

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

**Prepared For:**

**Children's Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
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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 August 2015. All findings reported here should be considered preliminary unless otherwise noted. No additional review of data has been conducted to validate the accuracy of the evaluation findings reported in these profiles. More details regarding the waiver demonstrations are available in the jurisdictions' respective progress and evaluation reports.

# 1 : Arizona

## Demonstration Basics

**Demonstration Focus:** Efforts to “right-size”<sup>1</sup> the current congregate care component of the State’s child welfare system.

**Approval Date:** September 30, 2014

**Implementation Date:** TBD

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

**Interim Evaluation Report Expected:** TBD

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

## Target Population

Arizona’s waiver demonstration targets all children ages 0–18 regardless of title IV-E eligibility who are in any congregate care setting at the start of the waiver demonstration or who enter congregate care during the demonstration, as well as children who are at risk of entering congregate care. Arizona’s data indicates that the needs of children who enter congregate care upon first entry into state custody are not markedly distinct from those of children who enter state custody into foster care. Specific sub-populations may be identified through additional analysis of the target population.

## Jurisdiction

The demonstration’s interventions will be implemented in selected counties or service areas, and may be rolled out in phased implementation stages towards eventual statewide implementation. The total estimated population of children who could be served over the demonstration period is 28,000. The actual number of children served will be a subset of the total estimated population based on the eligibility criteria for the selected interventions.

## Intervention

Arizona’s waiver demonstration will address the goals detailed in the Arizona Department of Child Safety (DCS)’s agency-wide Strategic Plan, specifically, reduced lengths of stay for children in out-of-home care, reduced recurrence of maltreatment, and improve capacity to place children in family environments. The State will finalize its selection of specific interventions to address these goals following a reassessment of needs for the target population and an environmental scan of the State’s service array, but the demonstration may include:

- Team Decision Making;
- Expansion of In-home Services; and

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<sup>1</sup> 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.

## Arizona

- Family Finding.

Details regarding the selection of specific programs and services, including programs'/services' core components, eligibility criteria, and assignment process are pending submission of the State's revised Initial Design and Implementation Report.

### Evaluation Design

Arizona's evaluation will include process and outcome components, as well as a cost analysis. The process evaluation will include interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The process evaluation will also address the implementation of the demonstration project within the context of the State's system-wide reform efforts. The outcome evaluation will consist of a longitudinal, comparison group design to examine changes in safety, permanency, and well-being outcomes to include:

- Reduced lengths of stay in out-of-home care;
- Reduced use of congregate care as a placement option;
- Reduced lengths of stay in congregate care;
- Increased timeliness of reunification;
- Reduced re-entry into congregate care;
- Reduced foster care re-entry rates; and
- Improved well-being outcomes (e.g., improved physical health and development, mental health, and social and emotional well-being).

In addition, the evaluation may include one or more experimental sub-studies of specific evidence supported interventions, geographic areas, or population(s) selected to receive the interventions under the waiver demonstration.

The final evaluation design will be determined in consultation with the State's third-party evaluator and described in the State's pending evaluation plan.

### Evaluation Findings

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

## 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 Expected:** March 30, 2016

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

### Target Population

The Arkansas waiver demonstration targets all children referred to child welfare services due to a maltreatment allegation or who are already receiving services during the term of the demonstration regardless of their removal status, placement setting, services provided, or eligibility for public assistance. Although the broader target population is inclusive of all client types statewide, specific interventions will concentrate on precise groups of children and families dependent upon their characteristics and needs. The State estimates that over 15,000 cases will be served across the six initiatives.

### Jurisdiction

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

### Intervention

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

- **Differential Response (DR)** was implemented within the State prior to the waiver demonstration; however, under the demonstration Arkansas has expanded its DR program statewide as of August 2013. The State's DR initiative targets low-risk child maltreatment referrals with the aim of diverting families from the formal investigative track to community supports and resources that build on their strengths and meet their needs. The services and supports provided to eligible families include referrals to food banks, affordable housing, utility assistance, counseling, parenting classes, clothing, transportation, assistance with inpatient mental health service referrals, and assistance with applications for the Supplemental Nutrition Assistance Program. The DR worker utilizes the Family Strengths and Needs Assessment tool (FSNA) to assess strengths and needs and identify needed services and supports. DCFS's goal is to provide services and supports to DR families for a period of 30 days with two 15 day extensions available bringing the total possible time for a DR case to be open to 60 days. Beyond that

timeframe, if more time is needed to work with the family, then 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 families.

- **Child and Adolescent Needs and Strengths (CANS)/FAST** evidence-based functional assessments, were implemented to measure improvements in children's functioning across several domains; including behavioral and emotional functioning, social functioning, cognitive and academic progress, physical health and development, and mental health. Arkansas is implementing the CANS with foster care cases and the FAST with in-home and DR cases. Initial implementation of the CANS/FAST initiative occurred in Miller and Pulaski Counties. The CANS and FAST were implemented statewide as of February 2015.
- **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)*. NFA was implemented statewide as of March 2015 to enhance the parenting knowledge, skills, and practices of caregivers involved in the State's child welfare system. The FAST is used to identify the highest priority needs of families and to serve as a basis for referral to NFA.
- **Permanency Round Table (PRT)** practices are being expanded to include individualized permanency plans for each participating youth and are focused on identifying innovative yet realistic solutions to permanency obstacles. PRTs were previously conducted in Arkansas between 2010 and 2011 for foster children who had been in care for 36 months or longer. Based on the success of initial implementation efforts, Arkansas is expanding the use of PRTs under the waiver demonstration. The priority population for this initiative includes children over the age of eleven; children who have been in care for 18 months or longer; and children and youth with behavioral and emotional issues. PRTs have been implemented in all 10 areas of the State.
- **Targeted Foster Family Recruitment** will increase the number of foster homes in the State and assist caseworkers in making appropriate placement decisions for children in foster care. Arkansas's Creating Connections for Children program (ARCCC) is based on the Annie E. Casey Foundation's *Family to Family* model. Under the demonstration, the State is implementing ARCCC in those service areas within which Arkansas' concurrent Diligent Recruitment program is not being implemented, specifically six of the State's ten service areas (Areas 3, 4, 5, 7, 9 and 10). Although the two programs are very similar, they are focused on different target populations.
- **Team Decision Making (TDM)**, a family team meeting model developed by the Annie E. Casey Foundation, will allow caregivers and children to serve more active roles in case planning and the decision making process. TDM is being rolled out in a phased implementation using internal staff as facilitators. TDM was initially implemented in Columbia, Conway, Craighead, Faulkner, Lafayette, Lawrence, Miller, Pulaski, Randolph, Saline, and Union Counties.

## Evaluation Design

Arkansas's evaluation includes process and outcome components, as well as a cost analysis. The State is implementing a matched case comparison design for each of the six selected demonstration interventions. Every six months, children and families enrolled in each demonstration intervention (experimental group) will be identified and matched with comparison cases drawn from a two-year window ending one year prior to the initial implementation of the intervention (comparison group). Propensity score matching is being used to select the comparison groups using a variety of factors including child and parent demographic characteristics, prior involvement with the agency, type of involvement with the agency, and intervention specific criteria. The State's process evaluation 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 State's outcome evaluation will assess differences between the experimental and matched comparison groups for each individual intervention to determine the extent to which intervention specific outcomes were achieved and the extent to which:

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

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

## Data Collection

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

## Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of Arkansas's demonstration. Initial process evaluation findings as of the semi-annual reporting period ending on January 31, 2015, are summarized below.

### Process Evaluation Findings

#### *Differential Response*

- A total of 1,850 DR cases opened between August 1, 2014, and January 31, 2015. From the expansion of DR statewide in August 2013 through January 2014, a total of 7,126 families/cases opened for DR referrals have been worked. Inadequate supervision, environmental neglect, and inadequate food accounted for the majority of allegation types that caused a DR case to be opened.

## Arkansas

- DR families most frequently received services for substance abuse treatment, counseling (e.g., family, individual, grief, etc.), and basic needs (e.g., food, clothing, transportation, and funds to pay for utilities).
- Among 152 families completing a family survey, families generally responded favorably about their experience with DR. Some reported that more focus needs to be given to helping families' access services. Over 50 percent strongly agreed or agreed they are more confident in managing their family's needs, have a better idea on how to get help, have a better idea of how to meet their child's needs, and have a more stable home life after receiving DR.

### *CANS/FAST*

- Staff interviewed reported an increase in collaboration among staff as a result of CANS/FAST implementation. Staff also reported that use of the CANS/FAST tools resulted in improved case plans, increased collaboration with families, and a transparent process for identifying greatest areas of need.

### *TDM*

- Caseworker and community buy-in was an early implementation challenge identified by staff during interviews. Despite this challenge, staff reported that TDM has been successful in bringing many different people together as a group, including family members, support networks, and child welfare staff. Staff also reported that TDM meetings have been successful in that team participants come to a consensus and develop new ideas that otherwise may not have been considered in a case.

### *PRT*

- In interviews, staff indicated that PRT is an important and positive addition to permanency planning and placement, and that staff are successfully fulfilling their PRT roles. Increased collaboration with other providers was also identified as a benefit along with identifying services and options for the case.
- Staff also indicated that as a result of PRT implementation, they learned of the potential for re-visiting the option of placement with a child's biological parents, regardless of previous parental rights termination status. However, staff who discussed this also identified the court system as a barrier to achieving the goal of permanency with biological parents.

## 3 : California

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2014<sup>2</sup>

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

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

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

### Target Population

California’s demonstration targets title IV-E-eligible and non-IV-E-eligible children ages 0–17, inclusive, who are currently in out-of-home placement or who are at risk of entering or re-entering 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 California’s waiver demonstration (referred to as the Title IV-E California Well-Being Project) the State receives a capped amount of title IV-E funds that it distributes in annual allocations to the participating counties, which then utilize their allocations to expand and strengthen child welfare practices, programs, and system improvements.

The State’s demonstration includes the following two core interventions:

1. **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 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

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<sup>2</sup> California’s five-year waiver demonstration was originally implemented July 1, 2007 and was scheduled to end on September 30, 2014. The State received several short-term extensions thereafter and in September 2014 received an extension of an additional five years effective from October 1, 2014, through September 30, 2019.

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 are based on family need.

2. **Wraparound:** Probation departments in participating counties provide wraparound services to youth exhibiting delinquency risk factors that put them at risk of being removed from their homes and placed in foster care. The State's 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 above, 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 describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The analysis will include a logic model that describes the demonstration's objectives, the services or other interventions provided, and the way the intervention is linked to measurable outcomes. The State will implement an interrupted time series design for the evaluation of its waiver demonstration in which changes in key child welfare outcomes are tracked over time. Outcome patterns before and after implementation of the demonstration as a whole, 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 State's 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;
- Re-entries into out-of-home care;
- Recurrence of maltreatment;
- Re-offenses among children and youth on probation; and
- Child and family functioning and well-being as measured by assessment tools selected by the State.

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

## California

To the extent feasible, the State will also conduct one or more quasi-experimental sub-studies of specific programs that are implemented under the waiver demonstration. The specific programs to be evaluated through these sub-studies, and the specific research methods for conducting them will be described in the State's pending evaluation plan.

The State will collect data for the evaluation from the State's automated child welfare information systems, child welfare agency case records, selected child and family assessment tools, and additional information sources as appropriate. Additional specifics will be described in the States pending evaluation plan.

The cost analysis will examine, at a minimum, the costs of the key elements of services received by children and families designated to receive demonstration services and will compare these costs with those of services available prior to the start of the demonstration, or that were received by the children and families that were not designated to receive demonstration services. The cost analysis will also include an examination of the use of key funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E and XIX of the Act, as well as State and local funds. The purpose of the analysis will be to compare the costs of services available through the demonstration with those of services traditionally provided to children and their families. Where feasible, a cost-effectiveness analysis will be conducted to estimate the costs of each successful outcome achieved through the demonstration. This analysis will be conducted using one or more of the key outcome measures for which a statistically significant difference is identified.

### Evaluation Findings

Evaluation findings are pending the continued implementation of California's waiver extension. [Information and reports for California's demonstration](#) are available online.

## 4 : Colorado

### Demonstration Basics

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

**Approval Date:** September 28, 2012

**Implementation Date:** July 31, 2013

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

**Interim Evaluation Report Expected:** March 31, 2016

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

### Target Population

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

### Jurisdiction

The State's demonstration will be implemented in up to 64 counties throughout Colorado; each participating county will implement some or all service interventions in varying stages during the demonstration time period. Trauma-informed services will be piloted in eight communities (12 counties) that had previously been awarded Trauma-Informed System of Care Implementation grants.

### 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, which are briefly described below:

1. **Family Engagement** guidelines and processes are being introduced to child welfare case practice through a combination of training, coaching, and peer mentoring. This strategy involves the establishment of a standardized Family Meeting model that includes caregivers and their families as key decision makers in the development of case and safety plans.
2. **Permanency Roundtables (PRTs)** are being conducted to develop a Permanency Action Plan for each child. This strategy engages the child, their identified family and kin, caseworkers, supervisors, administrators, judges, guardians ad litem, and court-appointed special advocates to work together to expedite legal permanency.

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

### Evaluation Design

Colorado's evaluation includes process and outcome components, as well as a cost analysis. The State is implementing a matched case comparison design and a time series analysis for the evaluation of its waiver demonstration. The matched case comparison compares changes in outcomes among children receiving one or more interventions at the beginning of or in the early phases of the demonstration with outcomes among similar children in counties that implement interventions during later phases of the demonstration. The time series analysis examines longitudinal changes in key measures of child safety and permanency. The State is also examining differences in outcomes between children placed in relative foster family homes and those placed in traditional foster family homes.

Colorado's process evaluation examines how demonstration services differ from services available prior to implementation of the waiver demonstration at both the system level and the child/family level. It is also documenting the full range of state and county activities associated with the waiver, the related services and supports that children and families receive, differences among the counties in how the waiver is implemented, and the evolution of the

## Colorado

waiver over time, including successes and challenges experienced throughout the implementation process.

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

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

Colorado's cost analysis involves two integrated sub-studies to illuminate cost impacts using system- and case-level data. At the system level (including both state and county levels), expenditure patterns in participating counties are being reviewed to determine whether they were influenced by the fiscal stimulus of the title IV-E waiver and associated waiver-funded interventions. This analysis includes an accounting of the costs of interventions offered through Colorado's waiver demonstration, and it also tracks the use of different revenue sources. At the case level, cost data from the State's 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.

### Data Collection

Colorado's evaluation utilizes data from multiple sources including Trails and online surveys of child welfare staff and other service providers. Data sources for the process evaluation include interviews, focus groups, surveys, document review, observations of demonstration programs and services, and administrative data.

### Evaluation Findings

The section below summarizes key findings reported through January 31, 2015.

#### Process Evaluation Findings

##### *Families and Children Served*

Thirty-nine counties have implemented family engagement models; 33 counties have implemented PRTs; 30 counties have implemented kinship supports; and 12 counties have implemented trauma-informed assessment and treatment services.

In order to understand the degree to which waiver-eligible cases are receiving family engagement, kinship supports, and PRTs, the evaluation team calculated initial penetration rates for these interventions utilizing Trails data. The penetration rates shown in Table 1 are based on data files that include cases open on or after February 1, 2014, through September 30, 2014.

**Table 1. Penetration Rates for Family Engagement, PRTs, and Kinship Supports February 1 through September 30, 2014**

Intervention	Number Eligible	Number of Eligible Served	Percentage of Eligible Served (Penetration Rate)
Family Engagement	2,884 Families	1,769 Families	61% Families Served
PRTs	245 Youth	190 Youth	78% Youth Served
Kinship Supports	2,983 Kinship Providers	2,224 Kinship Providers	75% Kinship Providers Served

An online survey was developed for mental health providers to track assessments and treatment recommendations. Of the 33 treatment episodes entered into the online database, 28 assessments were administered. There is a sizeable gap between the number of trauma screenings (728) and the number of trauma assessments (33), for which there may be a variety of reasons that are being explored further.

*Year 1 Site Visits and Interviews*

Year 1 site visits were conducted in nine counties to develop a better understanding of how the counties are implementing the waiver demonstration and the contextual factors affecting implementation. Site visits included individual interviews or focus groups with child welfare agency staff at various levels, community service providers, kinship support providers, parents participating in waiver-funded interventions, and youth in foster care that received PRT or family engagement services. Key themes which emerged from the interview and focus group data include the following:

- County child welfare leaders reported a huge amount of planning and policy work to prepare for the implementation of the waiver demonstration. The implementation of the waiver demonstration required moving and shifting the workforce, data systems, and finances.
- County child welfare leaders also reported improved collaboration with the state, the courts, and with local community organizations, including health and mental health agencies, local nonprofits, faith-based organizations, culturally specific organizations, and community collaborations and alliances. Barriers still exist for families to access the services that they need to successfully make their way through the child welfare system.
- Organizational leadership, caseworkers, facilitators, community providers and parents are generally on board with the family engagement meeting model. If there’s an area

where professional buy-in is lacking, it seems to be at the intersection of workload/caseload and family engagement expectations (i.e., caseworkers report having too many meetings to attend).

