range of child, family, and case-level characteristics.

RHODE ISLAND

Additional within group analyses, fidelity analyses, and case studies will be completed with children and families who are offered demonstration services. Within group analysis will be conducted to investigate the differential effects of higher-intensity WS compared to lower intensity WS. Fidelity to the WS model, and the effects of variations in fidelity, will be examined using a measure of wraparound fidelity (WFI-EZ scores) and other fidelity measures as appropriate. Case studies of families enrolled in the demonstration will also be completed using interviews and other research methods as appropriate.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented, identify how demonstration services differ from services available prior to implementation, and examine family satisfaction with WS. The State's outcome evaluation will address changes in the following outcomes:

- Reduction of subsequent maltreatment;
- Increased permanency;
- Decreased time in restrictive placement;
- Increased placement in step-down facilities (i.e., from congregate care to foster care);
- Reduction in the number of children in out-of-home placements;
- Increased child and family functioning; and
- Increased child well-being.

Changes in child well-being will be measured using the Ohio Problem & Functioning Scales and the CANS assessment. The State will collect other data to examine process and outcome variables from the State's automated child welfare information systems, child welfare agency case records, and additional information sources as appropriate.

The cost analysis will examine the costs of the key elements of services received by children and families designated to receive demonstration services and will compare these costs with those of services available prior to the start of the demonstration, or that were received by the children and families that were not designated to receive demonstration services. The cost analysis will also include an examination of the use of key funding sources, including all relevant Federal, State, and local funds. The purpose of the analysis will be to compare the costs of services available through the demonstration with those of services traditionally provided to children and their families.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of the State's demonstration.

TENNESSEE

DEMONSTRATION FOCUS:	Enhanced Assessment, Service Array, and Wraparound Service Model
APPROVAL DATE:	September 30, 2013
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

The demonstration's target population will include all children ages 0–17 who are in the non-custodial (non-placement) care of the State's child welfare system at the time of the demonstration's implementation or who are referred to non-custodial care throughout the life of the demonstration. Non-custodial children who later enter out-of-home placement will also be served through the waiver demonstration. Children who meet these criteria will be eligible for services under the demonstration regardless of their title IV-E eligibility status.

JURISDICTION

The demonstration will ultimately be implemented statewide, with implementation staggered by county or State Department of Child Services (DCS) Region according to a schedule described in detail in the State's Final Design and Implementation Report. The initial implementation of the waiver demonstration will take place in the four DCS administrative regions in the East Tennessee Grand Region: East, Knox, Northeast, and Smoky Mountain. The State estimates that it will serve up to 1,000 eligible children during the first year of the demonstration, with more detailed estimates of the number of children to be served during the life of the demonstration to be provided in the near future.

INTERVENTION

The State's demonstration will expand and enhance the existing In Home Tennessee initiative, which seeks to develop a wraparound service framework to prevent out-of-home placement among children referred to the State's child welfare system for alleged maltreatment. The following interventions and practices will be implemented or expanded under the demonstration:

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- Statewide Risk and Safety Assessment Protocol: The demonstration will support the expanded administration of a revised Family Assessment and Screening Tool (FAST 2.0) with the families of non-custodial children referred to the State's child welfare system.
- Intensive In-Home Services: Based on the results of the FAST, screened families will be classified into one of three service tiers representing an assessed need for: 1) low-intensity services; 2) moderate-intensity services; or 3) high-intensity services.
- Wraparound Service Model: Within the framework established by the State's In Home Tennessee initiative, the demonstration will support the statewide expansion of a wraparound child welfare service and case management model. Under this model, each eligible family will receive a combination of services and supports that are tailored to its strengths, needs, and placement risk level as determined by the FAST assessment. The wraparound service model will be managed through contracts between DCS and one or more community-based organizations that will develop a single, integrated service plan for each eligible family that resides within each contracted organization's designated service area. Initial implementation will occur in Anderson, Blount, Campbell, Greene, Jefferson, Knox, Sevier, Sullivan, Union, and Washington Counties. The State's plans for expansion into additional counties are forthcoming.

