Profiles of the Active Title IV-E Child Welfare Waiver Demonstrations

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NOTE: Information contained in the following profiles of Child Welfare Waiver Demonstrations has been abstracted from information submitted by the jurisdictions as of June 2017. 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 reported evaluation findings. More details regarding the waiver demonstrations are available in the respective progress and evaluation reports of each jurisdiction.
1: Arizona

Demonstration Basics

Demonstration Focus: Efforts to “right-size” the current congregate care component of the state child welfare system.

Approval Date: September 30, 2014

Implementation Date: July 1, 2016

Expected Completion Date: September 30, 2019

Interim Evaluation Report Expected: March 1, 2019

Final Evaluation Report Expected: March 31, 2020

Target Population

Regardless of title IV-E eligibility, the Arizona waiver demonstration targets all children aged 0–18 who are in any congregate care setting at the start of the waiver demonstration or enter a congregate care setting during the demonstration and are not in residential treatment, hospitals, or correctional facilities due to behavioral health, juvenile justice, or medical needs.

Jurisdiction

The demonstration was initially implemented in two Arizona Department of Child Safety (DCS) offices in Maricopa County. It will be rolled out in phased implementation stages toward eventual statewide implementation.

Intervention

The waiver demonstration addresses the goals detailed in the DCS agency-wide Strategic Plan. The goals specifically aim to reduce lengths of stay for children in out-of-home care, reduce recurrence of maltreatment, and improve capacity to place children in family environments. The intervention being implemented to address these goals consists of three components:

- Expanding Team Decision Making (TDM) process to the targeted population
- Enhancing the availability of in-home reunification services, placement stabilization other needed services
- Introducing techniques of the Family Finding model

DCS has created non-case carrying Family Engagement Specialist positions that are trained to provide the family/fictive kin search and engagement activities. Children in the congregate care setting are selected for the intervention based on case related data, including the age of the

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1 Right-sizing is a comprehensive approach to ensuring children and youth receive the highest level of treatment and care needed in the least restrictive setting.
child, type of placement, and length of placement. Once selected, there are two points of entry for children into the targeted TDM process.

- The child has a family/fictive kin placement identified, or reunification is scheduled to take place in the next 30 days. A TDM is also needed to explore needs/supports for the placement/child/family.
- If placement with family/fictive kin is not identified or reunification is not occurring within 30 days, family/fictive kin search and engagement activities are conducted; and the family is prepared for a TDM meeting.

The TDM process is supported by implementation of the Family Finding model, and in-home service providers are engaged to ensure they are full partners in providing services to children who are moving from congregate care to a family setting or returning home.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented; and identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families not designated to receive demonstration services. The process evaluation also addresses the implementation of the demonstration project within the context of the system-wide reform efforts. The research design for the outcome evaluation varies across outcome domains, but overall, consists of a longitudinal, comparison group approach to examine changes in safety, permanency, and well-being outcomes to include—

- Reduced use of congregate care as a placement option
- Reduced lengths of stay in congregate care
- Increased timeliness of reunification
- Reduced reentry into congregate care
- Reduced foster care reentry rates
- Improved child social/emotional well-being

The evaluation also includes a substudy on the assessment of child well-being. The substudy addresses the following three research questions:

- How do caregivers, kin/fictive kin, and congregate care providers conceptualize well-being for their children?
- How do children (age 12 and older) conceptualize their own well-being?
- What are the content validity, face validity, and sensitivity of select standardized measures of child well-being among children and adolescents living in congregate care?
Evaluation Findings

The following is a summary of process evaluation findings available through January 30, 2017.

- The Wilder Collaboration Inventory was administered at the start of the demonstration to assess key domains related to effective collaboration. Respondents were DCS staff, community stakeholders, and others involved in the waiver demonstration. A total of 36 respondents completed most the survey questions (a response rate of 47 percent). Some of the results from the Wilder Collaboration Inventory indicated the following responses:
  - The time is right for this collaboration.
  - Participants are dedicated to making this project succeed.
  - There is respect among the professionals involved in the group.
  - Those in leadership positions have the necessary collaborative skills.
  - The goals of the project are clear and understood by both individual members and the group.
  - More time, resources, and people power need to be invested in the group’s collaborative efforts.

- The Organizational Readiness for Change survey was administered at the beginning of the demonstration to identify strengths and challenges to readiness for implementation. Respondents were DCS staff and administrators for Maricopa County in leadership positions responsible for implementing the demonstration. Fourteen respondents completed most the survey (a response rate of 64 percent). Some of the survey findings include the following:
  - Guidance for DCS staff would be beneficial in engaging parents in placement and permanency decisions; record keeping and information systems; and improving rapport with clients, among other topics.
  - Meetings with DCS supervisors occur frequently regarding client progress and needs.
  - Identified challenges include the amount of time staff must devote to meeting with parents and/children; the number of staff to meet parent/children needs; and the level of staff training.
  - Regarding collaboration in the workplace, respondents indicated staff members are quick to help one another; staff often show signs of high stress—strain and frustration are common; and management does not have a clear plan for the waiver demonstration.

Additional evaluation findings are pending the continued implementation of the waiver demonstration.

Information and reports for the Arizona demonstration are available online. Inquiries regarding the Arizona demonstration may be directed to Susan Blackburn-Love, Program Development Administrator: Susan.Blackburn@azdcs.gov.
2: Arkansas

Demonstration Basics

**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 Date:** March 31, 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 statewide of all client types, specific interventions concentrate on precise groups of children and families depending on their characteristics and needs. The state estimates over 15,000 cases will be served across the six initiatives.

**Jurisdiction**

The demonstration is being implemented statewide; however, specific interventions are being rolled out in phased implementation stages across selected counties or service areas.

**Intervention**

Under the demonstration, Arkansas is adopting, expanding, or developing and implementing different programs, services, and practices.

- **Differential Response (DR)** was implemented prior to the waiver demonstration and in August 2013 expanded statewide. The 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 the family 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 (SNAP). The worker utilizes the Family Strengths and Needs Assessment tool (FSNA) to assess strengths and needs and identify needed services and supports. The Arkansas Division of Children and Family Services (DCFS) goal is to provide services and supports to families for a period of 30 days with two 15-day extensions available. The maximum time that a DR case can be open is 60 days. If more time is needed beyond that timeframe, then the
DR case is closed and a supportive services case is opened. At that time, the Family Advocacy and Support (FAST) tool is used to assess the strengths and needs of the family.

- **Child and Adolescent Needs and Strengths (CANS)/FAST** are evidence-based functional assessments 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. The CANS is being implemented with foster care cases and the FAST with in-home cases. Initial implementation of the CANS/FAST initiative occurred in Miller and Pulaski Counties and subsequently statewide in February 2015. The processes of converting to a hybrid CANS/FAST assessment has begun and will be modeled after the Utah UFACET for both in-home and out-of-home cases. The state intends for the condensed version of this hybrid tool to eventually be used in investigations and differential response.

- **Nurturing Parenting Program** is an evidence-based parenting education program comprised of twenty-five varied programs and curricula. Under the demonstration, Arkansas is implementing the *Nurturing Program for Adult Parents and Their School-Age Children 5 to 11* curriculum, referred to as *Nurturing the Families of Arkansas (NFA)*. As of March 2015, NFA was implemented statewide and enhances parenting knowledge, skills, and practices of caregivers involved in the state child welfare system. The program target population includes parents/caregivers involved in in-home cases where there is no court involvement and at least one child between the ages of 5 and 11. The FAST is used to identify the highest priority needs of families and to serve as a basis for referral to NFA.

- **Permanency Round Tables (PRT)** were previously conducted 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, PRTs were expanded under the waiver demonstration. The priority population for this initiative included 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. PRTs had been implemented in all ten areas of the state; however, this initiative has been placed on hold since June 2016.

- **Targeted Foster Family Recruitment** aims to increase the number of foster homes in the state and assist caseworkers in making appropriate placement decisions for children in foster care. The Arkansas Creating Connections for Children program (ARCCC) is based on the Annie E. Casey Foundation model, *Family to Family*. Under the demonstration, ARCCC is being implemented in those service areas within which the concurrent Diligent Recruitment program is not, specifically 6 of the 10 service areas (areas 3, 4, 5, 7, 9, and 10). Although the two programs are very similar, they are focused on different target populations. The Diligent Recruitment service areas are employing general, targeted, and child-specific strategies to recruit resource families (foster and adoptive) for youth aged 12 and older and specific groups within that population, including youth of color,
sibling groups, and youth with behavioral health needs. The Target Recruitment service areas are utilizing similar recruitment strategies to recruit resource families for children aged 11 and older and specific groups of children identified as being most in need, e.g., sibling groups, children of color, and children with special needs.

- **Team Decision Making (TDM)**, a family team meeting model developed by the Annie E. Casey Foundation, allows caregivers and children to serve more active roles in the decision-making process. TDM is designed to make immediate decisions about removing a child and making a placement and/or changing a placement and is being implemented to safely reduce the number of children entering foster care. It was initially implemented during the investigation phase and in open in-home cases when a safety factor was identified and a protection plan put in place. In 2015, the TDM policy was revised to add Exposed Infants, also referred to as Garrett’s Law, as a trigger. TDM is being rolled out in phased implementation using removal data, staff capacity data and information, and geographic considerations as facilitators and has been implemented in 24 of 75 counties. Statewide implementation is tentatively scheduled for July 1, 2018. TDM meetings are held within 48 hours of a protection plan being put in place.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. Each of the six selected demonstration interventions use a matched case comparison design. Every 6 months, children and families enrolled in each demonstration intervention (experimental group) are identified and matched with comparison cases drawn from a 2-year window ending 1 year prior to the initial implementation of the intervention (comparison group). Propensity score matching is being used to select the comparison groups by 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 process evaluation includes 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 outcome evaluation assesses 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—

- Number and percentage of children entering out-of-home care is reduced
- Stability is increased for children in foster care
- Permanency is expedited for children in foster care

The evaluation of NFA and Targeted Recruitment also addresses changes in well-being outcomes (e.g., behavioral, social, and emotional functioning) for children.
Arkansas

Data Collection

The evaluation utilizes data from multiple sources including the statewide automated child welfare system (i.e., CHRIS), case reviews, document reviews, staff and service provider interviews, and client surveys.

Evaluation Findings

This section summarizes key evaluation findings from the Interim Evaluation Report and semi-annual reports through January 31, 2017.

Process Evaluation Findings

DR

- DR served 13,213 families (including 20,387 children).
- Family survey data shows 83 percent of families agreed they were treated with respect during participation, and 85 percent agreed the worker was supportive of the family’s needs. Following closure of the DR case, 86 percent of families agreed their home life is more stable ($n = 203$).

CANS/FAST

- Cases are reviewed to determine if the services described in the case plan align with what should be done to meet the child/adolescent’s specific need and whether progress has been made on these services. In general, in the CANS 0–4 and 5+ assessments ($n = 21$ and 23 cases, respectively), progress is being made toward the services outlined in the case plan. The exception is for the Caregiver where the majority of responses reported only some progress being made toward the services. For the FAST assessments reviewed ($n = 22$), all domains have the majority of services aligning with the case plan but only some progress toward those services.

NFA

- Two hundred fifty families (including 709 children) have participated in or are currently participating in the NFA program.
- Families who have participated in the NFA program were asked about their satisfaction with the program. Families reported they learned additional parenting skills, are more confident in their parenting skills, and have improved their relationships with their child(ren) because of participating in NFA. Families also reported they believe they will be able to keep their child(ren) in their care because of the parenting program ($n = 108$).

TR

- Seven hundred thirty-two foster families have been recruited from the Targeted Recruitment areas under the waiver demonstration.
Arkansas

- Of 205 surveys completed, 86 percent of the families agreed they are planning to continue their roles as foster parents. Survey results also show parents can secure daily childcare when needed (91 percent) and children are receiving services to meet their basic health, mental health, and educational needs (87 percent).

**TDM**

- Eight hundred seventy-one families (involving 1,914 children) have participated in a TDM meeting.
- Family/caregiver survey data suggests families respond positively to the TDM meetings, with 96 percent of families reporting satisfaction with the outcome of the meetings and 98 percent reporting their comments, ideas, and questions were taken seriously by the workers and others present (total number of respondents not reported).

**Outcome Evaluation Findings**

**DR**

- Inadequate Supervision and Environmental Neglect were among the most frequently alleged types of maltreatment reported across all 6-month cohort timeframes. The percentage of cases with alleged Educational Neglect has steadily increased since implementation of the DR program.
- Preliminary findings at the time of the Interim Evaluation Report indicate a reduction in subsequent maltreatment, case openings, and removals for families receiving DR. The sample size for 12 month outcomes was 6,025 cases for the comparison group and 5,832 cases for the demonstration group. Key findings are as follows:
  - Subsequent maltreatment—Investigation within 12 months of investigation/DR closure totaled 20.1 percent (1,171) of demonstration group cases compared to 29.7 percent (1,787) of comparison group cases.
  - Subsequent case opening—Open child protective services (CPS) case within 12 months of investigation/DR closure totaled 3.7 percent (218) of demonstration group cases compared to 7.6 percent (457) of comparison group cases.
  - Subsequent removal—At least one child removed within 12 months of investigation/DR closure totaled 2.8 percent (162) of demonstration group cases compared to 4.5 percent (269) of comparison group cases.

**CANS/FAST**

- All treatment cohorts (August 1, 2015, to January 31, 2017) show a statistically significant higher percentage of children reunified for both age groups (i.e., 0–4 and 5+) within 3 months as compared to the comparison group (significance level not provided).
Arkansas

**NFA**

- Significantly fewer children in cohort 1 (March 1, 2015, to August 1, 2015) were removed from their families within 12 months after completion of the program compared to the comparison group, with 98 percent of cases in the treatment group having no child removed versus 90 percent in the comparison group (significance level not provided).

**TR**

- Children in the treatment group placed in approved homes between February 1, 2016, and July 31, 2016, show a lower percentage of children with minimal placement changes within 3 and 6 months, when compared to the children in the comparison group; however, there are no statistically significant differences.

**TDM**

- Preliminary findings at the time of the Interim Evaluation Report show TDMs are having a positive impact on removals, with only 7 percent of youth in the demonstration group removed from the home within 12 months of the TDM (n = 1,109) compared to 22 percent of youth in the comparison group (n = 933).

Additional findings are pending the continued implementation of the waiver demonstration.

Information and reports for the Arkansas demonstration are available online. For questions regarding the Arkansas demonstration contact Lisa Jensen at the following e-mail address: Lisa.Jensen@dhs.arkansas.gov.
3: California

Demonstration Basics

**Demonstration Focus:** Flexible Funding – Phase II

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2014

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** May 31, 2017

**Final Evaluation Report Expected:** March 31, 2020

Target Population

The California waiver demonstration targets title IV-E-eligible and non-IV-E-eligible children aged 0–17, inclusive, who are currently in out-of-home placement or who are at risk of entering or reentering foster care.

Jurisdiction

Under phase II of the demonstration, the state is continuing implementation in Alameda and Los Angeles County Child Welfare and Probation Departments (cohort 1). The state has expanded implementation in the following seven counties: Butte, Lake, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma (cohort 2).

Intervention

Through the waiver demonstration (referred to as the Title IV-E California Well-Being Project), the state receives a capped amount of title IV-E funds and distributes annual allocations to participating counties. The allocations expand and strengthen child welfare practices, programs, and system improvements.

The demonstration includes two core interventions.

- **Safety Organized Practice/Core Practice Model (SOP/CPM).** Child welfare departments in participating counties will implement this intervention. CPM is a framework for integrated practice in child welfare and mental health agencies, service providers, and community/tribal partners working with youth and families. The SOP/CPM is implemented as a family-centered practice that will contribute to the improvement of safety, permanency, and well-being outcomes for children, youth, and families. The

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2 The California 5-year waiver demonstration was originally implemented July 1, 2007, and was scheduled to end on June 30, 2012. The state received several short-term extensions thereafter and in September 2014 received an extension of an additional 5 years effective from October 1, 2014, through September 30, 2019.

3 Effective June 30, 2017, Butte County will no longer be participating in the waiver demonstration.
SOP/CPM intervention will be organized into foundational skills and core components. The foundational skills, which are common throughout all participating counties, include Solution Focused Interviewing, Appreciative Inquiry, and Cultural Humility. The core components/tools include Behaviorally Based Case Plans, Child’s Voice (Voice and Choice), Coaching, Safety Planning, and Teaming (Networks of Support). Use of the core components/tools is based on family need.

- **Wraparound.** Probation departments in participating counties provide Wraparound services to youth exhibiting delinquency risk factors putting them at risk of being removed from their homes and placed in foster care. The Wraparound model is a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for the youth and family. Specific elements of the Wraparound model include case teaming, family and youth engagement, individualized strength-based case planning, and transition planning.

In addition to the project-wide interventions noted, participating departments are implementing up to two child welfare and up to two probation interventions at local discretion. These county-specific service interventions include but are not limited to Kinship Support Services, Triple P, Enhanced Prevention and Aftercare, Functional Family Therapy, and Multi-Systemic Therapy.

**Evaluation Design**

The evaluation consists of three components: a process evaluation, an outcome evaluation, and a cost analysis. The process evaluation includes interim and final process analyses that examine internal consistency, implementation and model fidelity, and factors influencing model fidelity. The process evaluation will examine the implementation process of each county and will 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 fidelity assessment will determine whether SOP/CPM, Wraparound, and other programs offered by the nine counties are implemented as designed.

The outcome evaluation utilizes an interrupted time series design to track changes in key safety, permanency, and juvenile justice system involvement outcomes over time. Outcome patterns before and after implementation of the demonstration will be analyzed to identify differences that may be attributable in part to the interventions implemented under the demonstration. For the two core interventions of SOP/CPM and Wraparound, the analysis will use case-level data to the extent possible to isolate the impact of these interventions from the effects of demographic, programmatic, and other external factors. The outcome evaluation will address, at a minimum, changes in the following outcomes in all participating counties:

- Entries into out-of-home care
- Entries into the most appropriate and least restrictive placement settings
- Reentries into out-of-home care
California

- Recurrence of maltreatment
- Rate and timeliness of permanency
- Reoffenses among children and youth on probation
- Child and family functioning and well-being
- Recurrence of reoffending among youth

To the extent available, the evaluation will track all outcome measures in relation to gender; age; race; and as appropriate, placement type or setting.

The evaluation will also include two outcome substudies which will take place in years 2 and 3 of the evaluation. Sacramento Child Welfare and San Francisco Child Welfare are being considered as sites for the outcome substudies. Final plans for implementing the substudies are pending.

The state will collect data for the evaluation from the statewide automated child welfare information systems, child welfare agency case records, selected child and family assessment tools, and additional information sources as appropriate. Additional specifics are included in the state evaluation plan.

The cost analysis will examine the aggregate costs of services received by children and families in the demonstration counties prior to the implementation of the waiver demonstration and during the current demonstration period as data allow. The analysis will involve a longitudinal examination of changes in costs over time (i.e., how service costs differed prior to the start of the demonstration versus after implementation). In addition, average costs across all counties will be used as a benchmark to compare relative changes over the waiver demonstration period. The cost analysis will include an examination of the use of key funding sources, including federal sources and state, county, and local funds.

The evaluation team will also conduct a cost substudy. Los Angeles and Alameda Counties are being considered as sites for the cost substudy. The substudy will identify activities and associated costs specific to the demonstration service program(s) implemented at the discretion of the county.

Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the California waiver demonstration. The following provides updated evaluation findings for the reporting period of April 1, 2016, through September 30, 2016.

Process Evaluation

- Across participating counties, 36,572 children were served by SOP/CPM and 888 children participated in Wraparound.

- Common themes from the site visits with individual demonstration counties conducted between May and September 2016 included preliminary plans for increased fidelity monitoring of the primary interventions of SOP/CPM and Wraparound; development
or enhancement of electronic data collection and shared databases to track enrollment, assessments, and outcomes related to the interventions; and requests for review and feedback on current fidelity measures. Counties also described frequent turnover of county leadership and front-line staff as a challenge to implementation.

Information and reports for the California demonstration are available online. Inquiries regarding the California waiver demonstration may be directed to Lisa Witchey: IV-EWaiver@dss.ca.gov.
4: Colorado

Demonstration Basics

**Demonstration Focus:** Enhanced Family Engagement, Permanency Round Tables, Kinship Supports, and Trauma-Informed Assessment and Services

**Approval Date:** September 28, 2012

**Implementation Date:** July 31, 2013

**Expected Completion Date:** July 31, 2018

**Interim Evaluation Report Date:** March 1, 2016

**Final Evaluation Report Expected:** January 31, 2019

**Target Population**

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

**Jurisdiction**

The demonstration will be implemented in up to 64 counties; each participating county will implement some or all service interventions in varying stages during the demonstration period.

**Intervention**

Participating counties are using 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.

- **Family Engagement** guidelines and processes are being introduced to child welfare case practice through a combination of training, coaching, and peer mentoring.
- **Permanency Roundtables (PRTs)** are being conducted to develop a Permanency Action Plan for each eligible child.
- **Kinship Supports** are being provided to potential and current kin placement resources for children in out-of-home care, including congregate care and children at risk of entry or reentry into out-of-home care.
- **Trauma-Informed Child Assessment Tools**, specifically geared toward children who have experienced trauma, supplement the existing assessment processes and instruments.
- **Trauma-Focused Behavioral Health Treatments** that have been shown to be effective with children who have experienced trauma are being used with increased frequency by counties and behavioral health organizations.4

**Evaluation Design**

The evaluation includes process, outcome, and cost studies. The process evaluation documents the full range of state and county activities associated with implementation; the related services and supports that children and families receive; case level fidelity to the intervention models; and the evolution over time, including successes and challenges experienced throughout the implementation process.

A historical matched case comparison design and an interrupted time series analysis for the outcome study are being used. The matched case design compares changes in outcomes among children receiving one or more waiver interventions with outcomes among similar children in open child welfare cases in the years immediately preceding the start of the waiver. The interrupted time series analysis compares yearly out-of-home placement trends in the 5 years before and after the start of the waiver.

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 reentry 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 settings
- Exits to permanency through reunification, guardianship, and adoption
- Changes in the use of congregate care

The cost analysis involves two integrated substudies to illuminate cost impacts using system- and case-level data. At the system level, expenditure patterns in participating counties are being reviewed to determine whether they were influenced by the fiscal stimulus of the title IV-E waiver and associated waiver-funded interventions. At the case level, cost data from the state child welfare information system (Trails) is being 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, amounts, and costs of services received by children and families prior to the start of the demonstration. The potential impact of waiver interventions on county spending will be analyzed at the county-level for a sample of up to 15

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4 The trauma-focused treatment interventions include Child-Parent Psychotherapy, Trauma-Focused Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, experiential play therapy, and Eye Movement Desensitization Reprogramming.
Colorado counties. This group of 15 will include all 10 large counties in the state and a selection of medium-size and small counties.

Data Collection

The evaluation utilizes data from multiple sources, including the state automated child welfare information system, Trails; data submitted by the state to the Multistate Foster Care Data Archive; an online county Implementation Index that includes an annual survey of child welfare staff; annual site visits to county child welfare agencies and community mental health centers in which interviews and focus groups are conducted; a kinship caregiver survey; and trauma assessment and treatment data submitted to the state Office of Behavioral Health.

Evaluation Findings

The section below summarizes key interim findings reported through January 1, 2017.

Process Evaluation Findings

Family Engagement

- Across the counties implementing family engagement meetings during year 1 and/or year 2 of the waiver, 3,936 cases (59 percent of all eligible cases) received at least one family engagement meeting. The penetration rate was lower for the small counties (32 percent) compared to the medium-size and large counties.

- Mean family engagement implementation scores on the annual Implementation Index indicate a high level of implementation of the core components of the intervention across all counties in years 1–3.

- Family engagement meeting fidelity was assessed by examining the percentage of subsequent meetings occurring on time and the percentage of meetings with required participant attendance. Overall, 63 percent of subsequent meetings occurred on time and required participant attendance was high across county size groups. A caseworker was present at 84 percent of the meetings and a parent at 87 percent.

PRTs

- Across the counties implementing PRTs for youth aged 16 and older in year 1 and/or year 2, 239 youth (78 percent of all eligible youth) received at least one PRT meeting. The penetration rate was lower for the small counties (54 percent) compared to the medium-size and large counties.

- Mean PRT implementation scores on the annual Implementation Index indicate a high level of implementation of the core components of the intervention for the large counties, and mid- to high implementation in the medium-size and small counties in years 1–3.
Colorado

- PRT meeting fidelity was assessed by examining the percentage of subsequent meetings occurring on time and the percentage of meetings requiring participant attendance. For the target population of youth age 16 and older, 55 percent of subsequent meetings occurred on time. A caseworker was present at 95 percent of the meetings and a PRT Facilitator was present at 94 percent.

**Kinship Supports**

- Across counties implementing kinship supports in year 1 and/or year 2, 2,139 kinship caregivers (72 percent of all eligible caregivers) received at least one kinship supports service. The penetration rate was much lower for the small counties (11 percent) compared to the medium-size (62 percent) and large counties (74 percent).

- Mean kinship supports implementation scores on the annual Implementation Index indicate variable levels of implementation by county size. On average the large counties had an implementation score 23 points higher (on a scale of 1–100) than the small counties in year 2. In year 3, implementation scores indicate a high level of implementation for the large counties, and mid- to high implementation in the medium-size and small counties.

- Kinship supports case fidelity was assessed by examining the percentage of kinship caregivers receiving a Kinship Supports Needs Assessment and the percentage of kinship caregivers receiving the assessment within 7 days of kinship placement. Across all counties, about half (55 percent) of the eligible caregivers (n = 1,649) received a Kinship Supports Needs Assessment, and 41 percent of those caregivers received the assessment within 7 days of placement.

**Trauma-Informed Screening, Assessment, and Referral**

- Across the participating counties, 1,388 youth (39 percent of all eligible youth) were screened for trauma. For youth who were screened and whose screen indicated signs or symptoms of trauma, 99 percent were referred for an additional trauma assessment. The assessment penetration rate was relatively low, with about 20 percent of children who were referred for assessment receiving one. However, the treatment penetration rate was higher, with approximately 75 percent of the 102 children for whom treatment was recommended to begin treatment.

- Mean implementation scores on the Implementation Index administered during year 2 (the first year of implementation for trauma-informed interventions) indicate the large counties implemented the trauma-informed interventions at a high level, while the small and medium-size counties were implementing at a moderate level. At year 3, the large and medium-size counties were implementing at a high level and the small counties were implementing at a moderate level.
Outcome Evaluation Findings

- The long-term trend of decreasing use of foster care and congregate care evident in the state prior to the start of the waiver continued in the first 2 years in those counties with waiver intervention funding. The counties participating in both first 2 years experienced a 12 percent decrease in foster care placement days. Counties not participating in either year experienced a 29 percent increase in foster care placement days during those same 2 years. Congregate care days decreased by 15 percent in the first 2 years in counties participating in both years, compared to a 6 percent decrease in counties without waiver intervention funding in either year. Kinship care placement days increased by 48 percent during the first 2 years in counties receiving waiver intervention funding in both years.

- The matched case analysis revealed some positive outcomes for children and youth who received family engagement meetings. Compared to children and youth in cases that did not receive family engagement meetings, children and youth who did were 33 percent less likely to experience a re-report of abuse and/or neglect, 17 percent less likely to have two or more placement-setting changes, and 6 percent more likely to have permanency at case closure. Children and youth in cases receiving family engagement at a high level of fidelity (i.e., all family engagement meetings on time and with all the required participants in attendance) experienced additional positive safety and permanency outcomes. They were significantly less likely to experience even one placement change and spent significantly fewer days, on average, in foster and congregate care than children and youth in the comparison group.

- The matched case analysis revealed mixed outcomes for children and youth who received PRTs and for children and youth living with kin receiving kinship supports. While most permanency outcomes for youth who received PRTs was not statistically significant or was statistically significant in the unexpected direction, it was found that the average number of permanent connections for youth 16 and older increased significantly from 1.6 to 3.1 from their initial PRT meetings to the end of their out-of-home placements. Children and youth living with a kin caregiver who received kinship supports were 57 percent less likely to experience a substantiated or inconclusive re-report of abuse and/or neglect. They spent, on average, 16 more days in placement with that caregiver than children and youth who began living with a kin caregiver prior to the start of the waiver who did not receive kinship supports.

- Changes in the trauma symptom assessment scores were examined for the 32 children and youth receiving trauma-informed treatment and had an initial and followup assessment. The trauma-informed assessments included the Trauma Symptom Checklist for Young Children (TSCYC) for children aged 3–12 or the Child PTSD Symptom Scale (CPSS) for children and youth aged 8–18. The mean difference in scores for children who received the TSCYC assessment \( (n = 17) \) was an increase of 3 points (over a possible range of 75 points) and the mean difference in scores for children who received the CPSS \( (n = 15) \) was a decrease of 3 points (over a possible range of 51 points). Findings are mixed. Higher scores indicate a greater frequency of trauma symptoms, and the
statistical significance of the changes in scores was not reported due to the small sample size.

Cost Study Findings

- In the aggregate, the participating counties experienced a 16 percent overall reduction in foster care expenditures over the first 2 years of the waiver from about $82 million in state fiscal year (SFY) 2013 to about $69 million in 2015. A decrease in the average daily cost of care was the main reason for the decline in foster care expenditures. Specifically, demonstration counties saw a 15 percent decrease in unit cost between SFY 2013 and 2015. The major contributor to the reduction in unit cost and, therefore, to the reduction of foster care expenditures in total, was likely the shift in placement types from typically higher-cost foster care and congregate placements to lower-cost relative and kinship placements.

Inquiries regarding the Colorado waiver demonstration may be directed to Tyler Allen, IV-E Waiver Administrator at tyler.allen@state.co.us
5: District of Columbia

Demonstration Basics

**Demonstration Focus:** 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:** January 20, 2017

**Final Evaluation Report Expected:** October 24, 2019

Target Population

The target population for the District of Columbia waiver demonstration includes all title IV-E eligible and noneligible 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 Family Assessment (via the CFSA differential response). Priority access to demonstration services will be provided to families with children aged 0–6, with mothers aged 17–25, or with children who have been in out-of-home care for 6–12 months with the goal of reunification.

Jurisdiction

The demonstration is being implemented districtwide.

Intervention

Under the waiver demonstration, the District of Columbia has implemented Safe and Stable Families (SSF), which includes two evidence-based practice interventions.

- **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 needed to prevent removal. The priority target population for this intervention is families with children aged 0–6.

- **Project Connect** is an intensive in-home services intervention for child-welfare involved, high-risk families affected by parental substance abuse. 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. The goal for most Project Connect families is maintaining children safely in their homes. But when this is not possible, the program works to facilitate reunification. The district is implementing the model to expedite and support reunification for families where the children have not yet been returned and to prevent reentry into foster care. The priority target populations for this intervention are families with children in out-of-home care for 6–12 months with the goal of reunification or families who have achieved reunification to prevent reentry, and substance affected families involved with the CFSA In-home Services Administration who are experiencing chronic neglect.5

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. Two programs are being expanded under the demonstration.