- Those interviewed spoke favorably about PRTs. Facilitators and caseworkers appeared to be clear about their respective roles in PRTs, and youth felt heard and valued the opportunities to develop relationships with family members.
- Waiver funding has enabled counties to hire new kinship support workers and provide concrete goods and services to kinship caregivers. This has led to perceived improvements in identifying and maintaining kinship placements.

### *Implementation Fidelity*

An annual Implementation Index (Index) was administered online in March 2014 and was completed by 43 counties. The Index is used to track systems-level implementation across the State over time. The Index is based on several core implementation domains: target population, staffing, training, data collection, and policies/procedures. Key findings from the Index are summarized below.

- Index scores were used to examine similarities and differences between counties that received family engagement funds through the State's waiver (n=31<sup>3</sup>) and counties that did not receive waiver funds but indicated that they were providing family engagement services in some form (n=8). Findings suggest that counties receiving family engagement funds through the waiver were more likely to:
  - Target family engagement meetings at cases in the demonstration target population<sup>4</sup>
  - Hold family engagement meetings at regular intervals in the life of a case
  - Create a job description which highlights the duties and qualifications of the family meeting facilitator
  - Develop policies or procedures outlining family engagement practices
  - Have more full-time family engagement facilitators
  - Train non-facilitator staff in family engagement practices
  - Enter family engagement meetings into Trails
- Index scores were used to examine similarities and differences between counties that received PRT funds through the waiver (n=23) and counties that did not receive waiver funds but indicated that they had a PRT practice in some form (n=10). In general, counties receiving PRT funds through the waiver appeared more likely to:
  - Have all or nearly all of their facilitators highly trained
  - Mandate training in the *Achieving Permanency through Roundtables* module for all of their caseworkers
  - Enter PRT meetings into Trails
- Index scores were used to examine similarities and differences between counties that

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<sup>3</sup> Ns reported for findings related to Index scores refer only to counties that had completed the Implementation Index.

<sup>4</sup> Includes all newly opened cases for youth considered to be beyond the control of their parents or at risk of harm to self or others and all newly opened cases involving an allegation of abuse/neglect.

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received kinship support funds through the waiver (n=20) and counties that did not receive waiver funds but indicated that they were providing kinship supports of some kind (n=5). Overall, counties receiving kinship support funds through the waiver were more likely to:

- Have specialized Kinship Support Workers to support kinship caregivers
  - Systematically conduct needs assessments or document kinship support plans
  - Have a county-specific resource directory, training for kinship caregivers, or other resources
  - Provide training to community partners
- To assess the degree to which counties have fully implemented the family engagement, PRT, and kinship supports components of the demonstration, the State's evaluation team examined responses to the Implementation Index (n=43) and assigned categorical groupings ("high implementation", "mid-level implementation", and "emerging") to each service component. Across every implementation domain (target population, staffing, training, data collection, and policies/procedures), counties that did not receive waiver funds were more likely to be categorized as "emerging" whereas counties that had received waiver funds were generally categorized as "mid-level" or "high implementation." It is important to note that counties without waiver funds differ from counties with waiver funds in a number of other ways, e.g., county size and population characteristics.

## 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 Expected:** December 26, 2016

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

### Target Population

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

### Jurisdiction

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

### Intervention

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

1. **HOMEBUILDERS®:** HOMEBUILDERS® is an intensive in-home crisis intervention, counseling, and life-skills education intervention for families with children at imminent risk of removal. The goals of HOMEBUILDERS® are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent removal. The District's priority target population for this intervention is families with children ages 0–6.
2. **Project Connect:** 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. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate

reunification. The District is implementing the model to expedite and support reunification for families where the child has not yet been reunified and to prevent re-entry into foster care. The District's priority target population for this intervention is families with children in out-of-home care for 6–12 months with the goal of reunification or families who have achieved reunification to prevent re-entry.

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

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

## Evaluation Design

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

## District of Columbia

and families who previously received one of the programs the District is expanding under the demonstration (e.g., home visiting, PASS, PESP). The District's outcome evaluation will address the outcomes in the following 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 re-entries into foster care

### Well-being

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

### Data Collection

The District's evaluation utilizes data from multiple sources including the District's 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 Scale, North Carolina Family Assessment Scale, Protective Factors Survey, and Risk Inventory).

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the District of Columbia's waiver demonstration. The following provides updated process evaluation findings for the District's most recent reporting period (October 25, 2014 – April 24, 2015). During this time, four different focus groups were held that consisted of individuals who represented different roles in the waiver demonstration including Early Intervention Providers, HOMEBUILDERS® and Project Connect Providers, CFSA Social Work staff, and CFSA leadership and stakeholders. Noted implementation strengths and areas needing improvement are summarized below.

### Process Evaluation Findings

- Focus group participants noted that expanding eligibility across District Wards and educating clients on programs has contributed to improvements in the number of accepted referrals. In addition, participants reported that regular communication between program and CFSA staff is also helpful.
- According to focus group participants, clients appreciated more individualized services and the early intervention programs that include home visitation components are well suited to address family needs. Additionally, participants reported that assessments

were appropriate for the population served and the programs offered, and felt that provider agencies were becoming more data driven, using data collection and analysis to drive decisions.

- Three main areas of improvement identified by focus group participants centered on finding ways to increase engagement in SSF programs and activities to increase referrals. Suggestions included (1) improving staff engagement through creating regular opportunities and procedures for communication and reporting between program staff and CFSA; (2) increasing the timeliness of engagement by incorporating representatives from HOMEBUILDERS® and Project Connect into conversations and client meetings held at CFSA; and (3) improving overall marketing of services provided under SSF to ensure staff are aware of new opportunities, eligibility criteria, and processes around making referrals.
- Additional areas in need of improvement noted by focus group participants centered on increasing family and community engagement. Suggestions provided included ensuring that culturally competent practices are being used and reviewed regularly; workers developing a clearer understanding of family needs so that services can be more tailored to fit those needs; and utilizing community programming to better address family needs and identify gaps in service.
- Improving implementation systems was also noted as an area needing improvement. Focus group participants noted a need for increasing communication and collaboration between CFSA and service providers in order to better identify eligible families and engage workers to make referrals; reassessing and clarifying eligibility criteria and use of the electronic case management system (CFSA's MIS) to better determine eligibility and document referrals; and to include external and internal partners in an Implementation Team to discuss strategies and monitor progress.

## 6 : Florida

### Demonstration Basics

**Demonstration Focus:** Enhanced Service Array

**Approval Date:** January 31, 2014

**Implementation Date:** October 1, 2013<sup>5</sup>

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

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

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

### Target Population

Florida's demonstration targets (1) title IV-E-eligible and non-IV-E-eligible children ages 0 until age 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

Florida is implementing its waiver demonstration statewide.

### Intervention

Florida's flexible funding demonstration includes the following components:

- **Improved Array of Community-Based Services:** The State and its partnering Lead Agencies use title IV-E funds to expand the array of community-based child welfare services and programs 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:** The State is implementing a wide variety of strategies to integrate child welfare, mental health, substance abuse, and domestic violence services, including 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, administration and oversight of psychotropic medication for children in foster care, and administration of the Florida Pediatric Psychiatry Consult

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<sup>5</sup> Florida's five-year waiver demonstration was originally implemented October 1, 2006 and was scheduled to end on December 31, 2012. The State received several short-term extensions thereafter and in January 2014 received an extension of an additional five years retroactively effective from October 1, 2013 through September 30, 2018.

Hotline. Additionally, four regions, involving seven Lead Agencies, are involved in piloting integration projects called the Family Intensive Treatment Team (FITT) model.

- **Child Welfare and Physical Health Assessments:** The State is also using title IV-E funds to improve the array of services that are identified through the comprehensive health care assessments for all children/adolescents who are receiving services either in-home or out-of-home. 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 are provided the support they need to provide high-quality care to children. All of Florida's Lead Agencies are actively participating in QPI. This involves ongoing technical assistance, as well as special initiatives.
- **Trauma-Informed Care:** The State integrates trauma informed care screening practices to 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 pre-service and in-service trainings, trauma-informed foster parent pre-service training, trauma-informed training during Foster and Adoptive Parent Association meetings, and online trainings for foster parents provided by Florida's Center for Child Welfare.

### Evaluation Design

Florida's evaluation includes process and outcome components, as well as 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's child welfare system toward the achievement of the demonstration's primary goals. Evaluation cohorts are identified using data available in the State's Automated Child Welfare Information System (SACWIS). The longitudinal research design also incorporates the use of inferential statistical methods where appropriate to assess and control for factors that may be related to variations in observed outcomes.

In addition, the State will implement two sub-studies of specific waiver-funded interventions using alternative research designs (see below).

Florida's 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 Lead Agencies or other contracted providers, as well as practice changes to improve the identification of child and family needs and connections to appropriate services.

## Florida

Florida's 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 will assess changes in expenditure patterns between the two years immediately preceding the extension and the five years of the extension period, and will also examine earlier data to look for longer-term expenditure trends. In addition, the cost analysis will examine the degree of shift from out-of-home placement to prevention, early intervention, and diversion expenditures across DCF Circuits, as well as potential correlations between changes in expenditures by service type and changes in key child welfare outcomes. The cost analysis will also include 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 costs of services available through the demonstration with services traditionally provided to children and their families.

### Sub-Study

The evaluation also includes two sub-studies. The first sub-study is a cohort analysis of youth who enter the child welfare system at different points in time to examine how services, costs, and outcomes in other public-sector systems (e.g., Medicaid, Juvenile Justice, and Baker Act [involuntary examinations]) vary depending on whether the youth entered the child welfare system before or after implementation of the waiver extension. The second sub-study is a longitudinal analysis of child welfare practice, services, and several 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.

### Evaluation Findings

Evaluation findings are pending the continued implementation of Florida's long-term waiver extension. The [Final Evaluation Report from Florida's previous waiver demonstration](#) is available online.

## 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 Hawai'i's demonstration include:

- **Short Stayers:** Children who come to the attention of Child Welfare Services (CWS) through a hospital referral or police protective custody and who are likely to be placed into foster care for fewer than 30 days.
- **Long Stayers:** Title IV-E eligible and non-IV-E eligible children who have been in foster care for nine 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), beginning with initial implementation in Year One on the island of O'ahu. 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

Hawai'i's demonstration includes four primary programs, services, and practices for the State's two target populations.

The primary interventions for Short Stayers include:

1. **Crisis Response Team (CRT):** The CRT is staffed by trained social workers who are available 24 hours a day, seven days a week to respond in-person within two 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 as well as the Comprehensive Strengths and Risk Assessment, and depending on the results of the assessment will either refer the family to Hawai'i's new Intensive Home-based Services

(IHBS) program (if a safety factor has been identified and family is willing to do an in-home safety plan); the State's Differential Response Services (if no safety issues are identified and the family's risk level is moderate to low); close a case as there are no safety factors and no to low risk factors; or will proceed with removal of the child and assign the case to a traditional child welfare assessment worker (if a safety issue is identified and the family is unwilling or unable to implement an in-home safety plan). The CRT worker 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, 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 of the interventions under IHBS during the four to six 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 six months, if needed. Two booster sessions are also offered to the family.

The primary interventions for Long Stayers include:

3. **Safety, Permanency, and Well-Being Roundtables (SPAW):** Based off of 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 nine months or longer and are unlikely to be reunified with their family are eligible for SPAW. The SPAW includes service providers, other professionals involved with the child and family, consultants (cultural, medical, mental health, etc.), social workers, and administrators who work to develop individualized action plans for participating children and youth, although families are not directly involved in this process. If the child has not achieved permanency within six 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.
4. **Wrap Services:** Wrap Services incorporate a family-driven model that brings together representatives from multiple service agencies involved with a family to find creative solutions and supports in order to keep youth in the home or in their community. Family

Wrap Hawai'i (Wrap Services) will be offered to children and youth who have been in foster care for nine 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 State's successful implementation of family conferencing called, "Ohana Conferencing", as well as 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

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

- The evaluation of CRT involves a time-series analysis that examines changes in out-of-home placement rates over time. Placement outcomes for CRT participants will be compared to a matched comparison group of children reported for maltreatment from hospitals or police on the same island in the three years prior to the waiver demonstration. Matching will occur 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 in which 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 three 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 will be performed for demonstration cases only. When more than one child in a family is served by Wrap or SPAW, each child will be treated as a separate case. In families with siblings, the child with the highest risk score on the Comprehensive Strengths and Risk Assessment will be selected as the target child.

## Hawaii

The State's outcome evaluation will assess 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:

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

### Evaluation Findings

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

## 8 : Idaho

### Demonstration Basics

**Demonstration Focus:** Enhanced Family Engagement, Parenting Education and Support, and Trauma-Informed Assessment and Referral

**Approval Date:** September 18, 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 demonstration's target population includes cases with children ages 0–18 and their families who have child maltreatment referrals reported to Idaho's child welfare agency, and in which the children are deemed unsafe as determined by Idaho's safety assessment tool. The target population includes children receiving in-home services, children in foster care at the time the demonstration was implemented, and children who enter foster care after implementation.

### Jurisdiction

The demonstration interventions are being phased in statewide through the Idaho Department of Health and Welfare, Division of Family and Community Services' three regional child welfare districts or "hubs." The Nurturing Parenting Program was implemented in January 2015 in the Pocatello child welfare office, located in Region 6 of the East hub. Implementation expanded to the other two regions of the East hub and is expanding to the North and West hubs in October 2015. The expansion of Family Group Decision Making was implemented statewide in June 2015, followed by trauma-informed assessment and referral. In Phase 1 of the implementation plan, each child welfare hub will have an identified implementation team that will begin utilizing trauma informed assessments in October 2015. Phase 2 will incorporate an additional team in each hub that will start April 2016, and Phase 3 will be full implementation throughout the state in July 2016.

### Intervention

The demonstration includes three primary interventions:

1. **Nurturing Parenting Program (NPP)** is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents' skills in supporting attachments, nurturing, and general parenting. The target population for NPP includes all families whose children are assessed as "unsafe" and who have one of the following safety threats: (1) one or more caregivers lack parenting knowledge, skills, or motivation

necessary to assure a child's safety"; or (2) no adult in the home is routinely performing parenting duties and responsibilities (food, clothing, age appropriate supervision, and nurturance) that ensure child safety. The safety assessment and identification of safety threats are based on Idaho's safety assessment tool.

2. **Expansion of Family Group Decision Making (FGDM):** The State's FGDM program was expanded and fully implemented in all three child welfare hubs in the State, with a specific focus on ensuring fidelity to the FGDM service model. All families with unsafe children as determined by the State's safety assessment (including both foster care and in-home cases) are referred for FGDM prior to service planning. Additional FGDM meetings can be accessed at other critical junctures in the life of a case.
3. **Trauma-Informed Assessment and Referral**, which includes the following components:
  - Implementation of a universal trauma screening instrument, specifically the Child and Adolescent Needs and Strength (CANS) assessment; and
  - Referral to trauma-informed evidence-based programs (e.g., Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy) in the community.

## Evaluation Design

Idaho's evaluation includes process and outcome components, as well as a cost analysis. The State's process evaluation involves interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation, as well as an assessment of fidelity to the demonstration's core interventions. NPP and FGDM implementation are being described in terms of stakeholder involvement, oversight and monitoring, contextual and environmental factors, barriers to implementation, and lessons learned throughout the implementation process. Data sources for the process evaluation include stakeholder interviews, an Organization/System Change Survey, document reviews, training evaluations, pre- and post-training knowledge and skills tests, NPP lesson-specific fidelity checklists, and the FGDM Fidelity Tool.<sup>6</sup>

The outcome evaluation involves a statewide retrospective matched case design that compares outcomes among children involved with the child welfare system prior to the demonstration with outcomes among similar children who are offered the demonstration's interventions following implementation. The specific methodology for identifying a comparison group(s) of cases before implementation may include propensity score matching or a similar method of case-level matching.

The State's outcome evaluation addresses changes in the following key outcomes:

- Number of families served in-home;
- Number of entries into foster care;

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<sup>6</sup> The FGDM Fidelity Tool is a set of fidelity tools for FGDM developed by the Kempe Center, a division of the Department of Pediatrics at the University of Colorado School of Medicine.

## Idaho

- Number and proportion of children in out-of-home placement that exit to permanency (including reunification, adoption, and guardianship);
- Time to reunification, adoption, and guardianship;
- Number of placements per foster care episode;
- Number and proportion of children in congregate care among all children in out-of-home placement; and
- Child well-being as measured by the CANS or other standardized and appropriate measurement instruments.

The State is collecting data to examine these outcomes from the State's automated child welfare information systems, child welfare agency case records, and additional information sources as appropriate.