EVALUATION DESIGN

Tennessee's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a retrospective matched case design that will compare key outcomes in the areas of safety, placement prevention, and well-being among children involved with the child welfare system prior to the demonstration with those same outcomes among similar children who are offered the demonstration's interventions. The specific methodology for identifying a comparison group(s) of cases before implementation may include propensity score matching (PSM) or a similar method of case-level matching. The comparison of outcomes will be based on historical data available through the State's child welfare information management system (TFACTS), and may be augmented with additional data as they become available. Child-specific matching variables will include a range of demographic, geographic, and case characteristics (e.g., maltreatment risk level, placement history) available in TFACTS. To maximize case comparability and the validity of subsequent analyses, case matching will occur within the same DCS regions or other geographic areas specified by the State.

In addition to the overarching evaluation of the demonstration's full target population, the State will implement a sub-study of Tier 3 families that present with a need for high-intensity services and whose children are assessed as most at risk of out-of-home placement. The sub-study of Tier 3 families will include an analysis of fidelity to the specific interventions that are selected to meet the needs of this sub-population as well as of the impact of these interventions on key safety, placement, and well-being outcomes.

The State's process evaluation will include interim and final analyses that describe:

- The service delivery system, including procedures for determining eligibility, referring

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subjects for services, the array of services available, the number of children/families served, and the type and duration of services provided;

- The degree of collaboration and coordination within and among DCS, contracted community-based organizations, service providers, and other stakeholders in implementing a wraparound service model; and
- Child welfare staff awareness of and support for new assessment and case management policies and practices introduced under the waiver demonstration.

The State's outcome evaluation will address changes in the following outcomes:

- Number and proportion of non-custodial children that experience a subsequent out-of-home placement;
- Number and proportion of non-custodial and custodial children that experience a subsequent maltreatment episode following an initial finding of maltreatment and/or placement;
- Number and proportion of children that re-enter out-of-home placement within 12 months of reunification or other permanent placement;
- Among children who re-enter out-of-home placement, the number and proportion that are reunified or achieve permanency through legal guardianship or adoption;
- Among children who re-enter out-of-home placement, the average length of time in placement;
- Changes in child and family functioning and well-being as measured by the FAST; and
- Other measures of well-being that include but are not limited to physical health, developmental status, mental health, substance abuse, high-risk behaviors, school enrollment, and attendance rates.

The State will collect data to examine process and outcome variables from the State's automated child welfare information systems, child welfare agency case records, and additional information sources as appropriate. Additional information regarding Tennessee's evaluation will be provided in the State's forthcoming evaluation plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of the State's demonstration.

UTAH

DEMONSTRATION FOCUS:	Enhanced Assessment, Caseworker Tools and Training, and Evidence-Based In-Home Service Array
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	October 1, 2013
EXPECTED COMPLETION DATE:	September 30, 2018
INTERIM EVALUATION REPORT EXPECTED:	May 30, 2016
FINAL EVALUATION REPORT EXPECTED:	April 1, 2019

TARGET POPULATION

Utah’s waiver demonstration—called HomeWorks—targets children and families with a new in-home services case opened on or after October 1, 2013 who are determined to be in need of ongoing services based on a Structured Decision Making safety and risk assessment.

JURISDICTION

Utah’s demonstration is being implemented in multiple phases toward a goal of statewide operation. Initial implementation is occurring in two offices (Logan, which serves a rural area, and Ogden, which serves an urban area) within the Utah Department of Human Services, Division of Child and Family Services’ (DCFS) Northern Region. Implementation will roll out in all offices in the Northern Region before implementation continues in DCFS’s four remaining regions. Implementation will occur in the remaining regions as follows: Southwest Region, Salt Lake Valley Region, Eastern Region, and Western Region. Statewide rollout to all DCFS regions should be completed by December 2015.

INTERVENTION

Utah has selected three primary service interventions for its demonstration, which include the following:

1. Child and Family Assessment is being implemented through use of the “Utah Family and Children Engagement Tool” (UFACET), a child and family assessment established using the Child and Adolescent Needs and Strengths- Mental Health (CANS-MH) tool framework. The CANS-MH assessment is an evidence-based child and family

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assessment tool with additional trauma and caregiver elements in order to appropriately assess children and families receiving in-home services and guide the development of individual child and family case plans.