- **Parent and Adolescent Support Services (PASS):** In collaboration with the Department of Human Services (DHS), CFSA is supporting expansion of the DHS PASS. PASS is a voluntary program open to families of district youth aged 10–17 who are committing status offenses including truancy, running away, curfew violations and extreme disobedience, and other illegal behaviors 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)** contracted providers offer a range of services to families to include home visits, assessment of family 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 evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses describing how the demonstration was implemented, any changes made to the proposed implementation, and how services will be sustained. The district outcome evaluation consists of two approaches: (1) a pre- and posttest 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 cohorts of youth and families who participate in demonstration programs will be compared to outcomes for a pre-demonstration comparison group. The pre-demonstration comparison group is matched to the demonstration annual treatment cohorts on key demographic variables and the individual program eligibility criteria, but excludes youth and families who previously received one of the programs the

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5 CFSA defines chronic neglect as families experiencing the following factors: 1) one or more needs basic to the child’s healthy development are not met 2) the neglect is perpetrated by a parent or caregiver and 3) the neglect happens on a recurring and enduring basis.
district is expanding under the demonstration (e.g., PASS, PESP). The outcome evaluation addresses the outcomes in the three domains.

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 reentries into foster care

Well-being

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

Data Collection

The evaluation utilizes data from multiple sources including the district child welfare system (e.g., FACES.net); case reviews; surveys with staff, clients, and stakeholders; focus groups; and data from assessment instruments (e.g., Child Adolescent Functional Assessment Scale—CAFAS, North Carolina Family Assessment Scale—NCFAS, Protective Factors Survey, and Risk Inventory).

Evaluation Findings

The following provides evaluation findings based on the interim evaluation report submitted in January 2017.

Process Evaluation Findings

A total of 416 families were enrolled and receiving demonstration services from April 25, 2015, to September 30, 2016. Overall, enrollment in the demonstration is lower than expected across all programs except HOMEBUILDERS®. HOMEBUILDERS® served 112 families; 113 percent of the expected target goal of 99 families. Project Connect served 65 families; 66 percent of the expected goal of 98 families. PESP programs served 35 percent of the expected number of families, Home Visitation served 20 percent, and PASS served 54 percent of the expected number of families.
• Most programs are achieving benchmark goals for timeliness of enrolling families into services with an average process time of 13 days. The majority (79 percent) of approved families are enrolled in programs. The most frequently cited reasons why families were not enrolled is that they refused, were non-responsive, or non-compliant.

• Feedback regarding low enrollment rates in waiver demonstration programs was obtained from focus groups of CFSA and provider staff held in December 2014 and stakeholder surveys of CFSA and provider staff administered between October 2015 and February 2016. Focus group participants indicated they were aware of the waiver demonstration but did not necessarily know about specific programs and providers, referral processes, and eligibility requirements. The top four barriers to the referral process identified by survey respondents were “client willingness/participation,” “agency response,” “lack of direct client contact,” and “lack of centralized information.”

• Implementation fidelity for HOMEBUILDERS® is assessed by the Institute for Family Development (IFD), the developers of Homebuilders, with annual site reviews that consist of case reviews and home visit observations. Results of site reviews are used to develop Quality Enhancement plans for the HOMEBUILDERS® team and Professional Development Plans for HOMEBUILDERS® therapists. Results of two site reviews conducted by IFD indicate many of the implementation standards were met (e.g., immediate availability and response to referrals) but many standards needed improvement (e.g., 23.3 percent of cases were closed prematurely). Case documentation was audited on two occasions (May 2015 and December 2015) in Ward 7 by the East River Family Strengthening Collaborative. The first audit discovered that 9 out of the 11 cases reviewed were deficient in some way (e.g., missing client signatures). The results of the second audit were an improvement from the previous audit: 3 out of 10 cases reviewed were found to be deficient during the second audit.

• Implementation fidelity for Project Connect is assessed with annual site reviews conducted by IFD, which consist of case reviews, focus groups, interviews, and observation of sessions. Only results from the September 2015 site review were available at the time of the interim evaluation report, but preliminary findings from the 2016 site review indicate that there was general adherence to structural and procedural fidelity in the case records, a high degree of parent satisfaction with services, and good progress made overall. Project Connect fidelity procedures are still under development.

Outcome Evaluation Findings

HOMEBUILDERS®

• From September 16, 2014, through July 15, 2016, 67 families were discharged as “completed” with an average length of stay of 28 days and a range of stay of 19–36 days.

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6 HOMEBUILDERS® uses the term “completed” to describe families that finished the program and did not end services prematurely.
Program staff administered the North Carolina Family Assessment Scales (NCFAS) to parents upon enrollment and at discharge to assess family functioning on various domains. Change scores from baseline to discharge were then calculated. At least 72 percent of the 67 families who completed HOMEBUILDERS® to date improved in three out of five family functioning domains (“Parental Capability,” “Family Safety,” and “Child Well-Being”). Less than 50 percent improved in the two remaining domains (“Family Interactions” and “Environment”). The HOMEBUILDERS® standard of 80 percent of families improving at least one point on the “Parental Capability” and “Family Safety” domains have not been met yet.

Of the 67 families who completed HOMEBUILDERS® services, none had a substantiated report of abuse or neglect during their involvement with HOMEBUILDERS®. The HOMEBUILDERS® standard of 75 percent of families having no substantiated reports during the HOMEBUILDERS® intervention has been met.

Twenty-one percent \(n = 3\) of those families who had a 12 month followup period after completion of services had a substantiated report of abuse or neglect within 12 months of completion of services. The proposed CFSA benchmark of 90 percent of families having no substantiated report within 12 months of completion of HOMEBUILDERS® has not yet been met; however, the sample of families with a 12 month followup period is small (14 families).

Three percent \(n = 2\) of families who completed services had a foster care entry while involved with HOMEBUILDERS®. Twenty-one percent \(n = 3\) of families who completed services had a foster care entry within 12 months of completion of HOMEBUILDERS®, all of which occurred within the first 6 months of completion of the program. The proposed CFSA benchmark of 90 percent of families having no entry into out-of-home care within 12 months of initiation of HOMEBUILDERS® has not been met at this point; however, again, the sample of families for the 12 month followup period is small \(n = 14\). The HOMEBUILDERS® benchmark of at least 70 percent of children served by HOMEBUILDERS® having no out-of-home placement 6 months following closure of services has been met.

**Project Connect**

A total of 36 families with dates of service from October 1, 2014, through July 30, 2016, were discharged from Project Connect. Of those 36 families, 16 (44 percent) had successful discharges\(^7\) and 20 (56 percent) had unsuccessful discharges. The average length of stay for successful discharges was 316 days, with a range of 80–517 days. A data set with an additional 2 months of data (August and September 2016) was used to conduct a child welfare outcomes analysis on families served from October 1, 2014, through September 30, 2016. This analysis yielded a total of 41 discharged families. Of

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\(^{7}\) “Successful discharges” for Project Connect are defined as cases in which family goals were addressed and no further services were needed, the family withdrew after requested services were received, or the family transitioned into aftercare. “Unsuccessful discharges” are defined as cases in which the family withdrew from services, was unresponsive after requested services were received, or the case was dismissed due to safety concerns.
those 41 families, 16 (39 percent) had successful discharges and 25 (61 percent) had unsuccessful discharges.

- Program staff administered the Risk Inventory for Substance Abuse-Affected Families (SARI) to parents upon enrollment and at discharge to assess dimensions of substance abuse and associated problems. The SARI has eight scales that are considered independent measures of the family’s well-being (e.g., “Commitment to Recovery,” “Effect on Child Rearing,” “Parent’s Self-Care”). Parents are also administered the NCFAS upon enrollment and at discharge to assess family functioning on various domains.

- Initial results regarding family functioning for Project Connect families are mixed at this point, but are based on a small sample size of 16 successfully discharged families. Average scores for the following SARI scales improved from baseline to discharge: “Parent’s Self-Efficacy,” “Quality of Neighborhood,” and “Supports for Recovery.” Average scores for the following scales worsened from baseline to discharge: “Commitment to Recovery,” “Parent’s Self-Care,” “Effect on Lifestyle,” and “Effect on Child Rearing.” NCFAS baseline and discharge scores were available for only 8 out of the 16 successfully discharged families. There was a decrease in risk on five of the eight scales across these families.

- Seven percent \((n = 1)\) of youth involved with Project Connect had a substantiated report of abuse or neglect within 12 months of program enrollment. The CFSA proposed benchmark of 90 percent of families having no substantiated report within 12 months of initiation of Project Connect has been met; however, the sample size for the follow-up period is quite small (15 families).

- Twenty-five percent \((n = 4)\) of successfully discharged families achieved reunification during their involvement with Project Connect and none of these families had a reentry into care to date. The proposed benchmark of 90 percent of families who achieved reunification during involvement with Project Connect having no reentry into care has been met. To date, 50 percent of successfully discharged families achieved permanency within 6 months following discharge from Project Connect.

Cost Study

The cost study is being revised. New key research questions will be developed depending on the design of the revised cost study. The evaluation team has determined that several of the data sources for the cost study described in the evaluation plan are not feasible and new data sources will be identified.

Information and reports for the District of Columbia waiver demonstration can be found online. Inquiries regarding the demonstration may be directed to Brittney Hannah:

Brittney.Hannah@dc.gov
6: Florida

Demonstration Basics

**Demonstration Focus:** Enhanced Service Array

**Approval Date:** January 31, 2014

**Implementation Date:** October 1, 2013

**Expected Completion Date:** September 30, 2018

**Interim Evaluation Report Received:** May 31, 2016

**Final Evaluation Report Expected:** April 1, 2019

Target Population

The Florida demonstration targets (1) title IV-E-eligible and non-IV-E-eligible children aged 0–18 who are currently receiving in-home or out-of-home child welfare services, and (2) all families with a report of alleged child maltreatment during the demonstration period.

Jurisdiction

The waiver demonstration is being implemented statewide.

Intervention

The demonstration includes five components.

- **Improved Array of Community-Based Services.** The State Department of Children and Families (DCF) and partnering Community-Based Care (CBC) Lead Agencies use title IV-E funds to expand the array of community-based child welfare services and programs 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.

- **Integration of Child Welfare with Other Health and Human Services.** To integrate child welfare, mental health, substance abuse, and domestic violence services, a wide variety of strategies are being implemented and include direct outreach and presentations as part of media campaigns, contracts with Managing Entities (ME) to manage the day-to-day operational delivery of behavioral health services, training for child welfare workers,
Florida

administration and oversight of psychotropic medications for children in foster care, and administration of the Florida Pediatric Psychiatry Consult Hotline. Additionally, four regions, involving seven CBCs, are involved in piloting projects called the Family Intensive Treatment Team (FITT) model.

• **Child Welfare and Physical Health Assessments.** Title IV-E funds are being used to improve the array of services identified through comprehensive health care assessments for all children/adolescents who are receiving both in-home and out-of-home services. The state must also provide ongoing health care assessments following the Child Health Check-Up periodicity schedule.

• **Quality Parenting Initiative.** The Quality Parenting Initiative (QPI) integrates practices across various service systems to ensure that foster families receive the support they need to provide high-quality care to children. All but two of the CBCs are actively participating in QPI, which involves ongoing technical assistance and special initiatives.

• **Trauma-Informed Care.** Integrated trauma-informed care screening practices help identify, assess, and refer parents and children in need of specialized treatment. A variety of strategies are implemented, including trauma-informed training for all case management staff during preservice and in-service trainings, trauma-informed foster parent preservice training, trauma-informed training during Foster and Adoptive Parent Association meetings, and online trainings for foster parents provided by the Florida Center for Child Welfare.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The state is implementing a longitudinal research design that analyzes historical changes in key child welfare outcomes and expenditures. Changes are analyzed by measuring the progress of successive cohorts of children entering the state child welfare system toward the achievement of the primary demonstration goals. Evaluation cohorts are identified using data available in the Statewide Automated Child Welfare Information System (SACWIS). Where appropriate, the longitudinal research design also incorporates the use of inferential statistical methods to assess and control for factors that may be related to variations in observed outcomes. In addition, the state is implementing a substudy of targeted groups of families in the child welfare population using an alternative research design (see below).

The process evaluation is comprised of two research components: An Implementation Analysis and a Services and Practice Analysis. The Implementation Analysis uses document review, structured observations, focus groups, and key stakeholder interviews to track the implementation process in terms of key variables such as staff, training, role of the courts, and several contextual factors. The Services and Practices Analysis compares services and practices available under the extended demonstration with those available prior to the demonstration extension to examine progress in expanding the array of community-based services, supports, and programs provided by CBCs or other contracted providers; and practice changes to improve the identification of child and family needs and connections to appropriate services.
The cost analysis compares the costs of services received by children and families under the waiver extension with the costs of services available prior to the extension. Specifically, a state- and circuit-level aggregate analysis is assessing changes in expenditure patterns between the 2 years immediately preceding the extension and the 5 years of the extension period. It also examines earlier data to look for longer-term expenditure trends. In addition, the cost analysis is assessing the degree of shift from out-of-home placement to prevention, early intervention, diversion expenditures across DCF Circuits, and potential correlations between changes in expenditures by service type and changes in key child welfare outcomes. The cost analysis also includes an examination of the use of key funding sources, including all relevant federal sources (e.g., titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, state and local funds), to compare the costs of services available through the demonstration with services traditionally provided to children and their families.

Substudy

The state substudy involves a longitudinal analysis of changes in child welfare practices, services, and safety outcomes for two groups of children: (a) children who are deemed safe to remain at home yet are at a high or very high risk of future maltreatment in accordance with the new Florida Safety Methodology Practice Model and are offered voluntary Family Support Services (intervention group); and (b) a matched comparison group of similar cases during the two federal fiscal years (FFYs) immediately preceding the extension of the waiver demonstration (FFYs 11–12, 12–13), in which the children remained in the home and families were offered voluntary prevention services. The substudy hypotheses are (1) the waiver extension will include a broader array of service options to address family needs than were available prior to the extension; and (2) the implementation of the child welfare practice model under the demonstration extension, combined with improved efforts to effectively engage families in voluntary services, will result in greater service engagement and adherence, and ultimately better outcomes. Families in the intervention group are being matched with families served during the pre-waiver period using propensity score matching, which will match cases based on child demographic characteristics, factors affecting child safety (such as parental substance use, history of domestic violence in the family, and prior maltreatment reports), and other variables differentiating between the groups (e.g., maltreatment type, caregiver type).

Evaluation Findings

The most recent process, outcome, and cost evaluation findings are summarized below.

Process Evaluation Findings

**Interviews with Judges and Magistrates**

- Interviews were conducted with 4 general magistrates and 10 judges across 10 circuits in Florida. The majority of General Magistrates interviewed had been in their positions for greater than 5 years and focused solely on dependency cases. Most judges had 12 or more years of experience as a judge. Generally, respondents indicated that the
demonstration had not had an impact on judicial decision making. The most common explanations were judicial decisions are derived from Florida statutes and decisions are based on the testimony presented regarding factors such as parental compliance and the danger to the child if not removed or reunified. However, interviewees noted that the demonstration has impacted judicial processes by adding additional resources and services and has changed the vision of the courts by placing a greater emphasis on safety and family engagement rather than risk. Judges and magistrates agreed that there is a need for a more diverse array of mental health services, specifically citing therapeutic interventions like parent/child therapy, family therapy, and intensive treatment services for youth. Respondents reported multiple ways in which they jointly plan and communicate with other child welfare stakeholders and felt that staff turnover at the case management and CBC leadership level were hindrances to the child welfare system.

Services and Practice Analysis
There are five preliminary findings from a set of child protective investigator (CPI) focus groups conducted across the state.

- **CPI Purpose.** Respondents across circuits unanimously stated child safety and well-being are the primary purposes of the child welfare system, and within the system, CPIs described themselves as the first responders in determining child safety.

- **Assessments.** CPIs utilize a variety of methods to provide a holistic and comprehensive assessment of a family’s needs to identify service interventions and make safety determinations. It was emphasized that the current assessment process is less incident-driven than in the past and geared more towards assessing the family’s functioning. However, respondents felt the amount of time and effort taken to complete these assessments presents a considerable challenge for CPIs given their current caseloads.

- **Safety Determinations.** CPIs use a set of safety questions to determine whether a child can remain safely in the home. CPIs reported frustrations with safety plan implementation and maintenance, citing the promissory nature of a safety plan as problematic. CPIs did think that removal should be a last resort.

- **Service Array.** A lack of sufficient services or excessive waitlists for available services were also reported as a significant challenge across circuits, with the most commonly reported service needs being housing, transportation, daycare, and psychiatric services. Furthermore, there was a sense that providers and other external agencies do not understand child welfare and there is a lack of shared understanding across agencies.

- **Challenges and Supports.** Additional challenges discussed during the focus groups included poor worker retention, understaffing, and burnout within the CPI offices. Primary supports, on the other hand, were reported to be supervisors and co-workers, with CPIs emphasizing the importance of teamwork.
Outcome Evaluation Findings

**Safety Indicators.** Analysis of variance (ANOVA) and chi-square tests were used to analyze permanency data during the reporting period. Key findings are summarized below.

- Overall, the statewide rate of abuse in licensed foster care through the 4-year period between state fiscal year (SFY) 11–12 and SFY 14–15 is less than 5 percent, and there is no statistically significant difference between the average number of verified maltreatment reports in each examined fiscal year over time.
- The average proportion of newly recruited foster families that were in an active status for at least 12 months was 73 percent in SFY 11–12, 70 percent in SFY 12–13, 74 percent in SFY 13–14, and 70 percent in SFY 14–15. There was no significant difference between average proportions of newly recruited foster families statewide that were in an active status for at least 12 months across fiscal years.
- The average number of months licensed foster families remained in an active status was 9.9 percent in SFY 11–12; 10.4 percent in SFY 12–13 and SFY 13–14; 10.1 percent in SFY 14–15; and 10.3 percent in SFY 15–16. There was no significant difference in the average number of months foster families maintained their active status over time.

**Child and Family Well-Being Indicators.** CFSR Performance Items are being used to track changes in well-being outcomes. Data are derived from a live dataset in which cases are reviewed on an ongoing basis.

- **CFSR Well-Being Outcome 1. Families have enhanced capacity to provide for their children’s needs.** Of the in-home cases reviewed statewide, 81 percent met the standards of substantial achievement or partial achievement. Of foster care cases, statewide, 88 percent met the standards of substantial or partial achievement. Substantial conformity is defined as a rating of substantial achievement for at least 95 percent of cases reviewed. Circuits 2, 10, 12, 14, 15, and 17 were in substantial conformity for in-home cases; and Circuits 6, 7, 10, 12, 13, 14, 15, and 16 met this standard for foster care cases.
- **CFSR Well-Being Outcome 2. Children receive appropriate services to meet their educational needs.** Of the foster care cases reviewed statewide, 81 percent met the standards of substantial achievement in adequately serving the educational needs of children. An additional 6 percent of cases reviewed were in partial achievement for this outcome. Circuits 2 and 14 were in substantial conformity with greater than 95 percent of cases rated as substantially achieved, while most cases in Circuit 8 (64 percent) were rated as not achieved.
- **CFSR Well-Being Outcome 3. Children receive adequate services to meet their physical and mental health needs.** Seventy percent of foster care cases reviewed statewide met the standards of substantial achievement in adequately serving the physical and mental health needs of children. An additional 13 percent of cases reviewed were in partial achievement of this outcome. Circuits 2, 4, and 14 reported greater than 95 percent of cases being rated as substantially or partially achieved.
Cost Study Findings

Overall expenditures for CBCs increased from $86,800,000 in SFY 11–12 to $132,500,000 in SFY 15–16.

- There have been increases in licensed care expenditures (foster family care and residential/group care) since the implementation of the demonstration extension. Expenditures for foster family care increased from $46.0 million in SFY 12–13 (the year prior to the implementation of the demonstration extension) to $55.6 million in SFY 15–16. Similarly, expenditures for residential/group care increased from $84.5 million to $102.7 million. Expenditures in foster and residential/group care differ by CBC.
- While there was not a clear conclusion regarding trends in dependency case management expenditures, the implementation of the demonstration extension was associated with a decline in dependency case management services as a percentage of total expenditures.
- The budget for maintenance adoption subsidies (MAS) has continued to increase under the waiver demonstration extension; however, CBCs differed in the amount of funding devoted to MAS as a percentage of total expenditures, ranging from less than 10 to 20 percent.

Substudy Findings

- The use of most health services increased in the year after removal from the home, except for physical health inpatient stays. Notable increases for physical health services included expenditures for crisis care (e.g., emergency room) and physical health outpatient services (from $12.9 to $34.0 million).
- Behavioral health service use increased dramatically from $14.7 to $81.7 million in the year after entering out-of-home care. Assessment services increased from $0.3 to $20.5 million, outpatient services from $2.9 to $21.7 million, Specialized Therapeutic Foster Care services from $84,594 to $14.8 million, Therapeutic Group Homes from $0.6 to $3.1 million, targeted case management from $1.3 to $5.0 million, and treatment planning from $0.2 to $1.4 million.
- Physical health services and behavioral health services funded by the Substance Abuse and Mental Health Program increased from the year before to the year after entering out-of-home care ($199,848 to $302,503 and $1,838,866 to $2,497,655, respectively).

Information and reports for the Florida demonstration are available online. Inquiries regarding the Florida waiver demonstration may be directed to Sallie Bond at the following email address: Sallie.Bond@myflfamilies.com.
7: Hawaii

Demonstration Basics

**Demonstration Focus:** Enhanced Crisis Response System, Intensive Home-Based Services, Services to Expedite Permanency

**Approval Date:** September 30, 2013

**Implementation Date:** January 1, 2015

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** August 29, 2017

**Final Evaluation Report Expected:** March 31, 2020

Target Population

The target populations for the Hawaii 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.

The state estimates a total of 3,441 families, including 4,885 children, will be offered waiver-funded services over the course of the demonstration.

Jurisdiction

The demonstration is being implemented on the islands of O‘ahu and Hawai‘i (Big Island). Upon consultation and approval of the Department of Health and Human Services, the state may choose to expand the project to the non-demonstration sites of Maui and Kauai.

Intervention

The demonstration includes four primary programs, services, and practices for the two target populations.

The primary interventions for Short Stayers are described below.

1. **Crisis Response Team (CRT)** is staffed by trained social workers who are available 24 hours a day, 7 days a week to respond in-person within 2 hours to hospital referrals and police protective custody cases referred to the CWS Hotline. The CRT assesses the family’s safety/risk factors using the Child Safety Assessment (CSA) and the Comprehensive Strengths and Risk Assessment. Depending on the results of the
assessment, the family will either be referred to the 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) or Differential Response Services (if no safety issues are identified and the family’s risk level is moderate to low). The other option is to close a case as there are no safety factors and no to low risk factors; or 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 continues to work with families assigned to IHBS for up to 60 days and is responsible for case management during a family’s involvement with the IHBS program.

2. **Intensive Home-based Services (IHBS).** Following a family’s referral to IHBS from the CRT, contracted staff respond in-person within 24 hours of the referral. Based on the results of the North Carolina Family Assessment Scale (NCFAS), a service plan is developed for the family. Services provided under this intervention may include, but are not limited to, 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 works with each family and provides all the interventions under IHBS during the 4 to 6-week intervention period. Prior to the conclusion of IHBS services, the family and therapist assess progress, develop a plan to maintain progress achieved, and identify unmet and/or ongoing service needs of the family. The therapist, in consultation with the CRT worker, connects the family to needed resources and services to support them following case closure. IHBS therapist will respond to families’ post-intervention requests for assistance for up to 6 months, if needed. Two booster sessions are also offered to the family.

The primary interventions for Long Stayers are described below.

1. **Safety, Permanency, and Well-Being Meetings (SPAW).** Based on the Casey Family Programs Permanency Roundtable model, SPAW is a case staffing system aimed at breaking down systemic barriers to permanency, while ensuring high levels of safety and well-being. Children and youth who have been in care for 9 months or longer and are unlikely to be reunified with their family are eligible for SPAW. Although families are not directly involved in this process, 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. If the child has not achieved permanency within 6 months of the first SPAW, a second SPAW may be scheduled. General criterion for service termination is to establish a clear pathway to realistically achievable permanency, achieved permanency (adoption, legal guardianship, or in rare occasion, reunification), or emancipation from foster care. The Child and Adolescent Needs and Strengths (CANS) is used to understand the strengths and needs of children accepted into SPAW.
2. **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. Family Wrap Hawai‘i (Wrap Services) will be offered to children and youth who have been in foster care for 9 months or longer, continue to have a permanency goal of reunification with family participation in services, and have multiple and complex needs (e.g., academic, mental health, developmental delays, risk of running away). Hawai‘i’s model builds on the successful implementation of family conferencing called, “Ohana Conferencing,” the Wraparound System of Care model, and the Milwaukee model. The CANS is used to understand the strengths and needs of children and families accepted into Wrap Services.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation of the demonstration. The outcome evaluation consists of separate sub-studies of each of the core demonstration interventions: CRT, IHBS, SPAW, and Wrap Services. The outcomes of interventions on Oahu will be analyzed separately from the outcomes of interventions on Hawai‘i Island. Analysis of Hawai‘i Island will combine the Kona and Hilo sites into one sample per intervention. The research methodologies for the intervention sub-studies are described below.

- **The evaluation of CRT involves a time-series analysis** that examines changes in out-of-home placement rates over time. Placement outcomes for CRT participants are compared to a matched comparison group of children reported for maltreatment from hospitals, police or schools on the same island in the three years prior to the waiver demonstration. Matching occurs on a case-by-case basis using propensity score matching (PSM).

- **The evaluation of IHBS involves 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. Cases are being matched by propensity scores using key intake characteristics and risk factors. Changes over time in key safety and permanency outcomes are being compared for both matched groups. Analysis of child well-being and family functioning from pre- to post-intervention will be performed for IHBS cases only.

- **The evaluations of SPAW and Wrap Services involve retrospective matched case comparison designs.** Through this design, children eligible to receive Wrap or SPAW services following implementation of the demonstration are matched on a case-by-case basis—using PSM—with similar children not participating in these services in the 3 years prior to the demonstration on the same island. Changes over time in key permanency and placement stability outcomes are being compared for both matched groups. Time
series analysis of child well-being is being performed for demonstration cases only. When more than one child in a family is served by Wrap or SPAW, each child is treated as a separate case. In families with siblings, the child with the highest risk score on the Comprehensive Strengths and Risk Assessment is selected as the target child.

The outcome evaluation assesses differences between the demonstration and matched comparison groups for each individual intervention to determine the extent to which intervention specific outcomes were achieved and the extent to which—

- Number of children entering and re-entering out-of-home placement is reduced
- Stability is increased for children in foster care
- Permanency is expedited for children in foster care
- Well-being of children in foster care is improved

Data Collection

The evaluation utilizes data from multiple sources including the state’s child welfare system (e.g., Child Protective Services System), a state child welfare web-based interface (e.g., State of Hawai‘i Automated Keiki Assistance), provider databases (i.e., HomeBuilders and EPIC ‘Ohana), surveys, focus groups, and data from assessment instruments (e.g., CSA, CANS, NCFAS).

Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the waiver demonstration. The following provides initial evaluation findings for the period of January 1, 2015, through July 30, 2016.

Process Evaluation Findings

- A total of 1,046 children received one or more demonstration interventions and were included in the evaluation sample. The following provides a summary of the numbers of children served by intervention[9]:
  - CRT responded to 953 children. CRT closed or diverted cases to voluntary or supportive services for 388 of those children; 534 children were transferred to child welfare services for further investigation and/or removal.
  - There were 120 children referred to IHBS. Of those, CRT subsequently closed 52 of those cases without further investigation or monitoring.
  - New Wrap referrals totaled 34 children. Of those, 10 children achieved reunification, legal guardianship, or permanent custody.
  - SPAW served 59 Children; permanency outcomes are pending.

- CANS assessments are completed for children and youth served by the SPAW and Wrap interventions. Completion rates of initial CANS assessments totaled 100 percent of

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[9] These numbers reflect cases included in the evaluation sample and differ from the state count of children assigned to the waiver demonstration interventions. Cases may have been excluded from the evaluation sample for a number of reasons including: missing waiver identification codes, missing essential case data, and discrepancies between the multiple databases.
Hawaii

SPAW and Wrap cases in East and West Hawai‘i. Completion rates for O‘ahu totaled 71 percent for SPAW participants and 53 percent for Wrap participants.

Outcome Evaluation Findings

- **CRT**
  - A total of 757 children on O‘ahu, 114 children in East Hawai‘i, and 14 children in West Hawai‘i were served by CRT.
  - On O‘ahu, 29 percent (220 of 757) of children served by CRT were placed into a paid foster care placement. Of those placed into care, 34 percent were discharged within 30 days (i.e., were “short-stayers”).
  - In East Hawai‘i, 37 percent (42 of 114) of children served by CRT were placed into care. Of those placed into care, 48 percent discharged care within 30 days.
  - In West Hawai‘i, 29 percent (4 of 14) of children served by CRT were placed into care. None of these children were discharged from care within 30 days.

- **IHBS**
  - A total of 71 children received IHBS services on O‘ahu. Over one-third of those had their case closed by CRT following IHBS. Another 20 percent (20 children) were referred to voluntary case management following CRT with IHBS. Only 14 percent (14 children) were then referred to child welfare services after CRT with IHBS.
  - Nineteen children were referred to IHBS in East Hawai‘i. Of those, 63 percent had their case closed to CPS following IHBS.
  - Two children were referred to IHBS following CRT in West Hawai‘i. Their cases are still open to IHBS.

- **SPAW**: As of June 30, 2016, 22 SPAW cases completed the intervention and were closed and 1 child was adopted on O‘ahu. Twenty-one SPAW cases completed the intervention in East Hawai‘i; and 7 SPAW cases completed the intervention in West Hawai‘i. Due to challenges in accurately identifying SPAW cases in CPSS, identification of permanency outcomes for SPAW participants is not currently available.

- **Family Wrap Hawai‘i (Wrap)**: On O‘ahu, 20 Wrap cases completed the intervention as of June 30, 2016. Of those, 7 cases were closed to CWS via reunification, 2 ended in legal guardianship, and 1 ended in permanent custody. No Wrap cases have yet completed the Wrap intervention on Hawai‘i island.

Information and reports for the Hawai‘i demonstration are available online. Inquiries regarding the Hawaii demonstration may be directed to Mimari Hall: MHall@dhs.hawaii.gov

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10 For this analysis, only, the sample is limited to children in cases that had opened and closed to the intervention by May 31, 2016. This sampling frame, for this reporting period, allows each child at least 30 days from CRT case closure for the possibility of going into care and being released from care, to be counted as a short-stayer.