In addition to the overarching retrospective matched case design, the State is conducting sub-studies of NPP and FGDM. The sub-study of NPP will utilize a pre-posttest design in the initial phase of implementation and a randomized waitlist design after NPP has been implemented in the initial regions. The NPP sub-study will assess changes in parenting knowledge and capacity using the Adult-Adolescent Parenting Inventory (AAPI). The sub-study of FGDM will utilize a retrospective matched case design (using propensity score matching methods) to evaluate the intermediate and long-term outcomes of FGDM. Cases open in the year prior to FGDM implementation will be compared to cases open after FGDM implementation. The outcomes for this sub-study, which will be examined using data from Idaho's child welfare administrative data system, include days in foster care, average number of placements, subsequent findings of abuse or neglect, and number of kinship placements.

Additional details on the plan for evaluating the trauma-informed assessment and referral component of the demonstration will be specified in a forthcoming evaluation plan.

The cost analysis compares the costs of services available through the demonstration with those of services traditionally provided to children and their families. The cost analysis will also include a cost-effectiveness study, which will assess per-child cost savings that stem from reductions in out-of-home placement. Average expenditures per child during the twenty-four month period after case opening will be computed and used as the basis for comparing the intervention and comparison groups.

### Evaluation Findings

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

## 9 : 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<sup>7</sup>

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

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

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

### Target Population

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

### Jurisdiction

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

### Intervention

Phase III, referred to as the “**Enhanced Recovery Coach Program (RCP)**”, continues all of the key service components of the previous AODA waiver demonstration, including (1) clinical assessment and identification, (2) recovery plan development, (3) intensive outreach and engagement to facilitate parents’ treatment participation and recovery, (4) random urinalyses, (5) ongoing follow-up after reunification to promote and sustain recovery and ensure child safety, (6) housing resources, (7) mental health services, and (8) domestic violence services.

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<sup>7</sup> This is the second long-term waiver extension for Illinois. The State’s 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.

## Illinois (AODA)

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

- 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 will contact the child protection worker within two to three 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 parent's discretion 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<sup>8</sup> that have been identified as low risk<sup>9</sup>. These enhanced services include:

- **Benchmarking and Bench Cards:** A set of casework practices and procedures for establishing clear treatment goals for parents and helping parents, parents' families, caseworkers, and judges understand the benefits of achieving those goals. Using three established risk assessment and treatment progress instruments, (Recovery Matrix, Child Risk and Endangerment Protocol, and Home Safety Checklist) the State is currently working 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 will be 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. The Strengthening Families™ approach is implemented in Cook County by Be Strong Families, which works to engage parents and fully embed the Strengthening Families™ Protective Factors

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<sup>8</sup> Initial implementation of these services are limited to Cook County, but may be expanded to Madison and St. Clair Counties.

<sup>9</sup> Families considered "low risk" include those in which the parent reports substance abuse and parenting skills deficits at intake, but who do not report mental health, housing, or domestic violence problems.

## Illinois (AODA)

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 Be Strong Families activities.

### Evaluation Design

The evaluation of the State's long-term waiver extension includes process, outcome, and cost analysis components. An experimental research design is being used in all participating counties. Illinois is utilizing a two-stage random assignment process in which (1) Department of Children and Family Services casework teams and private child welfare agencies are stratified by size and randomly assigned to an experimental or control group; and (2) parents are then randomly assigned to agencies or casework teams in those groups. Parents 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 is comparing the experimental and control groups for significant differences in the following areas:

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

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

### Data Collection

Illinois's evaluation utilizes data from multiple sources, including the State's SACWIS and Management and Reporting System/Child and Youth Centered Information System for safety, permanency, and placement data. Substance abuse assessment data come from the 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.

## Illinois (AODA)

### Sample

#### *Cook County*

The State anticipates using 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 anticipates using 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

Detailed process and outcome evaluation findings are pending the continued implementation of IL-AODA's demonstration. Initial process evaluation findings from semi-annual progress reports submitted for reporting periods through March 31, 2015 are summarized below.

#### Process Evaluation Findings

##### *Cook County*

- The overall trend of declining referrals to the demonstration project in Cook County, known as the Juvenile Court Assessment Program (JCAP), from Fiscal Year (FY) 2002 through FY2011 is consistent with the statewide decline in the number of temporary custody cases. However, outreach efforts and scheduled meetings with private agencies and the Department of Children and Family Services (DCFS) have continually been made in order to increase referrals to JCAP. As of December 31, 2014, the JCAP mobile unit has increased referrals by 28 percent. Throughout the life of the waiver demonstration, approximately 67 percent of all parents screened by JCAP demonstrate a need for substance abuse treatment. Additionally, since implementation of the JCAP mobile unit, successful treatment appointments have risen from approximately 60 percent to a project high of 88 percent in 2014 with only 9 percent of parents refusing treatment referral.
- Of the 3,889 caregivers who met the waiver demonstrations eligibility criteria, 2,680 (69 percent) have been assigned to the experimental group and 1,209 (31 percent) have been assigned to the control group as of December 31, 2014.

##### *Madison and St. Clair Counties*

- As of December 31, 2014, a total of 719 AODA referral assessments were made in Madison and St. Clair Counties. Of these 719 caregivers, 476 were eligible for the demonstration. Of those enrolled in the demonstration, 293 (62 percent) have been assigned to the experimental group and 183 (38 percent) have been assigned to the control group.

## Illinois (AODA)

### Outcome Evaluation Findings

- On average, children in the demonstration group experience faster reunification than children in the control group (747 days for the demonstration group versus 848 days for the control group). In Cook County, children assigned to the demonstration group achieved family reunification on average 137 days (4.5 months) quicker than children assigned to the control group, a statistically significant difference. There is no statistically significant difference with regard to time to reunification in Madison and St. Clair Counties.
- Significantly more children in the demonstration group achieved permanence (reunification, adoption, or overall permanency) as compared with children in the control group (62 percent versus 57 percent). However, there were no significant differences with regard to time to adoption, either overall or by county.
- There were no differences reported with regard to substantiated allegations of maltreatment subsequent to random assignment. As of December 2014, 21 percent of the caregivers in the demonstration group and 23 percent of the caregivers in the control group are associated with a subsequent substantiated allegation.
- The primary drug of choice among caregivers has changed from primarily cocaine (41.3 percent in 2003) to primarily marijuana (41.2 percent in 2014). However, the vast majority of caregivers also report using either alcohol, cocaine, or opioids.
- Alcohol use among caregivers is steadily increasing over time. By 2012, approximately 50 percent of the parents met the diagnostic criteria for alcohol abuse or alcohol dependence. This is up from approximately 20 percent in 2000. Additionally, a substantial proportion of parents meet the diagnostic criteria with more than one substance (i.e. poly-substance use).
- Since the implementation of the mobile assessment unit, the number of parents screened has increased to 28 percent and the number of parents screened and referred within one month of services has increased to 44 percent.

### Cost Analysis Findings

- As of June 2015, cumulative demonstration cost savings totaled \$10,837,520.

## 10 : Illinois (IB3)

### Demonstration Basics

**Demonstration Focus:** Parenting Education and Support Services<sup>10</sup>

**Approval Date:** September 28, 2012

**Implementation Date:** July 1, 2013

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

**Interim Evaluation Report Expected:** February 29, 2016

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

### Target Population

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

### Jurisdiction

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

### Intervention

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

1. **Child Parent Psychotherapy (CPP)** is a dyadic (caregiver and child) therapeutic intervention for children aged 0–5 who have experienced one or more traumatic events (for example, a serious accident, sexual abuse, exposure to domestic violence) and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child's sense of safety, attachment, and appropriate affect.

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<sup>10</sup> The Illinois parenting support demonstration constitutes the State's fourth title IV-E waiver demonstration. An earlier demonstration that focused on enhanced child welfare staff training ended in June 2005 while a subsidized guardianship demonstration ended in October 2009 with the establishment of a statewide Guardianship Assistance Program. A third demonstration focused on the provision of enhanced alcohol and other drug abuse services continues under a separate long-term waiver extension.

- 2. Nurturing Parenting Program (NPP)** is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents' skills in supporting attachments, nurturing, and general parenting. The State will implement a version of NPP known as the Nurturing Program for Parents and Their Infants, Toddlers and Preschoolers that is focused specifically on the biological parents of children aged 0–5. In addition, the State will use a version of the NPP designed for foster caregivers of children aged 0–5 known as the NPP-Caregiver Version.

For each of the above-mentioned interventions, the selection of participating children and families is determined by an enhanced developmental screening protocol implemented through the State's 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 the screening protocols used by the State prior to the demonstration, which 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, moderate-risk 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 or not 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 Illinois evaluation design includes process and outcome components as well as a cost analysis. The evaluation design builds on the rotational assignment system that the Illinois Department of Children and Family Services (DCFS) uses to assign foster care cases to either teams of DCFS case managers or contracted private child welfare agencies. Illinois DCFS teams and service provider agencies were first randomly assigned to an intervention or to a control cluster. Eligible children in family cases are then rotationally assigned to the next available provider within each cluster designation. Rotational assignment helps to ensure that every DCFS team and private agency receives a "representative mix" of children as new referrals so that no team or agency has an unfair advantage through creaming of the "easy" cases.

The process evaluation is measuring outputs related to program exposure, program differentiation, and adherence (fidelity) to each evidence-based intervention. Program exposure is measured by the amount of program content received by children and families. Fidelity of program delivery is measured through the use of the Implementation Tracker, a 6-point scale developed by the National Implementation Research Network that rates each allocated service-delivery component for implementation capacity and readiness and assigns an aggregate implementation score, called the Implementation Quotient.

In addition to program output measures, the process evaluation is measuring the extent to which the tenets of implementation science have been followed. This includes documenting the

## Illinois (IB3)

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 control groups on the following outcomes:

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

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. In addition, the cost analysis will assess the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome). If suitable cost data are available, effectiveness will be measured in terms of length of time spent in a safe and permanent home.

### Data Collection

The State's 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. Safety, permanency, and stability outcomes are being measured with existing administrative data from 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 estimates 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 June 30, 2015, 544 children have been assigned to the intervention group and 516 to the control group.

### Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the State in semi-annual progress reports submitted through January 30, 2015.

## Illinois (IB3)

### Process Evaluation Findings

- 70 children and their families (birth and foster) have been referred for CPP and 31 (44 percent of all referred) were engaged and participating in CPP. High numbers of children identified as being in need of CPP resulted in a wait list for CPP.
- Six NPP groups have convened since the program's inception (February 2014), with a total of 102 parents referred to NPP. Overall the retention rate for the NPP groups across providers was approximately 46 percent through December 2014.
- The number of referrals made to CPP and NPP has increased over the duration of the demonstration but the engagement of families into the demonstration interventions has been a key challenge. Some of the challenges stem from caseworker turnover; a high percentage of birth parents whose whereabouts are unknown or who are otherwise unavailable; children frequently changing placements; and lack of consistent attendance at service sessions due to issues such as lack of transportation and child care and conflicts with work schedules. There are ongoing efforts to improve client engagement.

### Outcome Evaluation Findings

- The evaluation team has monitored and explored the balance in the composition of cases within the intervention and control groups to determine if there are statistically significant differences between the groups on key characteristics. Initial analyses noted large imbalances in the average ages of children between the two groups, but this imbalance narrowed when a larger administrative data sample of cases (n=476) was analyzed; no significant differences in the ages of children in the control and intervention groups were found in this sample. However, a large (statistically significant) imbalance in the distribution of children placed into relative and non-relative foster homes was found in the administrative sample of 476 cases: 58 percent of children assigned to intervention agencies resided in kinship foster homes compared to 45 percent in control agencies. Prior evidence indicates that kinship placement does influence permanency rates in Cook County and also affects the maintenance of cost neutrality because kinship placement is negatively correlated with title IV-E eligibility. It is possible that this disparity in kinship placements will narrow as the sample size increases. If the kinship imbalance does not disappear as the sample size increases, the data analysis will include kinship care as a covariate to control for any confounding effects on outcomes.
- A review of IB3 cases with children that had been in DCFS custody for a year or longer revealed a high proportion of children's parents who themselves were formerly in DCFS custody. Analysis of administrative data available to date showed that approximately 20 percent of the parents of infants taken into protective custody were themselves current or former wards of DCFS. Former wardship will be included as a potential moderating variable in future data analysis. Preliminary analysis found no imbalance in the distribution of current and former DCFS wards among parents in the two study groups. Future evaluation reports will report on the parents and children of current and former wards as a special study group to gain insight into how intergenerational patterns of

foster care may affect the well-being and permanency prospects of infants and toddlers and how CPP and NPP could be best utilized to serve this population.

- Preliminary analysis of the associations between assessed child risk level and key predictor variables showed that the older the child is at case opening, the greater the likelihood that she or he would be assessed as being at high-risk. It was also found that “add-on siblings” (siblings joining an existing case) are assessed, on average, as at lower risk than children who are opened as a new case (with no siblings in care at the time of case opening). Somewhat surprisingly, children of current and former DCFS wards were no more likely to be assessed as at high-risk than other foster children.
- By the end of the July–December 2014 reporting period, 73 caregivers and parents had completed baseline assessments of parenting and childrearing attitudes with the Adult-Adolescent Parenting Inventory (AAPI)-2. The distribution of AAPI responses indicated a generally higher level of risk compared to general population norms. Baseline or pre-test scores were compared to post-test scores for 27 NPP participants. The post-test subscale scores indicated a substantial reduction in risk levels. Paired-samples t-test results indicated that the risk reductions were statistically significant for four of the five subscales of the AAPI, suggesting that NPP participants had improvements in several areas of parenting and child rearing attitudes.

## 11 : Indiana

### Demonstration Basics

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

**Approval Date:** September 14, 2012

**Implementation Date:** July 1, 2012<sup>11</sup>

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

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

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

### Target Population

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

### Jurisdiction

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

### Intervention

The State is continuing its efforts to increase Indiana Department of Child Services (DCS) staff's understanding of and capacity to implement demonstration interventions statewide<sup>12</sup> and will emphasize increasing the array, accessibility, and intensity of evidence-based/evidence-informed child welfare services available to children and families in Indiana.

Under its waiver extension (Phase III), Indiana offers an expanded array of concrete goods and services to help families succeed (e.g., payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, house cleaning), as well an increased array of innovative child welfare services, including community-based wraparound services and home-based alternatives to out-of-home placement. Programs and initiatives currently underway through Indiana's waiver demonstration include:

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<sup>11</sup>Indiana is currently operating under a second long-term waiver extension effective July 1, 2012 through June 30, 2017. The State's 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.

<sup>12</sup> For its first five-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. In particular, the State focused on promoting the utilization of waiver dollars by a greater number of counties in light of the finding from its original demonstration that only 25 of 90 participating counties made significant use of the funds.

- **Family Centered Treatment (FCT)** – FCT is a home-based, family centered evidence-based program that is currently offered statewide by seven contracted providers.
- **Child Parent Psychotherapy (CPP)** – CPP is an intervention for children ages birth to 5 who have experienced at least one traumatic event.
- **Sobriety Treatment and Recovery Teams (START) Program** – The START Program serves caregivers with substance use disorders with children under the age of 5.
- **Children’s Mental Health Initiative** – This Initiative provides access to intensive wraparound and residential services for children who do not qualify for Medicaid.
- **Family Evaluations** – Family Evaluations connect families with services in instances in which the severe mental, behavioral health, or developmental disability needs of the child put the family in or at risk of crisis.
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** – Indiana 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 State’s Phase III evaluation includes process, outcome, and cost analysis components. 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’s child welfare system toward achievement of the demonstration’s primary goals of (1) safely reducing the number of out-of-home placements, (2) reducing the length of time to permanency, (3) enhancing child well-being, and (4) increasing the array of services that promote the least restrictive, most family-oriented environment for children.

Cohorts of children are defined using data available in the State’s automated child welfare information systems: Indiana’s legacy Child Welfare Information System (ICWIS) and the Management Gateway for Indiana’s Kids (MaGIK). To measure progress, administrative ICWIS and MaGIK data for aggregate outcome indicators drawn from Fiscal Years (FY) 2010–2011 and FY2011– 2012 and data from two rounds of Quality Service Reviews (QSR) from July 2007 to June 2009 and July 2009 to June 2011 will serve as baseline data. The QSR process involves the review of a representative sample of cases from each region once every two years.

The State’s process evaluation includes interim and final analyses that describe how the demonstration was implemented and that identify how services available under the waiver demonstration differ from services available prior to implementation. These analyses 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, as well as data from QSRs and other surveys implemented by the State.

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

## Indiana

- The number and proportion of children designated as a Child in Need of Services (CHINS) who enter out-of-home care.
- The number and proportion of children designated as CHINS who are served in their own homes.
- Of all children who enter out-of-home placement, the number and proportion exiting to reunification, a finalized adoption, or guardianship.
- The average number of days from foster care entry to foster care exit for each permanency outcome.
- The average number of placement moves per child in out-of-home placement.
- Of all children who exit to each permanency outcome, the proportion experiencing a subsequent substantiated report of abuse or neglect within 6 and 12 months after services were terminated.
- The proportion of children in out-of-home care with an occurrence of maltreatment while in placement.
- Of all children who exit to permanency, the number and proportion who re-enter out-of-home care within 12 months.
- The number and proportion of children placed in out-of-home care with a relative compared with the number and proportion of children placed in non-relative foster homes or congregate care settings.
- The number and proportion of children placed with one or more siblings.
- The number and proportion of children placed locally (i.e., in their home counties).
- Changes in key indicators of child well-being tracked through the State's existing QSR process, including physical health, emotional health, and social/cognitive development.

