

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

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**NOTE:** Information contained in the following profiles of Child Welfare Waiver Demonstrations has been abstracted from information submitted by the jurisdictions as of August 2016. 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 child welfare system.

**Approval Date:** September 30, 2014

**Implementation Date:** July 1, 2016

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

**Interim Evaluation Report Expected:** March 1, 2019

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

## Target Population

The Arizona waiver demonstration targets all children aged 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 a congregate care setting during the demonstration, but who do not require behavioral health, juvenile justice, or medical placements for their safety.

## Jurisdiction

The demonstration is being implemented in Maricopa County and will be rolled out in phased implementation stages towards eventual statewide implementation. The state estimates serving 30 children per month in the first 6 months, and an additional 60 per month throughout the life of the demonstration project.

## Intervention

The waiver demonstration addresses the goals detailed in the Arizona Department of Child Safety (DCS) agency-wide Strategic Plan. The goals are specifically to reduce lengths of stay for children in out-of-home care, reduce recurrence of maltreatment, and improve capacity to place children in family environments. The following interventions are being implemented to address these goals:

- Team Decision Making (TDM)
- Expansion of In-home Services
- Family Finding

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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.

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Children in the congregate care setting are selected for the intervention based on case related data, including the age of the child, type of placement, and length of placement. Once selected, there are two points of entry for children into the targeted TDM process.

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

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

### Evaluation Design

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

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

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

1. How do caregivers, kin/fictive kin, and congregate care providers conceptualize well-being for their children?
2. How do children (age 12 and older) conceptualize their own well-being?

## Arizona

3. What are the content validity, face validity, and sensitivity of select standardized measures of child well-being among children and adolescents living in congregate care?

### Evaluation Findings

Evaluation findings are pending the continued implementation of the 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 Date:** March 31, 2016

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

### Target Population

The Arkansas waiver demonstration targets all children referred to child welfare services due to a maltreatment allegation or who are already receiving services during the term of the demonstration regardless of their removal status, placement setting, services provided, or eligibility for public assistance. Although the broader target population is inclusive of all client types statewide, specific interventions 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 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, as of August 2013, Arkansas has expanded its DR program statewide. The DR initiative targets low-risk child maltreatment referrals with the aim of diverting families from the formal investigative track to community supports and resources that build on 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. Arkansas Division of Children and Family Services (DCFS)'s goal is to provide services and supports to DR families for a period of 30 days with two 15-day extensions available. The total possible time for a DR case to be open is 60 days. If more

time is needed to work with the family beyond that timeframe, 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 are being 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 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 parenting knowledge, skills, and practices of caregivers involved in the state child welfare system. The program target population includes parents/caregivers involved in in-home cases with children aged 5–11. The FAST is used to identify the highest priority needs of families and to serve as a basis for referral to NFA.
- **Permanency Round Tables (PRT)** 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 expanded 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. The Arkansas 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 the concurrent Diligent Recruitment program is not being implemented, specifically six of the ten service areas (Areas 3, 4, 5, 7, 9 and 10) in the state. Although the two programs are very similar, they are focused on different target populations. The Diligent Recruitment service areas are employing general, targeted, and child-specific strategies to recruit resource families (foster and adoptive) for youth ages 12 and older and specific groups within that population, including youth of color, sibling groups, and youth with behavioral health needs. The Target Recruitment service areas are utilizing similar recruitment strategies to recruit resource families for children ages 11 and older and

## Arkansas

specific groups of children identified as being most in need, e.g., sibling groups, children of color and children with special needs.

- **Team Decision Making (TDM)**, a family team meeting model developed by the Annie E. Casey Foundation, allows caregivers and children to serve more active roles in the decision-making process. TDM is designed to make immediate decisions about removing a child and making a placement and/or changing a placement. Arkansas is implementing TDM to safely reduce the number of children entering foster care. It has initially been implemented during the investigation phase and in open in-home cases when a safety factor has been identified and a protection plan put in place. TDM is being rolled out in a phased implementation using internal staff as facilitators and has been implemented in 24 of 75 counties within the state. TDM meetings are held within 48 hours of a protection plan being put in place.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is implementing a matched case comparison design for each of the six selected demonstration interventions. Every 6 months, children and families enrolled in each demonstration intervention (experimental group) are identified and matched with comparison cases drawn from a 2-year window ending 1 year prior to the initial implementation of the intervention (comparison group). Propensity score matching is being used to select the comparison groups using a variety of factors including child and parent demographic characteristics, prior involvement with the agency, type of involvement with the agency, and intervention specific criteria. The process evaluation includes interim and final analyses that describe how the demonstration was implemented, how demonstration services differ from services available prior to implementation, and the degree to which demonstration interventions are implemented with fidelity. The outcome evaluation assesses differences between the experimental and matched comparison groups for each individual intervention to determine the extent to which intervention specific outcomes were achieved and the extent to which—