11 In the current data extraction, there are 26 children whose placement information relevant to the placement immediately following CRT intervention is missing because it was more than three placements prior to their status on October 14, 2016.
8: Illinois (AODA)

Demonstration Basics

**Demonstration Focus:** Services for Caregivers with Substance Use Disorders – Phase III

**Approval Date:** September 10, 2013

**Implementation Date:** October 1, 2013

**Completion Date:** June 30, 2018

**Interim Evaluation Report Expected:** May 30, 2016

**Final Evaluation Report Expected:** December 31, 2018

**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, and in the counties of Madison and St. Clair in southwestern 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) ongoing followup after reunification to promote and sustain recovery and ensure child safety, (6) housing resources, (7) mental health services, and (8) domestic violence services.

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12 This was the second long-term waiver extension for Illinois. The state original waiver demonstration (Phase I) which was implemented in April 2000 was followed by another long-term extension (Phase II) from January 2007 to October 2013. In January 2017, the AODA demonstration was consolidated into one current Illinois demonstration that includes a parenting support intervention (IB3) and the Immersion Site intervention. This terminated operation of the separate AODA demonstration project effective December 31, 2016.

13 As of January 2017, Illinois will continue to implement AODA in St. Clair County, but it will not include it in the AODA evaluation due to the small number of enrollees and concurrent implementation of the Immersion Site model.
However, for phase III of the demonstration the clinical assessment and identification process has been expanded by implementing a mobile unit for both research groups in Cook County to ensure expedited AODA engagement and follow up through a variety of methods.

- The Program Coordinator electronically tracks all temporary custody cases coming specifically into Cook County and forwards the investigator’s contact information twice a week to the Juvenile Court Assessment Program (JCAP) mobile unit.
- For parents who fail to show up for the Temporary Custody Hearing, the JCAP Outreach Worker contacts the child protection worker within 2 to 3 days of receiving the list from the Program Coordinator. If substance misuse or abuse is apparent or suspected, an appointment is made to engage the parent and offer support and logistical assistance (e.g., transportation) to facilitate the completion of the clinical AODA assessment.
- Alternatively, at the discretion of the parent the clinical assessor follows up and conducts the AODA assessment in the field (e.g., the parent’s home) instead of waiting several months to the next Juvenile Court date or at the child welfare agency.
- The mobile JCAP assessor coordinates with the Recovery Coach Liaison to facilitate the in-home AODA assessment and introduction of the Recovery Coach services for demonstration group parents.

Additionally, new services are available through this phase of the demonstration for families in Cook County that have been identified as low risk. There are three enhanced services.

- **Benchmarking and Bench Cards.** A set of casework practices and procedures establish clear treatment goals for parents and helping parents, parents’ families, and caseworkers. 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), the state worked with court improvement staff to develop a benchmarking document, or Bench Card, to be referenced during permanency hearings to advocate for visitation upgrades and goal changes as appropriate.
- **Recovery and Reunification Plan.** Custodial parents 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 includes specific milestones to which families were held accountable.
- **Strengthening 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. Strengthening Families™ approach was implemented in Cook County by Be Strong Families, which works to engage parents and fully embed the Strengthening Families™ Protective Factors framework in the child welfare system. Parents in the experimental group who are eligible for enhanced RCP services are invited and encouraged to participate in the

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14 Initial implementation of these services is limited to Cook County, but may be expanded to Madison and St. Clair Counties.
15 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.
Evaluation Design

The evaluation of the long-term waiver extension includes process, outcome, and cost analysis components. An experimental research design is being used in all participating counties. Illinois utilizes 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 randomly assigned to agencies or casework teams in those groups. Parents 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 compares 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 reentry
- Child safety
- Child well-being

Additionally, subanalyses are being conducted to 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

The evaluation utilizes data from multiple sources, including the Illinois 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 JCAP, 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.

Sample

Cook County

The state uses a 5:2 ratio, assigning approximately five eligible cases to the experimental group for every two cases assigned to the control group over the course of the demonstration, for a
total estimated sample size of 1,300 cases (923 experimental and 377 control).

*Madison and St. Clair Counties*
The state uses a 3:2 assignment ratio, assigning approximately three eligible cases to the experimental group for every two cases assigned to the control group over the course of the demonstration, for a total estimated sample size of approximately 450 cases (250 experimental and 200 control).

**Evaluation Findings**
Process, outcome, and cost evaluation findings from the interim evaluation report submitted for the period of April 1, 2015, through December 31, 2016, are summarized below.\(^{16}\)

**Process Evaluation Findings**

*Cook County\(^{17}\)*
- Of the 4,472 caregivers who met the waiver demonstrations eligibility criteria in Cook County, 2,832 (63 percent) have been assigned to the experimental group and 1,640 (37 percent) have been assigned to the control group as of July 26, 2016.

**Outcome Evaluation Findings**
- On average, children in the demonstration group continue to experience faster reunification than children in the control group (903 days for the demonstration group versus 1057 days for the control group). This represents a reduction of 154 days or approximately 5 months in foster care.
- Children in the demonstration group were more likely to achieve reunification at 12 months (4.4 percent of the demonstration group compared to 3.6 percent of the control group) and reunification at 24 months (12.1 percent of the demonstration group compared to 10.3 percent of the control group) as compared with children in the control group. However, none of the differences were statistically significant.
- Children in the demonstration group were less likely to be adopted (47.3 percent of the demonstration group compared to 50.6 percent of the control group). However, the differences were not statistically significant.
- The rates of reentry into foster care (calculated by identifying the proportion of children that reenter a substitute care setting after returning home) were the same for children in the demonstration group (5.3 percent) and the control group (5.0 percent).
- Rates of subsequent maltreatment were significantly lower for children in the demonstration group (19.7 percent) compared to the control group (23.7 percent).
- Families who were assigned a Recovery Coach were significantly more likely to achieve a stable reunification as compared with families who received traditional child welfare services (21 percent of children in the demonstration group versus 16 percent of

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\(^{16}\) Treatment participation totals are reported for the period of April 2000 through July 2016 with safety and permanency data reported through December 2016.

\(^{17}\) The interim evaluation report only included data for Cook County because St. Clair County is excluded from the outcome study for AODA due to participation in the Immersion Site waiver demonstration. Data from Madison County was excluded due to small sample size.
children in the control group; see related question below). However, this difference was only observed for families that received early substance abuse screening and access to services.

- Within the control group, African American children and young children were less likely to achieve reunification compared to other children in the control group. However, these disparities were not observed in the demonstration group. With the help of the Recovery Coach, African American children in the demonstration group were just as likely to achieve reunification as other children in the demonstration group.

Cost Analysis Findings

- As of July 2016, cumulative demonstration cost savings totaled $11,702,000.

Inquiries regarding the IL-AODA demonstration may be directed to Sam Gillespie: sam.gillespie@illinois.gov
Demonstration Basics

**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:** February 29, 2016

**Final Evaluation Report Expected:** December 31, 2018

Target Population

The Illinois 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 because of early exposure to maltreatment are a focus of the demonstration.

Jurisdiction

The demonstration is being implemented in Cook County, Illinois.

Intervention

The title IV-E funds provide one of two evidence-based and developmentally informed interventions to targeted children and their caregivers to improve attachment, reduce trauma symptoms, prevent foster care reentry, improve child well-being, and increase permanency for children in out-of-home placement.

- **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 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.

- **Nurturing Parenting Program (NPP)** is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs.

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18 The Illinois (IB3) parenting education and support demonstration constitutes the 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 (AODA) services. The AODA demonstration received two long term extensions and was consolidated in January 2017 into the one current demonstration that includes IB3, AODA, and an Immersion Site intervention.
contributing to abusive parenting behaviors and to enhance parents’ skills in supporting attachments, nurturing, and general parenting. NPP also includes individual/home coaching. The state will implement a version of NPP known as the Nurturing Program for Parents and Their Infants, Toddlers and Preschoolers (NPP-PV) that focuses specifically on the biological parents of children aged 0–5. In addition, the state will use a version of the NPP designed for foster caregivers of children aged 0–5 known as the NPP-Caregiver Version (NPP-CV).

For each of the above-mentioned interventions, the selection of participating children and families is determined by an enhanced developmental screening protocol implemented through the Integrated Assessment or Early Childhood Program. The enhanced screening protocol includes the Devereux Early Childhood Assessment for Infants and Toddlers, the Infant Toddler Symptom Checklist, and the Parenting Stress Inventory. These protocols supplement those used prior to the demonstration. The screening protocols include the Denver II Developmental Screening Tool, the Ages and Stages Questionnaire, and the Ages and Stages: Social and Emotional assessment instrument. The enhanced screening protocol is used to determine a child’s level of risk for trauma symptoms (categorized as low, moderate, and high risk) and the subsequent service recommendation. Generally, high-risk cases are referred to CPP, and moderate- and low-risk cases are referred to NPP. Based on a variety of factors, such as the mental health status of the biological parent(s) and whether children are currently symptomatic, certain children assessed as high risk are referred immediately to CPP and others are referred to NPP services prior to CPP.

Evaluation Design

The evaluation design includes process and outcome components and 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 the teams of DCFS case managers or contracted private child welfare agencies. The DCFS teams and service provider agencies were first randomly assigned to an intervention 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 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 by receiving a disproportionate number of “easy” cases.

The process evaluation is measuring outputs related to program exposure, program differentiation, and adherence (fidelity) to each evidence-based intervention. In addition to program output measures, the process evaluation is measuring the extent to which the tenets of implementation science have been followed. This includes documenting the process to develop an internal Teaming Structure, assessing organizational capacity, and tracking program installation.

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 is comparing 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/prosocial behavior)
- Time to and rates of permanency (reunification, adoption, and guardianship)
- Safety (foster care reentry and reported and indicated reabuse)

The cost analysis is comparing the costs of services received by children and families assigned to the intervention group with the costs of services for children and families receiving treatment as usual. The analysis examines costs in both groups by service type, funding source, service provider, and costs per child and family. If feasible, 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.

Data Collection

The evaluation utilizes data from multiple sources. Data on parenting behavior, service receipt, and child well-being outcomes are obtained from the enhanced developmental screening protocol, the Adult-Adolescent Parenting Inventory (AAPI-2), focus groups, and interviews. A Local Agency Director Questionnaire (LADQ) gathers information on child welfare agency characteristics such as agency expenditures and staff resources and training. Safety, permanency, and stability outcomes are being measured with existing administrative data from the Illinois 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.

Sample

Illinois estimated that rotational assignment will distribute 1,560 children into the intervention group and 1,040 into the control group over the duration of the demonstration. As of December 31, 2016, 822 children have been assigned to the intervention group and 881 have been assigned to the control group.

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in the interim evaluation report submitted in April 2016 and semiannual progress reports submitted through January 30, 2017.

Process Evaluation Findings

- Since the beginning of the demonstration, CPP has been recommended for 266 children. Of the 125 cases that have been closed since the beginning of the demonstration, only
30 (24 percent) have been closed successfully. The remaining 95 cases (76 percent) were discharged due to engagement challenges.

- The Nurturing Parenting Program - Parent Version (NPP-PV) has been recommended for the parents of 672 children since the beginning of the demonstration, and 201 parents have completed the program. Since the beginning of the demonstration, 63 percent of the parents that have been referred to NPP enrolled in the program; and of those, 38 percent completed the program.

- As of the April 2016 interim evaluation report, the Nurturing Parenting Program - Caregiver Version (NPP-CV) was completed by only 22 percent of the caregivers referred to NPP-CV. Interviews with foster caregivers identified logistical barriers, such as childcare and transportation and skepticism/disagreement about foster parents’ need for parenting training as key factors hindering participation in NPP-CV. During one 6-month reporting period (July – December 2016), the overall retention rate for caregivers that ever attended NPP-CV during the reporting period was 89 percent. The ongoing challenge is initial engagement and convincing caregivers to attend the first session.

- Interviews and focus groups with parents, foster parents, and service providers were conducted to assess participant responsiveness to the IB3 demonstration. Some of the key findings from these interviews and focus groups include the following:
  
  - Core IB3 program services are very well received when parents and foster caregivers participate in them.
  - Logistics and communication are the primary barriers to engagement and participation of both parents and foster caregivers in IB3 services.
  - Communication is the primary issue affecting staff (primarily caseworkers) perceptions of the program and its interventions. Feedback from caseworkers suggests they know the least about the IB3 services/interventions compared to other providers (e.g., CQI team members, legal representatives, and NPP and CPP service providers).
  - Caregiver interview participants expressed general frustration and fatigue regarding DCFS service expectations. This seems to significantly impact their followup with IB3 and other DCFS services.

- In the summer of 2016, the evaluation team surveyed caseworkers, supervisors, and program managers from the IB3 intervention agencies. The overall survey response rate was 68 percent (n = 149). Key survey results include the following:
  
  - DCFS IB3 program staff members have been the most important source of information for staff learning about IB3 services; word-of-mouth (i.e., from colleagues) and the IB3 manual were the least important sources of information. With respect to preparation and role understanding, supervisors and program managers were the most likely to report feeling knowledgeable and prepared for
their work. Caseworkers were less certain about their level of knowledge and preparation.

- Responses to questions about the time it takes to receive IB3 referrals were generally favorable. About two-thirds of caseworkers said they were extremely, very, or somewhat satisfied with the time it takes to receive referrals. About one in four case workers said they receive client updates from service providers all the time or often; forty-percent of the respondents said they rarely or never receive client updates from service providers.

- Respondents identified several barriers that hinder reunification even after IB3 services have been completed. Barriers include homelessness, substance use, mental health, and financial concerns, court processes, and judicial readiness to order reunification.

Outcome Evaluation Findings

- An examination of pre- and posttest differences in scores on the AAPI-2 for parents and caregivers who completed the NPP program \((n = 171)\) indicates there was substantial improvement in parenting competencies among program participants. There were moderate to strong improvements in four out of the five parenting and child rearing behaviors assessed, with the strongest improvements found in levels of parental empathy. However, the probability of returning home was found to be low even for children whose caregivers or parents completed the NPP program and scored as low risk at posttest: only 1 out of 10 children were returned home.

- Based on data as of December 1, 2016, for the evaluation cohort that entered foster care during fiscal years 2014 and 2015 and were screened for referral to the IB3 interventions, no statistically significant differences were found between the intervention and control groups in reunification rates, overall permanence, and average time in care. However, certain findings in all three of these outcome areas are trending in the expected direction.

- Considering the exceptionally long lengths of stay of foster children in Cook County (less than 10 percent have exited state custody since the start of the demonstration), only three types of proximal permanency outcomes could be reliably compared: return home rates regardless of whether state custody was relinquished (i.e., includes trial home visits); reunification rates with case closure; and permanency rates which encompass reunification, adoption, and legal guardianships. Only the return home rate showed a marginally significant association \((p < .10)\) with assignment to the intervention group in the expected direction of improved permanence. The other two proximal outcomes were also in the expected direction, but the observed difference was not large enough to rule out chance error.

- For those children initially placed in non-kinship family settings under the case management of voluntary/non-DCFS agencies, children in the intervention group were more likely to return home than children in the control group. Children initially placed with kin had higher return home rates than children initially placed with non-kin
regardless of whether they were assigned to the intervention or control group. Children in the intervention group placed in kinship homes managed by DCFS were less likely to return home than similar children in the comparison group. These results suggest the effects of the IB3 interventions are not uniform across different populations and settings.

- Regarding length of placement, a graph of smoothed hazards rates showed flat levels after 2 years in foster care for cases assigned to comparison agencies but sharply rising rates for children assigned to intervention agencies. If this pattern continues into year 3 of the demonstration, it is very likely the intervention effect on reunification rates will strengthen during this critical period of judicial oversight when decisions are made about alternative permanency plans for the children.

- The evaluation team has completed a preliminary analysis of the association between rates of children returning home and the types of involvement parents and caregivers have had with the IB3 interventions (i.e., whether caregivers completed/were still attending the program, dropped out, were “no shows,” or were in the control group). Results indicate a significant association between types of involvement with IB3 interventions and the rates of return home was limited to the subgroup of children initially placed in non-kinship family settings under voluntary agency management. Children in this subgroup were marginally more likely to return home if caregivers had completed or were still attending an IB3 program compared to children whose caregivers had dropped-out, were no shows, or were in the control group ($p = .066$). The pattern of association between IB3 exposure and odds of returning home provide promising evidence of a positive impact of IB3 programs, at least for this subgroup of children. There may, however, be other unmeasured characteristics linked to both service completion and returning home (e.g., caregiver compliance) that explain the apparent association.

Cost Study Findings

- The total cost for IB3 services provided between July 1, 2013, and September 30, 2016, amounted to $19,209,351 for the control group and $19,976,001 for the intervention group. An average of $2,877 additional dollars was spent per child in the intervention group compared to the amount that would have been spent if he/she had received services as usual.

Additional findings are pending the ongoing implementation of the demonstration.

Information and reports for the Illinois-IB3 demonstration component are available online. Inquiries about the Illinois IB3 initiative may be directed to Kimberly Mann, Deputy Director, DCFS - Office of Child Well-Being at Kimberly.mann@illinois.gov.
10: Illinois (Immersion Site)

Demonstration Basics

**Demonstration Focus:** Family-centered, Trauma-informed, Strength-based Core Practice Model; Coaching and Mentoring; and Service Array Development

**Approval Date:** January 17, 2017

**Implementation Date:** January 1, 2017

**Expected Completion Date:** June 30, 2018

**Interim Evaluation Report Expected:** Due to the limited time for implementation, an Interim Evaluation Report is not required.

**Final Evaluation Report Expected:** December 31, 2018

**Target Population**

The Illinois Immersion Site demonstration targets all youth in care who are aged 0–17 and who have had serious emotional disturbance, conduct/behavioral disorder, mental illness, developmental delays, and/or medical needs that are compounded by complex trauma. In addition, the Immersion Site initiative will target caseworkers and supervisors responsible for serving children and their families in the primary target population.

**Jurisdiction**

The Immersion Site intervention began in four sites (comprised of a single county or group of counties) in August 2016. These initial four Immersion Sites (referred to as cohort 1) include Lake County; Rock Island, which includes Henry and Whiteside Counties; East St. Louis (Saint Clair County); and Mt. Vernon, which includes Jefferson, Clay, Hamilton, Wayne, and Marion Counties. The Immersion Site intervention will be implemented in additional sites on a staggered basis each year of the demonstration until they have been installed statewide.

**Intervention**

The Immersion Site intervention includes six components.

- **Core Practice Model** has three distinct elements. The first is the Family-centered, Trauma-informed, Strength-based (FTS) Child Welfare Practice Model that teaches front-line workers better ways of engaging families, assessing needs, and developing service plans. The FTS model will be supported and sustained by the second element of the Core Practice Model, the Model of Supervisory Practice (MoSP). MoSP trains

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19 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 Illinois demonstration focused on the provision of enhanced alcohol and other drug abuse (AODA) services began as a separate demonstration in April 2000. The AODA demonstration received two long term extensions and, in January 2017, was consolidated into the one current Illinois demonstration that includes a parenting support intervention (IB3) and the Immersion Site intervention.
supervisors to support, coach, and reflectively supervise frontline workers to ensure that the FTS practice model is consistently implemented. The third element of the Core Practice Model is the Child and Family Team (CFT), which serves as the primary vehicle to engage youth, families, and community members in the ongoing planning and organizing of the supports and services the child and family need to move toward permanency.

- **Coaching and Mentoring** will occur in the field with front-line staff and supervisors to ensure that regularly scheduled and properly facilitated CFT meetings are held. The coaches and mentors will assist frontline staff in engaging families in a meaningful process of participation in service planning and implementation through the CFT process.

- **Service Array Development and Flexible Funding**: Capacity building of community services and supports will be conducted within the Immersion Sites’ geographic areas. Examples of services and supports that will be developed or expanded include but are not limited to—
  - Intensive in-home and family supports comprised of evidence-informed services
  - Mobile crisis response
  - Crisis respite and emergency beds
  - Individual and family therapy and counseling
  - Array of evidence-based and evidence-informed interventions, such as Trauma-Focused
  - Cognitive Behavior Therapy

- **Quality Service Reviews (QSR) and Quality Assurance** will be conducted to assess current outcomes and system performance by gathering information directly from families, children, and service team members. An individualized review instrument and process will be used for the examination of the Core Practice Model. QSR involves a continuous review process whereby four case reviews will be completed in each Immersion Site monthly. A dedicated reviewer will be assigned to each Immersion Site and a pool of volunteer peer reviewers, comprised of field staff/supervisors from each agency within the Immersion Site, will conduct the case reviews.

- **Regionalization of Administrative Functions**, a new regionalized structure, will be implemented to diminish administrative burdens that caseworkers currently face in finding placements, services, and supports for children and families. The new regionalized structure will allow caseworkers and supervisors to report barriers and obstacles to an Immersion Site Director, who will have administrative authority to make case and placement decisions and waive policies and procedures as appropriate.

- **Improved Data Analytics** will allow caseworkers, supervisors, and other administrators to access more real-time data regarding youth and families’ progress toward permanency. This information will
Evaluation Design

The evaluation design includes process and outcome components and a cost analysis. The process evaluation will describe how the demonstration was implemented and identify how services differ from services available prior to implementation. It will describe the number of caseworkers trained on the Core Practice Model and the percentage of Child and Family Teams that engage families and youth; examine the extent to which a new intensive array of services has been utilized by families; and identify indicators of effective and efficient processes and policies.

The outcome evaluation will test the hypothesis that children in Immersion Sites will experience more positive permanency and safety outcomes than children in non-Immersion Sites over the same period. The evaluation will involve a comparison site design and longitudinal aggregate data analysis. The intervention will be implemented across the state in multiple phases and the comparison group will be comprised of cases from areas that have not yet implemented the intervention. Outcomes for the intervention sites will be compared to those of the comparison sites to determine if Immersion Sites are achieving better outcomes. In addition, longitudinal data analyses will be used to determine if Immersion Sites achieve better safety and permanency outcomes after implementation compared to a period prior to implementation.

Specifically, the evaluation is comparing the intervention and comparison groups on the following outcomes:

- Placement stability
- Frequency of supervised and unsupervised family visits
- Rates of permanency (reunification, adoption, and guardianship)
- Duration of residential care placements
- Duration of foster care placements
- Safety (e.g., repeated substantiated maltreatment allegations)

Additional details regarding the evaluation design and sampling plan will be provided in the final evaluation plan for the Immersion Site initiative (currently under development).

Evaluation Findings

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

Inquiries about the Illinois Immersion Site initiative may be directed to Pete Digre, DCFS Associate Director at pete.digre@illinois.gov.
Indiana

Demonstration Basics

**Demonstration Focus:** Flexible Funding – Phase III

**Approval Date:** September 14, 2012

**Implementation Date:** July 1, 2012

**Expected Completion Date:** March 31, 2018

**Interim Evaluation Report Received:** May 11, 2015

**Final Evaluation Report Expected:** December 31, 2017

**Target Population**

The target population for the Indiana phase III demonstration includes title IV-E-eligible and non-IV-E eligible children at risk of or currently in out-of-home placement and their parents, siblings, or caregivers. Unlike in the previous waiver demonstration, the number of cases that are eligible to receive demonstration services are not being capped.

**Jurisdiction**

The phase III waiver demonstration is being implemented across all 92 counties.

**Intervention**

Under its waiver extension, Indiana is continuing its efforts to increase Department of Child Services (DCS) staff’s understanding of and capacity to implement demonstration interventions statewide and will emphasize increasing the array, accessibility, and intensity of evidence-based/informed services available to children and families. In addition, an expanded array of concrete goods and services are being offered to help families maintain safe and stable households (e.g., payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, house cleaning); and an increased array of innovative child welfare services are being offered including community-based wraparound services and home-based alternatives to out-of-home placement. Six programs and initiatives are available through the waiver extension.

- **Family Centered Treatment (FCT)** is a home-based, family centered evidence-based program, currently offered statewide by seven contracted service providers.

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20 Indiana is currently operating under a short-term extension through March 31, 2018, the second long-term waiver extension became effective July 1, 2012, through June 30, 2017. The original (phase I) demonstration was implemented in January 1998, followed by a long-term extension (phase II) that began July 1, 2005, and continued with short-term extensions through June 30, 2012.

21 For its first 5-year (phase II) waiver extension, Indiana 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. The state focused on promoting the utilization of waiver dollars by a greater number of counties considering the finding from its original demonstration that only 25 of 90 participating counties made significant use of flexible IV-E funds.
• **Child Parent Psychotherapy (CPP)** is an intervention for children aged birth to 5 who have experienced at least one traumatic event.

• **Sobriety Treatment and Recovery Teams (START) Program** serves caregivers with substance use disorders with children under the age of 5.

• **Children’s Mental Health Initiative** provides access to intensive wraparound and residential services for children who do not qualify for Medicaid.

• **Family Evaluations** connects families with services in instances in which the severe mental, behavioral health, or developmental disability needs of the child put the family in or at risk of crisis.

• **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** is utilizing service mapping and the Child and Adolescent Needs and Strengths (CANS) Assessment to identify appropriate families to participate in this evidence-based model.

**Evaluation Design**

The phase III evaluation includes process, outcome, and cost analysis components. The overarching evaluation approach is a longitudinal research design that analyzes changes in key outcomes and expenditures among successive cohorts of children entering the child welfare system. Cohorts are defined using data available in the statewide automated child welfare information systems: the Indiana legacy Child Welfare Information System (ICWIS) and the Management Gateway for Indiana’s Kids (MaGIK). To measure progress, baseline performance has been established using administrative data from ICWIS and MaGIK drawn from fiscal years (FY) 2010–2011 and 2011–2012 along with data from two rounds of Quality Service Reviews (QSR) from July 2007 to June 2009 and July 2009 to June 2011. The QSR process involves the review of a representative sample of cases from each region once every 2 years.

The process evaluation includes interim and final analyses that describe how the demonstration is being implemented and identify how services available under the waiver extension differ from services available under previous demonstrations. These analyses 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 primarily comes from interviews and surveys conducted with Regional Managers and Family Case Managers (FCMs), and data from QSRs and other surveys implemented by the state.

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

• Number and proportion of children designated as a Child in Need of Services (CHINS) who enter out-of-home care

• Of all children who enter out-of-home placement, the number and proportion exiting to reunification, a finalized adoption, or guardianship

• Average number of days from foster care entry to 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 maltreatment report and/or reenter out-of-home care

The number and proportion of children placed into care with relatives and siblings

Changes in key indicators of child well-being tracked through the existing QSR process, including physical health, emotional health, and social/cognitive development

The cost analysis compares expenditures for services during each fiscal year of the waiver extension, beginning with the two baseline years of 2010–2011 and 2011–2012. The cost analysis also examines changes over time in the ratio of expenditures on out-of-home placements versus expenditures on community and preventative services.

Substudy of Family Centered Treatment (FCT)

In addition to the primary evaluation described above, the state is conducting a substudy of FCT. The substudy began on January 1, 2015. As of December 31, 2015, a total of 107 families or 536 individuals are enrolled in this service. The substudy seeks to determine the effects of FCT on child safety, permanency, well-being, and service costs in comparison with other types of comprehensive home-based services.

Data Collection

The evaluation utilizes data from multiple sources to address the process and outcome measures described above including ICWIS, MaGIK, agency case records, interviews, surveys, and structured observations of demonstration participants, as appropriate.

Sample

All children and families receiving services from DCS after July 1, 2012, have been assigned to the waiver demonstration and are thus considered waiver cases for the purposes of the evaluation.

Evaluation Findings

The most recent process, outcome, and cost evaluation findings are summarized below.

Process Evaluation Findings

**Regional Manager, Executive Manager, and Assistant Deputy Director Interviews**

Four rounds of semi-structured interviews were conducted with Regional Managers (RMs) and Assistant Field Deputy Directors from each of the 18 regions in the state. The interviews were conducted by phone in 2013, 2014, 2015, and 2016. Interview topics included managers’ background information, region-specific qualities and services, the role of experience in performing one’s duties, staff development, concrete services, perceptions of mentoring, and perceptions of the 2012 waiver demonstration.
Indiana

Analysis of the fourth round of interview data is underway. Preliminary themes from the data include significant staffing challenges; a persistent perceived gap between Central Office and field staff; limited formal mentoring for Regional Managers; promoting stability in times of change by remaining rooted to the agency mission; and the expanded use of concrete services as essential to child welfare practice and prevention in the state.

CQI Readiness Survey
The CQI Readiness Survey was administered to roughly 430 RMs, Local Office Directors, and Supervisors from May 31, 2016, through June 21, 2016. The survey asked respondents to evaluate aspects of CQI readiness on a four-point Likert scale. The highest readiness ratings indicated staff were motivated to find ways to improve their work including the use of the MaGIK reports, knew how to analyze the quality of their work, and were willing to cooperate to solve problems. The lowest readiness rating indicated staff perceived lack of access to provide input on statewide changes, lack of recognition for good work, and case context and processes were not considered first when assessing case management issues.

Outcome Evaluation Findings

Family Case Manager Survey

- The average number of assigned cases per FCM was 19. The average number of CHINS cases per FCM was 12, and the number of assessments was 5. Female FCMs tended to have significantly higher caseloads than male FCMs ($M = 19.05$ cases versus $M = 16.8$ cases; $p < .001$). Similarly, non-White FCMs had higher caseloads than White FCMs ($M = 20.36$ cases versus $M = 18.21$ cases; $p < .01$). FCMs perceived their workload was currently more manageable than it had been in the past year.

- Across all four Rounds of FCM survey administration, FCMs perceived higher scores for five of six well-being indicators (Current Living Arrangement, Health, Emotional Status, Developmental Status, and Learning Status) at case closure. Only slightly higher scores in closed cases were perceived for the well-being indicator of Independence Development.

- FCMs were asked to review a comprehensive array of services and rate (a) the need for that service; (b) availability of that service when needed; (c) utilization of that service when available; and (d) effectiveness of that service when utilized.

  - Services perceived as most frequently needed included Home-Based Case Management, miscellaneous “Other” services (e.g., camps, after-school programming), substance abuse services, mental health services, health care, and public assistance.

  - Among the most needed services, FCMs perceived most were available when needed.

  - FCMs reported almost all services were needed more, were more available, and were more utilized than in previous years.
Indiana

- FCMs rated miscellaneous “other” services (e.g., camps, after-school programming), dental services, Motivational Interviewing, and health care services as the most effective, with the rest perceived as moderately effective. The services for substance abuse, domestic violence, mental health, and father engagement services were perceived as least effective. Compared to previous years, perceived effectiveness increased in 2016.