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

### Sub-Study

In addition to the overarching process and outcome evaluations described above, the State is also conducting a sub-study of Family Centered Treatment (FCT). The sub-study began on January 1, 2015, and since implementation, 116 families have been referred for FCT, including 41 probation referrals and 75 DCS referrals as of March 31, 2015. Of these 116 referrals, 98 cases (37 probation and 61 DCS) have been "opened," which is defined as the referral being open for at least seven days and at least one service log being entered into the KidTraks system. The sub-study aims to answer the following primary research question: What are the effects of FCT on safety, permanency, and well-being outcomes and costs when compared to all other types of comprehensive home-based services?

## Indiana

### Data Collection

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

### Sample

All children and families in Indiana 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

Initial process evaluation findings as of May 2015 are summarized below.

#### Process Evaluation Findings

##### *Concrete Services*

- There has been a significant increase in concrete services provision and spending in the two years following implementation of the waiver demonstration across all four general categories: general products, general services, material assistance, and personal allowances.<sup>13</sup>

##### *Quality Service Reviews*

- Although gender, race, and case type did not differ significantly between the rounds of reviews, age and ethnicity did. Children in Rounds 2 and 3 were significantly younger and contained more Hispanic children than those in Round 1 ( $p < .01$ ).
- The majority of children experienced one or two out-of-home placements during the life of their cases ( $N = 267$ ). Ninety-one children in Round 1, 114 in Round 2, and 145 children in Round 3 were never removed from their families of origin, while only 40 children experienced ten or more out-of-home placements in all rounds combined.

##### *Regional and Executive Manager Interviews*

- The greatest regional needs perceived by Regional Managers in both 2013 and 2014 included services related to substance abuse, transportation, mental health, foster homes, and domestic violence.

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<sup>13</sup> Examples of general products include birth and death certificates, car seats, children's bed and bedding, clothing, medications, and school supplies. Examples of general services include tutoring, GED programs, emergency support systems, dental and medical expenses, and transportation. Examples of material assistance include day care services, rent, utilities, and pest control. Examples of personal allowances include extracurricular activities, birthday allowance, computer/electronic devices, field trips, parking/tolls/bus passes, musical instruments, summer camp, sport team costs, and special event allowances.

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### Outcome Evaluation Findings

#### *Quality Service Reviews (QSR)*

- Chi-square, independent sample t-tests, and linear regression were conducted on all three rounds of QSR data. Round 1 (2007–2009) and Round 2 (2007–2009) reviews occurred before the initiation of the 2012 waiver and represent baseline levels.
- Mean scores for safety, behavioral risk, and permanency indicators improved from Round 1 to Round 3 ( $p < 0.01$ ); however, the indicators for placement stability remained relatively unchanged. Mean scores on several well-being indicators (including Appropriate Living Arrangement, Physical Health, Emotional Status, Learning and Development, Path to Independence, and Overall Status) significantly improved in Rounds 2 and 3 compared to Round 1. However, due to the small sample size, the change in the Path to Independence indicator was not statistically significant.
- Statistically significant improvements between Rounds 1 and 3 were seen in all Engaging Practice indicators (Role and Voice of Mother, Father, Child/Youth, and Other). Mean scores for Teaming indicators (Team Formation and Team Functioning) showed a significant increase from Round 1 to Round 2; however, Team Formation slightly declined in Round 3 and there was no change in Team Functioning between Rounds 2 and 3. In addition, mean scores for the Assessing Practice indicators and Planning indicators demonstrated a significant increase between Round 1 and 3.
- Changes in mean scores for the Intervening Practice indicators were mixed. Intervention Adequacy, Maintaining Relationships with Mother, Tracking and Adjusting, and Overall Practice indicators all improved significantly from Round 1 to Round 3. Maintaining Relationships with Extended Family also improved between Rounds 1 and 3, though not significantly. Ratings for Maintaining Relationships with Father and Maintaining Relationships with Siblings were mixed across the Rounds, demonstrating both improvements and declines.

#### *Family Case Manager and Community Member Survey*

- On average, recently closed cases received consistently higher Safety, Permanency, and Well-Being scores than opened cases—more so in 2014 than in 2013. CHINS cases were perceived as having the largest differences in ratings at case opening compared with case closure. According to FCMs, the safety, permanency, and well-being status of a majority of CHINS cases has improved in the past two years.
- There were several significant differences between community members' and FCMs' perceptions of the need, availability, utilization, and effectiveness of various service types. Community members perceived a significantly greater need than did FCMs for many services yet reported relatively lower ratings for service availability, utilization, and effectiveness.

### Cost Analysis Findings

- Child welfare spending in the base years (SFYs 2011 and 2012) totaled \$699.7 million and \$620.9 million respectively. In SFY 2014, spending for child welfare in Indiana

## 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 two years of the waiver term compared to the SFY 2011 and SFY 2012 base years (\$284.4 million in SFY 2011 and \$272.1 million in SFY 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, when appropriate, 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 million in SFY 2014.

## 12 : Kentucky

### Demonstration Basics

**Demonstration Focus:** Intensive family preservation services for families with identified risk factors of substance abuse and/or family violence.

**Approval Date:** September 30, 2014

**Implementation Date:** TBD

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

**Interim Evaluation Report Expected:** TBD

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

### Target Population

The overall target population for Kentucky's demonstration is families with children under ten 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 and/or family violence. This population will be served with two interventions: Sobriety Treatment and Recovery Teams (START) and Early and Specialized Focus on Permanency (ESFP). The START program targets families with at least one young child (birth up to age six) who enters the child welfare system with parental substance use as a major risk factor. The ESFP intervention will serve families with children under the age of ten where the children are at moderate to imminent risk of entering out-of-home care and whose parents have substance abuse and/or family violence risk factors. A family may only receive both START and ESFP services in circumstances when a family moves and intervention availability changes, or if they are received sequentially in distinct Department of Community Based Services (DCBS) cases.

### Jurisdiction

Kentucky will begin expansion of the START program in Jefferson County and potentially in two additional sites during the first year of the waiver demonstration. Expansion of START in additional select counties will be based on a needs assessment and available resources. The ESFP program will be rolled-out regionally based on the capacity of providers and the needs of the target population and is expected to ultimately reach statewide implementation over the demonstration period. The State anticipates serving 60 families through START in the first year of the demonstration. Estimates for the number to be served through ESFP will be provided in the State's quarterly reports.

### Intervention

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

1. **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 in Kentucky and will be expanded under the State's 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) are provided at the level of care required by the client and as determined by the American Society of Addiction Medicine (ASAM) Patient Placement Criteria. Flexible funding is also available, as needed, for meeting basic needs such as housing, transportation, child care, and intensive in-home services. The average length of a START case is 14 months, however this varies based on families' individual needs. A START 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 for START if:
  - there is a child age 0-6;
  - parental substance abuse is a primary risk factor to child safety;
  - the time elapsed since the report was received does not exceed 10 days;
  - the family did not have an open case at the time the report came in; and
  - the family is Medicaid eligible (not a requirement, but generally considered).
2. **The ESFP program** is a voluntary in-home services program that will be an expansion of the in-home services currently offered in the State. ESFP will enhance provider capacity and family access to Evidence Based and Evidence Informed Practices (EBPs/EIPs) that address the needs of parents of children under ten years of age who have identified risk factors of substance abuse and/or family violence. Through ESFP families will gain important parenting skills and develop strategies to reduce substance abuse and family violence, thereby preventing out-of-home placement, and decreasing recurrence of child abuse or neglect. To accomplish these goals, ESFP will focus on expanding programs offered by existing service providers already operating in communities across Kentucky, but in particular in those counties and regions identified to have the greatest need of services for the target population. EBPs currently in place that may be a part of ESFP include, but are not limited to:
  - Active Parenting (AP) NOW;
  - Cognitive-Behavioral Therapy;
  - Homebuilders Model;
  - Motivational Interviewing;
  - Nurturing Parents Program;
  - Systematic Training for Effective Parenting; and
  - Trauma-Focused Cognitive Behavior Therapy.

Additional details regarding ESFP including eligibility criteria and the selection of EBPs/EIPs will be described in the State's revised Initial Design and Implementation Report.

## Kentucky

### Evaluation Design

Kentucky's evaluation includes process and outcome components, as well as a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration. The key objective of the outcome evaluation is to assess the impact of increasing services available to families with co-occurring child maltreatment and substance use. The evaluation of the START program will consist of two separate designs that share 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 two expansion sites. A quasi-experimental design utilizing propensity score matching will be employed for these sites once they have been identified. The START program evaluation will track 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 will be collected from both the experimental and control groups in the RCT, and will be collected from START clients only in the other two START sites. The State will track at a minimum, 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 follow-up;
- Improved behavior and emotional and social functioning of START children at 12-month follow-up;
- Improved well-being among START children at program completion;
- Reduction in depression symptoms among START adults at 12-month follow-up; and
- Improved well-being among START families at 12-month follow-up.

Details regarding the evaluation approach for ESFP will be provided in the State's pending revised evaluation plan.

### Evaluation Findings

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

## 13 : Maine

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** TBD

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

**Interim Evaluation Report Expected:** TBD

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

### Target Population

The target population will include all title IV-E eligible and non-IV-E eligible children ages 0–5, who are involved with the child welfare system, with an open in-home case or in out-of-home care, where one or more parent also meets the substance abuse assessment criteria for the Matrix Model Intensive Outpatient Program.

### Jurisdiction

The demonstration project will be implemented statewide.

### Intervention

Through the demonstration, the State is seeking to stabilize and reunify targeted children and families in a timelier manner by providing parental education and substance abuse interventions. The demonstration consists of two coordinated, co-located interventions that simultaneously address the need for parenting support and substance abuse treatment. Eligible parents will 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. The following provides a brief description of the interventions:

1. **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 non-residential 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 three hours per day for three days per week, for up to 16 weeks, depending on level of need.

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- 2. Positive Parenting Program (Triple P)** is an evidence-based parenting program delivered in either an individual or group setting to participating families by trained providers. For Maine's demonstration, Triple P will be delivered in the group format, which consists of five group sessions, of no more than 12 parents, followed by three follow-up 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 ages 0 to 12 years old. 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

Maine's evaluation will include process and outcome components, as well as a cost analysis. The process evaluation will include interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The outcome evaluation will address, at a minimum, changes in the following outcomes:

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

The State will also conduct one or more sub-studies of children and families within the intervention group to examine the independent effects of specific interventions, as well as the combined effects of receiving multiple interventions.

The final evaluation design will be determined in consultation with the State's third-party evaluator and described in the State's pending evaluation plan.

### Evaluation Findings

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

## 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

Maryland's waiver demonstration targets two priority populations: (1) children and youth at risk of entering out-of-home care for the first time and (2) 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 sub-populations for the implementation of evidence-based and promising practices will vary based on needs identified by local jurisdictions.

### Jurisdiction

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

The number of children and youth served in the first year of the demonstration will depend on the jurisdictions/regions selected for the initial implementation of new and/or expanded EBPs/PPs. All CPS and in-home services cases will be 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.

### Intervention

Maryland's demonstration is focused on the statewide implementation of a trauma-informed system and evidence-based practices in order to better identify and address the strengths and needs of children, youth, and families who come into contact with the child welfare system. The primary components of the demonstration include the implementation and expansion of the following:

- **Standardized trauma and trauma-informed assessments**, specifically the CANS and CANS-F. Under the demonstration, the CANS and CANS-F are being implemented

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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 that includes specific and individualized interventions to address identified needs.

- **Workforce development activities** related to the impact of trauma on children and families as well as on front line staff. Additional details regarding workforce development activities will be described in the State's revised Initial Design and Implementation Report.
- **Evidence-Based Practices/Promising Practices (EBPs/PPs)** are being 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 specific interventions and locations for implementation will be identified through a proposal process with local jurisdictions and private providers. Projects will be selected based on readiness of the jurisdiction, feasibility of the new project, applicability of the project to the goals of reducing entries and re-entries, and long-term ability to scale-up the project to other jurisdictions statewide. The State plans to implement the first phase of EBPs/PPs in January 2016. The CANS-F will be used to inform referral to the EBPs/PPs. Additional details regarding the selection and implementation of EBPs/PPs will be described in the State's revised Initial Design and Implementation Report.

Additionally, the State has developed a trauma strategic plan with strategies focusing on: policies, practices, and procedures; core competencies; youth and family peer support; and a statewide Learning Collaborative.

### Evaluation Design

Maryland's evaluation includes process and outcome components, as well as a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration. The 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 re-entry. 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). EBPs/PPs will be implemented either through a regional or jurisdictional approach. The State's third-party evaluator will work with each site to determine the most rigorous research design feasible and appropriate for each intervention. Details regarding the evaluation approach for new and expanded EBPs/PPs will be provided in the State's revised evaluation plan. The evaluation monitors the following outcomes statewide:

- Rates of reunification, adoption or guardianship;
- Placement stability;
- Length of stay;

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- The number of cases that are 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; and
- Child and youth functioning.

### Evaluation Findings

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

## 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 Expected:** August 29, 2016

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

### Target Population

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

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

### Jurisdiction

The demonstration is being implemented statewide.

### Intervention

The State's 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 re-entry (including re-entry 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 following five programs are being implemented as part of *Caring Together*:

1. **Redesigned Congregate Care with an Integrative Services Approach:** Congregate care services for youth ages 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 that are strength-based, culturally competent, family-driven, youth-guided, and trauma-informed. Integrative Services are administered by treatment teams that coordinate care and remain the same across residential and community placements for any given youth and family.
2. **Follow Along Services:** Intensive home-based family interventions and supports to youth ages 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. Follow Along services are provided by the same treatment team that delivered clinical care to the child and family while the child was in placement in order to maintain continuity of relationships built during the placement episode.
3. **Stepping Out Services:** Services for young adults ages 17 and older who are transitioning to living independently after receiving pre-independent living and independent living group home services. Stepping Out services will provide ongoing individual supports during this transition period to help youth achieve independence, build relationships, and sustain lifelong connections. Stepping Out services are provided by the same treatment team that delivered clinical care to the child and family while the child was in placement in order to maintain continuity of relationships built during the placement episode.
4. **Continuum Services:** Services provided to children age 18 and younger at risk of congregate care placement 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.
5. **Family Partners:** Family Partners are individuals with personal experience with the child welfare and/or child behavioral systems who will support children and families in or at risk of congregate care placement. Implementation of this component of the demonstration began April 1, 2015, as a pilot in eight DCF area offices. Initially, efforts were focused on training activities related to all staff and stakeholders involved. Providers began accepting referrals for this service on July 1, 2015.

## Evaluation Design

Massachusetts is implementing a statewide retrospective matched-case research design in which service utilization and outcomes for the cohort of children that exit congregate care during the five years prior to the waiver demonstration are compared with service utilization

## Massachusetts

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

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

### Permanency

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

### Safety

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

### Child/Youth Well-Being

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

### Data Collection

The State's evaluation utilizes multiple sources including the State's 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 five years prior to the start of the waiver demonstration, as well as data on certain process and descriptive measures for the 12 months prior to the waiver; (2) a "formative" period during the first two years of the demonstration that will focus primarily on process evaluation activities; and (3) an "outcome" period during the last three years of the demonstration that will be the focal time frame for the evaluation of safety, permanency, and well-being outcomes.

### Evaluation Findings

Key evaluation findings based on data collected and analyzed through June 30, 2015, are summarized below.

## Process Evaluation Findings

From January 1, 2014, through June 30, 2015, DCF served 229 children in Follow Along, 25 children in Stepping Out, and 190 children have received Continuum services.

- The following were common themes from eight retrospective key informant interviews conducted with DCF staff and state agency officials during Year 1:
  - Caring Together is seen as having grown out of a collaborative vision at the highest levels of government. However, the project was also seen as extremely ambitious, and while common start-up issues were encountered the extraordinary degree of interagency planning and more significant implementation challenges were not anticipated. In addition, the large number of participating state agencies added to the complexity of the initiative.
  - Perceived challenges to planning and early start-up included the short implementation timeline, incompatible DCF/DMH technology infrastructures, and community buy-in and awareness of the project. Some key stakeholders and provider agencies also thought the rate setting process for placement services was not transparent.
  - Positive outcomes of the demonstration to date include families being involved in the planning process, DCF staff commitment to Caring Together values and principles, and the development of a more collaborative working relationship between DCF and DMH.
- The following were common themes from six focus groups conducted with: (1) DCF staff (including Directors of Areas and Regions, Area Resource Coordinators, and Program/Administrative managers); (2) Caring Together Clinical Support Teams; (3) residential and community based service providers; (4) members of the Caring Together Implementation Advisory Committee (including service providers, parents, and trade organizations); (5) youth from a residential program; and (6) parents of youth served by Caring Together.
  - Project strengths include DCF staff and providers showing commitment to Caring Together values and principles. Moreover, good progress in strength-based, trauma informed partnering with youth and families in case planning was noted, and some youth reported that they have improved while in residential care. Collaboration between DCF and DMH has improved.
  - Areas in need of improvement include communication among DCF, DMH, and provider staff; coordination across the Caring Together system of care; the supply and quality of community-based services for youth with acute needs and for those stepping down from more intensive levels of care; careful attention to parent/caregiver voice; ongoing discussion about the complexities of providing services that are family driven while also protective; technological alignment of the DCF and DMH information systems for better system oversight and quality improvement; review of Medication Administration Protocols regulations; and collaboration with referral sources and community partners, especially juvenile justice and school systems.