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

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

### Data Collection

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

## Arkansas

### Evaluation Findings

The section below summarizes key interim findings reported through January 30, 2016.

#### Process Evaluation Findings

##### *DR*

- 9,344 families (including 16,869 children) have participated in DR.
- Family survey data shows 71 percent of families surveyed were more confident in managing their families' needs following DR, and 73 percent agreed that they enjoy a more stable home life following DR (total number of respondents not reported).

##### *TDM*

- 1,109 youth have received a TDM.
- Family/caregiver survey data suggests families respond positively to the TDM meetings, with 96 percent of families responding that they are satisfied with the outcome of the meeting and 98 percent reporting that their comments, ideas, and questions were taken seriously by the workers and others present (total number of respondents not reported).

##### *NFA*

- 111 families (including 310 children) have participated in or are currently participating in the NFA program.
- DCFS and contracted providers reported NFA is a good program and families are seeing positive results. Parent Educators have reported families have been receptive to the program (total number of respondents not reported).
- Families who have participated in the NFA program were asked about their satisfaction with the program. Families reported they learned additional parenting skills, are more confident in their parenting skills, and have improved their relationships with their child(ren) as a result of participating in NFA. Families also reported they believe they will be able to keep their child(ren) in their care as a result of the parenting program (total number of respondents not reported).

#### Outcome Evaluation Findings

##### *DR*

- Preliminary outcomes indicate a reduction in subsequent maltreatment, subsequent case openings, and subsequent removals for families receiving DR. The sample size for 12 month outcomes was 6,025 cases for the comparison group and 5,832 cases for the demonstration group. Key findings are as follows:

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- Subsequent maltreatment: Investigation within 12 months of investigation/DR closure totaled 29.7 percent (1,787) of comparison group cases compared to 20.1 percent (1,171) of demonstration group cases.
- Subsequent case opening: Open child protective services (CPS) case within 12 months of investigation/DR closure totaled 7.6 percent (457) of comparison group cases compared to 3.7 percent (218) of demonstration group cases.
- Subsequent removal: At least one child removed within 12 months of investigation/DR closure totaled 4.5 percent (269) of comparison group cases compared to 2.8 percent (162) of demonstration group cases.

## *TDM*

- TDMs are having a positive impact on removals, with only 7 percent of youth in the experimental group removed from the home within 12 months of the TDM (n=1,109) compared to 22 percent of youth in the comparison group (n=933).

## 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

The California waiver demonstration targets title IV-E-eligible and non-IV-E-eligible children aged 0–17, inclusive, who are currently in out-of-home placement or who are at risk of entering or 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 the waiver demonstration (referred to as the Title IV-E California Well-Being Project) the state receives a capped amount of title IV-E funds 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 demonstration includes 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 5-year waiver demonstration was originally implemented July 1, 2007, and was scheduled to end on June 30, 2012. The state received several short-term extensions thereafter and in September 2014 received an extension of an additional 5 years effective from October 1, 2014, through September 30, 2019.

include Behaviorally Based Case Plans, Child's Voice (Voice and Choice), Coaching, Safety Planning, and Teaming (Networks of Support). Use of the core components/tools is based on family need.

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

In addition to the project-wide interventions noted 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 examine internal consistency, implementation and model fidelity, and factors influencing model fidelity. The process evaluation will examine the implementation process of each county and will identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The fidelity assessment will determine whether SOP/CPM, Wraparound, and other programs offered by the nine counties are implemented as designed.

The outcome evaluation utilizes an interrupted time series design to track changes in key safety, permanency, and juvenile justice system involvement outcomes over time. Outcome patterns before and after implementation of the demonstration 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 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
- Rate and timeliness of permanency
- Re-offenses among children and youth on probation
- Child and family functioning and well-being
- Recurrence of re-offending among youth

## California

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

The evaluation will also include two outcome sub-studies, one of which is a proposed randomized control trial, which will provide more definitive evidence of the effect of the intervention being observed. Final plans for implementing the sub-studies are pending.