FCT Substudy

- As reported in March 2017, there was an average of 1.4 children involved in the case, and the average age of children involved in the case was 8.9 years old. At the time of the initial safety assessment, 39.4 percent of children were assessed as conditionally safe, 36 percent safe, and 24.6 percent unsafe. Of those children deemed unsafe, 72.2 percent were placed into care. Reunification was the most common case plan goal.

Cost Analysis Findings

- Child welfare spending in the base years (state fiscal years [SFYs] 2011 and 2012) totaled $699.7 million and $620.9 million respectively. In SFY 2014, spending for child welfare in Indiana increased to $793.9 million. The percentage of state versus federal spending has remained relatively constant at approximately one-third federal and two-thirds state.
- Spending on out-of-home care remained relatively unchanged during the first 2 years of the waiver term compared to the SFY 2011 and 2012 base years ($284.4 million in SFY 2011 and $272.1 in 2014). Despite an increased number of children placed in out-of-home care, a focus on the less restrictive placement settings of relative and family foster care has contributed to this spending stability. Conversely, spending on preservation activities, including home and community-based services, has increased since the inception of the waiver extension from $74.7 million in SFY 2011 to $104 in 2014.

Inquiries regarding the Indiana demonstration may be directed to Eric Miller at Eric.Miller@dcs.IN.gov
12: Kentucky

Demonstration Basics

**Demonstration Focus:** Intensive family preservation services for families with an identified risk factors of substance abuse.

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2015

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** May 30, 2018

**Final Evaluation Report Expected:** March 31, 2020

Target Population

The overall target population for the Kentucky waiver demonstration is families with children under 10 years of age who are at moderate or imminent risk of entering out-of-home care and whose parents have risk factors of substance use. This population will be served with two interventions: Sobriety Treatment and Recovery Teams (START) and Kentucky Strengthening Ties and Empowering Parents (KSTEP). The START program targets families with at least one young child (birth up to age 6) who enters the child welfare system with parental substance use as a major risk factor. The KSTEP intervention will serve families with children under 10 years of age where they are at moderate to imminent risk of being removed from the home, after a confirmed abuse or neglect allegation, where parental substance use is a co-contributing factor to child maltreatment. A family may only receive both START and KSTEP services in circumstances when it moves and intervention availability changes, or if it received sequentially in distinct Kentucky Department of Community Based Services (DCBS) cases.

Jurisdiction

The START program is currently being implemented in Jefferson and Fayette Counties, and the Kenton County START program will be expanded in late 2017. Expansion in additional counties will be based on a needs assessment and available resources. The KSTEP program will be piloted in four counties located in the northeastern service region and will be phased in to the remaining 11 counties in the same service region.

Intervention

Two primary interventions have been selected and are described below.

- **The START program**, an intensive child welfare intervention model for substance-using parents and families involved in the child welfare system, is an existing program being expanded under the demonstration. START integrates substance use services, family preservation, community partnerships, and best practices in child welfare and substance use treatment. Families receive quick access to behavioral health assessments and
substance abuse treatment and are engaged in the decision-making process through family team meetings. Family Mentors provide peer-to-peer recovery coaching and help navigating the Child Protective Services (CPS) system. Treatment services (e.g., Motivational Interviewing, the Matrix Model program, Seeking Safety therapy, etc.) are provided at the level of care required by the client and as determined by the American Society of Addiction Medicine Patient Placement Criteria. Flexible funding is also available for meeting basic needs such as housing, transportation, childcare, and intensive in-home services. The average length of a START case is 14 months, which varies based on families’ individual needs. A case ends when there is permanency and DCBS closes the case. A specially trained CPS worker and a Family Mentor share a caseload of no more than 12–15 families. A family may be eligible if the following exists:

- Child is age 0–6.
- Parental substance abuse is a primary risk factor to child safety.
- Time elapsed since the report was received does not exceed 10 days.
- Family did not have an open case at the time the report was received.
- Family is Medicaid eligible (not a requirement, but generally considered).

**The KSTEP program** is a voluntary in-home services program that will be an expansion of the in-home services currently offered. KSTEP includes case coordination services, partnership with the family, and rapid access and provision of clinical services including substance use treatment. Utilizing Solution-Based Casework, KSTEP will facilitate family engagement and involvement in the assessment and case planning processes, which leads to the empowerment of families and a reduction in high risk behaviors. Selected evidence-based programs included in the KSTEP program are—

- Adult-Focused Family Behavior Therapy (AF-FBT)
- Cognitive-Behavioral Therapy
- Motivational Interviewing
- Parent-Child Interaction Therapy

**All EBPs/PPs will be used based on families’ needs and as determined through assessments (e.g., North Carolina Family Assessment Scale, Addiction Severity Index, Parenting Stress Index, and a psychosocial assessment). A family may be eligible for KSTEP if the following exists:**

- Child aged 0–9 is at imminent risk of removal from the home.
- Parental substance abuse is a primary risk factor to child safety.
- Time elapsed since the report was received does not exceed 30 days
- Family did not have an open case at the time the report was received.
- Family is Medicaid eligible (not a requirement but generally considered).
Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses describing how the demonstration was implemented and identifying how demonstration services differ from services available prior to implementation of the demonstration. The key objective of the outcome evaluation is to assess the impact of increasing services available to families with cooccurring child maltreatment and substance use.

START program evaluation consists of two separate designs sharing common elements. The evaluation of the first START expansion site, in Jefferson County, will utilize a randomized controlled trial (RCT). However, the state has determined that an RCT will not be feasible in the expansion sites (e.g. Fayette and Kenton Counties). A quasi-experimental design utilizing propensity score matching (PSM) will be employed for these sites. The START program evaluation tracks outcomes in the areas of safety, permanency, and child and adult well-being through both primary and secondary data. Primary data on child and adult well-being is collected from both the experimental and control groups in the RCT, and from START clients only in the other START sites. The state is tracking the following outcomes:

- Recurrence of maltreatment
- Rates of out-of-home placement while receiving services
- Rates of out-of-home placement after case closure
- Reduction in trauma symptoms among START children at 12-month followup
- Improved behavior and emotional and social functioning of START children at 12-month followup
- Improved well-being among START children at program completion
- Reduction in depression symptoms among START adults at 12-month followup
- Improved well-being among START families at 12-month followup

KSTEP evaluation consists of a quasi-experimental, comparison group design utilizing PSM. The following variables will be used for the PSM process:

- Presence of at least one child under 10
- Similar timeframes for intake of referral (within 60 days of one another)
- Overall risk rating on the Assessment and Documentation Tool (ADT)
- Presence of substance abuse as a risk factor
- Report originating in a county in a contiguous service region

Outcomes will be measured through the collection of both primary and secondary data. The following outcomes are being tracked:

- Recurrence of maltreatment
• Rates of entry/reentry into out-of-home placement\textsuperscript{22} while receiving services (whether KSTEP or usual services)
• Rates of out-of-home placement for both KSTEP and comparison groups 6 months after KSTEP services have ended
• Length of time in out-of-home placement, calculated as the total number of days from beginning to end of each placement episode
• Permanency status at case closure (i.e., reunified with primary caregiver(s), custody granted to relative, or other adoption or guardianship)
• Placement type whereby youth requiring out-of-home placement are placed in the least-restrictive placement
• Increased family functioning and child and adult wellbeing

Evaluation Findings

Initial process and outcome evaluation findings for START are reported below as of the reporting period ending March 27, 2017.

Process Evaluation Findings

• A total of 260 families have been referred to START in Jefferson County since October 1, 2015. Of those, 91 did not meet criteria for the program due to failure of parents to attend initial START staffing meetings, and two were not accepted due to START caseloads being at capacity.
• Of the 166 families eligible for START, 119 were randomized to the demonstration group and 47 were randomized to the control group. Of the 119 demonstration families, 103 are currently receiving START services. Sixteen families were randomized to the demonstration group but are not receiving services due a determination of ineligibility after randomization, the family moved out of the service area or failed to attend initial staffing meetings (Family Team Meetings) despite staff attempts at engagement.
• START expanded into Fayette County and while early in implementation, 15 families have been referred to START as of March 27, 2017. Of those 8 families who met criteria for the program, 7 families are currently receiving services.

Detailed outcome evaluation findings for START and process and outcome evaluation findings for KSTEP are pending the continued implementation of the interventions.

Inquiries regarding the Kentucky waiver demonstration may be directed to Gretchen Marshall at the following email address Gretchen.Marshall@ky.gov.

\textsuperscript{22} Out-of-home placement is defined as removal from the child’s primary caregiver(s), regardless of duration.
13: Maine

Demonstration Basics

**Demonstration Focus:** Parental Education and Services for Caregivers with Substance Use Disorders

**Approval Date:** September 30, 2014

**Implementation Date:** April 1, 2016

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** November 29, 2018

**Final Evaluation Report Expected:** March 31, 2020

**Target Population**

The target population includes all parents who are involved with the child welfare system and receiving in-home or in out-of-home child welfare services, with at least one child between the ages of 0-5, and with the parent meeting the substance abuse assessment criteria for the Matrix Model Intensive Outpatient Program.

**Jurisdiction**

The waiver demonstration is being implemented in Region 1 (southern), Region 2 (central), and Region 3 (northern and eastern).

**Intervention**

Through the demonstration, the state is seeking to stabilize and reunify targeted children and families in a timelier manner by providing coordinated, colocated intervention of parental education and intensive outpatient substance abuse services. Under the demonstration, known as the Maine Enhanced Parenting Project (MEPP), eligible parents receive the Matrix Model Intensive Outpatient Program for substance abuse treatment along with Level 4 and Level 5 Positive Parenting Program (Triple P) parenting education. A brief description of each intervention is provided below.

- **Matrix Model Intensive Outpatient Program (IOP)** is a Medicaid funded, intensive ambulatory level of care substance abuse treatment service for adults in Maine. IOPs provide an intensive and structured program of alcohol and other drug assessment and group treatment services in a nonresidential setting. Services provided to adults who meet the IOP treatment criteria include individual, group, or family counseling services; educational groups, including the involvement of others affected; and planning/referral for additional treatment, if needed. IOP services must be provided under the supervision of a licensed physician or psychologist and delivered by qualified staff. Participants attend treatment at least 3 hours per day for 3 days per week, up to 16 weeks depending on level of need.
• **Positive Parenting Program (Triple P)** is an evidence-based parenting program delivered by trained providers in either an individual or group setting to participating families. Triple P is being delivered in the group format, which consists of five group sessions of no more than 12 parents, followed by three followup phone calls with families. Level 4 Triple P helps families learn skills to manage their children’s moderate to severe behavioral and/or emotional difficulties, or broadly to promote positive parenting skills among young or inexperienced parents of young children. The skills learned in Level 4 Triple P are applicable to children aged 0–12. Level 5 Triple P provides more intensive support for families who complete Level 4 Triple P, but need additional support. Level 5 Triple P includes either Enhanced Triple P or Pathways Triple P. In Enhanced Triple P, three specific modules address partner communication, stress management, and how to handle other high stress situations for families experiencing parental conflict, mental health issues, or other stressors. Pathways Triple P is specifically geared toward families at risk of child maltreatment and covers anger management and behavior management techniques.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation or from services available to children and families that are not designated to receive demonstration services. The outcome evaluation uses both a pre-post and a longitudinal, matched comparison group design. The pre-post analysis will be used to examine child and family well-being measures. The longitudinal, matched comparison group design will be used to track safety and permanency measures, such as repeat maltreatment and length of time in foster care, for both the treatment and comparison groups. Propensity score matching will be used to assign families from a historical cohort to the comparison group. The outcome evaluation addresses changes in the following:

- Number of children remaining safely in their homes
- Rates of reunification
- Timeliness to reunification
- Number of reports of repeat maltreatment
- Reentries into out-of-home care
- Family well-being
- Rates of parental substance abuse
Evaluation Findings

Below are the key evaluation findings reported through October 31, 2016, the first six months of implementation.

Process Evaluation

- As of September 30, 2016, 49 families have agreed to receive services, met the criteria for an intensive outpatient level of care, and been referred to MEPP. Of those 49 who initiated IOP, 12 have begun Triple P as well. Triple P generally commences about 4 weeks after IOP. Among the 49 families, there were 96 children.
- Among the 49 parents referred to MEPP, 20 have been discharged from IOP: 2 with successful completions, 10 for failure to participate, and the remainder because they moved away. Four of those referred to Triple P have also been discharged: 1 for failure to participate, and 3 for unspecified reasons.
- Initial key stakeholder interviews completed during the months of May and June 2016 were used to gather information about the planning and development of the initiative and to assess early implementation. Forty-five interviews with field staff and provider representatives were conducted in regions 1 and 3. Interviewees consisted of IOP and Triple P community providers, Substance Abuse and Mental Health Services (SAMHS) administrators, and child welfare administrators, supervisors, and caseworkers. Interview questions about the planning process for the demonstration yielded the following information:
  - The planning process incorporated several focus groups, including Native American tribes, service providers, and parents receiving substance abuse treatment.
  - At the time of the application, the Maine Office of Child and Family Services (OCFS) partnered with SAMHS, who were involved in writing some components of the RFP regarding the search for coordinated parenting education and substance abuse treatment services.
  - In addition to the focus groups and partnership with SAMHS, OCFS has made substantial efforts to increase awareness and promote the implementation of the waiver demonstration both inside and outside of the agency. MEPP was discussed at district meetings, town hall calls, in an OCFS informational newsletter, and at a judicial symposium.
  - While there was an extensive effort to inform OCFS field staff about the project, there was no formal training. Central office representatives reported they did not believe this was necessary because these were additional services to which workers could refer clients in much the way they do with existing services.
- An online survey was administered to supervisors and caseworkers in September 2016 to gain their perspective on the demonstration services. The survey response rate was 35 percent; out of 369 potential respondents, 129 surveys were completed. Results
from the survey suggest more formal training, or at least some additional information on the interventions, would have been helpful, particularly in one of the regions where over 90 percent of the responding staff reported they wanted more training in relation to the overall project and the individual services. The specific topics on which there appeared to be the most uncertainty were the content of individual services and the referral process. For example, only half of the respondents disagreed or strongly disagreed that “the referral process is clear” and more than half (61 percent) disagreed or strongly disagreed that they had “received adequate information about Matrix IOP.”

Survey results also suggested there are regional differences in child welfare staff satisfaction with the adequacy of the communication with the service providers, the capacity of the providers to handle caseloads, and the progress clients are making. This may be a function of individual differences in providers or the general lack of resources in the sparsely populated areas of the state. Overall survey responses are positive in that generally, twice as many caseworkers agree than disagree with positive statements about MEPP, such as “I see families on my caseload making progress through MEPP” (70 percent agree).

- One of the measures of fidelity to the IOP implementation is the level of adherence to the requirement that clients participate in urine screenings once a week at random times throughout the IOP. Findings indicated that overall, the providers appeared to be meeting or exceeding this requirement.

Outcome Evaluation

Preliminary information is available regarding a small number of families who have been in the program for at least 3 months. There were 22 cases referred to MEPP which had been open for at least 3 months prior to September 30, 2016. None of the cases have experienced a subsequent substantiated or indicated episode of maltreatment. However, three of those families have had children removed from their homes within 3 months of the referral to MEPP. The comparison group had four families with removals within 3 months of case opening.

Additional evaluation findings are pending the continued implementation of the waiver demonstration.

Information requests for the Maine waiver demonstration may be directed to Grace Brace at grace.brace@maine.gov.
14: Maryland

Demonstration Basics

Demonstration Focus: Trauma-Informed Assessment and Evidence-Based Practices/Promising Practices

Approval Date: September 30, 2014
Implementation Date: July 1, 2015
Expected Completion Date: September 30, 2019
Interim Evaluation Report Expected: March 1, 2018
Final Evaluation Report Expected: March 31, 2020

Target Population

The waiver demonstration targets two priority populations: children and youth at risk of entering out-of-home care for the first time and children and youth at risk of re-entering out-of-home care after exiting to permanency.

For the purposes of the waiver demonstration, all children and youth moving through Child Protective Services (CPS) are considered at risk of entering out-of-home placement. Specific subpopulations for the implementation of evidence-based and promising practices vary based on needs identified by local jurisdictions.

Jurisdiction

The demonstration is being implemented statewide; however, specific interventions are being rolled out in phased implementation stages across selected counties or service areas. All CPS and in-home services cases are being assessed with the Child and Adolescent Needs and Strengths-Family (CANS-F). Consolidated In-Home Services (CIHS) provides ongoing case management and services to families at risk of maltreatment and/or out-of-home placement. Maryland serves approximately 7,500 families annually via CIHS. The state administered CANS-F assessments to 7,010 caregivers and 10,691 youth in fiscal year 2016.

Intervention

The demonstration is focused on the statewide implementation of a trauma-informed system and evidence-based practices to better identify and address the strengths and needs of children, youth, and families within the child welfare system. The three primary components of the demonstration include the activities described below.

- **Standardized trauma and trauma-informed assessments**, specifically the CANS and CANS-F, are being implemented statewide for use in CPS and in-home services to assist
caseworkers with the identification of individualized strengths and needs of children and families and to support the development of a plan of care, including specific and individualized interventions to address identified needs.

- **Workforce development activities** related to the impact of trauma on children, families, and front line staff are being conducted. Workgroups were established by the Maryland Department of Human Resources to develop a Trauma-Informed Strategic Plan. The strategic plan includes the Maryland definition of what it means to be a trauma-informed child and family serving system, a framework for organizing the core components of a trauma-informed system, and action steps to be taken as part of the waiver demonstration. Specific strategies detailed on the plan focus on policies, practices, and procedures; core competencies; youth and family peer support; and a statewide Learning Collaborative. The workgroups also determine the types of trauma-informed training developed for direct care staff, resource parents, leadership, and community providers.

- **Evidence-Based Practices/Promising Practices (EBPs/PPs)** were introduced or expanded to address core areas of need identified for the target populations, including parental substance abuse, parental mental health, child behavioral health, trauma-informed workforce development, and trauma-informed interventions and practices. The CANS-F is being used to inform referral to the EBPs/PPs. The specific interventions and locations for implementation were identified through a proposal process with local jurisdictions and private providers and include the following:
  - SafeCare at Prince George’s County and Howard County
  - Solution-Based Casework at Baltimore City
  - Incredible Years at Allegany County
  - Nurturing Parenting Program at Harford County
  - Family Functional Therapy at Anne Arundel County
  - Parent-Child Interaction Therapy at Anne Arundel County
  - Cognitive Behavior Therapy+/Partnering for Success at Baltimore County
  - Strengthening Ties and Empowering Parents at Washington County
  - Trauma Systems Therapy at Washington County

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation of the demonstration. The key objectives of the outcome evaluation are to assess the impact of becoming a trauma-informed system and the implementation of evidence-based and promising practices on rates of entry and reentry. For statewide implementation efforts, the evaluation consists of a longitudinal pre-post design, where a historical cohort (e.g., families who received in-home services prior to the treatment roll-out) is compared to a treatment cohort (e.g., families who have been assessed with the CANS-F). Because of the individualized nature of the new and expanded EBPs/PPs implementation, the evaluation
Maryland

includes individualized approaches for each EBPs/PPs. The third-party evaluator worked with each local site to determine the most rigorous research design feasible and appropriate for each EBP/PP. The evaluation measures the following outcomes statewide:

- Rates of reunification, adoption, or guardianship
- Placement stability
- Length of stay
- Number of cases served in the alternative response track compared to the use of the investigative response track
- Rates of residential treatment/group care placement among youth in care
- Child and youth functioning

Evaluation Findings

The section below summarizes key evaluation findings reported through March 1, 2017.

Process Evaluation

- Data from the last quarter of 2016 (October 2016–December 2016) indicate that the overall compliance rate for completing the CANS-F with every eligible family at each appropriate time point was 80 percent statewide. Compliance rates for individual counties ranged from 55–100 percent.
- As of July 2016, all CIHS and CPS workers who handle Risk of Harm cases across Maryland had received training in the CANS-F. Of the 734 staff members trained to date, 335 (46 percent) earned their CANS-F recertification in 2016.
- Approximately 90 child welfare supervisors and workers were trained in Solution-Based Casework (SBC).
- A total of 71 mental health staff and 71 child welfare staff were trained in Cognitive Behavior Therapy+/Partnering for Success.

Outcome Evaluation

- In-home cases with CANS-F completed at two different time points (intake and discharge) were examined to determine changes over time in youth, caregiver, and family well-being. A comparison of CANS-F scores from time 1 to time 2 indicated that there was a decrease in needs over time in the areas of family functioning \( (n = 1,825) \), caregiver advocacy \( (n = 1,825) \), caregiver needs \( (n = 2,365) \), and child functioning \( (n = 3,898) \), which were statistically significant \( (p < .001) \). Child behavioral/emotional needs \( (n = 456) \) and child risk behaviors \( (n = 160) \) did not change significantly over time. Also, the number of strengths remained similar between intake and discharge.

- Case reviews were conducted to assess the extent to which the needs identified by the CANS-F were addressed through referrals to services or other caseworker actions. A sample of 39 cases was selected from 17 different child welfare jurisdictions. The proportion of cases in which the child welfare worker rated each CANS-F item with a 2 (i.e., Act to address need) or 3 (i.e., Act immediately, intensely), the proportion of cases

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in which the service plan contained tasks/activities specific to the need, and the proportion of cases in which the child welfare information system data reflected a referral for the identified need were examined. There was a great deal of variability in the extent to which identified needs were addressed through referrals or other caseworker actions, depending on the specific CANS-F item. For example, of the cases with a rating of 2 or 3 on the items shown below, the need was reflected in the service plan in the following percentage of cases:

- Financial resources – 29 percent
- Family conflict – 17 percent
- Knowledge of family-child needs – 80 percent
- Caregiver substance use – 75 percent
- Caregiver mental health – 78 percent
- Child mental health – 100 percent

- Parents that completed the NPP and completed the Adult Adolescent Parenting Inventory-2 pre- and posttests (n = 14) showed improvements in parenting attitudes on four out of five domains: Appropriate expectations; High level of empathy; Alternatives to Corporal punishment; and Values, Power, Independence. Scores for the domain of Appropriate family roles did not change over time. Thirteen parents also completed the Nurturing Quiz, a multiple-choice examination of knowledge of parenting practices, before and after completing the NPP. On average, there was an increase of 4 points (16 percent) in parenting knowledge after completing the NPP.

Information for the Maryland demonstration is available online. Inquiries regarding Maryland’s waiver demonstration may be directed to Rena Mohamed, Director, Outcomes Improvement, Maryland Department of Human Resources at the following email address: rena.mohamed@maryland.gov
15: Massachusetts

Demonstration Basics

**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 Date:** August 23, 2016

**Final Evaluation Report Expected:** July 1, 2019

**Target Population**

The Massachusetts 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 are at risk of residential placement.

Children in state custody at the time the demonstration began and those who enter or are at risk of entering state custody following implementation are eligible for services based on findings from a Level of Service determination process that draws on the Child and Adolescent Needs and Strengths (CANS) assessment tool and other indicators of need. Certain children are excluded from participating, 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 when community risk management strategies are deemed to be insufficient.

**Jurisdiction**

The demonstration is being implemented statewide.

**Intervention**

The demonstration, titled Caring Together, is a joint undertaking by the Massachusetts Department of Children and Families (DCF) and the Department of Mental Health (DMH) to design, price, and implement residential and intensive community-based 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 reentry (including reentry into congregate care), increase placement stability, strengthen parental 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 five programs being implemented as part of Caring Together are described below.

- **Redesigned Congregate Care with an Integrative Services Approach.** Congregate care services for youth aged 18 and younger have been re-procured with a new set of service standards. Integrative Services include 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.

- **Follow Along Services.** Intensive home-based family interventions and supports are provided to youth aged 18 and younger and their families in preparation for and after a return to the home or community from congregate care settings. 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. The same treatment team that delivered clinical care to the child and family while the child was in placement provides Follow Along services to maintain continuity of relationships built during the placement episode.

- **Stepping Out Services.** Services are provided for young adults aged 17 and older that are transitioning to living independently after receiving pre-independent living and independent living group home services. Stepping Out services provide ongoing individual supports during this transition period to help youth achieve independence, build relationships, and sustain lifelong connections. The same treatment team that delivered clinical care provides Stepping Out services to the child and family while the child was in placement to maintain continuity of relationships built during the placement episode.

- **Continuum Services.** Services are provided to children age 18 and younger at risk of congregate care placement and whose families are identified as able to care for the child at home with intensive supports. The continuum 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.

- **Family Partners.** Family Partners are individuals with personal experience with the child welfare and/or child behavioral systems who support children and families in or at risk of congregate care placement. Implementation of this component began on April 1, 2015, as a pilot in eight DCF area offices; the Family Partner pilot program has now been implemented in 12 DCF Area Offices.

**Evaluation Design**

A statewide retrospective matched-case research design is being implemented. In the design, service utilization and outcomes for the cohort of children that exited congregate care during the 5 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 documenting the system changes made by DCF during the waiver demonstration period and examining the overall implementation of the demonstration interventions, including the level
of fidelity with which they are implemented; (2) an outcome evaluation examining 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 examining changes in service utilization and spending resulting from the waiver and the implementation of financial performance incentives.

The outcome evaluation will address changes in the following long-term outcomes:

- Reduced length of time in congregate care
- Increased placement stability
- Reduced rates of reentry into congregate care specifically, and into out-of-home placement generally
- Reduced rates of subsequent maltreatment
- Decreased transitional crisis reactions for children returning to the community from congregate care
- Improved well-being and safety as measured by the CANS assessment tool

Data Collection

The evaluation utilizes multiple data sources including the statewide automated child welfare information system, surveys, focus groups, interviews, and document reviews. Data collection is occurring over three main time periods: (1) a “pre-waiver” period that includes data on children who were discharged from care in the 5 years prior to the start of the waiver demonstration, and data on certain process and descriptive measures for the 12 months prior to the waiver; (2) a “formative” period during the first 2 years of the demonstration that will focus primarily on process evaluation activities; and (3) an “outcome” period during the last 3 years of the demonstration that will be the focal time frame for the evaluation of safety, permanency, and well-being outcomes.

Evaluation Findings

Below is a summary of evaluation findings reported in the Interim Evaluation Report and progress reports submitted through January 2017.

Process Evaluation Findings

- Some highlights from the preliminary findings from surveys of DCF and DMH youth (n = 193) and parents/caregivers (n = 143) that were administered in the spring and summer of 2016 include the following:
  - A greater proportion of youth responding to the survey had received residential school services (53 percent), Group Home services (47 percent), or Continuum services (18 percent); however, only a small percentage received Stepping Out (2 percent) and/or Follow Along (3 percent) services.
  - Eighty-nine percent of the youth agreed they understood their treatment plan.
  - Eighty-nine percent of the youth agreed their treatment plan identifies their strengths.
Sixty-five percent of youths agreed transition from one service to another went smoothly.
- Eighty-five percent of parents/caregivers agreed they were satisfied with CT services overall.

Some highlights from the Network Management Tool completed by CT providers (n = 55) in the summer of 2016 include the following:

- Fifty-one percent of the CT organizations monitor and track utilization of services to ensure youth receive the “Right Service” at the “Right Intensity” for the “Right Duration” on a quarterly basis; 47 percent track service utilization monthly.
- Forty-two percent of the CT organizations had family advisory boards/committees; 56 percent of the organizations had youth advisory boards/committees.
- Ninety-four percent of the organizations used data on the use of restraints to improve practice.
- On average, organizations provided 20 hours of restraint prevention training per staff person annually.

Data from one focus group with Family Partners, one with DCF youth, and one group interview with CTCS team staff (conducted between July and December 2016) indicated program strengths and areas for improvement.

**Strengths**
- CTCS team staff noted improvements in clinical practice and attributed this to increased accountability.
- CTCS team staff reported that treatment plans increasingly have a rehabilitative focus and include measurable objectives.
- Family partners reported seeing progress in the families with which they have worked, e.g., parents/caregivers learned how to advocate for themselves.
- Several youths reported receiving the right level of service at the right time.

**Areas for Improvement**
- CTCS team staff expressed concern about Caring Together joint management, with some staff reporting management issues have gotten worse in the past 6 to 9 months.
- There was a lack of clarity around positions new to the CT structure. Those CTCS staff currently holding positions that did not exist before CT felt their roles were still not well defined and the jobs they are doing do not match those for which they signed up.
- Family Partners and youth reported family and youth voices were often overlooked. Family Partners also noted parents/caregivers had often not seen their children’s treatment plans. Youth expressed a desire for more information and support in transition planning.
- Several youth reported wanting better communication among and between youth, CT provider staff, administrators, and DCF workers, particularly around placement decisions.

Outcome Evaluation Findings

- The outcome evaluation is examining the entire study population meeting the eligibility criteria who entered (entry cohort) or exited (exit cohort) congregate care services during the evaluation period. For the formative evaluation, the entry cohort consists of youth who received qualifying CT services (Continuum, Congregate Care, Follow Along, Stepping Out) with a congregate episode start date between January 1, 2014, and December 31, 2015. The exit cohort consists of youth who received qualifying CT services with an episode end date between January 1, 2014, and December 31, 2015. For the main outcome analysis (or summative evaluation), the entry and exit cohorts are based on services beginning or ending during the summative evaluation period (January 1, 2016, to December 31, 2018). The comparison population consists of youth served during a 5-year period prior to the implementation of CT services that will be matched to the study population based on similar characteristics.

- As of February 29, 2016, 3,390 youth have received CT services, including 3,247 youth entering CT during the formative period (2014-2015) and 143 entering CT during the summative period (2016). Of the 3,247 youth served during the formative period, 2,127 were identified as being in the entry cohort with CT episodes beginning in 2014 or 2015. There were 1,824 youth in the exit cohort with congregate care episodes ending in 2014 or 2015.

- According to preliminary data, almost half (45 percent) of the CT youth in the exit cohort spent more than a year enrolled in CT and another quarter (28 percent) of youth were enrolled in CT for at least 6 months. One-third of the youth who exited congregate care returned home or to the custody of another individual.

- Among youth in the exit cohort, 30 percent experienced one or more incidents of restraint within 6 months of the beginning of the CT episode. Similarly, 28 percent of youth in the entry cohort experienced restraint within 6 months of entry.

- Among youth in both the entry and exit cohorts, 8 percent experienced psychiatric hospitalization within 3 months of starting CT services. In the exit cohort, 13 percent experienced psychiatric hospitalization within 6 months, with the number of hospitalizations ranging from 0 to 7.

Cost Study Findings

The evaluation team has been tracking spending on CT services, units of services, and unduplicated numbers of youth served. A preliminary analysis showed overall spending increased 34 percent between state fiscal year 2013 and 2015, from $137 to $183 million. Units
Massachusetts

of residential treatment increased only 1 percent, but units of Group Home services increased 28 percent. The total number of youth served by CT services increased 6 percent from state fiscal year 2013 to 2015, and the total cost per youth increased by 19 percent over this period.