## Massachusetts

- Key findings from the 2014 Caring Together survey of demonstration service providers (n=122) include:
  - Providers perceived many areas of strength in Caring Together, including the quality of training; comprehensive treatment plans; stability in the treatment team; and youth and families having a voice in decisions about how programs plan and deliver services.
  - Although the majority of providers (73 percent) believed that clinical practice in their programs had improved since the implementation of Caring Together, 22 percent somewhat disagreed that it had improved and 5 percent strongly disagreed. Areas identified as in need of improvement include quality improvement processes; appropriate referrals; access to services; DCF staff sensitivity to family trauma and promotion of trauma-informed support strategies; and linguistic competency.

Additional evaluation activities conducted to date include a joint quality assurance process related to Caring Together services. Annual Provider Record Reviews were completed for all Caring Together providers between January and June 2015. During the 2014 round of reviews, Caring Together providers had a compliance rate of 40–50 percent related to clinical formulations, services following treatment plans, and daily documentation of plan goals. However, as a result of technical assistance from the Caring Together Clinical Support teams, the compliance rate increased and now exceeds 70 percent. During the 2015 round of reviews, the Caring Together Clinical Support teams provided further technical assistance and encouragement to providers related to model fidelity. Providers appear to be adapting to the standards for Caring Together Congregate Care services.

Baseline measures of the frequency of family and youth engagement and strengths-based treatment planning have been obtained. As an indicator of engagement, DCF found that 64 percent of provider treatment plans are signed by family members and 69 percent are signed by the youth. DCF also found that 81 percent of provider treatment plans indicated strengths as a part of planning. As with the overall compliance rate above, these figures indicate a baseline from which DCF hopes to improve over the duration of the demonstration.

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

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### 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 Expected:** March 31, 2016

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

### Target Population

The target population of Michigan’s demonstration includes families with young children aged 0–5 that have been determined by Child Protective Services (CPS) to be at high and intensive risk (Category II or IV)<sup>14</sup> for future maltreatment and reside in a participating county. Both title IV-E eligible and non-title IV-E-eligible children may participate in the demonstration.

### Jurisdiction

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

### Intervention

Through its demonstration—called Protect MiFamily—Michigan 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 Lutheran Social Services of Michigan 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

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<sup>14</sup> 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.

screens for depression, substance abuse, domestic violence, and other risk factors. Depending on assessment and family need, referrals to appropriate community services are made.

- **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 of Michigan’s demonstration includes process and outcome components, as well as 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.”<sup>15</sup> The State’s 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 State’s outcome evaluation compares children and families who received Protect MiFamily services

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<sup>15</sup> 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.

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(experimental group) to children and families in the control group 15 months following acceptance into the demonstration. Specific outcome measures of interest for children and families who receive enhanced demonstration services include the number and percent of:

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

Michigan’s cost analysis 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,  $Costs (Intervention - Comparison) / Outcomes (Intervention-Comparison)$ , to reveal the difference in costs between the intervention and comparison group for each additional child remaining safe in home for 15 months.

### Data Collection

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

Detailed process and outcome evaluation findings are pending the continued implementation of Michigan’s demonstration. Initial process and outcome evaluation findings as of the semi-annual reporting period ending on January 31, 2015, are summarized below.

#### Process Evaluation Findings

- A total of 323 families have received Protect MiFamily services.

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- Protect MiFamily providers are working to build families' protective factors through various strategies that include assisting parents in creating resumes and completing job applications, effectively budgeting tax return money, using Eco-Maps and Social Network Maps to identify supports, and offering parenting groups and activities to promote social connections and parent/child bonding.
- A survey of Protect MiFamily private agency staff revealed housing and domestic violence batterer interventions as significant barriers to effectively serving families. In addition to a general shortage of affordable housing options, housing barriers include long waiting lists, and a lack of landlords or apartment communities willing to rent to families with prior evictions or criminal history. Protect MiFamily staff also cited a need for affordable domestic violence batterer intervention programs, as well as additional training for Protect MiFamily workers in how to work with batterers in domestic violence cases.
- Protect MiFamily providers faced challenges, often out of the agency's control, to maintaining required contact standards with families. A model fidelity analysis of 90 cases indicated that none of the three counties reached the target score of 95 (out of a possible 100), with scores ranging from 76 to 80. The model fidelity checklist has been revised to collect information on the actual frequency with which workers are contacting families (e.g., 8 days vs. 7 days) and the project team will determine whether the standard for meeting model fidelity is defined too strictly.
- Among 210 families surveyed, overall satisfaction with the program services remains positive with over 93 percent either agreeing or strongly agreeing that their family was getting the services they need; nearly 93 percent indicating agreement that they know how to contact other agencies to get needs met; and 89 percent agreeing or strongly agreeing that the project helped them and their family reach their goals.
- Families surveyed (n=210) also expressed satisfaction with Protect MiFamily workers, with nearly 98 percent stating that the worker asked for the family's opinions and over 98 percent stating the worker welcomes the family's comments, ideas, and opinions and includes them. Comments from the families reinforce this, with many respondents expressing positive feelings about having someone available to listen to them with respect and without judgment and help them with their needs.

### Outcome Evaluation Findings

The findings reported below reflect the analysis of administrative data from August 1, 2013, to December 31, 2014.

- 445 families and 1,357 children have been enrolled in the waiver demonstration, with 278 families and 850 children assigned to the experimental group and 167 families with 507 children assigned to the control group. There are no statistically significant differences between the control and experimental groups with respect to child age, parent age, race and gender. Seventy-eight percent of families overall are classified as high-risk at initial assessment.
- Overall, 48 families (11 percent) experienced at least one child being removed from the biological home since being involved with the waiver demonstration. Of those

## Michigan

experiencing a removal, 36 were experimental group families. Twenty-two of which had spent fewer than two months receiving Protect MiFamily services prior to removal. Three experimental group families who received between six and fifteen months of services experienced a removal.

- Baseline data from the Trauma Screening Checklist indicate 70 percent of children screened (n=357) have known or suspected trauma exposure. Private agency workers reported trauma concerns that may indicate a history of child trauma at lower rates compared to reports of known or suspected trauma, reporting 41 percent of the children as having behavior concerns; 16 percent of children as having emotion/mood concerns, and 19 percent of the children as having relational/attachment difficulties.
- Baseline data from the Family Psychosocial Screening, indicate 73 percent of families (n=259) had two or more risks identified. Small proportions of families were identified as having only one risk (14 percent) or had no risk (9 percent) identified. Parental depression is the most frequently identified risk for families (68 percent) followed by parental history of abuse (49 percent), parental substance abuse (46 percent), and domestic violence (36 percent). Additionally, about one-third of caretakers (32 percent) reported having at least two social supports.

## 17 : Nebraska

### Demonstration Basics

**Demonstration Focus:** Alternative Response and Results-Based Accountability

**Approval Date:** September 30, 2013

**Implementation Date:** July 1, 2014

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

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

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

### Target Population

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

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

### Jurisdiction

Nebraska’s demonstration is being implemented statewide, with the State’s AR initiative beginning with an initial pilot in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties. The first expansion phase for AR will begin in 2016 in select counties. Statewide rollout of AR should be completed by July 2018. RBA was implemented statewide as of July 2014.

### Intervention

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

1. **Alternative Response:** Nebraska is implementing AR to ensure child safety while working in partnership with parents to identify protective factors, avoid negative labels and fault findings, and provide services and resources matched to families’ needs. 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 will be connected with community supports and voluntary services that enable them to keep the child at home while addressing issues that resulted from an initial maltreatment referral. Nebraska will randomly assign families who meet the eligibility requirements for AR (50 percent of families eligible for AR will be assigned to Traditional

Response, the other 50 percent will be assigned to Alternative Response), and a DCFS case manager will provide and coordinate the provision of the following services:

- A 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.
- The provision of concrete services to improve household conditions, including but not limited to: rental assistance, child care, access to economic assistance, housing, and transportation.
- In collaboration with community agencies, link AR families to an array of evidence-based programs and services that enhance parental protective factors and promote family stability and preservation. The identification of specific services is pending the results of a service array assessment being conducted in the five pilot counties.

AR eligibility is based on 21 exclusionary criteria and 7 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:** RBA is being implemented as part of a system reform of the State's contract and performance management system for contracted child welfare service providers. Title IV-E funding is being used flexibly to conduct the following activities:
  - Train DCFS staff and 74 contracted service providers in RBA principles.
  - In collaboration with service providers, develop standard performance measures for incorporation into statewide service contracts.
  - Develop the RBA Scorecard database into which contracted providers will enter their service data monthly according to the developed performance measures.
  - Meet semi-annually with contracted service providers to perform a "Turn the Curve" conversation using a concrete and specific process through which DCFS and service providers can see measureable results in the delivery and effectiveness of services.

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

## Evaluation Design

Nebraska's evaluation includes process and outcome components, as well as 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. 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 State's outcome evaluation will address differences between the experimental and control groups for the following child and family outcomes:

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- 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; and
- Improved adequacy of services and supports to meet the family's needs after the initial report.

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

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

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

Though children and families are the target population for Nebraska's intervention, service providers are the direct recipients of RBA and the evaluation will also track and measure contracted provider outcomes (e.g., changes in providers understanding of and buy-in for RBA, changes to practice within provider agencies, etc.) using a one-group, post-test design.

Nebraska's cost analysis of AR and RBA will include an analysis of the total cost of each program as well as 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 and the ratios will be

## Nebraska

tracked over time to examine how they change over the implementation time 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 AR and RBA, if feasible.

### Data Collection

Nebraska's evaluation utilizes multiple data sources including the State's automated child welfare system (e.g., N-FOCUS), case reviews, archival records (e.g., provider contracts, meetings, trainings, fidelity review records), RBA model fidelity assessment, RBA Scorecard data, staff and service provider interviews, focus groups, and client surveys.

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of Nebraska's demonstration. Initial process evaluation findings as of the semi-annual reporting period ending on January 31, 2015, are summarized below.

#### Process Evaluation Findings

- 154 families have been assigned to AR. Of these, 43 were re-assigned to the investigative track. Reasons for track changes include the safety of the child could not be managed in the home; a family does not allow the DCFS case manager to interview the child to assess for safety; law enforcement accepts the intake for investigation; or the family requests a traditional response (i.e., investigative track).
- Concrete services provided to AR families during the first six months of implementation included clothing, transportation, housing, utility bills, gas vouchers, family support services (e.g., counseling, financial assistance programs), and flexible funds used to purchase Christmas presents for the family.
- The majority of staff attending AR-related trainings indicated favorable reactions to the training content and trainer performance. The results of AR training evaluation to date indicate that the trainings were successful in communicating AR program information and that the AR Primer training was able to significantly increase the understanding of AR policy for front-line staff.

## 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 ages 0–18 who are in, or at risk of entering, out-of-home care, as determined by the State’s 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) the first group includes 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; (2) the second group includes children who are currently in out-of-home care and, following reassessment of safety, the child(ren)’s family met the Conditions for Return and the SPD justifies the use of an in-home safety plan.

### Jurisdiction

The demonstration is being implemented in Clark County using a phased approach and will expand countywide over the duration of the demonstration. Nevada anticipates serving 790 families, with approximately 30 percent of them being families in which the children have already experienced a removal from the home. Clark County Department of Family Services (DFS) serves families in a total of six sites. During Years 1 and 2, two sites will offer services to a total of 120 families, while the remaining four sites will serve as a comparison group. By the end of Year 3, DFS expects full implementation of the demonstration project across all six sites, with an additional 360 families served in Years 3 and 4, for a total of 720 families served over the duration of the project.

### Intervention

Clark County is implementing 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)**, and will enhance it 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 will be developed for eligible children and families. In-home

## Nevada

services and supports will be 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 will be assigned to Safety Managers, who will be 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 effect behavior associated with impending danger (e.g., scheduling and transportation).
- Referral and linkage to substance abuse interventions.

### Crisis Management

- Crisis intervention and safety management specifically focused on a crisis situation that is associated with or creating impending danger to a child.
- Provide 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 through the use of various forms of social contact with focused and purposeful individuals and groups.

### Resource Support

- Resource acquisition that relates specifically to the lack of something that affects child safety (e.g., referral and linkage to housing assistance, transportation services).

### Separation

- Referral and linkage to babysitting that allows for social contact, conversation, and support.
- Referral and linkage to county approved daycare that occurs periodically or daily for short periods or all day.

## Evaluation Design

Nevada's evaluation includes process and outcome components, as well as a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and the extent to which it was implemented with fidelity to the SIPS model. Specifically, the process analysis will examine the following:

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- The number of children/families referred to 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 with regard to 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 a comparison group design in which children that receive safety management services are compared to similar children with active cases in Clark County DFS sites that have not yet implemented safety management services. Data are being collected on all families enrolled in the demonstration project to determine if the safety model is more or less effective based on 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
- Household income
- Race/ethnicity of the family

The intervention and comparison groups are also being compared on the basis of the characteristics listed above to determine the degree of similarity between the groups. The following outcomes will be examined for both groups:

- Number of children with new substantiated investigations of maltreatment
- Number of children removed from the home
- Parental protective capacity
- Number of danger threats in the home
- Number of hours of safety services delivered each month

Nevada's evaluation team is collecting data for the process and outcome analyses from Clark County cases contained in the State's automated child welfare information system (UNITY), child welfare agency case records, interviews, and additional information sources as appropriate.

The cost study involves a cost-effectiveness analysis to determine if families that receive in-home safety services using the SIPS model achieve permanency at a lower cost than similar comparison group families that do not receive these 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.

### Evaluation Findings

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

## 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 Expected:** August 29, 2016

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

### Target Population

The target population for New York’s demonstration includes all title IV-E eligible and non-eligible children and youth aged 0–21 who are currently in out-of-home placement in regular family foster care<sup>16</sup>, as well as these children’s parents and caregivers.

### Jurisdiction

New York’s demonstration is being implemented in New York City, with a staggered rollout. During 2014, agencies made structural changes and administered the Child and Adolescent Needs and Strengths–New York tool (CANS-NY). Starting in 2015, the cohorts will begin evidenced-based model implementation.

The total annual target population is approximately 13,100 New York City children who spend time in family foster care at some point during the year. This comprises about 80 percent of the New York City foster care population.

### Intervention

New York’s demonstration includes the following programs, services, and practices:

- **Caseload and Supervisory Ratio Reductions.** Participating foster care agencies’ caseloads will be no greater than 12 cases per caseworker (prior caseloads were typically 18–22 cases per caseworker). Additionally, supervisory ratios will be reduced to four caseworkers per supervisor (this will be reduced from a previous average of five to six caseworkers 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

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<sup>16</sup> 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.

provide greater support to case planners while ensuring evidence-based practices are thoroughly integrated in case planning.

- **Child and Adolescent Needs and Strengths–New York (CANS-NY)**, is a trauma-informed screening and assessment of all children and caregivers in foster care, to support service planning and measure well-being. The enhanced assessment of child and caregiver needs and strengths provided through CANS-NY will lead to more appropriate services and improved child and family well-being, greater placement stability and increased permanency via reunification, kinship guardianship or adoption, and reduced time in care.
- **Partnering for Success (PFS)** is a training model that seeks to strengthen the collaboration between child welfare caseworkers and mental health clinicians; improve foster children’s access to appropriate mental health care; and help parents and families understand and support decisions around mental health. The core component of PFS is clinical training for mental health practitioners on Cognitive Behavioral Therapy Plus.
- **Attachment Bio-Behavioral Catch-up (ABC)** is a dyadic coaching intervention for parents and caregivers of children aged six months to three years. 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 encourage secure attachment in the child.

## Evaluation Design

New York’s evaluation includes process and outcome components, as well as a cost analysis. The evaluation will follow the Continuous Quality Improvement Evaluation Framework (CQI/EF). This EF 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 build a person-period data file that records the time each child spends with a specific agency. Utilizing the person-period data file, a multi-level, discrete time hazard model will be used to detect intervention or treatment effects. Comparison groups will be 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 associated with shorter-term outcomes include:

- 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?
- To what extent do parents and/or foster parents receive parent management training as a function of the PFS model?
- To what extent do children’s symptoms of poor mental/behavioral health attenuate during and following treatment with a PFS clinician?
- 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?