2. Caseworker Training, Skills, and Tools are being developed and implemented that focus on trauma-informed practice and strengthening parents' protective and promotive factors. Specific interventions include the infusion of the Strengthening Families Protective Factors Framework (SFPPF) to build protective factors within families, the Systematic Training for Effective Parenting (STEP) program, and utilization of the National Child Traumatic Stress Network's child welfare training curriculum to improve caseworker skills related to recognizing and addressing trauma.
3. Community Resources are being identified in an effort to understand the availability of services to address the most prevalent needs of children and families. Evidence-based programs are also being implemented to meet the needs of the target population; for example, STEP, which provides skills training for parents.

EVALUATION DESIGN

Utah's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a longitudinal research design that analyzes historical changes in key child welfare outcomes and expenditures. Changes will be analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward the achievement of the demonstration's primary goals. Cohorts will be defined using data available in the State's Automated Child Welfare Information System (SACWIS). In order to measure historical progress, baselines for each key outcome will be established using historical SACWIS data prior to the implementation of the demonstration. Data on these outcomes will be collected at pre-determined time intervals to assess progress toward the achievement of performance benchmarks for each outcome. Due to the staggered timeline for implementation, the analysis of changes in key outcomes will occur at both the DCFS regional level and statewide. To the extent possible, the State's evaluation will include comparative analyses of different outcomes between children and families that do and do not receive demonstration-funded services. The State may also conduct one or more quasi-experimental sub-studies of programs funded by the demonstration.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The process evaluation for the waiver demonstration will include two parts; a Planning and Implementation Evaluation and a Component Evaluation. The Planning and Implementation Evaluation will identify and describe implementation differences in terms of cultural and environmental factors, stakeholder involvement, oversight and monitoring, contextual and environmental factors, barriers to implementation, and lessons learned. It will also include an examination of workforce culture and climate measures that have been demonstrated to predict implementation success. In addition, the evaluation will explore the agency's efforts in writing and planning demonstration activities. The Component Evaluation will assess whether the initial and ongoing training on the UFACET and caseworker skills, along

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with the practice support tools, leads to knowledge and skill acquisition of evidence-based assessment techniques, available community-based services, and informs casework practice.

The State's outcome evaluation will address changes in the following outcome areas:

- Fidelity to the STEP program model;
- Parenting knowledge and skills after participating in STEP;
- Subsequent alleged and substantiated maltreatment within one year of service termination;
- First time foster care placements within one year of service termination;
- Length of time in foster care;
- Child and family well-being;
- Caseworkers' knowledge of evidence-based assessment techniques, trauma-informed practices, and services available to children and families; and
- Caseworkers' skills in assessing and meeting the needs of children at risk of experiencing maltreatment or out-of-home placement, and their families.

Utah's cost analysis will include an analysis of the cost of services received by the children and families in the demonstration group compared with the cost of services received by children and families in the comparison group. A cost-effectiveness study will be conducted to determine the relative costs per child of achieving various positive outcomes, for example, preventing an out-of-home placement.

Sample Size

Utah will analyze all participants who meet the target criteria for the agency outcomes which is estimated to be 1,222 youth in 796 families per year in the pilot offices and 5,861 youth in 4,055 families per year statewide over the five-year demonstration period.

Data Collection

The evaluation will utilize data from multiple sources, including SACWIS, UFACET, SFPP, Protective Factors Survey, STEP Parent Survey, Communities that Care Survey, staff and stakeholder interviews and focus groups, document review, and observations.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Utah's waiver demonstration.

WASHINGTON

DEMONSTRATION FOCUS:	Differential Response
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	January 1, 2014
EXPECTED COMPLETION DATE:	December 31, 2018
INTERIM EVALUATION REPORT EXPECTED:	August 29, 2016
FINAL EVALUATION REPORT EXPECTED:	July 1, 2019

TARGET POPULATION

The target population for Washington's waiver demonstration includes children and their families screened in for an alleged incident of physical abuse, negligent treatment or maltreatment by the State's Child Protective Services reporting system and who are determined to present a low to moderate risk to their child's immediate safety, health, and well-being.