Inquiries regarding the CT demonstration may be directed to Andrea Cosgrove, Director of Program Operations at the following email address: andrea.cosgrove@state.ma.us.
Demonstration Basics

**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 Received:** June 29, 2016

**Final Evaluation Report Expected:** January 31, 2019

Target Population

The target population of the waiver demonstration includes families with young children aged 0–5 that have been determined by Child Protective Services (CPS) to be at high and intensive risk (Category II or IV)\(^{23}\) 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 demonstration is being implemented in Kalamazoo, Macomb, and Muskegon Counties.

Intervention

Through its demonstration—called Protect MiFamily—Michigan is expanding 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 Samaritas and Catholic Charities of West Michigan who over a 15-month period identify participating families’ strengths and needs, coordinate timely referrals to community 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** is 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 are made.

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\(^{23}\) 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.
• **Trauma Screening Checklist** is administered to all households with children aged 0–5 years. When eligible and appropriate, these households are 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 are screened using the Trauma Symptom Checklist for Young Children and are also referred for these mental health interventions.

• **Strengthening Families**, a protective factors framework, is integrated into the approach through which contracted agencies are 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** is 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** occurs throughout the 15-month intervention to identify and address issues related to child safety.

• **Long-term Family Engagement and Support** provides an array of services and supports and includes 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 includes process and outcome components and a cost analysis. The state is implementing an experimental research design with random assignment to experimental and control groups. Eligible families are randomly assigned to the experimental and control groups using a 2:1 sampling ratio. Families in the experimental group receive Protect MiFamily services, while families in the control group receive “services as usual.”24 The process evaluation includes interim and final process 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 outcome evaluation compares 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:

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24 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 to the child.
• 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.

The cost analysis compares 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, \( \frac{\text{Costs (Intervention – Comparison)}}{\text{Outcomes (Intervention-Comparison)}} \), to reveal the difference in costs between the intervention and comparison group for each additional child remaining safe in home for 15 months.

Data Collection

The evaluation utilizes data from multiple sources, including MiSACWIS, 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.

Sample

Michigan estimates a total sample of 2,250 families (1,500 experimental and 750 control) over the 5-year demonstration period. Michigan faced challenges in reaching the target number of 300 families during the first year of the demonstration, largely due to issues with the implementation of the state’s automated child welfare system (i.e., MiSACWIS). The state expects that the target number will be met throughout the remainder of the demonstration project.

Evaluation Findings

Key process and outcome evaluation findings as reported in the interim evaluation report are summarized below.

Process Evaluation Findings

• A total of 523 families have been served by Protect MiFamily. Of those, 123 families have completed 15 months of services.

Interviews and Focus Groups

• Two site visits were conducted (one in 2013 and one in 2015) to complete semi-structured interviews and focus groups. Respondents included all Protect MiFamily
partner agency workers, supervisors and directors; a sample of CPS workers and CPS supervisors; and local MDHHS CPS staff with investigative and/or ongoing cases. Service provider interviews were added in 2015. Respondents noted the following about Protect MiFamily:

- There was a significantly lower rate of referral to community services than expected, which presents challenges to the success of Protect MiFamily because the model is focused on connecting families with community services and supports that can sustain their progress after the program. Reasons for the low referral rate include: Protect MiFamily staff providing most services (mainly psycho-educational) themselves in the home; referrals are primarily used for clinical services (substance abuse treatment, mental health) that require specialized professional or certified providers; client reluctance to go to services, transportation or scheduling barriers; service availability; and the cost of outside services.
- The availability of mental health, temporary shelter, and affordable housing services is a significant barrier.
- Approximately one third of Protect MiFamily cases closed before families complete the full 15 months of services. Reasons for early case closure include: CPS removed the child(ren) from the home; change of custody; family moved to a different county, often due to housing crises; family declined further services; and/or family became non-responsive to worker contact attempts for more than 30 days.

**Family Satisfaction Survey**

- Family Satisfaction Surveys were distributed in three phases and overall satisfaction with program services remained positive over all three phases. Ninety-one percent of survey respondents in Phase I agreed or strongly agreed “their family was getting the services they need and that they know how to contact other agencies to get their needs met”. In Phase 2, 95 percent agreed or strongly agreed their family was getting needed services and nearly 98 percent reported they know how to contact other agencies to get their needs met. In Phase 3, over 97 percent agreed or strongly agreed their family was getting needed services and over 94 percent reported they know how to contact other agencies to get their needs met.

**Outcome Evaluation Findings**

**Risk Assessment**

- There were no cases initially classified as low or moderate risk and a majority of cases decreased in risk over time. Of the cases that began as “high risk”, 75 percent moved to “low risk” and 19 percent moved to “moderate risk” by the time of re-assessment. Similarly, of the cases that opened at “intensive risk”, 63 percent moved to low risk and 26 percent moved to moderate risk. There were no statistically significant differences when comparing changes in risk over time between the demonstration and control groups.
The risk of removal and maltreatment were significantly decreased when family risk levels were improved (e.g., family moving from high risk to low risk). Fifty-four percent of families that experienced no change in risk scores had at least one child removed from the biological family home. In comparison, only 9 percent of families experienced a removal of the child when their risk score improved. Forty-three percent of families with no improvement in risk score were associated with subsequent maltreatment compared to only 22 percent of families that experienced at least some improvement in risk score.

**Removal from the Biological Family Home**
- Overall, 13.3 percent of families experienced the removal of at least one child from the biological family home.
- On average, children were removed from the biological family home at 189 days from the date of random assignment. There was no difference when comparing the time to removal between the demonstration and control groups.
- 4.6 percent of children assigned to the demonstration group whose families received the full dose of Protect MiFamily (i.e., completed all three phases), were less likely to be removed from the biological family home compared to 10.8 percent of children assigned to the control group.
- Time to removal from the family home (i.e., number of days between random assignment and first child removal) totaled 177 days for the demonstration group compared to 220 days for the control group, not a statistically significant difference.

**Maltreatment Recurrence**
- Overall, 23.3 percent of the families were associated with at least one subsequent allegation of maltreatment (category I, II or III). There were no statistically significant differences between the demonstration and control groups.
- On average, children were exposed to a subsequent and substantiated report of maltreatment at approximately 37 days. There was no difference when comparing the time to subsequent maltreatment between the demonstration and control groups.
- There was no significant difference to subsequent maltreatment when comparing families assigned to the demonstration group that completed the full dose of Protect MiFamily with families in the control group.

**Well-Being Outcomes**
- Based on the Devereux Early Childhood Assessment Total Protective Factors score, 30 percent of children who completed Protect MiFamily showed statistically significant improvement in well-being at the post-assessment and approximately 42 percent of
Michigan

children whose pre-test behavior indicated “Area of Need” or “Typical” showed improvement in behavior at the post-test.

Information and reports for the Michigan waiver demonstration are available online. For questions regarding the Michigan waiver demonstration contact Guy Thompson, Project Manager at the following email address: Thompsong@michigan.gov
Demonstration Basics

**Demonstration Focus:** Alternative Response and Provider Performance Improvement

**Approval Date:** September 30, 2013

**Implementation Date:** July 1, 2014

**Expected Completion Date:** June 30, 2019

**Interim Evaluation Report Date:** March 1, 2017

**Final Evaluation Report Expected:** December 30, 2019

Target Population

The target population for the Alternative Response (AR) initiative includes children aged 0–18 who, following a call to the state’s hotline, are identified as meeting the 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.

While the service providers are the direct recipients of the Provider Performance Improvement (PPI) initiative (formerly titled Results Based Accountability—RBA), children and families are the target population for the PPI intervention which includes all children aged 0–18 currently served by the Division of Children and Family Services (DCFS), who become eligible for PPI–monitored services during the demonstration, regardless of title IV-E eligibility.

Jurisdiction

The demonstration is being implemented statewide, with the AR initiative beginning with an initial pilot in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties. Expansion of AR began in 2016, currently 57 out the 93 counties implement AR. Statewide rollout of AR should be completed by 2018. Statewide implementation of RBA (now titled PPI) began in July 2014.

Intervention

Nebraska has selected two primary interventions for its demonstration—

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. AR includes a comprehensive assessment of child’s safety, well-being, and works with the family to identify barriers the family faces in keeping their child safely at home. The family is connected with community supports and voluntary services enabling them to keep the child at home while addressing issues that resulted from an initial maltreatment referral. Nebraska randomly assigns families who meet the eligibility requirements for AR (50 percent of families eligible for AR are assigned to Traditional
Response (TR), the other 50 percent are assigned to Alternative Response), and a DCFS case manager provides and coordinates the provision of the following services:

- Comprehensive assessment comprised of the Structured Decision Making (SDM) Safety and Prevention assessment, Nebraska DCFS Protective Factors and Well-Being Questionnaire, and Genogram and Ecomap
- 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

AR eligibility is based on 22 exclusionary criteria and 8 Review, Evaluate, and Decide (RED) Team criteria that are applied to all accepted intakes at the DCFS hotline. Intakes reporting one or more of the exclusionary criteria are assigned to a Traditional Investigation.

2. **Results-Based Accountability/Provider Performance Improvement;** RBA was implemented as part of a system reform of the state’s contract and performance management system for contracted child welfare service providers. In April 2016 implementation of RBA was updated to integrate performance measure data with individual provider performance data and was retitled Provider Performance Improvement (PPI). PPI’s framework integrates performance measures and performance quality conversations with administrative data which enables DCFS to link individual child and youth outcomes with provider performance. The three state services monitored by PPI are Agency Support Foster Care, Family Support Services, and Intensive Family Preservation. Title IV-E funding is being used flexibly to conduct the following activities:

- Develop standard performance measures, in collaboration with service providers.
- Track internal measures and conduct qualitative reviews of individual providers’ performance.
- Service data is entered by providers monthly into a centralized database platform (i.e., Salesforce) according to the developed performance measures.
- Collaborate with contracted service providers to perform a “Performance Quality Conversation” using a concrete and specific process through which DCFS and service providers look at the agency’s performance and determine the strengths and areas needed for improvement.
Nebraska

Nebraska will use the data collected throughout the PPI intervention to drive future decisions regarding the state’s contract and performance management system.

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is using an experimental design with random assignment to evaluate AR and a longitudinal time series design to evaluate RBA/PPI. The process evaluation includes 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 outcome evaluation addresses differences between the experimental and control groups for the following child and family outcomes:

- Number and proportion of repeat maltreatment allegations (accepted 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 family needs after the initial report

For experimental group families in the AR component, the evaluation tracks 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 plans to 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/PPI are being assessed using both a retrospective and prospective cohort design to compare outcomes for entry cohorts prior to and after RBA/PPI implementation. Specific child and family outcomes addressed through the evaluation of RBA/PPI 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
- 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)
Likelihood of maltreatment in out-of-home care

Likelihood of out-of-home placement

Because service providers are the direct recipients of RBA/PPI, the evaluation will track and measure contracted provider outcomes (i.e., changes in providers understanding of and buy-in for RBA/PPI, changes to practice within provider agencies, and improvements in performance measures) using a one-group, post-test design. To the extent there are changes in service providers’ performance measures, related child and family outcomes will be examined.

The cost analysis includes an analysis of the total cost of each program and analyses of administrative costs and contracted services costs. A cost-effectiveness analysis (CEA) for AR will develop performance-cost ratios and compare them between the treatment and control groups. The CEA will also include trend analysis of the performance-cost ratios. Similarly, cost-effectiveness ratios will be developed for RBA/PPI and the ratios will be tracked over time to examine how they change over the implementation period. Graphical comparisons of performance measures (safety, permanency, and well-being) and costs will also be conducted. A cost-utility analysis (CUA) will be conducted for both initiatives, if feasible.

Data Collection

The evaluation utilizes multiple data sources including the statewide automated child welfare system (e.g., N-FOCUS), archival records (e.g., provider contracts, meetings, trainings, model fidelity review), RBA/PPI model fidelity assessment, RBA/PPI Scorecard data, staff and service provider surveys, focus groups, and client surveys.

Evaluation Findings

The following summarizes key evaluation findings for Alternative Response from semi-annual progress reporting and the Interim Evaluation Report submitted March 1, 2017.

Process Evaluation Findings

Significant differences were observed between groups of stakeholders (i.e., statewide external stakeholders, internal workgroup and subgroups, and local implementation teams) on six survey items relating to core AR program elements:

- Local implementation team members were significantly less likely to agree that AR families should not be placed on the Central Registry ($F(2,149) = 4.67, p = 0.01$).
- Average ratings from local implementation teams were significantly lower with regards to agreement that law enforcement should be involved in AR cases ($F(2,147) = 7.15, p = 0.001$).

21 Changes in data collection methods may occur as the state continues to move forward with PPI.

26 Several components of the RBA evaluation were put on hold during the transition from RBA to PPI.
Statewide and local stakeholders were significantly less likely to agree with the need to contact parents prior to interviewing children in AR \( F(2,147) = 3.25, p = 0.04 \).

All three groups generally agreed that Nebraska’s AR model is designed to serve families with less severe allegations; however, statewide and local groups are significantly less likely to agree that AR actually serves families with less severe allegations \( F(2,155) = 4.42, p = 0.01 \).

Statewide and local stakeholders were significantly less likely to agree that AR will lead to better outcomes and quicker resolution for families because of more frequent contact with a caseworker \( F(2,136) = 4.96, p = 0.01 \).

Statewide external group members were significantly less likely to agree that concrete supports will be better addressed through AR as compared to TR \( F(2,140) = 6.26, p = 0.002 \).

- AR training for front-line staff included a pre and post knowledge assessment. There was a significant difference between scores on the pre-test \( (M = 26, SD = 3.67) \) and post-test \( (M = 30, SD = 3.03) \), \( t(176) = 8.28, p = .00 \), indicating significant knowledge gains because of participating in the AR primer training.

**Outcome Evaluation Findings**

- AR families reported higher overall satisfaction and were more likely to report their family was better off because of their involvement with DCFS than TR families \( (n=108-113 \text{ AR families and 108-113 TR families depending on the subscale}) \). Both analyses were statistically significant \( (*p < .05. \text{ Independent samples } t\text{-tests for overall satisfaction and family is better off, respectively } t(213) = 2.13, p = .034; t(214) = 2.26, p = .025.) \)

- AR children exhibited statistically significant improvements in two well-being domains at case closure (i.e., hyperactivity and prosocial behavior), compared to TR children \( (*p < .05. \text{ independent samples } t\text{-tests for hyperactivity and prosocial behavior, respectively: } t(636) = -2.50, p = .013; t(460) = 3.74, p < .001). \)

Additional findings are pending the continued implementation of the waiver demonstration.

Inquiries regarding the Nebraska demonstration may be directed to Alyson Goedken:
Alyson.Goedken@nebraska.gov
**18: Nevada**

**Demonstration Basics**

**Demonstration Focus:** Safety Management Services Model

**Approval Date:** September 30, 2014

**Implementation Date:** July 1, 2015

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** March 1, 2018

**Final Evaluation Report Expected:** March 31, 2020

**Target Population**

The demonstration targets children aged 0–18 who are in, or at risk of entering, out-of-home care, as determined by the state safety assessment tool known as the Nevada Initial Assessment (NIA). Within this broad population, two specific populations are targeted to receive safety management services: (1) families and children for whom impending danger is identified via the NIA, and a Safety Plan Determination (SPD) justifies the use of an in-home safety plan; and (2) children who are currently in out-of-home care, and following reassessment of safety and the child(ren)’s family meets the Conditions for Return, and the SPD justifies the use of an in-home safety plan.

**Jurisdiction**

The demonstration was implemented in Clark County using a phased approach. Clark County Department of Family Services (DFS) serves families in six sites, and the demonstration has been implemented in all six sites as of December 2016.

**Intervention**

Clark County has implemented a safety management services model as one core component of the Safety Assessment Family Evaluation practice model, which was implemented statewide between 2007 and 2011. Clark County adopted a version of this model, known as the Safety Intervention and Permanency System (SIPS), which is enhanced through the waiver demonstration. SIPS focuses on family assessment and safety intervention services to prevent removal or reunify children with their families safely. Under this model, in-home safety plans that are informed by the NIA are developed for eligible children and families. In-home services and supports are provided to address key objectives in any of the five safety categories of behavior management, social connection, crisis management, resource support, and separation. Eligible children and families are assigned to Safety Managers, who are responsible for effectively managing, providing, and coordinating safety services as set forth in the in-home safety plans.

Examples of safety services include—
• Behavior Management
  – Referral and linkage to outpatient or inpatient medical treatment to control chronic physical conditions that affect behavior associated with impending danger
  – Referral and linkage to substance abuse interventions
  – Behavior modification

• Crisis Management
  – Crisis intervention and safety management specifically to focus on a crisis associated with or creating impending danger to a child
  – After-hours telephone support

• Social Connection
  – Basic parenting assistance and teaching fundamental parenting skills related to immediate basic care and protection (e.g., homemaker/cleaning, referral and linkage to the Parenting Project program services)
  – Social support using various forms of social contact with focused and purposeful individuals and groups

• Resource Support
  – Concrete resources to improve or maintain child safety (e.g., referral and linkage to housing assistance, transportation services)

• Separation
  – Referral and linkages to babysitting services to allow for social contact, conversation, and support for parents
  – Referral and linkage to county-approved daycare occurring periodically or daily for short periods or all day

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The overarching evaluation approach involves a comparison group research design in which the outcomes of children receiving in-home safety services from a trained, contracted Safety Manager with certification in safety management are compared to those of similar children with active cases in Clark County receiving other informal (nonpaid) in-home safety services. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented. Specifically, the process analysis will examine the following:

• Number of children/families referred and who receive demonstration services; the length of time it takes to secure in-home safety services; and the number of hours of safety services delivered to families
• Fidelity to the SIPS model regarding the design of in-home safety plans and the extent to which safety plans are based on the NIA and SPD
• Staff awareness of and support for new services, policies, and practices introduced under the waiver demonstration and barriers and challenges to the implementation of in-home safety plans
• Family satisfaction with caseworkers, safety managers, and safety service providers

The outcome evaluation involves an analysis of changes over time in the following outcomes:

• Number of children with new substantiated investigations of maltreatment
• Number of children removed from the home
• Parental protective capacity
• Number and type of danger threats in the home

Differences in observed outcomes between the intervention and comparison groups will also be analyzed by controlling for the following family characteristics:

• Number of children in the family
• Type of allegation (neglect, physical, or both)
• Whether there is a child in the home under the age of five
• Race/ethnicity of the family

The cost study involves a cost-effectiveness analysis to determine if families receiving in-home safety services using the SIPS model achieve permanency at a lower cost than similar comparison group families not receiving paid in-home safety services. Case-level costs for families in the comparison and intervention groups will be provided by DFS and will include all costs incurred from completion of the SPD through case closure.

Data Collection

The evaluation utilizes data from multiple sources, including the statewide automated child welfare information system (UNITY), child welfare agency case records, and interviews with DFS workers, safety service providers, and families receiving services.

Sample

The intervention group will include all cases receiving in-home services with a Safety Manager over the duration of the demonstration, and the comparison group will be drawn from cases open to DFS after October 2014 that received or are receiving informal in-home safety services without a Safety Manager.

Evaluation Findings

Below is a summary of preliminary evaluation findings reported in progress reports submitted through March 2017.
• As of March 15, 2017, 309 families have been enrolled in the intervention group, and 181 families have been assigned to the comparison group. Of the 309 families enrolled in the intervention group, 31 percent were new cases and 69 percent were existing cases with children who were in out-of-home care. The most common impending danger threat for both the intervention and comparison group families was “One or both parents/caregivers cannot control their behavior.” The second most common impending danger threat for both the intervention and comparison group families was “One or both parents/caregivers lack parenting knowledge, skills, and motivation which affect child safety.”

• Based on monthly reports from DFS which indicate the dates the SPD is signed by the DFS supervisor and the date the safety plan is developed by the caseworker, it took an average of 12.3 days for intervention group families to have an in-home safety plan created after the SPD has been approved by the supervisor. For comparison group families, it took an average of 3.9 days for an in-home safety plan to be created after the SPD has been approved by a supervisor.

• After the in-home safety plan has been created by DFS, it took an average of 1.9 days for the safety plan to become effective (i.e., to be signed by the in-home safety manager) for the intervention group. For comparison group families, it took an average of 0 days for the safety plan to become effective.

• A telephone survey was administered to families in the intervention group between July and September 2016 (n = 29; 29 percent response rate). A high percentage (86 percent) of respondents agreed or strongly agreed with four survey items that assessed their experiences in working with their in-home safety manager: “Having an in-home safety manager has helped me work toward completing my case plan;” “The in-home safety manager is easy to work with;” “I understand what the in-home safety manager is trying to accomplish by being in my home;” and “The in-home safety manager communicates well with me.” Results of the survey suggest that the competencies of the in-home safety managers within and across provider agencies may differ significantly.

• Of the 141 intervention group cases that have been closed to DFS, the average number of safety service hours these families received during their first month of service was 13.5 hours, with a range of .25 to 85 hours. For these same 141 cases, the average number of safety service hours received during their last month of services was 8, with a range of .25 to 38 hours.

• Behavior Management was the most common type of direct safety intervention provided to families in the intervention group through March 2017; 90 percent of the families received behavioral management services.

• Information regarding new substantiated allegations of maltreatment and new removals of a child from the home is examined every 90 days after the implementation of in-home safety services. A smaller percentage of comparison group families experienced a
new substantiated allegation of maltreatment than intervention group families at each 90-day review benchmark. At the 180-day benchmark, 6.8 percent (n = 10) of the families in the intervention group experienced a new substantiated allegation of maltreatment compared to 1.8 percent (n = 3) of the families in the comparison group. Also, a smaller percentage of comparison group families experienced the removal of a child at the 90, 180, and 360-day review benchmarks as compared to the intervention group families. At the 360-day benchmark, 7.5 percent (n = 3) of the families in the intervention group experienced a new removal compared to 4.9 percent (n = 7) of the families in the comparison group. It is important to note that the removal of a child from a family is not necessarily due to a new substantiated investigation of maltreatment but is more likely due to the family not following the terms of the in-home safety plan.

Additional evaluation findings are pending the continued implementation of the demonstration.

Inquiries regarding the Nevada waiver demonstration may be directed to Jolie Courtney at courtnja@clarkcountynv.gov.
19: New York

Demonstration Basics

**Demonstration Focus:** 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 Received:** November 14, 2016

**Final Evaluation Report Expected:** July 1, 2019

**Target Population**

The target population for the New York 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 and the parents and caregivers of these children.\(^{27}\)

**Jurisdiction**

The demonstration is being implemented in New York City, with a staggered rollout. During 2014, agencies made structural changes to ensure sufficient staff to manage reduced caseload and supervisory ratios and began using the Child and Adolescent Needs and Strengths–New York tool (CANS-NY) for service planning for all children in regular family foster care. Starting in 2015, the cohorts began evidenced-based model implementation. Once implemented citywide, all 22 foster care agencies will utilize Attachment and Biobehavioral Catch-up (ABC), and 17 of the 22 agencies will utilize Partnering for Success (PfS), which features the delivery of Cognitive Behavioral Therapy Plus (CBT+).\(^{28}\) The five agencies not implementing PfS are part of the Child Success NYC (CSNYC) initiative, which is external to the waiver demonstration.

The Strong Families NYC (SFNYC) initiative, as NYC’s demonstration is known, has touched thousands of children since its inception: approximately 7,400 children who were already placed in regular family foster care at the time SFNYC began on January 1, 2014, as well as the children who have been admitted to foster care since that date (approximately 2,400 in 2014; approximately 2,000 in 2015, and approximately 800 in the first half of 2016). This comprises about 80 percent of the New York City foster care population.

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\(^{27}\) Regular family foster care is defined as non-specialized settings and excludes such settings as residential and specialized foster boarding home settings or specialized medical foster care.

\(^{28}\) These 18 agencies are a part of what is considered the Strong Families NYC (SFNYC) initiative.
Intervention

The demonstration includes the programs, services, and practices described below.

- **Caseload and Supervisory Ratio Reductions.** Participating foster care agencies will have caseloads no greater than 12 cases per case planner (prior caseloads were typically 18 to 22 cases per caseworker). Additionally, supervisory ratios will be reduced to four case planners per supervisor (this will be reduced from a previous average of five to six case planners per supervisor). The reduced caseloads allow case planners to provide more intensive, higher-quality services and more detailed assessments, contributing to more timely permanency. The reduction in supervisory ratios allow supervisors to provide greater support to case planners while ensuring evidence-based practices are thoroughly integrated into case planning.

- **Child and Adolescent Needs and Strengths–New York (CANS-NY).** This is a trauma-informed information integration tool being used for all children and caregivers in regular family foster care to support service planning and measure well-being. The tool is designed to communicate the results of high quality screening and assessment process and help communicate a single shared vision of the strengths and needs of the child and family being served in the child welfare system. The enhanced screening of child and caregiver needs and strengths provided through CANS-NY will lead to better identification of client needs, better service planning, and improved well-being and permanency for children.

- **Partnering for Success.** This is a workforce development framework that seeks to strengthen the collaboration between child welfare case planners and mental health clinicians; improve access to appropriate and evidence-based mental health care for children in foster care; and help parents and families understand and support decisions around mental health. PfS features clinical training for mental health practitioners on Cognitive Behavioral Therapy Plus and cross training with foster care case planners on collaboration and partnership to support families.

- **Attachment and Biobehavioral Catch-up.** This is a dyadic coaching intervention for parents and caregivers of children aged 6 months to 48 months. The in-home coaching sessions focus on providing concrete feedback, encouragement, and support aimed at increasing the caregiver’s ability to respond to the child’s emotional and behavioral cues; and encouraging supportive and nurturing bonds with the child.

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The evaluation will follow the Continuous Quality Improvement Evaluation Framework (CQI/EF). This evaluation framework stresses state-of-the-art methodology, whereas the CQI component acknowledges the need to provide meaningful, formative feedback to stakeholders who are working with children and families. The outcome evaluation will involve the use of a person-period data file recording the time each child spends with a specific agency. A multi-level, discrete time hazard model is being used to detect intervention or treatment effects.
Comparison groups are both historical (comparing agencies/cohorts against their own historical performance) and contemporary (comparing cohorts to each other as applicable and to city-wide trends). Propensity score matching or other matching techniques will be used if the evidence generated from the proposed set of methods is insufficient to answer the research questions listed below.

Research Questions

Research questions associated with shorter-term outcomes include—

1. To what extent are waiver strategies implemented with adherence to original waiver-specific strategic plans?

2. To what extent are waiver strategies implemented with fidelity (following model protocols)? For example:
   a) To what extent are children with actionable mental health problems (e.g., anxiety, depression, and trauma) referred to a mental health clinician trained through PFS?
   b) To what extent do parents and/or foster parents receive parent management training as a function of the PFS model?
   c) To what extent are eligible children referred to ABC, with the foster parent as the main target of treatment? And with their biological parent as the main target of treatment?

3. What associations exist between (a) staff attitudes about child welfare work, their jobs, and waiver strategies, (b) adherence to waiver plans, (c) implementation fidelity, and (d) worker time use?

4. What is the impact of the waiver demonstration on the likelihood that children will experience a permanent exit within set periods of time?

5. What is the impact of ACS’ IV-E waiver demonstration on the likelihood that children in out-of-home care will experience a movement from one foster home to another?

6. What is the impact of ACS’ waiver demonstration on the likelihood that children will experience reentry following a permanent exit from care?

7. What is the impact of ACS’ IV-E waiver demonstration on the number of care days used, on average, both for children who enter placement after the implementation of the project as well as children in-care at the time ACS rolled out its IV-E waiver demonstration?

8. To what extent does the functional well being of children and families improve over the course of the SFNYC period? For example:
a. To what extent do children’s symptoms of poor mental/behavioral health attenuate during and following treatment with a PFS clinician?

b. To what extent does the quality of the caregiver/child interaction improve as a result of participation in ABC? For children who participate in treatment with their foster parent, to what extent do we observe a transfer of effect in the quality of the (bio) parent/child relationship?

c. To what extent does the quality of the caseworker/parent relationship change as a function of waiver-funded innovations?

d. To what extent do indicators of family functioning shift in the desired direction (measured by the CANS) as a function of waiver-funded innovations?

Data Collection

The evaluation utilizes data from multiple sources including child placement tracking system (i.e., CCRS), other administrative databases (eCANS), document reviews, focus groups, surveys, and interviews.

Evaluation Findings

A summary of key process and outcome evaluation findings as reported in the interim evaluation report are provided below.

Process Evaluation Findings

- **CANS-NY**: The CANS-NY has been implemented across the 17 SFNYC agencies and the five pilot (CSNYC) agencies. Across these 22 agencies, a total of 11,217 children had at least one CANS completed during the reporting period. When a caseworker indicates at least a suspicion or history of a problem in each area, the full module under the domain is triggered, which includes additional questions about the child’s functioning within that domain. Of the 11,217 children, the CANS indicated the following:
  - 34 percent (3,862) triggered the Behavioral Health module
  - 28 percent (3,166) triggered the Trauma module
  - 8 percent (897) triggered the Medical Health module
  - 17 percent (1,901) triggered the Developmental Delay module.
  - 5 percent (585) triggered the Substance Use module.

- **Time Use Survey**: A total of 395 staff members (53 percent of recruited staff) across 17 private provider agencies participated in the survey. Variation at the agency level ranged from 90 percent at one agency to 0 percent at another. General time use data include the following:
  - Caseworkers spend approximately 37 hours over the course of the initial 30 days developing the permanency plan for one child in foster care, while supervisors spend 12 hours (on this same case) during this early phase of the case.
Caseworkers spend 26 hours monthly to maintain a child’s placement in foster care (i.e., conducting ongoing, routine case management activities); 4.25 hours of supervisor time.

Six hours is spent on a case if it is exiting to reunification (in addition to the time the caseworkers spend maintaining one case during a month). Supervisors spend an additional 3.4 hours (on average) on activities related to the closing of that same case.

Caseworkers spend 10 additional hours of time tending to tasks specifically related to the change of placement (i.e., each time a child requires a change of placement—and it is unplanned. There is an additional 7 hours of supervisor time required.

Executing one Family Team Conferencing—including scheduling, documenting, de-briefing, and attending—takes a caseworker about 4 hours. Supervisors spend nearly 3.5 hours on that same conference.

Each permanency hearing consumes a total of 7.4 hours of a caseworker’s time and nearly 6 hours of a supervisor’s time.

**Outcome Evaluation Findings**

Outcome findings are presented for general performance trends over time with a focus on the outcomes of interest to ACS and the SFNYC agencies, rather than for specific interventions.

- **Placement Stability**: Placement stability is measured by comparing children in the SFNYC entry cohorts (2014, 2015, and the first half of 2016) with the comparison cohorts (entry cohorts 2010, 2011, and 2012) and determining the conditional probability that a child will experience an initial placement move in the first six months of their foster care spell. The following provides key findings for placement stability:

  - All children age 1 year and older are significantly more likely to experience a placement change than babies: 24 percent more likely for toddlers (1–5 years old), 44 percent more likely for youth aged 6 to 12, and 40 percent more likely for teens (13–17 years old).