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- 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?
- What is the impact of the demonstration project on the likelihood that children in out-of-home care will experience a movement from one foster home to another?
- To what extent does the quality of the caseworker/parent relationship change as a function of waiver-funded innovations?
- To what extent do indicators of family functioning shift in the desired direction (measured by the CANS) as a function of waiver-funded innovations?

Research questions associated with longer-term outcomes examine the extent to which the demonstration has impacted the following:

- The average number of care days used both for children who enter placement after the implementation of the demonstration as well as children in-care at the start of the demonstration;
- The likelihood that children will experience a permanent exit within set periods of time;
- The likelihood that children will experience a post-permanency abuse or maltreatment report, the likelihood that report will be substantiated, and the likelihood a substantiated report will lead to placement (i.e., re-entry); and
- Improvements in children's functional well-being (i.e., behavior problems, depression, trauma symptoms, and adaptive behaviors).

### Data Collection

New York's evaluation utilizes data from multiple sources including New York State's child placement tracking system (i.e., CCRS), case reviews, document reviews, focus groups, surveys, and interviews.

### Evaluation Findings

In the first year of the waiver demonstration, the State aimed to accomplish the three main goals of promoting reductions in caseloads, promoting reductions in supervisory load, and introducing the CANS-NY. Detailed process and outcome evaluation findings are pending the continued implementation of New York's demonstration. Initial process evaluation findings related to these three goals as of March 19, 2015, are summarized below.

### Process Evaluation Findings

- 11,431 CANS-NY assessments have been completed for 9,298 children.
- Participating agencies have made great strides in reducing their caseloads. There has been some variation from agency to agency with respect to when they reached their caseload targets and the extent to which they have been able to maintain reduced caseloads.

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- Agencies have also made progress in ensuring that supervisors oversee no more than four case planners at a given time. The same finding with respect to agency-level variation noted above also applies to the supervisory ratios.

## 20 : Ohio

### Demonstration Basics

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

**Approval Date:** October 1, 2010<sup>17</sup>

**Implementation Date:** October 1, 2010

**Expected Completion Date:** July 31, 2016

**Interim Evaluation Report Received:** November 20, 2013

**Final Evaluation Report Expected:** March 31, 2016

### Target Population

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

### Jurisdiction

Phase III of the demonstration is operating in 16 counties, 14 of which participated in Ohio's previous Phase I waiver demonstration (Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland, and Stark) and two additional counties that joined the demonstration in October 2006 (Coshocton and Hardin<sup>18</sup>). While only 16 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio's child welfare population.

### Intervention

Participating counties use title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For Phase III, the State has selected two core intervention strategies to serve as the focus of demonstration activities. All 16 participating counties implement both of these intervention strategies, which are briefly described below:

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<sup>17</sup> Ohio is currently operating under a second long-term waiver extension effective October 1, 2010 through September 30, 2015, and has been approved for a short-term extension through July 31, 2016. The State's original (Phase I) demonstration was implemented in October 1997, followed by a long-term extension (Phase II) that began in October 2004 and continued through September 2010.

<sup>18</sup> Highland County also initially joined the demonstration in October 2006 but requested to be removed from the demonstration due to financial issues, effective October 1, 2014.

## Ohio

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

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

### Evaluation Design

Ohio's evaluation includes process and outcome components, as well as a cost analysis. The State is implementing a comparison county design for the evaluation of its Phase III waiver demonstration, with the 16 ProtectOHIO counties comprising the experimental group and the 16 non-participating comparison counties that comprised the comparison group during Phase II serving once again as the comparison group for Phase III.<sup>19</sup> In forming the comparison group the evaluation team considered several relevant variables to ensure comparability with experimental group counties, including local demographics (e.g., population size and density, racial composition, poverty rates), caseload characteristics (e.g., maltreatment substantiation rates and out-of-home placement rates), and the availability of other child welfare programs and services.

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

1. A Process Study that examines the overall implementation of the demonstration in experimental counties in comparison to typical child welfare practices in the comparison counties.

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<sup>19</sup> Hocking county was removed as a comparison county on April 10, 2015, effective retroactively to October 1, 2010.

## Ohio

2. A Fiscal Study that examines changes in expenditure patterns in major child welfare funding streams during Phase III, with special attention to shifts from foster care maintenance towards non-placement services and supports.
3. A Participant Outcomes Study that analyzes changes in key child welfare outcomes among children who enter the child welfare system in experimental group counties during Phase III. This study consists of the following four distinct sets of activities:
  - Data Management, which includes several subtasks related to collecting, managing, reporting, and ensuring the quality of waiver-related child and case-level data;
  - Entry Cohort Placement Outcome Analysis, which examines the effects of the Phase III demonstration on (1) placement duration and permanency outcomes for children in placement, (2) placement stability, and (3) re-entry into placement;
  - Trajectory Analysis, which utilizes SACWIS and U.S. Census data to examine the impact of the Phase III demonstration on children’s service experiences and the effects of these experiences on maltreatment risk; and
  - Strategy Outcomes Analysis, which seeks to understand the impact of the demonstration’s two core service strategies—FTMs and Kinship Supports, both in isolation and in combination—on key child welfare outcomes.

The State is also conducting a well-being pilot as part of the FTM strategy. The pilot is based on portions of the Child and Adolescent Needs and Strengths (CANS) assessment. The pilot involves a cohort of families who receive initial FTMs during July 2014; workers conducted the initial well-being assessments at these families’ first FTMs, and later conducted follow-up assessments at each families’ third FTM<sup>20</sup> or case closure, whichever came first.

### Data Collection

Ohio’s evaluation utilizes data from multiple sources, including administrative data from SACWIS (Ohio’s 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

Process evaluation findings noted in the most recent semi-annual report (October 1, 2014, through March 31, 2015), are summarized below.

#### Process Evaluation Findings

- For the six month period ending March 31, 2015, the experimental group receiving the two core demonstration strategies (FTM and Kinship Supports) generated a preliminary internal increase equal to 49,814 placement days over the budgeted amount. Since the

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<sup>20</sup> Initial FTMs should occur at the point the case transfers to ongoing services, followed by subsequent FTMs every 90-days, at a minimum. The third FTM generally falls around the 6-months mark.

inception of the waiver demonstration, the experimental group has generated internal savings of 618,032 placement days for the six month period ending September 30, 2014.

#### *Family Team Meetings (FTMs)*

- Data collected during site visits, including semi-structured interviews, indicated that a range of services are identified during FTMs, which may include components of services that need changing or particular services that should be added to a case.<sup>21</sup>
- Differences were found in county diligent family search processes including methods, initiation, staff involved in the search, and length and focus of the search.
  - Eighty percent of counties utilize traditional search means, such as snowballing conversations with parents and other kin to identify potential kinship caregivers; 53 percent create genograms and family trees; 33 percent utilize online paid search programs; 27 percent utilize social media; and 13 percent utilize general search engines and Federal and State sites.
  - Search initiation begins between screening/intake or within 30 days of removal for 93 percent of counties.
  - Intake workers conduct the searches in 60 percent of the counties and the search continues in some capacity beyond identification of an approved kinship caregiver in 80 percent of the counties.
  - Sixty percent of counties noted that when a parent is unable to attend an FTM and notifies the agency in advance, the agency will reschedule the FTM. All counties indicated that ultimately they will proceed with FTMs without the parents present if necessary, although they do not believe this is the best way to conduct an FTM. Forty percent indicated they hold FTMs without parents due to the 90-day FTM fidelity timeline, court dates, or 90-day service review timelines.
- Counties differed in the practices of incorporating biological parents who are incarcerated in the FTM meeting process. Three out of 12 counties send FTM invitations or notifications to incarcerated parents, two counties send meeting summaries to jails/prisons, and two counties encourage incarcerated parents to write letters to be presented at FTMs. Four counties can or have had incarcerated parents join by phone.

#### *Kinship Strategy*

- Family Resource Scale data indicate that in general, caregivers' access to resources remained relatively stable over time. A significant decrease was found for four items: heat for house/apartment; money for utilities; money for monthly bills; and time to socialize. However, practically speaking there was very little change in access to these resources over time. For each of these items the mean rating was between a four (usually) and a five (always) at both the initial and six month assessment. A significant

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<sup>21</sup> Common services for parents/legal guardians included: alcohol and drug-related services and mental health services (though not necessarily in conjunction), financial services, housing services, transportation-related services or employment-related services for 43 percent of counties; and services related to parenting, such as respite or child care, parenting classes or visitation services for 36 percent of counties. Common services for children included: mental health services (including trauma) for 57 percent of counties; medical or developmental services (42 percent); and education-related services (14 percent).

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increase was found for six items: public assistance, medical insurance for child, medical insurance for self/spouse, dental care for child, dental care for self/spouse, and childcare while at work.

### Well-Being Pilot

- Ten counties participated in the pilot of well-being assessments collecting baseline and follow-up data for 52 children and 77 caregivers<sup>22</sup>.
- Across the seven domains for children, the average follow-up score improved in comparison to baseline scores with children showing statistically significant improvements in School Attendance, Community Life, Relation Permanence, and Well-Being ( $p < .05$ ).
- Across the eight domains for adults, the average follow-up score improved in comparison to baseline scores in all but one domain with statistically significant improvements in Knowledge, Organization, and Substance Abuse domains ( $p < .05$ ).

Outcome and cost findings will be reported in the upcoming final evaluation report due March 31, 2016. All of [Ohio's demonstration evaluation reports](#) are available online.

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<sup>22</sup> The child portion of the CANS is intended for children ages five and up; families with children under the age of five received the parent portion of the assessment only.

## 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 13, 2018

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

### Target Population

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

### Jurisdiction

Oklahoma's demonstration is being implemented in the Department of Human Services (DHS)'s Region Three (Oklahoma County). The State will expand to an additional region in Year 2, and ultimately expand statewide during Year 3 of the demonstration.

### Intervention

The State's demonstration, **Intensive Safety Services (ISS)**, is a four to six week, intensive home-based case management and service model for families with children ages 0–12 who are at high risk (i.e. imminent risk) of entering or re-entering 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 State's third-party evaluator specifically for the purposes of the demonstration project. Services provided under ISS are based on individual family needs and include:

- Cognitive Behavioral Therapy;
- Healthy Relationships; and
- Motivational Interviewing.

Contracted ISS workers also link participating families to other appropriate services in the community, which may include:

- Parent Child Interaction Therapy;
- Trauma Focused Cognitive Behavioral Therapy;
- Substance abuse services; and

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- 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 six 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 State's overall service aims for at-risk families.

The State estimates that 147 families with 294 children will receive ISS in Year 1 of the demonstration. In Year 2 of the demonstration Oklahoma estimates serving 294 families with 588 children and in each of Years 3 and 4 serving a total of 735 families with 1,470 children. 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. The threshold of eligibility for the first implementation region has been established and is targeting 441 children. Capacity for Region 3 in Year 1 is estimated at 294 children, but due to the use of a stepped-wedge evaluation design an additional 147 eligible children will be identified for Year 1 and will be assigned to the Services As Usual (SAU) condition.

### Evaluation Design

Oklahoma's evaluation includes process and outcome components, as well as a cost analysis. The State's process evaluation includes interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration. The outcome study will utilize a randomized multilevel interrupted time-series (stepped-wedge) design with two experimental conditions, SAU vs. ISS. The experimental conditions (SAU vs. 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., 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 State's 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 re-entries into out-of-home care;
- Improved social and emotional well-being for children and their families as measured by the Child Behavioral Health Screener; and
- Improved parenting skills and practices.

## Oklahoma

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

### Evaluation Findings

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

## 22 : Oregon

### 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 three or more years (“long-stayers”). DHS designed a predictive analytic model to identify the target population. The model was 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 will be applied to children newly entering foster care to assign them a risk score based on the child’s likelihood to be a long-stayer. The target population includes children and their families who receive a score of 12 or higher using the model, which is a cut-off point that incorporates 87 percent of the long-stayer population. Some of the characteristics included in the scoring algorithm include a removal reason of abandonment, serious physical injuries or symptoms of the child, and child history of mental illness. It is estimated that approximately 450 children will be eligible for demonstration services annually.

### Jurisdiction

The demonstration is being 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 past six months, 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 the State’s prior experiences with family engagement models and services, as well as 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

## Oregon

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:

1. **Enhanced Family Finding** strategies to identify and engage a broad network of family support and placement resources, throughout the life of the case.
2. **Regular, ongoing, structured case planning meetings** that are focused on ongoing collaborative case planning and monitoring and which are informed by child and family voice. Case planning meetings will be led by specially trained facilitators, will focus on timely legal permanency for the child, and will emphasize consensus building between the child, family, agency staff, and representatives from other systems.
3. **Parent Mentor program** to 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 will provide a variety of supportive services to assist parents in navigating the child welfare service system.

### Evaluation Design

Oregon's evaluation includes process and outcome components, as well as a cost analysis. The process evaluation will document the implementation process; identify and examine barriers and facilitators of key program outputs and implementation processes; identify and examine the underlying mechanisms of the interventions that support positive outcomes for families and youth; identify key child welfare practices and policies that need to be changed or strengthened in order to support implementation of the model; and facilitate 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 will employ 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.

## Oregon

Another possible approach 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 vs. treated) and using bootstrapping to evaluate significant differences in regression slopes.

The State's 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 re-enter the child welfare system following permanent placement; and
- Improved child well-being, including 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 in order 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 model for different families and different 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 purpose of the cost analysis will be to compare the costs of the demonstration with those of services traditionally provided to children and their families. 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. A cost-effectiveness analysis will be conducted, if possible, 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

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

## 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 Expected:** February 29, 2016

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

### Target Population

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

### Jurisdiction

The State’s demonstration was initially implemented in Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango Counties (Cohort 1), which collectively represent nearly one-half of the State’s foster care population. Crawford County joined the demonstration and began implementation in July 2014 (Cohort 2).

### 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. The demonstration includes three core programmatic components:

1. **Family Engagement Strategies** that strengthen the role of caregivers and their families in standard casework practice. Specifically, Family Group Decision Making and/or Family Team Conferencing (or a variant thereof) were introduced or expanded in participating counties. All participating counties have identified core family engagement principles for the purposes of standardization and assisting with the evaluation.
2. **Enhanced Assessments**, which have included 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 Assessment (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.

3. **Evidence-Based/Evidence-Informed Programs (EBPs)** were introduced or expanded in participating counties, beginning in the county's second year of implementation. EBPs that are or will be implemented include the following:
  - Parent-Child Interaction Therapy (PCIT) (Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango Counties)
  - Positive Parenting Program (Triple P) (Dauphin, Philadelphia, Venango, and Crawford Counties)
  - Homebuilders (Allegheny County)
  - Multi-Systemic Therapy (MST) (Allegheny County)
  - Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) (Allegheny County)
  - Dialectical Behavioral Therapy (Dauphin County)
  - SafeCare (Lackawanna County)
  - Functional Family Therapy (Philadelphia County)
  - Parents as Teachers and Nurse Home Visitor Program (Venango County)
  - Family Behavior Therapy (Crawford County)

### Evaluation Design

Pennsylvania's evaluation includes process and outcome components, as well as 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 State's child welfare information systems. In addition, the State's evaluation team will conduct a meta-analysis of common interventions across participating counties.

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

The State's outcome evaluation involves a multiple baseline longitudinal design using both cohorts of counties 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

## Pennsylvania

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 re-entry rates;
- Child and adolescent emotional, behavioral, developmental, academic, and social functioning; and
- Parent functioning.

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

### Data Collection

Information for the process evaluation will be drawn from administrative data (including EBP fidelity data), document review, training records, results of child and family assessments, surveys, 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 process evaluation findings reported in progress reports submitted for reporting periods up to December 31, 2014.

#### Process Evaluation Findings

##### *Numbers Served*

The numbers of cases receiving family engagement meetings and assessments and the numbers of children receiving an EBP since January 1, 2014<sup>23</sup> are shown in Table 1.

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<sup>23</sup> Project totals were not provided for the July 1, 2013–December 31, 2013 reporting period and county totals were not consistently reported in comparable ways.

**Table 1. Waiver Demonstration Interventions January 1, 2014 – December 31, 2014.**

Demonstration Component	Demonstration Project Total
Number of cases in which a family engagement meeting occurred	6,225
Number of cases that received a CANS assessment	1,780
Number of cases that received a FAST assessment	3,634
Number of cases that received an ASQ	1,774
Number of children/youth that received an EBP (PCIT, MST, TF-CBT, SafeCare, Parents as Teachers, or Triple P)	124

*Key Informant Interviews*

Ninety-two key informant interviews with stakeholders from participating counties were conducted between August and October 2013 to obtain information on agency readiness to implement the demonstration and factors affecting implementation fidelity. Key informants included county child welfare administrators, judges and judicial staff, guardians ad litem, internal and external service providers, and family engagement facilitators. Key interview findings pertaining to primary implementation drivers are summarized below.