JURISDICTION

The State began implementation in January in Department of Social and Health Services (DSHS) offices in Aberdeen, Lynnwood, and Spokane. The offices were chosen after 15 offices completed a readiness assessment. Factors considered in this assessment include staff size and structure; performance in terms of best practices, outcomes, and adherence to policy; establishment and use of Continuous Quality Improvement; readiness of community organizations; and availability of resources. The State will move towards statewide rollout over the course of the demonstration.

INTERVENTION

Washington is implementing Family Assessment Response (FAR), a Differential Response alternative to traditional child maltreatment investigations. The State's FAR program consists of a 45–90 day period and includes the following core components:

- A Structured Decision Making (SDM) tool to determine eligibility;
- A SDM risk assessment tool and a Child and Adolescent Needs and Strengths (CANS) screener to assess family risk factors and need for services;
- Parent and community engagement strategies;
- Concrete support and voluntary services such as food, clothing, utility assistance, mental health services, drug and alcohol treatment, and employment assistance; and

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- Linkage to an expanded array of evidence-based programs and services that promote family stability and preservation, such as Project SafeCare, Incredible Years, Positive Parenting Program, and Promoting First Relations.

The choice of specific services and programs to provide to families is based on availability and each family's unique needs and circumstances as identified by the CANS.

EVALUATION DESIGN

Washington's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison design in which FAR-eligible families residing in geographic jurisdictions in which FAR services are initially offered (the experimental group) are matched with families who meet FAR eligibility criteria, but who reside in jurisdictions in which FAR services are not yet available (comparison group). Comparison group participants will be matched to FAR program participants using propensity score matching derived from demographic, geographic, clinical, economic, criminogenic, and health data. The State's evaluation will also include supplemental analysis of differences in services and outcomes among selected sub-groups including:

- Experimental group families that accept FAR services;
- Experimental group families that refuse FAR services;
- Families served in experimental FAR offices who were not eligible for FAR;
- Families served in matched comparison offices; and
- Families that switched from the FAR to the traditional investigative pathway.

In addition to the primary analysis of differences in services and outcomes at the individual family and child level, the evaluation will also conduct office-level matching to track outcomes and costs at the system level.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and how demonstration services differ from services available prior to implementation as well as the degree to which FAR programs and services are implemented with fidelity to the intended FAR service model. The State's outcome evaluation will address child and family-level differences between the experimental and matched comparison groups within a specific time period following initial intake across the following:

- Number and proportion of repeat maltreatment allegations;
- Number and proportion of substantiated maltreatment allegations;
- Number and proportion of families with any child entering out-of-home care; and
- Changes in child and family well-being.

The outcome evaluation will also address the impact of implementation of the FAR pathway on disproportionality within the child welfare system as well as the extent to which FAR demonstration offices collectively achieve better outcomes, relative to both their own historical performance and to that of control offices. Washington's cost analysis will include two approaches; a family level cost analysis based on the matched control group study, and a separate

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panel data comparison at the field office level. If suitable cost data are available, the State will assess the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome). Additionally, findings from a cost analysis conducted independently by the Washington State Institute for Public Policy (WISPP) will be summarized in the State's final report.

Sample Size

The State estimates each cohort will include 250 FAR cases and 250 matched investigative pathway cases (with a new cohort being incorporated into the demonstration each quarter). By the end of the implementation period, and as funding allows, Washington intends to serve 15,000 cases a year using the FAR pathway.

Data Collection

Washington's evaluation will utilize data from multiple sources, including state and office documents, WISPP and University of Washington Evidence Based Practice Institute reports, readiness assessments, key informant interviews, an annual Family Survey, CANS data, and administrative data.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Washington's waiver demonstration.

WISCONSIN

DEMONSTRATION FOCUS:	Post-Reunification Case Management and Services
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	October 1, 2013
EXPECTED COMPLETION DATE:	September 30, 2018
INTERIM EVALUATION REPORT EXPECTED:	May 30, 2016
FINAL EVALUATION REPORT EXPECTED:	April 1, 2019

TARGET POPULATION

Wisconsin's waiver demonstration targets all children regardless of title IV-E eligibility who have reunified with their families after temporary out-of-home placement and who are considered at high risk of re-entry into out-of-home care within 12 months of discharge based on their score on the predictive Re-entry Prevention Model (RPM) developed specifically for the State's demonstration. The demonstration targets children who reunify and meet the program's statistically based eligibility criteria.