  - Hispanic children are significantly less likely than White children to have a placement move, and males are significantly more likely than females to have a placement move.

  - Children over the age of 1 are significantly more likely to experience an inter-agency transfer than children under the age of 1.
– Children in their first or second agency spell are significantly less likely than children in their third or higher agency spell to experience an inter-agency transfer.\(^{29}\)

**Exits to Permanency:** Exit to permanency is measured using (1) admissions cohorts or the conditional probability of a permanent exit, using six-month intervals; and (2) the in-care group or median residual duration\(^{30}\) as a measure of permanency. Key findings related to exits to permanency include:

– Toddlers and school age children are significantly more likely to have a permanent exit than babies.

– Teens are significantly less likely to have a permanent exit compared to babies.

– Children who have accumulated fewer agency spells are significantly more likely to have a permanent exit than children in higher order spells (first and second vs. three or more).

– All age categories are significantly more likely to reunify compared to babies (64 percent more likely for toddlers, 66 percent more likely for school age children, and 28 percent more likely for teens).

Inquiries regarding the New York waiver demonstration may be directed to Ina Mendez at the following email address: Ina.Mendez@nyc.acs.gov

\(^{29}\) An agency spell refers to the custody of the child within one agency (e.g., If a child enters care at a certain agency, transfers to another agency, then transfers to another agency from which they ultimately exit care, that single child spell would be comprised of three agency spells).

\(^{30}\) The median residual duration tells you how long, in days, it takes 50 percent of a group of children to leave foster care.
Demonstration Basics

**Demonstration Focus:** Flexible Funding - Phase IV  
**Approval Date:** October 1, 2016

**Implementation Date:** October 1, 2016  
**Expected Completion Date:** September 30, 2019  
**Final Evaluation Report Expected:** March 31, 2020

Target Population

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

Jurisdiction

Phase IV of the demonstration is operating in 15 counties, all of which participated in the previous phase III waiver demonstration (Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Hardin, Lorain, Medina, Muskingum, Portage, Richland, and Stark). While only 15 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of the child welfare population.

Intervention

Participating counties 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 IV, the state has selected two core intervention strategies to serve as the focus of demonstration activities. All 15 participating counties implement both intervention strategies described below.

- **Family Team Meetings (FTM)** bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) to jointly plan for and make crucial decisions regarding children in open and ongoing cases.

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31 Ohio is currently operating under a third long-term waiver extension effective October 1, 2016, through September 30, 2019. The original (phase I) demonstration was implemented in October 1997, followed by a long-term extension effective October 2004 through September 2010 (phase II) and another long-term extension effective October 1, 2010, through September 30, 2015 (phase III). A short-term extension was granted to continue Phase III through September 30, 2016, followed by a long-term extension to implement Phase IV, through September 30, 2019.

32 A final evaluation report presenting data through September 2015 was received on March 16, 2016.
- **Kinship Supports** increases attention to and support for kinship caregivers and their families, ensuring kinship caregivers have the support they need to meet the children’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.

The Ohio Department of Job and Family Services collaborates with the ProtectOHIO Consortium, Ohio Child Welfare Training Program, and the Institute for Human Services to develop and coordinate the delivery of in-person and Web-based 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. Participating counties 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 evaluation includes process and outcome components and a cost analysis. The state is implementing a comparison county design for the evaluation of its phase IV waiver demonstration, with the 15 ProtectOHIO counties comprising the experimental group and the 16 nonparticipating comparison counties comprising the comparison group during phases II and III serving once again as the comparison group for phase IV. 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 phase III, the evaluation of phase IV comprises three primary study components.

- A Process Study examines the overall implementation of the demonstration in experimental counties in comparison to typical child welfare practices in the comparison counties.
- A Fiscal Study examines case-level costs associated with the FTM and Kinship Supports interventions as compared to traditional services in comparison counties.
- A Participant Outcomes Study analyzes changes in key child welfare outcomes among children who enter the child welfare system in experimental group counties during phase IV, as compared to a matched set of children in comparison counties. This study consists of the following 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
Ohio

- Waiver Flexible Funding Outcome Analysis, which examines the effects of the phase IV demonstration on safety, placement duration and permanency outcomes for children in placement, placement stability, and reentry into placement
- Interventions Outcomes Analysis, which seeks to understand the impact of the two core service strategies—FTMs and Kinship Supports, both in isolation and in combination—on key child welfare outcomes

Data Collection

The evaluation utilizes administrative data from SACWIS (the Ohio Statewide Automated Child Welfare Information System), PODS (‘ProtectOHIO’ Data System), on-site individual and group interviews, focus groups, observations, and Web-based surveys.

Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the ProtectOHIO Phase IV waiver demonstration.

Reports for the Ohio waiver demonstration are available online. Inquiries regarding the Ohio demonstration may be directed to Trish Wilson: Patricia.Wilson01@jfs.ohio.gov
21: Oklahoma

Demonstration Basics

**Demonstration Focus:** Short-term, Intensive Home-based Services

**Approval Date:** September 30, 2014

**Implementation Date:** July 22, 2015

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** March 23, 2018

**Final Evaluation Report Expected:** March 31, 2020

**Target Population**

The waiver demonstration targets title IV-E eligible and non-IV-E eligible children aged 0–12 who are at risk of entering or reentering foster care. To be eligible for the intervention, families must have at least one child in the primary target population age group.

**Jurisdiction**

The demonstration was first implemented in the Department of Human Services (DHS) Region Three (Oklahoma County). The state expanded the demonstration into Region One in year 2, and ultimately will expand statewide during year 3 of the demonstration.

**Intervention**

The waiver demonstration, **Intensive Safety Services (ISS)**, is a 4–6 week, intensive home-based case management and service model for families with children aged 0–12 who are at high risk (i.e., imminent risk) of entering or reentering foster care. Specific service needs addressed by ISS include parental depression, substance abuse, domestic violence, and home safety and environment. Referrals to ISS are made through a predictive risk model, PREM-ISS, developed by the third-party evaluator specifically for the purposes of the demonstration project. Services provided under ISS are based on individual family needs and include the following:

- Cognitive Behavioral Therapy
- Healthy Relationships
- Motivational Interviewing

Contracted ISS workers also link participating families to other appropriate services in the community, such as Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, substance abuse services, and psychiatric services.
At the completion of ISS, families who are deemed eligible based on established criteria transition to Comprehensive Home Based Services (CHBS) for continued less intensive treatment for up to 6 months. CHBS, a currently available service for families with children at moderate risk of removal, utilizes the SafeCare model. The stepdown to CHBS for continued services is an important aspect of the overall service aims for at-risk families.

The state estimates serving a total of 735 families with 1,470 children once implementation is completed statewide. Actual ISS eligibility is determined on a per region basis by setting cutoffs along the PREM-ISS risk continuum that forecast eligibility counts to match each region’s anticipated service capacity.

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented; assesses adherence to model fidelity, staff perceptions, and attitudes surrounding implementation; and monitors organizational change. The outcome study utilizes a randomized multilevel interrupted time-series (stepped-wedge) design with two experimental conditions, services as usual (SAU) versus ISS. The experimental conditions (SAU versus ISS) are manipulated at the district or sub district level within each region. Both conditions will be applied to all participating districts, but in a staggered fashion. Within every DHS region, there will be three possible sequence assignments for each district: early, mid, or late-year ISS implementation (i.e., the point at which the switch from SAU to ISS occurs). Because of the longitudinal aspect of the design, two-thirds of the districts (those assigned to mid or late-year transition points) will also serve as their own control, enabling examination of pre-ISS and post-ISS outcome change. SAU participants will not receive ISS services even if the assigned district begins ISS while the SAU case is still open; thus, “cross-over” families (those assigned to SAU but later receiving ISS) are not anticipated. The outcome evaluation addresses the following outcomes:

- Reduced number of recurrent Child Protective Services (CPS) events among those previously exposed to ISS
- Accelerated elimination of safety threats as measured by the state’s Assessment of Child Safety (AOCS) measure
- Decreased initial entries into out-of-home care
- Decreased reentries into out-of-home care
- Improved social and emotional well-being for children and their families as measured by the Child Behavioral Health Screener
- Improved parenting skills and practices

Additional factors of interest include parental depression, substance abuse, domestic violence, parenting skills and behavior, and safety and environment.
Evaluation Findings

The following are key preliminary evaluation findings reported through January 2017.

Process Evaluation Findings

As of January 2017, 118 families have received ISS services, including 287 children.

Among families that agreed to accept ISS services, the average length of time between the determination of eligibility via PREM-ISS and the ISS service referral was 2.6 days (range = 0–1). The average length of time between ISS referral and ISS intake was 1.3 days (range = 0–7). The average length of time until cases reached closure was 36.3 days (range = 1–58).

During the first year of the demonstration 28 interviews with CPS workers, ISS workers, Family Centered Services (FCS) workers, ISS and FCS supervisors, and administrators were conducted. Findings from these interviews include the following:

- Overall, CPS and FCS workers described the ISS program positively and reported good communication with ISS staff.
- ISS workers reported positive aspects of implementation including good leadership, support, good engagement of families, and positive collaboration between CPS, ISS and FCS workers.
- CPS, FCS, and ISS workers reported that the ISS program is too short to prepare families to step down to CHBS, particularly in cases involving substance abuse.

Staff who participated in the qualitative interviews were invited to take a brief online survey addressing a series of outcomes related to the implementation process. The survey includes items from the Children’s Service Survey, the Implementation Innovation Questionnaire, the Evidence-Based Practice Attitudes Scale, and items relating to staff turnover intentions. Findings from these surveys (n = 22) include the following:

- Survey responses regarding team interaction and support were relatively positive indicating a culture of coordination and interconnectedness amongst coworkers and between staff.

- The responses on the item regarding how individuals perceive their ability to make necessary adaptations to suit the needs of the client (staff autonomy) were mixed: About half of respondents indicated a positive response on this item, but half responded with neutral or negative/strongly negative responses.

- Two Evidence-Based Practice Attitudes scales were used for the purposes of this survey: The Openness scale - how willing the individual is in general to try new interventions and evidence-based practices; and the Divergence scale - how much staff perceive the new practice is less useful or important than their own experience or current practice.
Overall, staff tended to have high mean scores for Openness across the board. In general, these scores indicate a favorable attitude toward the intervention and high levels of dispositional innovativeness/flexibility. There were also moderately low scores on the Divergence scale, indicating the staff do not perceive great personal conflict between their current practice and the adoption of the ISS innovation. Unsurprisingly, ISS respondents tended to report the highest agreement with Openness and the lowest with Divergence, indicating the greatest receptivity to the program.

Customer satisfaction surveys were administered to parents that received ISS and parents that received SAU. Parents that received ISS had more positive satisfaction ratings ($M = 37.1$) than parents that received SAU ($M = 32.4$), and the difference was statistically significant ($p < .01$).

Outcome Evaluation Findings

The AOCS, available at baseline, stepdown to CHBS, and 6 months after service initiation, was used to track and compare the number of safety threats and protective capacities for families in two experimental conditions (ISS and SAU) over time. On average, the number of safety threats decreased over time in both conditions. However, the families who received ISS services had a greater reduction in the number of safety threats at the 6 month point as compared to those of SAU families ($p = 0.10$). On average, the number of protective capacities increased over time in both conditions. However, as compared to the families in the SAU condition, families in the ISS condition had a significant increase in the number of protective capacities at stepdown ($p < .01$), but not at the 6-month assessment point.

Depressive symptoms in parents receiving ISS services were measured with the Beck Depression Inventory (BDI) at baseline and stepdown to CHBS ($n = 31$). Mean BDI scores decreased from intake to stepdown. At baseline, about 70 percent of parents scored at or above the risk threshold for depression, and at stepdown, this was reduced to 34 percent. This reduction was statistically significant ($p < .01$).

Findings indicate that ISS is associated with fewer numbers of children entering out-of-home care. Nineteen percent of children receiving ISS services were removed from home compared to 63 percent of children receiving SAU and 75 percent of children assigned to ISS but not receiving services.

A comparison of three groups of children (children assigned to ISS, children assigned to SAU, and children assigned to ISS but not receiving services) indicated no significant differences between groups in terms of time to reunification, number of subsequent reports of maltreatment, or number of re-entries into out-of-home care.

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33 Safety threats and protective capacities were assessed in 19 of the ISS cases and 30 of the SAU cases at the 6-month assessment point.
Oklahoma

Additional evaluation findings are pending the continued implementation of the waiver demonstration.

Inquiries regarding the Oklahoma demonstration may be directed to Charlotte Kendrick at the following address: Charlotte.Kendrick@okdhs.org.
Demonstration Basics

**Demonstration Focus:** Leveraging Intensive Family Engagement: Supporting structured case planning and timely permanency in Child Welfare practice

**Approval Date:** August 13, 2014

**Implementation Date:** July 1, 2015

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** March 1, 2018

**Final Evaluation Report Expected:** March 31, 2020

**Target Population**

The Oregon Department of Human Services (DHS) is targeting its waiver demonstration interventions at children and youth who are more likely to remain in foster care for 3 or more years (“long-stayers”). DHS designed a predictive analytic model to identify the target population. The model is based on the characteristics of children who are currently long-stayers in foster care, focusing on 11 characteristics that are identifiable soon after the child’s entry into foster care. The predictive analytic model is applied to children newly entering foster care to assign them a risk score based on the likelihood of the child being a long-stayer. The target population includes children and their families who receive a score of 13 or higher using the model, which is a cut-off point incorporating 87 percent of the long-stayer population. Some of the characteristics included in the scoring algorithm are a removal reason of abandonment, serious physical injuries or symptoms of the child, and child history of mental illness.

**Jurisdiction**

The demonstration was phased in over time in child welfare branches in five counties: Multnomah, Clackamas, Josephine, Jackson, and Marion. The counties and specific child welfare branches were selected for the project based on a variety of factors, including the number of children removed from home in the 6 months prior to the project design, timeliness of CANS assessments and abuse assessments, and level of disproportionate representation of children of color in foster care.

**Intervention**

The waiver demonstration project uses an intensive family engagement model developed by the state that is based on its prior experiences with family engagement models and services and local evaluations of those models and services. Referred to as the Leveraging Intensive Family Engagement (LIFE) Project, the model aims to reduce the likelihood of long-term foster care placements by addressing what the state has found to be the major barriers to permanency. These major barriers include systemic and policy-level barriers; caseworker
factors; difficulty finding and engaging parents and extended family members in services; failure to involve youth in shaping permanency decisions; and a lack of access to needed services. LIFE consists of three components that are delivered through an overarching collaborative team planning process.

- **Enhanced Family Finding** strategies identify and engage a broad network of family support and placement resources throughout the life of the case.

- **Regular, ongoing, structured case planning meetings** are focused on ongoing collaborative case planning and monitoring and are informed by child and family voices. Case planning meetings (CPMs) are led by specially trained facilitators, focus on timely legal permanency for the child, and emphasize consensus building among the child, family, agency staff, and representatives from other systems.

- **Parent Mentor program** help parents engage in case planning meetings and services needed to ameliorate safety concerns and support reunification and/or other appropriate permanency outcomes. Parent Mentors provide a variety of supportive services to assist parents in navigating the child welfare service system.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The process evaluation documents the implementation process; identifies and examines barriers and facilitators of key program outputs and implementation processes; identifies and examines the underlying mechanisms of the interventions that support positive outcomes for families and youth; identifies key child welfare practices and policies that need to be changed or strengthened to support implementation of the model; and facilitates continuous program improvement and expansion. The process evaluation will proceed in three phases: developmental, formative, and model implementation and fidelity measurement. The goal of the developmental phase (conducted during year 1) is to collect information that can be provided rapidly to DHS and community partners to inform implementation and program development and refinement. The goal of the formative phase (conducted during year 2) is to modify the interventions as needed and develop data collection instruments. Data collected and analyzed during this phase will help identify aspects of the interventions that are key to achieving short-term positive outcomes and inform measurement development and selection for the outcome component of the evaluation. The third phase (beginning in year 3) will focus on a structured assessment of model fidelity. Findings from the first two phases of the process evaluation will inform the final service model and associated fidelity tools and outcome measures.

The mixed-methods outcome evaluation employs a matched case comparison design that examines changes in outcomes for children and families receiving the LIFE interventions compared to similar children and families in counties that are not implementing the LIFE program. The specific methodology for identifying a comparison group of cases from non-demonstration counties may include propensity score matching (PSM) or a similar method of case-level matching.
Another approach under consideration is a regression discontinuity design (RDD) that uses the predictive analytic model scores, which determine eligibility for LIFE services based on need (i.e., higher probability of staying in foster care 3+ years or a predicted score of 12 or higher). To the extent that quantitative outcome variables (e.g., days spent in foster care) are a function of the child’s predicted probability score, a local average treatment effect (LATE) can be estimated by fitting regression equations to data on each side of the cutoff (i.e., untreated versus treated) and using bootstrapping to evaluate significant differences in regression slopes.

The outcome evaluation will address changes in the following long-term outcomes:

- Length of time to permanent placement (specifically, reunification, adoption, or legal guardianship)
- Length of time in out-of-home placement
- Number and proportion of children that are reunified with their families
- Number and proportion of children that reenter the child welfare system following permanent placement
- Improved child well-being as measured by fewer trauma-related symptoms, educational stability, and positive relationships with parents and/or other supportive adults

The state will examine multiple short-term outcomes, which are expected to occur to achieve long-term positive outcomes. Different short-term outcomes will be measured for each of the components of the model based on the theory of change specific to each component. The outcome study will also examine the differential effectiveness of the LIFE model for different family characteristics, circumstances, and services. For example, the evaluation will examine the influence of variables such as parental substance abuse, age of the child, and number of previous foster care placements for the child on all long-term and selected short-term outcomes.

The cost analysis will examine the costs of key elements of the services received by families in the intervention group and compare these costs with those of the usual services received by the comparison group. If possible, a cost-effectiveness analysis will be conducted to determine the average costs of achieving a successful outcome, such as reduced length of stay in foster care, for participants in the demonstration program.

Evaluation Findings

Below is a summary of evaluation findings reported in progress reports submitted through January 2017.

Sample Size and Service Eligibility

- The LIFE demonstration project is now operating in all three intervention sites: (1) Multnomah and Clackamas Counties; (2) Jackson and Josephine Counties; and (3) Marion County. The recruitment of families into the LIFE program has exceeded original projections. As of December 31, 2016, the eligibility algorithm identified 319 cases as eligible for LIFE services and secondary screening determined that 218 cases (68 percent) met LIFE eligibility criteria. The algorithm has identified 1,179 children from
counties that are not participating in the demonstration that would otherwise be eligible for LIFE services. If approximately 10 percent of these children would not meet the secondary eligibility criterion, the estimated number of cases in comparison counties is 1,061 (753 cases) for propensity score matching.

Implementation Supports and Challenges

- Initial implementation has occurred across all three intervention sites; including effective training, coaching, and supervision of the LIFE Teams, Youth Advisory Board members, community partners, leadership, and evaluators. Quarterly trainings have been scheduled for each site, for all intervention staff and the evaluation team to receive ongoing training, receive reports on the evaluation, and provide peer-to-peer learning opportunities.
- Key implementation supports include LIFE Consultants (LCs) and DHS LIFE Supervisors at each branch, initial policies and procedures alignment, staff selection criteria yielding experienced, skillful Family Engagement Facilitators (FEFs) and LCs, and the regular trainings, protocols, and checklists as practice guides.
- Twice the number of children were eligible for the intervention than was expected and the LIFE teams face several challenges associated with large caseloads. To mitigate the increase in workload and lack of resources to hire additional staff, the Program Design Committee will investigate the possibility of increasing the eligibility score for LIFE services.

Family Finding

- Enhanced Family Finding is not practiced consistently across LIFE Teams, DHS branches, and cases and has declined over time—from 60 to 40 percent of the cases having at least one type of enhanced search. Possible explanations of the decrease include caseload size, extended time needed for searches, and an unclear delineation between the usual diligent relative search and Enhanced Family Finding due to similar policies and procedures.

Case Planning Meetings: Preparation and Facilitation

- CPM preparation varies considerably by FEF, branch, case, and over the duration of the case. The most consistent first meeting preparation practices (done for at least 80 percent of the CPMs) are caseworker collaboration and informing or getting input from others about the purpose of the meeting. The most consistent subsequent meeting preparation practices (80 percent or more CPMs) relate to determining who will be invited to the meeting and giving options to participate. The most inconsistent preparation practices pertain to cultural responsiveness, youth involvement, and family private time.
- The timeline for holding an initial Case Planning Meeting (CPM) was changed from 14 to 30 days, which is still challenging. Twenty percent of initial CPMs occurred within 30

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34 A child must score 13 or higher on the predictive algorithm to be identified as eligible for the LIFE program.
days of being identified for the LIFE program, although this fluctuates by branch from 5–50 percent. On average, subsequent CPMs occur approximately monthly thereafter. Youth meeting participation, especially for children under 10, and family private time occur in less than 25 percent of the meetings. Pre-CPM staffing meetings that include both the caseworker and the Parent Mentors (PMs) have been difficult to schedule, but are an important collaborative element of the LIFE model.

Parent Mentor Services

- The top five services that the PMs helped parents with are (1) child welfare meetings, (2) transportation, (3) child welfare-related court proceedings, (4) alcohol and drug treatment, and (5) permanent housing. PMs spend a great deal of time doing initial outreach, working to reengage parents over the course of the case, working with caseworkers and service providers on a parent’s behalf, and researching community resources to support the parent.

Additional evaluation findings are pending the continued implementation of the waiver demonstration.

Information regarding the Oregon waiver demonstration can be found online. Inquiries regarding the Oregon demonstration may be directed to Lacey Andreson: LACEY.L.ANDRESEN@dhsoha.state.or.us
23: Pennsylvania

Demonstration Basics

**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 Date:** February 26, 2016

**Final Evaluation Report Expected:** December 31, 2018

**Target Population**

The target population for the Pennsylvania demonstration includes children aged 0–18 years (1) in placement, discharged from placement, or who were 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 demonstration was initially implemented in Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango Counties, which collectively represent slightly more than one-half of the state foster care population. Crawford County joined the demonstration and began implementation in July 2014.

**Intervention**

Participating counties are using 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. Referred to as the Child Welfare Demonstration Project (CWPD), the demonstration includes three core programmatic components.

- **Family Engagement Strategies** strengthen the role of caregivers and their families in standard casework practice. The various family engagement interventions selected for implementation/expansion include Conferencing and Teaming, First Meeting, Family Finding, Family Group Decision Making (FGDM), Family Team Conferences (FTC), Family Group Conferencing; Teaming Meetings, Family Team Meetings, and High Fidelity Wraparound. All participating counties have identified core family engagement principles for the purposes of standardization and assisting with the evaluation.
• **Enhanced Assessments** include 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 are utilized across counties and for purposes of the evaluation.

• **Evidence-Based/Evidence-Informed Programs (EBPs)** were introduced or expanded in participating counties beginning in year 2 of implementation. EBPs implemented to date include Parent-Child Interaction Therapy (PCIT), Multi-Systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Homebuilders, SafeCare, Family Functional Therapy (FFT), Family Behavior Therapy (FBT), Parents as Teachers, and Triple P.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The overarching evaluation approach involves an interrupted time series design in which statewide changes in key child welfare outcomes are tracked over time using aggregated data from the statewide child welfare information systems. In addition, the evaluation team will conduct a meta-analysis of common interventions across participating counties, if feasible.

The process evaluation documents key features of implementation, including planning; readiness to implement; organizational, staffing, service delivery, and contextual factors; and implementation fidelity. The outcome evaluation involves a multiple baseline longitudinal design to determine if the addition of EBPs to engagement and assessment efforts improves safety, permanency, and well-being among targeted children and families. The staggered timeline for the implementation of various components of the demonstration allows for the comparison of findings across three phases: “services as usual” (baseline), engagement and assessment (year 1), and engagement and assessment and implementation of EBPs (year 2 and beyond). 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 reentry rates
- Child and adolescent emotional, behavioral, developmental, academic, and social functioning
- Parent functioning

The cost analysis is comparing expenditures on services provided for children during each fiscal year, beginning with two baseline years (2010 through 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.

Data Collection

Information for the process evaluation is drawn from administrative data (including EBP fidelity data), document review, training records, results of child and family assessments, surveys, observations of demonstration activities, focus groups, and key informant interviews. Data sources for the outcome evaluation include child and family assessment tools (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.

Evaluation Findings

Below is a summary of key evaluation findings reported through December 2016.

Process Evaluation Findings

- Data from the six CWDP counties indicate that during 2016, 6,894 cases had a family engagement meeting; 1,808 cases received a Child and Adolescent Needs and Strengths (CANS) assessment; 5,468 cases received a Family Advocacy and Support Tool (FAST) assessment; and 2,158 cases received an Ages and Stages Questionnaire (ASQ).
- Information on the number of children/youth referred to evidence-based programs (EBPs) was available from four counties (Crawford, Dauphin, Lackawanna, and Philadelphia) for the last complete reporting period (January–December 2016). Across these four counties, 303 children/youth were referred to an EBP during the reporting period. Information on the numbers of children/youth that received EBPs was available from all counties. Across the six counties, 808 children/youth received an EBP during the reporting period. EBPs implemented during this reporting period include Parent-Child Interaction Therapy (PCIT), Multi-Systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Homebuilders, Family Behavior Therapy (FBT), SafeCare, Family Functional Therapy, Parents as Teachers, and Triple P. Focus groups with caseworkers and supervisors conducted between January and June 2016 focused on knowledge, awareness, attitudes, and use of EBPs. Most participants could list various EBPs though they were not necessarily EBPs that are included in the waiver demonstration, and few participants could clearly define an EBP. The level of understanding of and training in EBPs also varied widely, with few caseworkers and supervisors having received formal training in an EBP. Caseworkers reported that much of their exposure to EBPs was through brochures distributed to their agencies. Caseworkers were more likely to refer clients to services or providers that they knew from experience would be responsive to them.
- Barriers to successful referrals to EBPs that were identified in the focus groups conducted between January and June 2016 included the following:
- Some caseworkers are uncertain about where in the life cycle of the case an EBP should be introduced.
- With some EBPs the case must remain open with the county child welfare agency for the family to remain eligible for the EBP.
- Some caseworkers are concerned that critical needs for safety and provision of concrete goods (e.g., Social Security or housing) may be overlooked or delayed if an EBP is also implemented.
- Other caseworkers expressed concern that some EBP providers lack experience with child welfare-involved families and are ill-prepared to work with families whose life circumstances interfere with consistent attendance or completion of assignments that are part of certain interventions.
- Some families are reluctant to get involved with mental health services because they fear services will not be confidential and/or that it may hinder their ability to reunify with their children if they admit to having mental health problems.
- Judges are often unaware of different EBPs, the way they work, the process of obtaining insurance coverage for services, and do not always follow caseworkers’ recommendations regarding services.

- Multiple significant statewide and county-specific policy and organizational changes occurred during the first 2 years of the waiver demonstration. These included changes in leadership at the state and county levels; amendments to the state Child Protection Services Law; implementation of the first phase of the transformation of the state child welfare information management system; and numerous county-level CWDP team changes. These contextual changes have impacted the first 2 years of implementation of the CWDP interventions and the evaluation.
- Early implementation was more challenging and took longer than anticipated for all three interventions. Counties struggled to scale up assessment and family engagement during year 1 of implementation and experienced similar challenges with EBPs during years 2 and 3. While EPBs exist in many of the counties, referral rates continue to be much lower than expected.
- Families are being assessed with the FAST, CANS, and ASQ to varying degrees across the counties. Variations in assessment use are primarily due to different county policies regarding the assessment tools.
- By and large, families are being engaged in conferences/meetings with parents or other family members attending the conferences the majority of the time. For all counties, the percentage of family members and friends at the initial conferences was greater than that of professionals; however, there has been some variation across counties in the relative proportions of family/friends and professionals present.

- In general, fidelity to the five core components of family engagement practice is high, with little variability across counties. The five core components of family engagement are the following:
- Conferences are facilitated by neutral and trained staff.
- Effective partnerships are promoted between the county child welfare agency and private/community agencies.
- There is outreach to kin and/or other supportive people as potential caregivers or supports to the birth parent.
- Family members and family supports are prepared for the conference/meeting.
- Families are helped to identify and access appropriate and meaningful services.

The greatest variability across counties was found regarding component 3, suggesting that counties are not doing equally well in reaching out to extended family and friends as part of their family engagement process.

Outcome Evaluation Findings\textsuperscript{35}

- Administrative data on out-of-home placements in each county by the age of children coming into care was used to calculate an 8-year trend for state fiscal years (SFY) 2008–2015. Placement data collected during the first 2 years of the demonstration confirm the need for within-county analysis, given the differences in the sizes of out-of-home care populations across counties at baseline. In SFY 2013, out-of-home placement rates per thousand children in the population ranged from 1.19 per thousand (Dauphin) to 4.89 per thousand (Philadelphia). Statistical tests for differences in outcomes between the pre- and post-demonstration periods have not been conducted to date. Examination of the slopes of the 8-year trends in placement rates showed that for some counties and some age groups the rate of placement was decreasing and for others it was increasing. The median duration of out-of-home care for children placed in care for the first time in SFY 2013 ranged from 7.7 months (Lackawanna) to 23 months (Philadelphia). The direction of the 8-year trends in length of stay in out-of-home care also varied by age group and county.

- The percentage of children placed for the first time in SFY 2013 that experienced a predominant placement of congregate care (at least 50 percent of all days in care) ranged from 3 (Lackawanna) to 59 percent (Allegheny). Examination of the slopes of the 8-year trends in congregate care placement rates showed congregate care placement increased or decreased depending on the county and age group. Future analyses will include an examination of the duration of congregate care placements by county over time.

- Administrative data on children who came to the attention of the child welfare system for the first time with a substantiated allegation of maltreatment during SFY 2011–2014 were used to establish a baseline for what happened to these children during the waiver period after 3, 6, and 12 months. For counties that had sufficient data available to observe “next events,” these data show differences between counties and the need for within-county analysis. For example, Allegheny County placed between 18 and 20 percent of children as a next event, Crawford County placed between 5 and 10 percent, and Lackawanna County placed between 6 and 7 percent. With respect to the impact of the waiver interventions on repeat maltreatment and placement, pre-waiver data is not

\textsuperscript{35}All the outcome findings reported in this section were reported in the state Interim Evaluation Report (February 26, 2016).
available for Dauphin County and post-waiver data was not available for Crawford, Philadelphia, and Venango Counties for the last reporting period. Therefore, it remains too soon to determine the impact of the CWDP on repeat maltreatment and placement.