- **Leadership Drivers:** Administrators from Cohort 1 Counties were actively involved in communicating the vision of the demonstration and felt the changes were consistent with the other changes occurring in their child welfare agencies. Communication with caseworkers focused on the goals of the demonstration rather than on specific practice changes or processes. The importance of staff buy-in to the process was described as essential to success.
- **Competency Drivers:** Facilitators of family engagement meetings reported participating in trainings and having opportunities to observe family meetings and to practice skills. Ongoing coaching was only reported by some of the facilitators.
- **Organizational Drivers:** Several agency administrators identified integrated Departments of Human Services (DHS) within their counties as an organizational structure that supported implementation of the demonstration. The involvement of school districts/education departments as partners in the demonstration varied across counties.

*Organizational Readiness for Change (ORC) Survey*

All five counties in Cohort 1 received the ORC survey between September 2013 and January 2014. The ORC survey measures aspects of an agencies’ work climate such as staff morale, openness to change, and views about resources. A total of 622 surveys were completed, for a response rate of 57 percent. Major findings include the following:

- The demonstration counties scored in the “yellow zone” for each ORC domain: Motivation for Change, Organizational Climate, Resources, and Staff Attributes. A score

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in the “yellow zone” indicates that structures, roles, and relationships necessary to support family engagement strategies, assessment, and EBPs are partially developed.

- Within the subscales of the ORC survey, respondents indicated that resources, individual efficiency, influence, adaptability, and satisfaction were strengths of their agencies. However, staff reported low rates of opportunities for growth on the job. Respondents also felt that their counties need additional guidance in clarifying their mission and roles and felt substantial pressure to change.

### *Focus Groups and Interviews with Child Welfare Staff, Youth, and Parents/Family Members*

Focus groups and interviews were conducted during the first half of 2014 with supervisors, caseworkers, youth, and parents/family members in Cohort 1 counties to collect information on participants’ understanding of the demonstration and their experiences with engagement models and assessment tools. The following are key findings from focus groups with caseworkers and supervisors:

- While many caseworkers and supervisors were able to articulate some of the overarching goals of the demonstration (i.e., reducing placement numbers) or knew that practice change was part of the project (i.e., the new assessment tools), there was little understanding of the project as a whole. In all counties there was some sort of structural reorganization and/or leadership change that came along with, or soon after, the implementation of the demonstration.
- Caseworkers and supervisors were familiar with the CANS and FAST assessment tools. However, there was not always an understanding of why those tools were being used and how they could or should inform practice. This perception varied slightly between supervisors and caseworkers, with supervisors often (though not always) having greater understanding of the tools.
- Overall, caseworkers and supervisors were in support of family engagement as a general concept; however, there was variability across groups and across counties in terms of understanding their county’s specific family engagement model and whether or not it was helpful or beneficial in their work with families. In counties where there was an expansion of an existing family engagement model, concerns were primarily around capacity (e.g., could the providers handle the additional volume of families?). Additionally, there were concerns about applying a formerly voluntary model to all families, specifically, that it wouldn’t be as effective with families for whom it is not voluntary. In counties in which there was a greater practice shift, the larger issues were related to role confusion and feeling overwhelmed by the added responsibilities.

The following are key findings from focus groups and interviews with families and youth<sup>24</sup>:

- Although some individual youth and family members recalled some experiences with the CANS and FAST, as a group, there was some confusion about these specific

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<sup>24</sup> Given the small number of participants (14 youth and 22 family members/parents), what emerged from these focus groups and interviews may not be representative of the larger pool of families and youth in each of the counties.

assessment tools. A few youth remembered having discussions with their caseworkers, and appreciated the “checklist” format, which made some things easier to talk about.

- In some counties, youth voiced concerns about parents, including foster parents, and youth being interviewed together, as they thought it might be difficult to answer some of the CANS/FAST items honestly in front of a parent (or they thought they might get in trouble for answering honestly).
- Family members generally felt like they knew the purpose of the family meeting(s) they had attended and that they felt they could speak honestly about their issues and concerns. Youth frequently didn’t understand why the conference was held (or, if they did know, they didn’t necessarily agree with the purpose of the meeting), and they often felt like they couldn’t speak openly and honestly.
- Participants across both groups recalled that there was a plan that emerged from their conferences, and for the most part they felt that they had a voice in developing that plan. However, their experiences after the initial conference varied. Some expressed clarity regarding next steps and felt hopeful and supported, while others felt like family members faded out and/or they “never heard” from the child welfare agency again after the initial meeting.

#### *Family Engagement Meeting Data*

Preliminary descriptive data on family engagement shows that there is a good deal of variation across counties with respect to who attends the meetings, where the meetings are held, and by whom they are facilitated. For example, the percentage of family engagement meetings that were attended by the focus youth ranged from 36–82 percent depending on the county; the percentage of family engagement meetings that took place at a neutral location (versus the child welfare office or caregiver home) ranged from 9–85 percent; and the percentage of family engagement meetings that were facilitated by a contracted provider ranged from 0–99 percent.

## 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:** TBD

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

**Interim Evaluation Report Expected:** TBD

**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 Tribe’s 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 Positive Indian Parenting (PIP) will include all families in the Tribe’s dependency caseload, with an initial focus on new dependency cases. The target population for Family Group Decision Making (FGDM) will include 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 has been 24 children, and the number of cases does not tend to fluctuate year to year. The Tribe anticipates serving 3–5 cases per year through PIP and 6–7 cases per year through FGDM.

### Jurisdiction

The demonstration will be 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:

1. **Positive Indian Parenting (PIP)** is a parent education curriculum developed by the National Indian Child Welfare Association (NICWA) intended to provide culturally appropriate parenting training to families in dependency cases. Under the waiver demonstration, the Port Gamble S’Klallam Tribe is working with NICWA to tailor the curriculum to reflect S’Klallam values. Core components of the intervention include:
  - 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 that can be tailored to reflect uniquely S’Klallam values, enhance skills to work with children and families to promote positive outcomes; and
  - 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.
2. **Family Group Decision Making (FGDM)** will be expanded under the waiver demonstration for use with all cases involved with the Tribe’s 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 that has become involved in the family’s life to create a service plan for a child or youth. The family members define whom they claim as their family group. The process will involve 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, as well as 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 Tribe’s evaluation will rely primarily on the collection of qualitative data from participants, staff, and stakeholders. Short assessments, interviews, and observations will be used to tell a narrative of how families progress through the system and through their lives as they participate in the demonstration’s interventions and are exposed to changes in system delivery.

The evaluation will also include a longitudinal assessment of system-wide changes in re-entry and reunification rates for those served by PIP 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 the Tribe with 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 second year 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 will track the following family and system-level outcomes:

- “Better” decisions regarding the planning for and placement of youth in foster care situations;

## Port Gamble S'Klallam Tribe

- 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; and
- Reduced re-entries into foster care.

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

### Evaluation Findings

Evaluation findings are pending the implementation of Port Gamble S’Klallam Tribe’s waiver demonstration.

## 25 : Rhode Island

### Demonstration Basics

**Demonstration Focus:** Enhanced Wraparound Service Model

**Approval Date:** September 23, 2013

**Implementation Date:** TBD

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

**Interim Evaluation Report Expected:** TBD

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

### Target Population

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

### Jurisdiction

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

### Intervention

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

The Child and Adolescent Needs and Strengths (CANS) assessment and the Ohio Problem Functioning Scales will be administered to all children and youth served in the demonstration. Throughout the duration of the demonstration, service system planning will take place among DCYF leadership, the service Networks, the evaluator, and other system of care stakeholders to identify community-based services available within the system of care to facilitate the

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transition from congregate care services to community-based care. This planning will ensure that essential and appropriate community-based services are available within the service array for targeted children and families.

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

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

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

### Evaluation Design

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

Additional within group analyses, fidelity analyses, and case studies will be completed with children and families who are offered demonstration services. Within group analysis will be conducted to investigate the differential effects of higher-intensity WS compared to lower

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intensity WS. Fidelity to the WS model, and the effects of variations in fidelity, will be examined using a measure of wraparound fidelity (WFI-EZ scores) and other fidelity measures as appropriate. Case studies of families enrolled in the demonstration will also be completed using interviews and other research methods as appropriate.

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

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

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

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

### Evaluation Findings

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

## 26 : Tennessee

### Demonstration Basics

**Demonstration Focus:** Enhanced Assessment, Keeping Foster and Kinship Parents Supported and Trained (KEEP), and parenting education/support.<sup>25</sup>

**Approval Date:** September 30, 2013

**Implementation Date:** October 1, 2014

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

**Interim Evaluation Report Expected:** May 30, 2017

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

### Target Population

The target population for Tennessee's waiver demonstration includes three subgroups that receive different interventions: (1) families and children ages 0–17 who receive non-custodial services; (2) families and children ages 4–12 who receive custodial services (foster care); and (3) families and children ages 1–12 who are in foster care or are at moderate or high risk of entry into foster care. 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 State Department of Child Services (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 2.0) is being implemented statewide. Additional interventions will be 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 will then continue throughout the additional counties within these four regions, and then expand into other areas of the State.

### Intervention

The State's demonstration will expand and enhance the existing In Home Tennessee initiative, which seeks to prevent out-of-home placement among children referred to the State's child welfare system through identification of best child welfare practices and improvements to the service array. The Tennessee demonstration is enhancing foster care services through

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<sup>25</sup>The specific parenting education/support program is in the process of being determined.

implementation of a standardized risk and safety assessment protocol and Keeping Foster and Kinship Parents Supported and Trained (KEEP), as described below.

- **Statewide Risk and Safety Assessment Protocol:** The demonstration will support the expanded administration of a revised Family Assessment and Screening Tool (FAST 2.0) with the families of non-custodial children referred to the State's child welfare system. The FAST 2.0 is designed to help workers improve their decision-making ability in order to increase a family's access to timely and appropriate services to meet their individualized needs. The State estimates that it will administer the FAST 2.0 to over 60,000 families in the first year of implementation.
- **Keeping Foster and Kinship Parents Supported and Trained (KEEP):** The demonstration will implement 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. The number of families that will receive this intervention is in the process of being determined.

Implementation of these interventions, along with a parenting education/support program to be determined, will be supported by utilization of an enhanced casework strategy, known as R3, with all families. R3 is an approach to improve family engagement and increase family participation in case planning and services.

### Evaluation Design

Tennessee's evaluation includes process and outcome components, as well as 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 'waiver' group with outcomes for two groups of children: (1) a historical comparison group, where outcomes for children that receive waiver-funded services are compared to outcomes for children involved with the child welfare system prior to the demonstration (for those counties in which the demonstration interventions are implemented) and (2) a contemporary comparison group, where outcomes for children that receive waiver-funded services are compared to outcomes for children involved with the child welfare system during the same time period (for those 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 State's child welfare information management system (TFACTS), and may be augmented with additional data as they become available. Child-specific matching variables will include a range of demographic, geographic, and case characteristics (e.g., maltreatment risk level, placement history) available in TFACTS. To maximize case comparability and the validity of subsequent analyses, case matching will occur within the same DCS regions or other geographic areas specified by the State.

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

## Tennessee

- The State’s approach to developing its waiver demonstration project, and in particular, how stakeholders adhere to continuous quality improvement (CQI) principles when making decisions at each point in the process;
- The organizational aspects of the demonstration, such as staff structure;
- The number and type of staff involved in implementation, including the training they received; and
- The degree to which demonstration programs and services are implemented with fidelity to their intended service models.

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

- Number and proportion of non-custodial children that experience a subsequent out-of-home placement;
- Number and proportion of non-custodial and custodial children that experience a subsequent maltreatment episode following an initial finding of maltreatment and/or placement;
- Number and proportion of children that re-enter out-of-home placement within 12 months of reunification or other permanent placement;
- Among children in out-of-home placements, the number of placement changes (stability of placements);
- Among children who re-enter out-of-home placement, the number and proportion that are reunified or achieve permanency through legal guardianship or adoption;
- Among children who re-enter out-of-home placement, the average length of time in placement; and
- 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.

Tennessee’s cost analysis will include a program-level cost analysis and a cost-effectiveness analysis. The program-level cost analysis will examine whether child welfare expenditure patterns changed as a result of the fiscal stimulus offered through the title IV-E waiver, and if so, how these patterns changed. The cost analysis will 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. 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 cost per improved CANS score.

### Data Collection

Tennessee’s evaluation utilizes data from multiple sources, including TFACTS, participant observation of waiver demonstration planning meetings, content analysis of demonstration

## Tennessee

planning documents, focus groups with child welfare caseworkers and supervisors, focus groups with parents and foster parents, child welfare staff surveys, fidelity measures specific to KEEP, and child welfare case record reviews.

### Evaluation Findings

Key evaluation findings as of the semi-annual reporting period ending on March 30, 2015, are provided below.

#### Process Evaluation Findings

- Based on child welfare administrative data from February through December 2014, there is a good deal of regional variation in implementation of the FAST 2.0. The Northeast region has had the greatest success in implementation, with more than 80 percent of eligible cases having a FAST 2.0 assessment completed during most of the second half of 2014 (June through December). Upper Cumberland, the last region to begin implementation, has the most room to grow, with just over half of eligible cases having a FAST assessment completed.<sup>26</sup> The overall trend is that implementation levels have increased over time. There is no strong pattern in terms of which types of cases (Assessments, Family Crisis Intervention Program Cases, Family Support Services, or Investigations) do or do not get a FAST 2.0 assessment.
- Interviews conducted with 18 DCS senior administrators in the four East Grand regions and Central Office regarding the implementation of FAST 2.0 suggest that respondents generally have favorable opinions about the FAST 2.0. They appreciate that the FAST 2.0 is shorter than its predecessor and see the risk algorithm as an improvement over the last version of the FAST. Respondents were mixed in their perspectives as to whether child welfare staff are using the FAST 2.0 as a decision-support tool or just completing it to be compliant with policy. There was also a mix of opinion as to whether the FAST 2.0 is more appropriate as a decision-support tool for service planning or as a tool for making placement decisions. Most respondents reported that caseworkers have been given the tools they need to implement and use the FAST 2.0.

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

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<sup>26</sup>The FAST 2.0 data for the Upper Cumberland region was reported for October through December, 2014; the other regions had been implementing for a longer period of time.

## 27 : Texas

### Demonstration Basics

**Demonstration Focus:** Functional Assessment and Evidence-Based Interventions

**Approval Date:** September 30, 2015

**Implementation Date:** TBD

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

**Interim Evaluation Report Expected:** TBD

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

### Target Population

The target population will include title IV-E eligible and non-IV-E eligible children and youth ages 0–18 who entered conservatorship for the first time during a cohort year and entered paid foster care within 60 days of conservatorship entry and had an initial goal of family reunification. Texas anticipates an entry cohort of approximately 250–300 children per year served in the waiver demonstration based on historical trends. It is possible that the number of children served in each cohort will increase more than initially projected as Harris County sees successes in initial cohort implementation.

### Jurisdiction

Texas’s demonstration will be implemented in Harris County.

### Intervention

1. **The Child and Adolescent Needs and Strengths (CANS)** is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. All children in the target population will have an initial CANS assessment to identify needs at the child and family level that require intervention. Results from the CANS will facilitate the selection and implementation of appropriate services. The specific domains and modules that will be included in the Harris County CANS have been selected and the appropriate electronic CANS (eCANS) algorithms are in development. Once the assessment processes and supports are in place and staff are trained and certified, the CANS will be administered within 30–45 days of case opening. The CANS will be updated throughout the life of the case at regular intervals and upon significant case events, but no less than every six months.
2. **Targeted evidence-based interventions (1 to 2)** will be introduced or expanded for children and families where need for such services is indicated based on analysis of the target population. Texas’s third-party evaluator will assist the State in using the available evidence to select which intervention(s) will be most likely facilitate Harris

## Texas

County's achievement of the desired outcome changes for the demonstration. It is anticipated that the evidence-based interventions will be administered through contracted providers in the community. New evidence-supported programs that are being considered and may be implemented include:

- Multidimensional Treatment Foster Care- Adolescents and Preschoolers (MTFC);
- Level IV Triple P (Positive Parenting Program);
- Keeping Foster and Kin Parents Supported and Trained;
- Parent Management Training: Oregon Model; and
- SafeCare.

### Evaluation Design

The State's evaluation will include process and outcome components, as well as a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration. The State's evaluation will involve a longitudinal research design that uses State administrative data and other data sources as appropriate. In addition, the evaluation may include a within-County retrospective matched case design that will compare key outcomes among children involved in the child welfare system prior to the implementation with those same outcomes among similar children offered the demonstration's interventions. The specific methodology for identifying comparison cases before implementation will be described in the State's evaluation plan, but may include propensity score matching (PSM).

The State may also conduct a sub-study of MTFC and/or Triple P using PSM or a similar case matching methodology, or if feasible and appropriate, a randomized controlled trial.