JURISDICTION

All children served by the Bureau of Milwaukee Child Welfare will receive post-reunification services throughout the five-year waiver period. Following the realization of cost savings during initial implementation in Fiscal Year 2013, the State is expanding post-reunification case management and support services statewide through the allocation of capitated per-child payments, or "slots". The State has selected 35 of Wisconsin's 71 balance of state (non-Milwaukee) counties to participate in Year 1 of the program. In Years 2-5 of the demonstration period the State may consider further expansion of services and supports to other age cohorts as cost savings permit.

INTERVENTION

Through its demonstration Wisconsin will provide post-reunification case management services to children and families for 12 months following reunification. During this time child welfare case managers will develop and implement, in collaboration with the family, an individualized service plan that reflects the family's unique needs and facilitates a successful transition home. The service plan will leverage formal and informal services that were accessed during the family's child welfare system involvement as well as the child and family's community and natural support system. Individualized services will include, as appropriate and locally available,

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trauma-informed evidence-based practices such as Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. Additional services may include substance abuse and mental health services for parents, specialized medical services, respite care, parenting support and assistance, transportation, and linkages to other natural and community support services, as needed. Children are referred to the Post-Reunification Support (P.S.) Program through a three step process in which caseworkers (1) identify children the agency plans to reunify, (2) check the RPM score for those children in the State's Pre-Enrollment Report, and (3) submit eligible referrals to DCF for enrollment in the P.S. Program. DCF's response time to approve referrals is one working day.

The RPM was developed in 2013 to help the State target the P.S. Program to children most at risk for re-entry into care. The RPM is based on four statistically significant variables that correlated with re-entry in a 2012 data cohort of Wisconsin families (e.g., caretaker status at the time of removal; number of prior service reports; clinical diagnosis of child during their time in care, or if the agency learns of a past diagnosis; and the number of days in care). Annual retooling of the statistical model is planned for the P.S. Program, and as more data is available and changes in practice and documentation occur, the variables in the RPM may change.

EVALUATION DESIGN

Wisconsin's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison group design to evaluate changes in safety, permanency, and well-being outcomes. The experimental group will be comprised of children who receive 12 months of post-reunification supports, while the comparison group will be comprised of eligible children with similar demographic and case characteristics who do not receive demonstration services. Children in the comparison group will be matched with experimental group children on a case-by-case basis using these characteristics as matching criteria.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and how demonstration services differ from services available prior to implementation. The State's outcome evaluation will address changes in key child welfare outcomes for all children across the domains of safety and permanency, including reduced recurrence of maltreatment and reduced foster care re-entry within 12 months of reunification. The State will also measure changes in the following child well-being outcomes, as data are available and developmentally appropriate:

- Physical health care outcomes such as well child check-ups, dental check-ups, age appropriate immunizations, and utilization of psychotropic medications;
- Early care and education outcomes such as Head Start enrollment, school readiness, and school attendance; and
- Child trauma and functioning outcomes such as trauma exposure and healing, and emotional, social, and behavioral functioning.

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Sample Size

The evaluation will match children in the demonstration group with children in the comparison group on a 1:1 ratio. Propensity Score Matching (PSM) will be used to create matched samples during Years 1–3, which the State estimates will produce a sample size of at least 1,500 (500 x 3 years). Use of PSM will be discontinued after Year 3, as the number of counties implementing the P.S. Program increases and the population of reunified families that do not receive services diminishes, which will make finding acceptable matching families difficult. If the targeted sample size of at least 1,500 is not reached by the end of Year 3, enrollment will continue until it is reached. Although PSM will be discontinued after Year 3, the evaluation will continue to track safety and permanency outcomes for children and families reunified in Years 4–6 using administrative data.

Data Collection

Wisconsin's evaluation will utilize data from multiple sources, including the State's automated child welfare system (e.g., eWiSACWIS), document reviews, caseworker completed Child Adolescent Needs and Strengths assessment data, as well as focus groups and parent surveys.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Wisconsin's waiver demonstration.