- The level of restrictiveness\(^{36}\) of the child’s living arrangement prior to the initial family engagement meeting and then immediately following the meeting is being documented as part of a supplemental family engagement study. In general, findings indicated the percentage of placements designated as low restriction increased and the percentage designated as high restriction decreased slightly. The percentage of placements of moderate restriction generally remained the same. When the counties are examined individually, some differential patterns are observed. However, the percentage of low-restriction placements increased for all counties following family conferences, and in Crawford County the percentage doubled.

Cost Study Findings

The following are key results of the analysis of cost data for SFY 2011–2015:

- Trends suggest total child welfare expenditures have remained steady, with slight growth in the last 5 years.
- Expenses related to in-home services have grown during the waiver demonstration period for all counties.
- Out-of-home placement costs declined or remained stable in the years prior to the waiver. Allegheny, Crawford, and Lackawanna experienced an additional decline in their annual out-of-home placement costs during SFY 2014 and 2015. The Philadelphia and Venango out-of-home placement costs remained stable, while Dauphin had an increase in out-of-home placement costs.
- When viewed in the context of total child welfare expenditures, the proportion of out-of-home placement costs relative to total child welfare expenditures remained stable during the initial waiver years (SFY 2014 and 2015).

Information for the Pennsylvania waiver demonstration can be found online. Inquiries regarding the Pennsylvania demonstration may be directed to Cathy Utz: Cutz@pa.gov

\(^{36}\) Restrictiveness was categorized as low, moderate, or high. The low category includes independent living, parental homes for older youth (15 years and older), school dorms, supervised independent living, and relative homes. The moderate category includes adoptive homes, parental homes for younger children (under 15 years of age), job corps, foster care, and therapeutic foster care. The high restriction category includes group homes, shelters, psychiatric inpatient hospitals, residential treatment facilities, correctional institutions, wilderness and boot camps, jail, and homelessness.
24: Port Gamble S’Klallam Tribe

Demonstration Basics

**Demonstration Focus:** Parenting Education and Support and Enhanced Family Engagement

**Approval Date:** September 30, 2014

**Implementation Date:** January 21, 2016

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** September 19, 2018

**Final Evaluation Report Expected:** March 31, 2020

Target Population

The primary target population includes all children within the tribe’s title IV-E service population, regardless of title IV-E eligibility. The service population includes all 1,200 enrolled Port Gamble S’Klallam Tribal members regardless of where they reside and other Native Americans living on the Port Gamble S’Klallam Indian Reservation. Specifically, the target population for S’Klallam Strong Parenting includes all families in the dependency caseload, with an initial focus on new dependency cases. The target population for Family Group Decision Making (FGDM) includes all families involved in the child welfare system. “Family” may include tribal members who fall outside of the federal definition of “family,” but who are inside the definition in the Tribal Code. The number of children in care at highest levels has been 37 children. The tribe anticipates serving three to five cases per year through PIP and six to seven cases per year through FGDM.

Jurisdiction

The demonstration is being implemented in Kitsap County, Washington and the Port Gamble S’Klallam Indian Reservation, which is located within Kitsap County.

Intervention

Port Gamble S’Klallam Tribe has selected two primary service interventions for its demonstration.

- **S’Klallam Strong Parenting** is a customized parent education curriculum based off Positive Indian Parenting developed by the National Indian Child Welfare Association (NICWA). It is intended to provide culturally appropriate parenting training to families in dependency cases. Under the waiver demonstration, the Port Gamble S’Klallam Tribe worked with NICWA to tailor the curriculum to reflect S’Klallam values. Core components of the intervention include the following:
Port Gamble S’Klallam Tribe

- Addressing effects of historical trauma, which includes training of service providers to recognize effects and find culturally appropriate and effective ways to work with children and families in the dependency caseload
- Strengthening parenting skills, which includes using a curriculum tailored to reflect uniquely S’Klallam values and enhance skills to work with children and families to promote positive outcomes
- Learning to work with children in age-appropriate and traditionally S’Klallam ways, utilizing core S’Klallam values as found in Port Gamble S’Klallam Tribe Indian Child Welfare Practice Manual

• **Family Group Decision Making** is being expanded under the waiver demonstration for use with all cases involved with the child welfare system and to include the use of a FGDM coordinator. FGDM is a family-led process through which family members, community members, and others collaborate with the child welfare agency involved in the family’s life to create a service plan for a child or youth. The family members define whom they claim as part of their family group. The process involves an estimated number of at least three meetings during which participants get to know family members, articulate issues, provide an explanation of court processes and timelines, and brainstorm regarding resources. The FGDM coordinator will follow up on items in the service plan as necessary.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The Port Gamble S’Klallam Tribe was the first Native American Tribe to fully manage its own title IV-E foster care system and is the only tribe approved to implement a title IV-E waiver demonstration. This provides a unique opportunity to evaluate the impacts of different approaches to enhance the system in a very small community. Given the small sample size, the evaluation relies primarily on the collection of qualitative data from participants, staff, and stakeholders. Short assessments, interviews, and observations are being used to tell a narrative of how families progress through the system and through their lives as they participate in the demonstration interventions and are exposed to changes in system delivery.

The evaluation also includes a longitudinal assessment of system-wide changes in reentry and reunification rates for those served by S’Klallam Strong Parenting and FGDM in contrast to those served prior to the waiver demonstration. In addition, the evaluation may include the use of a Single-Case Design (a.k.a. Single Subject Research or Within-Person design) approach to assess the efficacy of specific interventions (and/or components of interventions) used with the target population. This methodology systematically assesses changes for a single case over the course of an intervention and would provide an opportunity to engage in a rigorous evaluation and research approach despite its small sample size. The tribe plans to propose its specific Single Case Design research question(s) in the year 2 of the demonstration, but questions will likely address the short- and longer-term outcomes of improved parenting skills and knowledge, demonstration of parenting behaviors, or improved family connectedness.
The evaluation tracks the following family and system-level outcomes:

- “Better” decisions regarding the planning for and placement of youth in foster care situations
- Demonstration of improved “parenting” behaviors and working youth among target population
- Reduced costs associated with service of foster care youth (an outcome most applicable to the cost effectiveness analysis)
- Increased options for high quality long-term placement of youth
- Shorter lengths of stay with foster families
- Reduced time to reunification with legal parents/guardians
- Reduced reentries into foster care

The evaluation also examines how the program improvement policies (i.e., Preparing Youth in Transition and Recruiting and Supporting Foster Care Homes) contribute to the achievement of the demonstration outcomes.

Evaluation Findings

Below is a summary of preliminary evaluation findings reported in progress reports submitted through February 2017.

- Parents who participated in the first Strong Families workshop ($n = 12$) reported an increase in attitudes about the use of traditional teaching to support parenting activities and increases in use of activities such as storytelling, traditional activities and ceremonies and communication about traditional beliefs in working with children from pre- to posttest.
- Program facilitators could carry out most components of the Strong Families program with fidelity, and they offered high ratings for parent interest and participation in and understanding of the curriculum.

Additional findings are pending the continued implementation of the waiver demonstration.

Inquiries regarding the Port Gamble S’Klallam Tribe demonstration may be directed to Andrea Smith: andreas@pgst.nsn.us
25: Rhode Island

Demonstration Basics

**Demonstration Focus:** Structured Decision Making, Director’s Approval and Prior Authorization Process, and Expedited Permanency Meetings

**Approval Date:** September 23, 2013

**Implementation Date:** October 31, 2016

**Expected Completion Date:** June 30, 2017

**Interim Evaluation Report Expected:** Not applicable

**Final Evaluation Report Expected:** Not applicable

**Target Population**

The target population includes children and youth between 6 to 18 years of age who are receiving congregate care services or who are at significant risk for congregate care services (based on referral from a Department of Children, Youth, and Families [DCYF] caseworker due to significant risks in safety or permanency and scores on functional assessments indicating a need for more intensive services). A Director’s Approval and Prior Authorization Process and Expedited Permanency Meetings are used to serve children in congregate care or at significant risk for congregate care. In addition, DCYF will implement a Structured Decision Making model for all children and youth referred for a child protective services (CPS) investigation for suspected child abuse or neglect to ensure children and youth entering the service system are appropriately referred for services. The demonstration excludes youth who require long-term care due to substantial developmental delays; are medically fragile; or have severe physical disabilities, as the demonstration may not adequately meet their needs.

**Jurisdiction**

The demonstration will be implemented statewide in its first year. The state anticipates serving approximately 150 children and families through EPM, up to 700 children and families through DAP, and approximately 5800 children aged 6–18 through SDM (at CPS Intake) on annual basis.

**Intervention**

The demonstration consists of three interventions: Structured Decision Making (SDM), Director’s Approval and Prior Authorization Process (DAP), and Expedited Permanency Meetings (EPMs). SDM screening tools will be administered at intake to more effectively identify the needs of children and families, determine the appropriate response type, and

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37 The state has elected to terminate the waiver demonstration early.

38 Implementation of SDM was delayed in the first 6 months of the demonstration because legislative changes to the state child welfare policy need to be made before response times for CPS investigations can be changed to align with SDM policy.
prevent children from entering DCYF care who could be more appropriately served in their homes and communities. The SDM system includes a series of evidenced-based assessments at key points in the duration of child protection cases to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families.

The DAP will be implemented for all new placements into congregate care to ensure these placements are based on a needs assessment and all options for family placement have been explored. The DAP is a high-level utilization management process which creates an administrative firewall to easier place children in family settings than in group care. Staff who recommend placement in group care must provide clear justification for the need for such placement. Requests for placement must be approved by a supervisor and then referred to a DAP administrator. The DAP administrator makes a recommendation to the director (or designee), who has final responsibility for approving or denying the request.

EPMs will be held for those children already placed in congregate care to reduce length of stay and increase exits to permanency. EPM elements include—

- Dedicated coordinator authorized to address barriers to placing children with families and achieving permanency
- Full-time EPM facilitators to ensure meetings result in the best possible placement and permanency decisions for children and families
- Data tracking to ensure accountability and measure the impact of EPMs on children
- Focus on new policies and practices to improve the ability of DCYF to keep children safe at home, place children with kin whenever possible, and improve the quality of supports and services for all children and families so that EPMs will not be needed in the future

Congregate care providers serving children and youth who meet the criteria for inclusion in the waiver demonstration will administer two comprehensive assessments (the Child and Adolescent Needs and Strengths assessment and the Ohio Problem and Functioning Scales) and return the completed assessments to the DCYF caseworker no later than 30 days after the placement begins. DCYF caseworkers will complete and facilitate referrals to appropriate evidence-based practices (EBPs) based on the results of these assessments.

Evaluation Design

The evaluation will include process and outcome components and 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 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. Propensity score matching (PSM) methods will be used as the methodology for matching both groups on a range of child, family, and case-level characteristics.

The 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 process evaluation will employ mixed methods to answer the following research questions:
Rhode Island

- How many DCYF caseworkers have been trained in the use of core waiver components (SDM, DAP, and EPM) over time and on a semi-annual basis?
- How many youth completed the SDM process and received response prioritization, annually and overall?
- How many DAP Requests and Approvals were completed, annually and overall?
- How many EPMs were completed, annually and overall?
- To what extent were the core waiver components implemented (i.e., SDM, DAP, and EPM) with fidelity, utilizing metrics and dashboards developed by DCYF in conjunction with Casey consultants?
- How timely were comprehensive functional assessments and Individualized Service Plans completed among designated target populations?
- How many evidence-based services were accessed by target population children, youth, and families, annually and overall?

Process study measures will be used as part of a continuous quality improvement process to provide feedback about the demonstration to DCYF and to facilitate program adjustments as necessary. In addition, data from the process evaluation will be used to inform the outcome analyses by identifying possible mechanisms that account for outcomes observed.

The outcome evaluation will examine changes in child and youth safety, permanency, and well-being, using the PSM cohort design to address the following outcome questions:

- When compared to a PSM historical cohort, does system-wide use of SDM and DAP by CPS and DCYF Family Support Unit caseworkers result in decreased entry of youth into foster placement following a CPS investigation; increased access to appropriate home- and community-based services and supports; decreased rates of entry to congregate care placement; and decreased child maltreatment/re-maltreatment?
- When compared to a PSM historical cohort, does use of EPM among designated target populations result in decreased length of stay in congregate care placement; greater reliance on foster home placement for youth at risk of congregate care placement; and increased permanency-related outcomes?
- When compared to a PSM historical cohort, does use of comprehensive assessment tools, an Integrated Service Plan, and access to community-based EBPs among designated target populations result in increased child and family well-being (assessed in terms of functioning and problem behaviors); decreased length of stay in congregate care placement; and increased permanency-related outcomes?
- Among youth and their families receiving core waiver components, does fidelity of implementation and access to services result in better permanency and well-being outcomes?

The outcome evaluation will also examine within-group differences based on the degree of exposure and fidelity to demonstration components to assess which key aspects of the waiver are related to safety, permanency, and well-being outcomes.
Rhode Island

The cost analysis will examine the costs of services received by children and families receiving demonstration services and compare these to costs incurred prior to the demonstration. Specifically, the cost analysis will assess whether use of core waiver components (SDM, DAP, and EPM) combined with increased utilization of community-based EBPs result in cost savings associated with decreased entry and length of stay in congregate care settings. In addition, the cost analysis will examine the use of key funding sources, including all relevant federal, state, and local funds, to determine whether there are cost savings and the extent to which savings are used to strengthen and expand community-based EBPs for the target population.

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in semi-annual progress reports submitted through March 31, 2017.

- As of February 2017, 67 children in cohort 1 (children 12 and under in congregate care as of January 2016) and cohort 2 (females over age 13 in congregate care for more than 6 months as of June 2016) had EPMs (56 percent of 121 children were eligible for EPMs).
- A subset of EPM cohort 1 that consisted of 43 children was described in a status report that documented the children’s experiences from January 14, 2016, through October 15, 2016. Key findings include the following:
  - Thirty-two out of 43 children had been in congregate care for 3 months or more.
  - All EPM meetings were facilitated by a trained facilitator.
  - For the 22 children with reunification permanency plans, family members attended 21 of the EPM meetings.
  - DCYF workers and providers attended 90 percent or more of the EPM meetings.
  - The EPMs resulted in recommended moves to family-like settings for 26 children (60 percent). Continued stay in the current group home or residential treatment center was recommended for 8 children and a move to a different residential program was recommended for 8 children.
  - For those children, whose EPM recommendation was not achieved (about 29 percent), the largest group included children who remained in congregate care placement with a recommendation for a foster home placement.

- There have been 510 DAP referrals during calendar year 2016 and an average of 42 DAP referrals per month. On average, 13 percent of monthly referrals are for children aged 0–12; 87 percent are for youth aged 13 and older.
- The number and percentage of children in congregate care placements statewide has decreased significantly since 2015, when 32 percent of children in out-of-home care were placed in congregate care settings. As of March 2017, approximately 23 percent of children in out-of-home care were in congregate care settings.

39 Although the Rhode Island official implementation date for the waiver demonstration is October 31, 2016, the state had begun implementing some of the demonstration interventions since the beginning of January 2016.
26: Tennessee

Demonstration Basics

Demonstration Focus: Enhanced Assessment, Keeping Foster and Kinship Parents Supported and Trained (KEEP), and Nurturing Parenting Program (NPP).

Approval Date: September 30, 2013

Implementation Date: October 1, 2014

Expected Completion Date: September 30, 2019

Interim Evaluation Report Expected: August 1, 2017

Final Evaluation Report Expected: March 31, 2020

Target Population

The target population for the Tennessee waiver demonstration includes three subgroups that receive different interventions: (1) families and children aged 0–17 who receive non-custodial services; (2) families and children aged 4–12 who receive custodial services (foster care); and (3) families who have an open child protective services or noncustodial case with the Department of Children’s Services (DCS), who also have at least one child aged 0–12 years living in the home and have been assessed as needing services in two or more specific areas. Children who meet one of 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 initially staggered by county or DCS Region. The initial implementation of the waiver demonstration took place in the four DCS administrative regions in the East Tennessee Grand Region: East, Knox, Northeast, and Smoky Mountain. The revised Family Assessment and Screening Tool (FAST 2.1) is now being implemented statewide. Additional interventions were phased in geographically beginning with 10 pilot counties within the four regions. These pilot counties were selected for initial implementation due to higher rates of foster care entry or longer lengths of stay relative to the state and/or nearby counties. Implementation of the specific interventions has continued throughout additional counties as described below.

Intervention

The demonstration will expand and enhance the existing In-Home Tennessee initiative, which seeks to prevent out-of-home placement among children referred to the child welfare system through identification of best child welfare practices and improvements to the service array. The Tennessee demonstration is enhancing in-home and foster care services through
implementation of a standardized risk and safety assessment protocol, Keeping Foster and Kinship Parents Supported and Trained (KEEP), and a Nurturing Parenting Program.

- **Statewide Risk and Safety Assessment Protocol.** The demonstration supports the expanded administration of a revised Family Assessment and Screening Tool (FAST 2.1) with the families of noncustodial children referred to the child welfare system. The FAST 2.1 is designed to help workers improve their decision-making ability to increase a family’s access to timely and appropriate services to meet their individualized needs.

- **Keeping Foster and Kinship Parents Supported and Trained (KEEP).** The demonstration is implementing KEEP to better engage with and meet the needs of foster and kinship parents. KEEP aims to increase the parenting skills of foster and kinship parents, decrease placement disruptions, improve positive child outcomes, and increase positive permanency outcomes. KEEP has been implemented in seven pilot regions.

- **Nurturing Parenting Program (NPP).** DCS partnered with the Nurturing Parenting Program Developer to develop and implement an intensive parenting intervention. The program uses an evidence-based assessment to individualize services for the family and uses both cognitive and affective strategies to encourage and sustain attitudinal and behavioral changes. NPP will be implemented in six regions beginning in July 2017.

All three interventions are supported by an enhanced casework strategy known as Reinforcing Efforts, Relationships, and Small Steps (R3). R3 casework strategy is an evidence-informed approach to improve family engagement and increase family participation in case planning and services. R3 is currently being implemented in ten pilot counties.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The state is implementing a matched case design that compares key outcomes in the areas of safety, placement prevention, placement stability, permanency, and well-being for children in the treatment or demonstration group with outcomes for two groups of children: (1) a historical comparison group of children involved with the child welfare system prior to implementation of the demonstration who reside in counties in which the demonstration interventions are implemented; and (2) a contemporary comparison group of children who enter the child welfare system following implementation of the demonstration and who reside in counties in which the demonstration interventions were not implemented. The specific methodology for identifying the comparison groups of cases may include propensity score matching (PSM) or a similar method of case-level matching. The comparison of outcomes will be based on data available through the 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
Tennessee

geographic areas specified by the state.

The process evaluation will include interim and final analyses that describe—

- Approach to developing its waiver demonstration project, and how stakeholders adhere to continuous quality improvement (CQI) principles when making decisions at each point in the process
- Organizational aspects of the demonstration, such as staff structure
- Number and type of staff involved in implementation, including the training they received
- Degree to which demonstration programs and services are implemented with fidelity to their intended service models

The outcome evaluation will address changes in the following outcomes:

- Changes in the likelihood that a child receiving noncustodial services will experience a subsequent out-of-home placement
- Changes in the likelihood of maltreatment recurrence
- Changes in the likelihood and timing of reentry into out-of-home care
- Changes in the likelihood and timing of permanency changes
- Changes in the likelihood and timing of a permanent exit
- Changes in the duration of foster care spells
- Changes in child and family functioning and well-being as defined by domain-specific scores on the Child and Adolescent Needs and Strengths (CANS) assessment (Domains in which changes will be tracked include child/youth risk behaviors, child/youth behavioral health, primary and secondary caregiver strengths, primary and secondary caregiver needs, child/youth life functioning, child/youth development, and child/youth adjustment to trauma.)

Analyses will use stratification to allow for the identification of important variability in the extent to which desired shifts in outcomes are observed. Strata will include children’s ages; regional assignment; whether children were in care at the time certain evidence-based models were introduced or if children were admitted to care after such models were implemented; whether children experienced their first maltreatment report/noncustodial event before noncustodial models were introduced under the waiver demonstration or whether children’s first exposure to DCS occurred after such models were in place; for children who were already in care at the time demonstration strategies are implemented, the length of time they had been in care before new practices took hold; and strata related to clinical acuity.

The cost analysis will include a program-level cost analysis and a cost-effectiveness analysis. The program-level cost analysis will examine whether and how child welfare expenditure patterns changed over time because of the fiscal stimulus offered through the title IV-E waiver. It will also incorporate an evaluation of system-level expenses over the duration of the demonstration compared to projected expenses based on historical baseline costs of in-home versus out-of-home services. In addition, the program-level cost analysis will include a child welfare staff time
use analysis to determine changes in how child welfare staff use their time, and with what
associated costs, following implementation of the demonstration. The cost-effectiveness
analysis will estimate the average costs associated with any positive changes in child well-being
as measured by domain-specific CANS scores.

Data Collection

The evaluation utilizes data from multiple sources, including TFACTS, observations of waiver
demonstration planning meetings, content analysis of demonstration planning documents,
focus groups with child welfare caseworkers and supervisors, focus groups with foster parents,
child welfare staff surveys, fidelity measures specific to KEEP, and child welfare case record
reviews.

Evaluation Findings

Unless otherwise specified, the key evaluation findings provided below are based on reports
submitted through September 30, 2016.40

Process Evaluation Findings

- A total of 123,978 children have been assigned to the demonstration since its inception.
  Monthly FAST implementation data from February 2014 through June 2016 by region
  and case type (Assessment, Investigation, Family Support Services, or Family Crisis
  Intervention Program cases) indicated that, generally, a much greater proportion of the
  Assessment and Investigation cases had completed FAST assessments compared to
  Family Support Services or Family Crisis Intervention Program cases. The trend line for
  rates of implementation is consistent across all regions. After the transition to TFACTS
  was completed (August 2015), FAST completion rates rose steadily and have stayed
  around 85 to 95 percent, depending on the region.
- As of April 30, 2017, 190 DCS foster parents and 20 private provider-foster parents have
  successfully completed KEEP, resulting in a total of 138 Certified KEEP Homes.
  Implementation fidelity data is being linked to TFACTS to determine the extent to which
  children eligible for KEEP are receiving benefits and to conduct an analysis of the effects
  of KEEP on child well-being, placement stability, and permanency. Analysis of data from
  interviews with frontline staff and supervisors about their experiences implementing
  KEEP yielded three central themes.
    - **Community Engagement and Childcare.** At the time the interviews were
      conducted (between October 2015 and March 2016) some of the communities in
      the pilot regions were struggling to find accessible community space and
      childcare providers.
    - **Staff Time.** Because of the lack of childcare providers, frontline staff were
      required to look after the children while their foster parents attended KEEP
      groups, which put a strain on child welfare staff.

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40 The state received approval to delay submission of evaluation findings until the Interim Evaluation Report is submitted in August 2017 rather
than including them in the semi-annual progress report submitted in April 2017.
Experience of Foster Parents. In general, recruitment of foster parents to participate in KEEP has gone well and retention has been high. Foster parents are reportedly enjoying the groups and utilizing the techniques learned in the groups in their homes.

- The evaluation team administered a survey to DCS staff to learn about their attitudes and opinions related to various aspects of the waiver demonstration. The General Staff Survey covered topics such as job satisfaction and workload, supervision, organizational culture and climate, and attitudes on reunification and evidence-based practice. Sixty-five percent of targeted staff responded to the first administration of the survey (n=217), which took place between April and September 2015. Highlights from the survey findings include the following:
  - Caseworker workload concerns. On average, respondents indicated they had the most concerns about being able to finish all their work and relatively fewer concerns about keeping up with policies and guidelines in the agency.
  - Supervision. Caseworkers held generally positive opinions about their supervisors. They see their supervisors as knowledgeable about effective ways to do the work and as helpful in setting case goals. At the same time, caseworkers’ low scores in response to certain items suggest they hold less than positive views regarding the way in which supervisors communicate expectations about casework.
  - Confidence in / Availability of services. Caseworkers were asked about their degree of confidence in services in their community, the degree to which they felt it was easy to work with service providers to arrange services for their clients, and confidence in finding services in the community to keep children safe in their homes. In general, respondents reported moderately positive sentiments about the quality and availability of community services. When asked to rate their confidence in 19 service areas, they expressed the least confidence in the availability of immigration services, respite care, and crisis nursery services and the most confidence in food, early childhood, and mental health services.
  - Work focus and beliefs. The survey includes the Dalgleish scale, which purports to measure the extent to which respondents’ beliefs about the purpose and role of child welfare services fall on a family preservation versus child safety continuum. Findings indicate survey respondents slightly favored child safety over family preservation. In addition, statistically significant differences in attitudes were found based on geographic region and staff role/position (i.e., whether one was a caseworker or team coordinator), with team coordinators leaning more toward viewing family preservation as the purpose and role of child welfare.
Outcome Evaluation Findings

Findings from data collected from TFACTS from state fiscal year (FY) 2011 through June 30, 2016, indicate the following trends:

- Numbers of entries into foster care and placement rates (placements per thousand children) declined from FY 2012–2015 but have increased in FY 2016. This was particularly the case for infants and adolescents.
- Lengths of stay in foster care, the number of days it takes for 50 percent of entry cohorts to leave foster care, varies by age and adjudication. Across the years examined, infants and school-age children take longer to leave care compared to adolescents. There is also variability across regions.
- School-age children and adolescents have a higher risk for multiple placement moves during a foster care “spell.” For example, across regions 91 percent of youth aged 1–3 had two or fewer placement moves while only 63 percent of youth aged 13 or more had two or fewer placement moves.
- On average, about 70 percent of children across the state in each entry cohort will be reunified, but the range is wide across the regions. For example, 50 percent of children who entered care in Knox County in FY 2014 exited to reunification or placement with a relative guardian, while in Davidson and Shelby Counties the proportion of FY 2014 entries who exited to reunification or relative guardianship was 75 percent.
- From FY 2011–2015, on average about 12.4 percent of children who exit foster care in each year reenter care within 1 year of their exit. The likelihood of reentry is highest for adolescents.
- Depending on the region and child age category, 4–8 percent of children with a substantiated maltreatment report are the subject of another substantiated maltreatment report within 12 months.

Inquiries about the Tennessee demonstration may be directed to Emily Parks, Director of Evidence Based Programs, Office of Child Welfare reform at the following email address: Emily.Parks@tn.gov.
27: Utah

Demonstration Basics

**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 Date:** May 30, 2016

**Final Evaluation Report Expected:** April 1, 2019

**Target Population**

The waiver demonstration—called *HomeWorks*—targets children and families with a new in-home services case opened on or after October 1, 2013, who need ongoing services based on a Structured Decision Making (SDM) safety and risk assessment.

**Jurisdiction**

The demonstration is being implemented in multiple phases. Initial implementation of the first phase, which includes the Strengthening Families Protective Factors (SFPF) framework and Utah Family and Children Engagement Tool (UFACET) assessment, began 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 roll out for the first phase occurred statewide as of March 2016. Community resources and evidence-based in-home service array efforts (e.g., Systematic Training for Effective Parenting–STEP and Families First) are implemented in each of the five regions. Regions are also determining their individual capacity for additional community resource activities such as a community resources collaborative project to strengthen substance abuse resources in the Southwest Region.

Phase 2 implementation includes use of an updated SDM safety assessment, and training for safety assessment and safety planning. Phase 2 training and integration of the new SDM safety assessment and safety planning tools in the Utah SACWIS system (i.e., SAFE) has been completed statewide. Implementation of trauma-informed care training for staff began in March 2017 and will be completed statewide by the end of the year.

**Intervention**

Utah has selected three primary service interventions for its demonstration, which are described below.
• **Child and Family Assessment** is being implemented through use of the UFACET, a child and family assessment established using the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) tool. The CANS-MH assessment is an evidence-based child and family assessment tool with additional trauma and caregiver elements to appropriately assess children and families receiving in-home services and guide the development of individual child and family case plans.

• **Caseworker Training, Skills, and Tools** are being developed and implemented to focus on trauma-informed practice and strengthening parents’ protective and promotive factors. Specific interventions include the infusion of the SFPF framework to build protective factors within families and adaptation of the National Child Traumatic Stress Network child welfare training curriculum to improve caseworker skills related to recognizing and addressing trauma.

• **Community Resources** are being identified to understand the availability of services to address the most prevalent needs of children and families. Evidence-based programs are also being implemented through contracts to meet the needs of the target population; for example, STEP, which provides skills training for parents; and Families First, an in-home parenting service based on the teaching family model that supports family functioning.

**Evaluation Design**

The evaluation includes process and outcome components and a cost analysis. The state is implementing a cohort research design that analyzes changes in key child welfare outcomes and expenditures by measuring the progress of successive cohorts of children entering the state child welfare system. Cohorts include pre-waiver, initial implementation, and full implementation groups. Due to the staged rollout, the analysis of changes in outcomes is occurring at both the regional and statewide levels. The evaluation includes comparative analyses of outcomes between children and families that do and do not receive demonstration-funded services.

The process evaluation includes 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 includes four sub-evaluations: (1) Implementation Evaluation, (2) Training Evaluation, (3) Community Services Evaluation, and (4) Saturation Assessment. The Implementation Evaluation identifies and describes 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 also includes an examination of workforce culture and climate measures that have been demonstrated to predict implementation success. The Training Evaluation assesses whether the initial and ongoing training on the UFACET and caseworker skills, along 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 Community Services Evaluation includes an assessment of the needs and services available for families participating in *HomeWorks* and an assessment of the implementation of the STEP peer
parenting program. Finally, the Saturation Assessment is designed to quantify when performance implementation has been reached in a region. Performance implementation refers to the point where activities and programs are incorporated into daily work routines with a basic level of fidelity and therefore likely to impact outcomes.

The outcome evaluation measures the impact of the waiver demonstration on well-being and system outcomes. The well-being analysis examines the intermediate outcomes of the HomeWorks program by tracking improvement in family well-being. The system outcomes evaluation is designed to identify any reductions of subsequent foster care placements and instances of supported abuse or maltreatment within 1 year of service start-up. The key research questions addressed by the system outcome evaluation are the following:

- Are children who received waiver services safer from maltreatment/repeat maltreatment?
- Are fewer children who receive waiver services going into foster care?

The cost analysis looks at the cost of services received by the children and families during the demonstration compared with the cost of services received by children and families prior to the demonstration. A cost-effectiveness study is being conducted to determine the relative costs per child of achieving various positive outcomes, for example, preventing an out-of-home placement.

The evaluation also includes a substudy on the Decision-Making Ecology (DME; Fluke et al., 2014). The DME has been used as a guiding framework for exploring the systemic context in which decision-making in child welfare occurs. The decision-making substudy employs the DME framework to identify factors influencing the removal decisions of CPS caseworkers in Utah.

Data Collection

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

Evaluation Findings

The section below summarizes key findings from the Interim Evaluation Report and semi-annual progress reports through September 30, 2016.