To the extent possible, the State's analysis of process and outcome findings will be based on case-level data from the State's child welfare information systems, case records, and other data sources. The State's outcome evaluation will track, at a minimum, the following outcomes:

- Rates of reunification
- Time to reunification
- Re-entry into care for the targeted population

Additionally, the outcome evaluation will address, at a minimum, the extent to which selected evidence supported programs affect changes in the following outcomes:

- Child well-being
- Child and family functioning
- Parent behavior and skills
- Parent-child interactions
- Family cohesion

### Evaluation Findings

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

## 28 : 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 Expected:** May 30, 2016

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

### Target Population

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

### Jurisdiction

Utah's demonstration is being implemented in multiple phases toward a goal of statewide operation. Initial implementation of the first phase, which includes the Strengthening Families Protective Factors framework and Utah Family and Children Engagement Tool (UFACET) assessment, occurred 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 has occurred for the remainder of the Northern Region and also for the Southwest and Salt Lake Valley Regions. Eastern Region roll out is currently in process, and roll out for the final region, Western Region, should be completed by December 2015.

Implementation of trauma-informed care training for staff and further evidence-based in-home service array development will continue following statewide roll out of the first phase of the demonstration project.

### Intervention

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

1. **Child and Family Assessment** is being implemented through use of the 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 in order to

appropriately assess children and families receiving in-home services and guide the development of individual child and family case plans.

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

### Evaluation Design

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

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The process evaluation will include two parts; a Planning and Implementation Evaluation and a Component Evaluation. The Planning and 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. In addition, the evaluation will explore the agency's efforts in writing and planning demonstration activities. The Component 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.

## Utah

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

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

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

### Data Collection

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

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of Utah's demonstration. Initial process evaluation findings as of March 31, 2015, are summarized below.

#### Process Evaluation Findings

- There have been 981 new *HomeWorks* cases, which includes 3,551 individuals (adults and children) who have received services.
- 786 UFACET assessments have been completed on new *HomeWorks* cases. Fewer assessments were completed than total cases opened for several reasons, such as 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.
- Initial UFACET assessments indicated that families' highest service needs categories included substance abuse, mental health, family conflict and relationships, financial resources, and knowledge of parenting. For children the top needs related to behavioral/emotional needs and trauma.
- STEP peer-parenting services were authorized for 662 clients throughout Utah since contracts were initiated (December 2013).

## Utah

- Stakeholder interviews revealed that in general, many perceive that the SFPF framework as helpful and useful.
- *HomeWorks* training participants demonstrated a statistically significant increase in both SFPF knowledge (a change of .13 significant at  $P < .05$ ,  $N=74$ ) and self-rated competency (a change of .12 significant at  $p < .05$ ,  $N=69$ ). There was a minor correlation between SFPF knowledge and SFPF self-rated competency on both the pre (correlation of .257 significant at  $p < .05$ ,  $N=97$ ) and the post surveys (correlation of .287 significant at  $p < .05$ ,  $N=97$ ), meaning that a participant's self-perceived competence in a given area did relate somewhat to their actual SFPF knowledge.
- There was also a statistically significant increase in scores on UFACET administration knowledge from the pre- to post-survey (increase of .08 significant at  $p < .05$ ). The UFACET overall knowledge scores (combined administration and scoring measures) did not show a significant difference from pre to post-survey. Important to consider with the post-survey is that there was a one month delay between the UFACET training and the survey, and survey responses were lower for the post-survey.

## 29 : 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 Expected:** August 29, 2016

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

### Target Population

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

### Jurisdiction

The State began implementation in January 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. To date DSHS has implemented Family Assessment Response in 29 offices statewide. The State will move towards statewide rollout over the course of the demonstration, as funding allows.

### Intervention

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

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

## Washington

- 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.

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

### Evaluation Design

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

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

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

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

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

The outcome evaluation will also address the impact of implementation of the FAR pathway on disproportionality within the child welfare system as well as the extent to which FAR demonstration offices collectively achieve better outcomes, relative to both their own historical performance and to that of control offices.

## Washington

The State is also piloting a multi-modal family survey protocol to collect information about family experiences, fidelity to the FAR model, and perceptions of family outcomes resulting from FAR participation. After the initial pilot, changes were made in an attempt to increase response rates. Currently, families are given the option to complete a survey on line through an automated telephone response system, an interview by a “parent ally” (with previous system experience), or mail in a paper copy.

Washington’s 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 State will assess the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome). Additionally, findings from a cost analysis conducted independently by the Washington State Institute for Public Policy (WISPP) will be summarized in the State’s final report.

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 that 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 two cohorts exceed these estimates. By the end of the implementation period, and as funding allows, Washington intends to serve 15,000 cases a year using the FAR pathway.

### Data Collection

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

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of Washington’s waiver demonstration. Initial process evaluation findings reported as of December 31, 2014, are summarized below.

#### Process Evaluation Findings

- FAR project staff has begun working closely with the Children’s Administration (CA) Data Management and Reporting Unit to access detailed FAR data from Famlink. It is anticipated that the hand counts currently being completed by FAR supervisors in field offices will diminish. FAR has served 10,084 families (January 2014–June 2015). FAR has filed dependencies on fewer than two percent of the families served. Less than five percent of FAR cases are transferred to investigations which is consistent with trends in other states.
- Two targeted FAR case reviews have been completed to date. A third case review will occur in late August 2015. The reviews revealed staff strengths in assessing child safety;

making initial contacts with parents before talking with children; evaluating the presence of domestic violence; responding to families from a variety of cultural backgrounds; collaborating with the families to identify service and concrete needs; and identifying when the case should transfer to investigations or when to file a dependency petition. Noted areas in need of improvement and additional training included increased engagement of non-custodial parents; improved Indian heritage documentation; how to make collateral contacts without negating family engagement work; how to safely complete initial face to face contacts with children when their parents are present; increased assessment of everyone living in the home; identifying services for domestic violence victims and perpetrators; and closing cases within required time frames. Practice Discussions were held in each office following the February 2015 review to address practice concerns identified in the review. Local office action plans will be developed based on the results of the August 2015 case review.

- CA made a policy change in June 2015, which requires that allegations of physical abuse of children ages 0 through 3 screen to investigations with an emergent (24 hour) response. This impacted the percentage of intakes screening to FAR by approximately 4 percent. There continues to be considerable regional variation in the percentage of intakes screening to FAR and investigations. Statewide intake data for 2015 indicates that 57 percent of intakes are screening to FAR and 43 percent to Investigations.
- FAR cases can only be open for 45 days, with an extension to 90 days if families agree to services. FAR staff report that this time frame can be a barrier to getting needed services to families, especially evidence based programs. CA requested a change in the 2015 Washington State legislative session that would allow cases to remain open longer than 90 days. This effort was not successful but CA will continue to advocate for this change in the 2016 legislative session.
- State law requires FAR families to sign a participation agreement. While the decline rate is low, 2 percent, FAR staff continue to report challenges with the agreement. CA requested a change in the legislation to eliminate the written participation agreement. This effort was not successful in the 2015 Washington State legislative session. CA will continue to advocate for this change in the 2016 legislative session.

### *Pilot Family Survey Report*

- Eighty-nine percent of respondents reported a high level of engagement in the FAR process.
- Parents reported that the FAR caseworker listened to their input when planning for services, with more than half reporting that their caseworker listened to them “always or almost always” when considering the need for services, the types of services that would help, and the type of concrete supports needed by the family.
- All but one parent reported being either “Very Satisfied” or “Mostly Satisfied” with the way their family was treated by the caseworker and with the help they received.
- Nearly two-thirds of all parents reported improvement in family dynamics, feelings about their role as a parent, and/or their ability to get support from their community after participating in FAR.

## 30 : West Virginia

### Demonstration Basics

**Demonstration Focus:** Wraparound Services

**Approval Date:** September 30, 2014

**Implementation Date:** TBD

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

**Interim Evaluation Report Expected:** TBD

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

### Target Population

The demonstration will initially target youth ages 12–17 who are in or at risk of entering congregate care placement. Approximately 400 children could be served in the first year. During Phase 2 of the demonstration, the target population will expand to include those at risk of entering congregate care.

### Jurisdiction

The demonstration, titled Safe at Home West Virginia, will initially be 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 a large number of 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.

### Intervention

The State's demonstration will implement a wraparound service model as the core component of Safe at Home West Virginia. Based on the National Wraparound Initiative (NWI) Model, the demonstration will incorporate evidence-based, evidence-informed, and promising practices to coordinate services for eligible youth and their families. The Safe at Home wraparound interventions are Intensive Care Coordination and Next Steps. Safe at Home Intensive Care Coordination offers a less intensive wraparound approach to prevent out-of-home placement, whereas Next Steps involves a more intensive wraparound process for youth who are already in congregate care placements. Both levels of wraparound services will be provided to youth ages 12–17 who have a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning and an assessment determines that the youth can benefit from an intensive wraparound approach.

## West Virginia

Intensive Care Coordination will be provided to youth who are at risk of a congregate care placement and are currently involved with two or more child-serving agencies (e.g. courts, child welfare, etc.). There are four phases of treatment within Intensive Care Coordination: (1) Engagement and Planning (first 90 days); (2) Implementation (3-6 months); (3) Maintenance (6-9 months); and (4) Transition (9 months to 1 year).

Next Steps is a wraparound process that is specifically designed for youth who are currently placed in highly structured congregate care outside of West Virginia and may need specific placement resources developed in-state in order to step-down to a less restrictive placement. Next Steps will also be provided to youth who are currently placed in congregate care in West Virginia that are at risk of being placed out-of-state. The Next Steps process will include the four phases of Intensive Care Coordination described above, but will begin with an initial phase that is specific to the more intensive needs of youth who are in highly structured placements. This first phase will focus on pre-community integration, which includes the development of a wraparound service plan and specialized resources prior to the youth's discharge from congregate care.

The administration of a trauma-informed assessment, the West Virginia Child and Adolescent Needs and Strengths (WVCANS) assessment, will be utilized to determine the youth's and family's level of need for either Intensive Care Coordination or Next Steps. Other assessments will be utilized when further assessment is indicated by the WVCANS. The assessed strengths and needs indicated by the WVCANS will guide the development of an individualized service plan for each family and will guide the State's development of a full array of interventions to meet the needs of youth and families in their communities.

Every youth/family referred for wraparound services will be referred to a Local Coordinating Agency that will assign a Care Coordinator/Wraparound Facilitator who will ensure fidelity to the NWI model. For example, the Care Coordinator/Wraparound Facilitator will:

- Contact the family within 72 hours of referral;
- Administer the initial WVCANS and repeat every 90 days;
- Contact the family and team members weekly;
- Develop an initial wraparound plan at the first 30-day meeting along with proactive and reactive crisis plans; and
- Convene wraparound team meetings every 30 days and more often as needed.

### Evaluation Design

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

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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 will involve a retrospective matched case design that will compare key outcomes in the areas of safety, placement prevention, and well-being among youth involved with the child welfare system prior to the demonstration with those same outcomes among similar youth who are offered the demonstration's interventions following implementation of the demonstration. The specific methodology for identifying matched comparison cases before implementation will be described in the State's evaluation plan, but may include propensity score matching or a similar method of case-level matching.

In addition to the overarching evaluation of the demonstration, the State may conduct one or more sub-studies of discrete evidence-informed or evidence-based practices provided to the target population as part of the Wraparound model.

The State's outcome evaluation will address, at a minimum, changes in the following outcomes for the target population of youth ages 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 re-entering any form of foster care
- Youth safety (e.g., rates of maltreatment recidivism)
- Well-being of youth
- Educational achievement
- Educational stability
- Family functioning

The cost analysis will examine, at a minimum, the costs of the key elements of services received by children and families designated to receive demonstration services and will compare these costs with those of services available prior to the start of the demonstration, or that were received by the children and families that were not designated to receive demonstration services.

Further details on the evaluation design are pending development of the evaluation plan.

### Evaluation Findings

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

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### 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 Expected:** May 30, 2016

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

### Target Population

Wisconsin's waiver demonstration targets all children regardless of title IV-E eligibility who have reunified with their families after temporary out-of-home placement and who are considered at high risk of re-entry into out-of-home care within 12 months of discharge based on their score on the predictive Re-entry Prevention Model (RPM) developed specifically for the State's demonstration. A Child Welfare or Child Protective Services case type is also a prerequisite for eligibility. Children or youth with a Juvenile Justice only case type are not eligible. 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 Wisconsin's 71 balance of state (non-Milwaukee) counties participated in the program. The transition from Year 1 to Year 2 involved a review and selection of 31 initial counties' renewal applications and two new counties' applications. All 33 counties were selected to participate in Year 2 of the P.S. Program. The State will continue to expand the P.S. Program into additional balance of state counties throughout the five-year demonstration.

### Intervention

Through its demonstration Wisconsin is providing post-reunification case management services to children and families for 12 months following reunification. During this time child welfare case managers develop and implement, in collaboration with the family, an individualized service plan that reflects the family's unique needs and facilitates a successful transition home. The service plan 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.

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, as needed. 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's Pre-Enrollment Report, and (3) submit eligible referrals to the Department of Child and Families (DCF) for enrollment in the P.S. Program. DCF's response time to approve referrals is one working day.

The RPM was developed to help the State target the P.S. Program to children most at risk for re-entry into care. In Year 1, the RPM was based on four statistically significant variables that correlated with re-entry in a 2012 data cohort of Wisconsin families (e.g., caretaker status at the time of removal; number of prior service reports; clinical diagnosis of child during their time in care, or if the agency learns of a past diagnosis; and the number of days in care). 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 re-entry 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 their most recent Child Adolescent Needs and Strengths—CANS life functioning domain). Annual retooling of the statistical model is planned for the P.S. Program as needed, and as more data is available and changes in practice and documentation occur, the variables in the RPM may continue to change.

### Evaluation Design

Wisconsin's evaluation includes process and outcome components, as well as 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 children who receive 12 months of post-reunification supports, while the comparison group is comprised of eligible children with similar demographic and case characteristics who do not receive demonstration services. Children in the comparison group are being matched with experimental group children on a case-by-case basis using these characteristics as matching criteria.

The State's 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 State's outcome evaluation will address changes in key child welfare outcomes for all children across the domains of safety and permanency, including reduced recurrence of maltreatment and reduced foster care re-entry within 12 months of reunification. The State will also measure changes in the following child well-being outcomes, as data are available and developmentally appropriate:

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

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

### Data Collection

Wisconsin's evaluation utilizes data from multiple sources, including the State's automated child welfare system (e.g., eWisACWIS), document reviews, caseworker completed CANS assessment data, as well as focus groups and parent surveys.

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of Wisconsin's demonstration. Initial process evaluation findings as of March 17, 2015 (unless otherwise noted), are summarized below.

#### Process Evaluation Findings

- In Year 1 of the program the number of eligible children in many counties was lower than expected. This was related to differences among counties in specific variables included in the original RPM. As a result of this finding, the cut-off score on the RPM was lowered and a new RPM (RPM 2.0) was developed for use beginning in Year 2 (January 2015). However, the program has grown considerably in Year 2 of the demonstration. A total of 360 children have been enrolled in the P.S. Program to date, with 154 enrolled in 2015. As of August 19, 2015, 212 total children are actively enrolled.
- As of August 19, 2015, 84 high risk children have successfully completed the full 12-month program after reunifying. Thirty-three additional children expected to successfully complete the program within the next 60 days.
- All counties continue to employ the same caseworker that worked with families prior to reunification to provide post-reunification services, although some counties created additional positions to assist with the P.S. Program.

*Year One P.S. Program Site Visit Report*

This report examined the early stages of implementation of the program. Primary methods for analysis included (1) document review and analysis, (2) focus groups with caseworkers, supervisors, and managers involved in the provision of demonstration services, and (3) individual interviews with DCF project staff and key informants. Findings from the report are summarized below.

- Many caseworkers and supervisors involved in the early implementation of the P.S. Program were resistant to the use of the RPM to determine a child's eligibility for the program. Some believed that since they had been working most closely with the family prior to reunification, they were best-positioned to determine P.S. program eligibility. Others did not understand how RPM scores were calculated or why certain variables were in the model.
- Most case managers reported feeling that it was easy to engage family members in the P.S. Program, especially if they had developed a good relationship with the family while the children were in out-of-home care. The voluntary nature of the program was described as a component of the program that made engagement easier.
- A variety of traditional case management services were provided to families through the P.S. Program including transportation, housing assistance, child care, and therapy. One important service that staff in each county identified was parent mentoring or in-home services. The P.S. Program also allowed case managers to provide families with less traditional services, such as fees for recreational activities; assistance with rent; and classes or activities that allow family members to bond and spend time together. Several staff noted that the availability of flexible funds through the P.S. Program created a noticeable change in workers' abilities to serve families.
- Case managers in early implementation described the CANS as cumbersome and difficult to use. Few case managers mentioned the CANS assessment as a tool they used to engage families and develop a case plan. DCF is making a concerted effort to shift case managers' thinking about the CANS assessment and providing additional training and resources to staff to improve understanding and effective use of the tool.