Process Evaluation Findings

- A total of 3,343 new HomeWorks cases have occurred statewide. A total of 11,815 clients (adults and children) have received demonstration services.
- On new HomeWorks cases, 3,288 UFACET assessments have been completed. Fewer assessments were completed than total cases opened for several reasons: cases open less than 45 days, cases open before worker was certified in UFACET, cases closed with UFACET still in draft, and cases closed without assessment being completed.
Interviews with stakeholders from the state level and caseworkers in the Salt Lake Valley region indicate the following:

- Shift in mindset away from automatic removal. The waiver implementation has influenced removal decisions—generally all caseworkers and external stakeholders allow more time to consider if a removal is the best decision for a child.
- Caseworkers felt their home visits were more directed and meaningful because of HomeWorks implementation and the process of working with parents in a directed manner was empowering for parents.
- Room for improvement is using the UFACET as a family engagement tool.
- Family well-being has improved because HomeWorks is a least-disruptive, least-harm approach for working with families.

Sixty-five case staffings (11 of which were HomeWorks cases) were evaluated for evidence of caseworker and supervisor use of the SFPF Framework. Protective factors were addressed more frequently in the HomeWorks sample than in the total sample. All HomeWorks case staffings addressed four or more protective factors, while some of the non-HomeWorks case staffings addressed only zero, two, or three protective factors. Overall, knowledge of parenting and child development was the most addressed protective factor (94 percent), and concrete supports in time of need was the least addressed protective factor (78 percent).

STEP peer-parenting services have been authorized for 1,251 clients throughout Utah since contracts were initiated in December 2013.

The average (statistical mean) fidelity score for STEP peer parenting services was 11.2 (95 percent Confidence Interval = 10.34 to 12.06), falling below the minimum fidelity threshold of 13.

Families First services were authorized for 127 clients since the contract was initiated in January 2016.

Implementation saturation has been achieved by both the Northern and Southwest Regions. Saturation is defined as occurring when at least 75 percent of observed workers are delivering demonstration services with basic fidelity including the following criteria: (1) the UFACET was correctly administrated and scored, (2) the UFACET guided at least some of a caseworker’s choices on which protective factor(s) to focus and what service referral(s) the families need, and (3) a protective factor was part of the interaction with the family/child during the observation.

Outcome Evaluation Findings

Impact on In-Home Cases

At the time of the Interim Evaluation Report, results for the pilot site show new foster care cases for children receiving services under the waiver demonstration versus those not receiving services decreased during the initial implementation period. After
controlling for household nesting and prior cases, this effect was statistically significant (OR = .23; 95 percent CI [.13, .40]). No differences in new supported cases of abuse/neglect were found.

**Impact on CPS Cases**

- At the time of the Interim Evaluation Report when examining outcomes for all children from the start of a new CPS case, results from the initial rollout site currently show no difference in the likelihood of entering foster care for children who had a CPS case after the waiver demonstration began. However, children in the demonstration group were about half as likely to have a new supported allegation of abuse/neglect within 12 months after a new CPS case was opened compared to children prior to the demonstration (OR = .45, 95 percent CI [.31, .63]).

**Evaluation Substudy Findings**

- Four hundred forty-five administrators, supervisors, and caseworkers were asked to complete a six-scale survey. Preliminary analyses on two subscales focused on attitudes toward family preservation or child safety. Specifically, the Removal From Home of Children At Risk Scale (Davidson-Arad & Benbenishty, 2010) and the Dalgleish Survey (Dalgleish, 2010) suggest characteristics such as gender ($b = -7.36, p < .001, 95$ percent BCa CI $[-10.61, -4.25]$), worker role ($b = -.35, p = .001, 95$ percent BCa CI $[-.52, -.17]$), and tenure ($b = -.001, p < .05, 95$ percent BCa CI $[-.001, -.00]$) impact attitudes and beliefs. It is unknown if these factors also predict actual decision-making behavior.

**Information and reports for the Utah demonstration are available online.** For questions regarding the state waiver demonstration contact Cosette Mills, Title IV-E Waiver Project Manager at the following e-mail address: cwmills@utah.gov.

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41 Evaluators created an algorithm that identifies any individuals that had shared child welfare cases with others to consider that two children in the same household (not necessarily siblings) outcomes could be more similar than that of two unrelated children because they share the influence of the same parent.
28: Washington

Demonstration Basics

**Demonstration Focus:** Differential Response

**Approval Date:** September 28, 2012

**Implementation Date:** January 1, 2014

**Expected Completion Date:** December 31, 2018

**Interim Evaluation Report Received:** December 20, 2016

**Final Evaluation Report Expected:** July 1, 2019

Target Population

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

Jurisdiction

The state began implementation in January 2014 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. As of December 31, 2016, DSHS has implemented Family Assessment Response in 39 offices statewide. Statewide rollout will be completed by June 1, 2017.

Intervention

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

- Structured Decision Making (SDM) tool to determine eligibility
- Safety Framework tools to assess child safety
- SDM risk assessment tool
- 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

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

Case plans are developed with the family to identify specific services available to meet the family’s unique needs and circumstances.

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. A matched case comparison design is being implemented in which FAR-eligible families residing in geographic jurisdictions in which FAR services are initially offered (the treatment group) are matched with families who meet FAR eligibility criteria and reside in jurisdictions in which FAR services are not yet available (comparison group). Comparison group participants are matched to FAR program participants using propensity score matching derived from demographic, geographic, clinical, economic, criminogenic, and health data. The evaluation also includes supplemental analysis of differences in services and outcomes among selected subgroups including—

- Treatment group families accepting FAR services
- Treatment group families refusing FAR services
- Families served in matched comparison offices
- Families switching 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 process evaluation includes interim and final analyses describing how the demonstration was implemented and how services differ prior to implementation and the degree to which FAR programs and services are implemented with fidelity to the intended service model. The outcome evaluation addresses child and family-level differences between the experimental and matched comparison groups within a specific time following initial intake across the following outcomes:

- 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
- Changes in child and family well-being

The outcome evaluation also addresses the impact of the FAR pathway on disproportionality within the child welfare system and the extent to which the demonstration offices collectively achieve better outcomes, relative to their historical performance and to that of control offices.
The cost analysis will include two approaches: a family level cost analysis based on the matched control group study and a separate panel data comparison at the field office level. If suitable cost data are available, the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome) will be assessed. Additionally, findings from a cost analysis conducted independently by the Washington State Institute for Public Policy (WISPP) will be summarized in the final report.

The state originally estimated that each cohort would include 250 FAR cases and 250 matched investigative pathway cases (with a new cohort being incorporated into the demonstration each quarter). The current cohort samples are additive, meaning all offices implementing FAR will be included in each cohort, regardless of when the implementation began. This means sample size in both the treatment and matched comparison groups will increase with each cohort. Sample sizes for the first four cohorts exceed these estimates. By the end of the implementation period and as funding allows, Washington intends to serve 15,000 cases a year.

Data Collection

The evaluation utilizes 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.

Evaluation Findings

A summary of key process and outcome evaluation findings as reported in the interim evaluation report are provided below.

Process Evaluation Findings

- CPS staff have responded to 47,827 families with a “screened-in” CPS intake. A total of 14,311 families have been assigned to the FAR pathway. This is based only on a partial implementation of FAR. Once the state is at full implementation the percentage of screened-in FAR intakes will be higher. Of those assigned, 2.5 percent were transferred to investigations due to a safety or risk concern.

- During the reporting period, 29 site visits with 399 key informant interviews were conducted. Key informants included caseworkers from both FAR and investigative pathways, supervisors, administrators, and community service providers. Respondents noted the following regarding implementation:
  - Caseworkers could voluntarily transfer from investigative casework to FAR. Therefore, most caseworkers providing services to families in the FAR pathway had chosen to be included in that program. This voluntary assignment likely benefitted implementation as caseworker “buy-in” to the model was an important feature of success. Overall ratings of preparedness for implementation were high, falling between “somewhat prepared” and “mostly prepared” (2.7 out of 4.0 scale).
The requirement that families sign the FAR agreement and the 45-day time limit for most FAR cases were cited as barriers to implementing successfully.

Caseworkers consistently reported that the 45-day period was too short for most services needed by families, and some were unaware of the ability to extend cases to 90 days. Additionally, the 45-day period limited the ability to use evidence-based practices (EBPs) because by the time a family was referred and began services, there was not enough time to complete the service.

Despite implementation challenges during the first 2-program years, most respondents across offices reported FAR had led to a relatively high degree of positive change (e.g., FAR caseworkers’ ability to provide community services to meet families’ needs; and caseworkers are more familiar with community services and better able to work with families to meet their needs after FAR implementation).

- Parent allies (parents with previous CPS involvement who now work as family advocates) assisted with surveying FAR families about their views of processes and outcomes. Families’ perceptions include the following:
  - Eighty-eight percent \((n = 231)\) of respondents reported being actively engaged in the case process “always” or “almost always.”
  - Seventy percent \((n = 228)\) of respondents thought their caseworker helped “very much” or “a little” to identify things the family needed. Sixty-seven percent reported the caseworker “always or almost always” listened to their opinions about whether the family needed services.

- Telephone interviews were conducted with families who agreed to be contacted by the evaluation team when they signed the initial FAR agreement. To assess the degree to which FAR can create a culture of working together with families and establishing a relationship less adversarial than traditional CPS investigations, families were asked to report the degree to which they were satisfied with the services received and the perceptions of changes in their family’s well-being.
  - Ninety percent of respondents \((n = 228)\) were either “very satisfied” or “mostly satisfied” with the way they and their families were treated by their FAR caseworkers. Additionally, more than half of the respondents reported their families were doing either “much better” (38 percent) or “somewhat better” (23 percent) because of their FAR participation.
  - Seventy-nine percent of respondents reported they were either “very satisfied” or “mostly satisfied” with the services they received or were offered through their participation in FAR.
  - Sixty-three percent of respondents who had had a previous child welfare experience reported the experience with CPS through FAR was “much better” than their previous child welfare experiences.
Outcome Evaluation Findings

- The comparison group had a small but lower proportion of new intakes (16.7 percent; statistically significant at $p < .05$) than the FAR group (19.9 percent) when considering all new accepted intakes within 6 months of initial intake. FAR families had more re-referrals in general than the comparison group, but many continued to be FAR-eligible referrals, indicating risk levels had been staying the same for these families. These same patterns remained for new intakes at 6 months and 12 months; however, families may continue to receive new FAR-eligible intakes at a greater rate due to unmet service needs. These families tend to have complicated need patterns, which often cannot be addressed in the limited window of 45 days.

- At 3 months, the comparison group had a slightly higher, but statistically significant, rate of removals than did FAR families (4.4 percent versus 3.0 percent). This pattern of a significant difference persisted over longer outcome time frames (5.9 percent versus 4.4 percent at 6 months; and 7.8 percent versus 6.2 percent at 12 months).\(^{42}\) While the intent-to-treat design necessitates all families initially assigned to FAR are included in the analysis, differences in removal rates based on whether a family completed the intervention were examined. As expected, families who completed had lower rates of removals than families who either declined participation or who were transferred due to concerns regarding child safety.

Information and reports for the Washington demonstration are available online. Inquiries regarding the Washington waiver demonstration may be directed to Stephanie Frazier at the following email address: stephanie.frazier@dshs.wa.gov.

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\(^{42}\) Only the first three cohorts of data were available on removals for the full 12-month window after FAR intake.
29: West Virginia

Demonstration Basics

**Demonstration Focus:** Wraparound Services

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2015

**Expected Completion Date:** September 30, 2019

**Interim Evaluation Report Expected:** May 31, 2018

**Final Evaluation Report Expected:** March 31, 2020

**Target Population**

The demonstration targets youth aged 12–17 who are in or at risk of entering congregate care placement.

**Jurisdiction**

The demonstration, titled *Safe at Home West Virginia*, was initially implemented in eight counties in the West Virginia Bureau for Children and Families (BCF) child welfare Region II and three counties in Region III. Over time, the demonstration will be implemented statewide, using a structured, phased approach to expansion. Counties were selected for initial implementation based on levels of need and readiness. The counties in Region III have many children in congregate care and lack services; in contrast, the counties in Region II have extensive partnerships and services with the ability to provide necessary supports to enrolled children. In the second phase of expansion, starting August 1, 2016, the demonstration was implemented in 24 additional counties in Regions I, III, and IV.

**Intervention**

West Virginia is implementing a wraparound service model as the core component of *Safe at Home West Virginia*. Based on the National Wraparound Initiative (NWI) Model, the demonstration incorporates evidence-based, evidence-informed, and promising practices to coordinate services for eligible youth and their families. The *Safe at Home* wraparound intervention is a high-fidelity wraparound and offers intensive wraparound to prevent residential and congregate care placement and intensive wraparound for youth who are already in congregate care placements and within 90 days of discharge. Wraparound services are provided to youth 12–17 who have a diagnosis of severe emotional or behavioral disturbance that impedes his or her daily functioning. An assessment determines whether the youth can benefit from an intensive wraparound approach. Wraparound services are provided to youth who are at risk of congregate care placement and are involved with two or more child-serving agencies. There are four phases within high fidelity wraparound: engagement and Planning (first 90 days), Implementation (3 to 6 months), Maintenance (6 to 9 months),
West Virginia

and Transition (9 months to 1 year).

The wraparound process is also specifically aimed at youth who are currently placed in highly structured congregate care within West Virginia or outside of West Virginia who may need specific state placement resources to step-down to less restrictive placement. Wraparound to this population may also include an added initial phase specific to the more intensive needs of youth in highly structured placements. This first phase focuses on pre-community integration, which includes the development of the wraparound plan and specialized resources prior to the youth’s discharge from congregate care.

A trauma-informed assessment instrument, the West Virginia Child and Adolescent Needs and Strengths 2.0 (WVCANS)\textsuperscript{43} assessment, is utilized to determine the youth and family’s level of need. Other assessment tools are utilized when further assessment is indicated by the WVCANS. The assessed strengths and needs indicated by the WVCANS guide the development of an individualized service plan for each family and inform the state development of a full array of interventions to meet the needs in their communities.

Every youth/family referred for wraparound services is referred to a Local Coordinating Agency that assigns a Wraparound Facilitator who ensures fidelity to the NWI model. Some key aspects of the model include—

- Contacting the family within 72 hours of referral
- Administering the initial WVCANS and repeating it every 90 days
- Contacting the family and team members’ weekly
- Developing an initial wraparound plan at the first 30-day meeting along with proactive and reactive crisis plans
- Convening wraparound team meetings every 30 days and more often as needed

Evaluation Design

The evaluation consists of a process evaluation, an outcome evaluation, and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented, the barriers encountered during implementation, and the steps taken to address barriers. The process analysis also examines factors such as the planning process for the demonstration; the organizational aspects of the demonstration; the service delivery system, including procedures for determining eligibility, referral processes, the number of children/families served, and the type and duration of services provided; the degree to which demonstration programs and services are implemented with fidelity to the intended service model; and contextual factors that may influence the implementation or effectiveness of the demonstration.

The outcome evaluation involves a retrospective matched case design that compares key outcomes in the areas of safety, placement prevention, and well-being among youth involved

\textsuperscript{43} The West Virginia CANS has been updated most recently in 2015 to fully incorporate the National Child Traumatic Stress Network Trauma CANS modules.
with the child welfare system prior to the demonstration with those same outcomes among similar youth who are offered the demonstration interventions following implementation of the demonstration. Propensity score matching is used to identify cases for the historical comparison group. Demographic data, case history, and characteristics such as mental health status, juvenile justice involvement, and placement type at the time of referral are used to match comparison youth to youth in the treatment group.

The outcome evaluation addresses changes in the following outcomes for the target population of youth aged 12–17:

- Number of youth placed in congregate care
- Length of stay in congregate care
- Number of youth remaining in their home communities
- Rates of initial foster care entry
- Number of youth reentering any form of foster care
- Youth safety (e.g., rates of maltreatment recidivism)
- Well-being of youth
- Educational achievement
- Family functioning

The cost analysis examines the costs of the key elements of services received by children and families designated to receive demonstration services. These costs are compared with those of services available prior to the start of the demonstration or with those received by the children and families not designated to receive demonstration services. The cost analysis also examines changes over time in the use of key funding sources, including all relevant federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, and state and local funds. The evaluation also includes a cost effectiveness analysis to estimate the costs associated with achieving successful safety, permanency, and well-being outcomes (e.g., the average cost of returning a youth home from congregate care). Provided there are sufficient sample sizes among various subpopulations, differences in costs of successful outcomes will be examined for different case characteristics (e.g., youth in care due to maltreatment compared to those in care due to behavioral issues).

Data Collection

The evaluation utilizes data from multiple sources, including SACWIS (FACTS), document and case record reviews, staff and stakeholder interviews, CANS assessments, and a supervisor and caseworker survey.

Sample

West Virginia originally anticipated that approximately 700 youth would be enrolled in the intervention group over the course of the demonstration. The historical comparison group is drawn from state fiscal years 2010 through 2015. Comparison cases are selected on a semi-annual basis and are matched to cases that become eligible for inclusion in the intervention group during a given half-year interval.
Evaluation Findings

Initial process and outcome evaluation findings as of the semi-annual reporting period ending on March 31, 2017, are summarized below.

Process Evaluation Findings

- As of March 31, 2017, 662 youth have been enrolled in Safe at Home West Virginia.

- Qualitative data collected during the most recent reporting period (October 2016—March 2017) include interviews and surveys. A total of 51 interviews with administrative staff from the West Virginia Department of Health and Human Resources (DHHR) central and regional offices; county-level caseworkers and supervisors; and wraparound facilitators from the Local Coordinating Agencies (LCAs) were completed. A second round of surveys was administered to DHHR caseworkers and supervisors from the phase II counties in November 2016 ($n = 28$ respondents). Key findings from the interviews and surveys include the following:
  - There were not many changes in program implementation between phase I and phase II of implementation. This was largely due to the state making procedural changes early on in phase I which were replicated in phase II.
  - The biggest concern among staff regarding readiness for implementation was related to service capacity throughout the state, particularly in the more rural areas. Staff identified five services for which capacity is lacking: mentoring; therapy/psychological/psychiatric services targeting youth; substance abuse targeting youth; transportation; and general recreational activities or places where youth can gather to socialize. Frequent staff turnover was also a common concern for both caseworkers and LCA wraparound facilitators.
  - Staff described the beginning of a positive culture shift in the way both DHHR and LCAs “do business” throughout the state, regardless of whether clients are involved in Safe at Home. Youth and family input is becoming increasingly valued and prioritized, and creative solutions are often sought. Additionally, it was apparent in both interview and survey data that staff buy-in for the program was high.
  - About half of the staff reported the training on the wraparound model has been sufficient. The most common suggestion for future training is to provide more training related to the concrete requirements of the job for both caseworkers and wraparound facilitators.
  - Most DHHR caseworkers reported they spend more time on Safe at Home cases in comparison to other case types. However, some staff did state Safe at Home cases would have required more time and attention regardless of whether the program existed because these youth need a more intense level of involvement to be successful. Staff seem to be administering the CANS regularly and without significant issue, but a few did not see the value in the assessments.
Mixed results regarding collaboration between DHHR and LCA staff were found. Collaboration was identified as a program strength by some and a program challenge by others. Working with judges was also reported as either a strength or challenge. Staff frequently reported that because judges control placement, having even one or two not on board has been detrimental.

**Outcome Evaluation Findings**

Data from FACTS were used to measure safety and permanency outcomes for youth and families in the demonstration and to compare those outcomes to the historical comparison group. Analysis to date has focused on two cohorts of youth referred to the program during the first six months of implementation (October 1, 2015–March 31, 2016; cohort 1) and second six months of implementation (April 1, 2016–September 30, 2016; cohort 2). Cohort 1 is comprised of 124 youth and cohort 2 is comprised of 231 youth. The following are key preliminary outcome findings:

- **Congregate Care Placement.** Fewer youth in the intervention group were in an out-of-state or in-state congregate care placement, and an increased number were living at home 6 months following referral for both cohorts 1 and 2. Nearly half the number referred to Safe at Home in cohort 1 were in out-of-state congregate care 6 months following referral while the number living at home increased by 45 percent. For cohort 2, there was a 70 percent reduction in the number of youth living in out-of-state congregate care at 6 months following referral, and a 39 percent reduction living in in-state congregate care.

- **Congregate Care Reentry.** A rate of congregate care reentry was calculated by looking at the percentage of youth who were in congregate care and moved to a lower level of care and then subsequently moved back within 6 or 12 months of moving to a lower level of care. Safe at Home youth from cohort 1 reentered congregate at a higher rate than comparison group youth at 6 and 12 months post congregate care discharge. However, fewer Safe at Home youth from cohort 2 reentered congregate care within 6 months than did their comparison counterparts. None of these results were statistically significant.

- **Length of Stay in Congregate Care.** Youth in the intervention group from both cohorts spent fewer days in congregate care within 6 and 12 months of referral than youth from the comparison group. The differences between groups were statistically significant at \( p < .01 \).

- **Youth Placed in Home Communities.** In relation to the comparison group, there were more Safe at Home youth from both cohorts returning to their home-counties at 6 and 12 months following referral, with 44 percent of the youth from cohort 1 living in their home counties at 12 months and 45 percent of the youth from cohort 2 doing so at 6 months following referral. The difference between the intervention and comparison group is statistically significant for cohort 2 \( (p < .05) \).

- **Foster Care Reentry.** For both cohorts, the foster care reentry rate is quite similar for the intervention and comparison groups at 6 months following discharge from services;
however, at 12 months post-discharge, a statistically significant lower percentage of youth in the intervention group from cohort 2 reentered foster care \(n = 8\) as compared to youth in the comparison group \(n = 25\) \((p < .05)\).

- **Subsequent Maltreatment.** For both cohorts, fewer youth in the intervention group had a maltreatment referral or an investigation after referral to the demonstration than did youth in the comparison groups \((p < .01)\).

**Youth Well-being.** A total of 309 Safe at Home youth had at least two CANS assessments completed, i.e., an initial CANS and at least one subsequent CANS. The results of the initial CANS assessments for youth from cohort 1 were compared to those at 6 and 12 months post-referral to determine progress while in the program, with the results limited to 6 months for youth from cohort 2. For the CANS domain which showed the most need upon initial assessment, i.e., Life Functioning Needs, 61 percent of the youth from cohort 1 showed a reduction in at least one item at 6 months; the same was true for 69 percent of youth in cohort 2. At 12 months, the reduction in need in the Life Functioning Needs domain for youth in cohort 1 show a marked improvement with 92 percent of the youth having improved their scores within the domain. The domain of Life Functioning Needs seems to show the greatest reduction in needs overall for both cohorts. This suggests that while these are the most common needs identified, they may also be the ones in which the program has been able to address most effectively.

Further information can be found on the [Safe at Home West Virginia Website](http://example.com). Inquiries about the West Virginia demonstration may be directed to Lisa McMullen at: SafeatHome@wv.gov.
30: Wisconsin

Demonstration Basics

**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 Date:** May 30, 2016

**Final Evaluation Report Expected:** April 1, 2019

**Target Population**

The waiver demonstration targets all children regardless of title IV-E eligibility who have reunified with their families after a temporary out-of-home placement and who are considered at high risk of reentry into out-of-home care within 12 months of discharge based on their score on the predictive Reentry Prevention Model (RPM) developed specifically for the demonstration. A Child Welfare or Child Protective Services case type is also a prerequisite for eligibility. The demonstration targets children who reunify and meet the program’s statistically based eligibility criteria.

**Jurisdiction**

The state is implementing the Post-Reunification Support Program (P.S. Program) through the allocation of capitated per-child payments, or “slots” to participating counties. In year 1 of the demonstration, 35 of the 71 balance-of-state (non-Milwaukee) counties participated in the program. The transition between each subsequent year involves a review and selection of participating renewal county applications and new applications. Thirty-three renewal counties and two new counties have been selected to participate in Year 4 of the P.S. Program. The state will continue to allow the additional balance-of-state counties the opportunity to partake in the P.S. Program throughout the 5-year demonstration.

In July 2017, counties will also begin monitoring their initial case plan completion rates to determine if they are meeting an 80 percent goal or have increased their score by 10 percent on CANS and Initial Case Plan benchmarks. Counties that have not reached these goals will begin monthly fidelity consultation meetings with the Wisconsin Department of Children and Families. After receiving additional support, P.S. Program counties who are unable to meet benchmarks will be assessed when considering applications for Year 5 of the program.

**Intervention**

Through its demonstration, Wisconsin is providing post-reunification case management services to children and families for 12 months following reunification. During this time in collaboration
with the family, child welfare case managers develop and implement an individualized service plan that reflects the family’s unique needs and facilitates a successful transition home. The service plan leverages 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 include, as appropriate and locally available, trauma-informed evidence-based practices such as Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. Case managers and clinical staff working with P.S. Program enrolled families are also currently being trained in Motivational Interviewing, an evidence-based approach to bolstering engagement and helping individuals realize behavior change. Additional services may include substance abuse and mental health services for parents, specialized medical services, respite care, parenting support and assistance, and transportation.

Children are referred to the 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 Pre-Enrollment Report, and (3) submit eligible referrals to the Department of Child and Families (DCF) for enrollment in the P.S. Program.

The RPM was developed to help the state target children most at risk for reentry into care. In year 1, the RPM was based on four statistically significant variables that correlated with reentry 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). Retooling of the statistical model occurred prior to year 2 using more complete data for a cohort of 1,629 children who were reunified in fiscal year (FY) 2013. RPM 2.0 is based on five weighted factors that statistically predicted reentry among this cohort of children (e.g., prior out-of-home placement, parent incarceration documented as a reason for the child’s removal, single parent/caregiver, child’s most recent episode did not include placement in a treatment foster home, and child had a higher number of actionable items marked 2 or 3 on his/her most recent Child Adolescent Needs and Strengths—CANS life functioning domain). Annual reassessments of the statistical model will occur as more data is available and there are changes in practice and documentation.

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is implementing a matched case comparison group design to evaluate changes in safety, permanency, and well-being outcomes. The experimental group is comprised of reunified children and their families who are enrolled in the P.S. Program, while the comparison group is comprised of reunified children and their families with similar demographic and case characteristics in counties that have not yet implemented the P.S. Program. Families in the treatment group are being matched with comparison group children on a case-by-case basis using propensity score matching.

The process evaluation includes interim and final analyses that describe how the demonstration was implemented and how demonstration services differ from services available prior to implementation. The 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 reentry 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
- Child trauma and functioning outcomes such as trauma exposure and healing, and
  emotional, social, and behavioral functioning

The evaluation also includes an interrupted time series (ITS) analysis of outcomes of children
served by the Bureau of Milwaukee Child Welfare, now called the Division of Milwaukee Child
Protective Services, which provides child welfare services to children and families in Milwaukee
County. Existing administrative data will be used to conduct an interrupted time series analysis
in which the rates of maltreatment recurrence and reentry into out-of-home care before and
after the implementation of post-reunification services (January 2012) will be compared.
Results of the ITS analysis will be included in the final evaluation report.

Data Collection

The evaluation utilizes data from multiple sources, including the statewide automated child
welfare information system (e.g., eWiSACWIS), education data from the Department of Public
Instruction, health data from the Department of Public Health, document reviews, focus groups
and interviews with caseworkers, supervisors, and managers, and parent surveys.

Evaluation Findings

The below summarizes key findings reported in the Interim Evaluation Report and semi-annual
progress reports through March 20, 2017.

Process Evaluation Findings

- Site visits were conducted in 5 of the 36 counties that were implementing the P.S.
  Program in 2016. Interview and focus group feedback highlighted areas for additional
  training. Many case managers and supervisors reported a need for additional training
  related to case management skills needed in the pre- and post-reunification phase,
  including safety management once the children return home, helping parents manage
  their emotions and behaviors, and dealing with unexpected stressors that can upset the
delicate family balance after the child returns home. Several county staff also reported
ongoing confusion related to completing the CANS assessment.
- Some county staff appreciated the P.S. scorecards (to measure fidelity to program
  practice requirements) and tracking tools available and/or used to monitor and improve
  practice. Others felt the scorecard focused on compliance with program requirements
  and was not necessarily relevant to high quality practice with families.
Several counties implementing the P.S. Program noted a lack of availability and long waiting lists for mental health services and alcohol and drug abuse services. Other service gaps included in-home parent support services and financial literacy programs.

DCF gave counties considerable latitude about how to administer and use flexible funds, and counties decide on rules and procedures for its use. Any funding used must be tied to the case plan and be tied to sustaining the reunification. One common use of flexible funds was to pay for rent and other basic family needs such as utilities, gasoline, and day care. When funds are used for rent or basic family needs, the case worker must have a sustainability plan in place for the family. Funds were also used to pay for a range of services that were otherwise not available, either because of waiting lists or because clients’ BadgerCare (Medicaid) would not pay for the service. Some sites used flexible funds to promote family bonding and well-being through recreational and other family activities. Flexible funding could also be used to provide rewards for children doing their part to meet the goals of the case plan.

County staff described several barriers to high-fidelity P.S. Program practice including caseworker workload; most caseworkers did not feel they had the time to adequately do what the P.S. Program required, particularly the written case plan, the CANS assessments, and the entry of the Monthly Family Service Report data. Despite these barriers, interview respondents did not feel defeated and remained committed to helping families in the P.S. Program.

Outcome Evaluation Findings

As of March 20, 2017, a total of 505 families were enrolled and are included in the treatment group.

Propensity score matching (PSM) is done annually and has been completed for families enrolled in 2014 and 2015. Two hundred forty-one of the 285 families (85 percent) enrolled as of December 31, 2015, were successfully matched with reunified families in non-P.S. Program counties. After the matching procedure, there were no significant differences between the families in the P.S. Program and their matched comparisons, meaning that the PSM eliminated all the differences between the groups.

At the time of the Interim Evaluation Report, only child welfare administrative data were available for analysis. No significant differences have been found between families enrolled in the P.S. Program and matched comparison families in the rate of maltreatment recurrence or reentry into out-of-home care.\(^4^4\) Specific findings include the following:

- 12.5 percent of families in the treatment group had re-reports of maltreatment within 12 months of reunification, compared to 13.4 percent of families in the comparison group.

\(^4^4\)Families for the P.S. Program must be observed for at least 12-months post-reunification. The sample for this analysis included families reunified in the first year of the demonstration only (between February 1 and December 31, 2014).
Wisconsin

- 1.8 percent of families in the treatment group had a substantiated re-report of maltreatment within 12 months, compared to 3.6 percent of families in the comparison group.
- 19.6 percent of families in the treatment group had a child that reentered care within 12 months of reunification, compared to 23.2 percent of families in the comparison group.

Information and reports for the Wisconsin demonstration are available online. Inquiries regarding the Wisconsin waiver demonstration may be directed to Shari Weinstein at: DCFPSProgram@wisconsin.gov.