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

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

The evaluation team has also proposed to conduct a cost sub-study, sampling cases by worker to obtain an estimate of the average service cost per case. An examination will be conducted of the available demonstration service programs and supports, or combinations of demonstration services and other interventions implemented at the discretion of the county.

### Evaluation Findings

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

## 4: Colorado

### Demonstration Basics

**Demonstration Focus:** Enhanced Family Engagement, Permanency Round Tables, 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 Date:** March 1, 2016

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

### Target Population

The target population for the Colorado waiver demonstration includes all title IV-E-eligible and non-IV-E eligible children with screened-in reports of abuse or neglect and those already receiving services through an open child welfare case, regardless of 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 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 are being 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.
2. **Permanency Roundtables (PRTs)** are being conducted to develop a Permanency Action Plan for each eligible child.
3. **Kinship Supports** are being provided to potential and current kin placement resources for children in out-of-home care, including congregate care and children at risk of entry or re-entry into out-of-home care.
4. **Trauma-Informed Child Assessment Tools**, specifically geared 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. The trauma-focused treatment interventions include Child-Parent Psychotherapy, Trauma-Focused Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Adolescent Dialectical Behavioral Therapy.

### Evaluation Design

The evaluation includes process and outcome components and 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 implementing interventions during later phases of the demonstration. The time series analysis examines longitudinal changes in key measures of child safety and permanency.

The 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 demonstration; the related services and supports that children and families receive; differences among the counties in how the waiver demonstration is implemented; and the evolution of the demonstration over time, including successes and challenges experienced throughout the implementation process.

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

## Colorado

The cost analysis involves two integrated sub-studies to illuminate cost impacts using system- and case-level data. At the system level, expenditure patterns in participating counties are being reviewed to determine whether they were influenced by the fiscal stimulus of the title IV-E waiver and associated waiver-funded interventions. At the case level, cost data from the state child welfare information system (Trails) is being used where possible to report on the types, amounts, and costs of interventions received by children and families designated to receive waiver-funded services compared to the types, amounts, and costs of services received by children and families prior to the start of the demonstration.

### Data Collection

The 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 reviews, observations of demonstration programs and services, and administrative data.

### Evaluation Findings

The section below summarizes key interim findings reported through March 1, 2016.

#### Process Evaluation Findings

##### *Family Engagement*

- Across the counties implementing family engagement meetings during Year 1 and/or Year 2 of the waiver, 3,936 cases (59 percent of all eligible cases) received at least one family engagement meeting. The penetration rate was lower for the small counties (32 percent) compared to the midsize and large counties.
- Mean family engagement implementation scores on the annual Implementation Index indicate a high level of implementation of the core components of the intervention and increased implementation in Year 2.
- Family engagement meeting fidelity was assessed by examining the percentage of subsequent meetings occurring on time and the percentage of meetings with required participant attendance. Overall, 63 percent of subsequent meetings occurred on time and required participant attendance was high across county size groups. A caseworker was present at 84 percent of the meetings, and a parent was present at 87 percent of the meetings.

##### *PRTs*

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

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- Mean PRT implementation scores on the annual Implementation Index indicate a high level of implementation of the core components of the intervention for the large counties, and mid- to high implementation in the medium-size and small counties. Implementation levels increased from Year 1 to Year 2 across all county size groups.
- PRT meeting fidelity was assessed by examining the percentage of subsequent meetings occurring on time and the percentage of meetings requiring participant attendance. For the target population of youth age 16 and older, 55 percent of subsequent meetings occurred on time. A caseworker was present at 95 percent of the meetings and a PRT Facilitator was present at 94 percent of the meetings.

### *Kinship Supports*

- Across counties implementing kinship supports, 2,139 kinship caregivers (72 percent of all eligible caregivers) received at least one kinship supports service. The penetration rate was much lower for the small counties (11 percent) compared to the medium size (62 percent) and large counties (74 percent).
- Mean kinship supports implementation scores on the annual Implementation Index indicate variable levels of implementation by county size. On average the large counties had an implementation score 23 points higher (on a scale of 1–100) than the small counties. Across all county size groups, implementation of kinship supports was emerging-to-mid level in Years 1 and 2.
- Kinship supports case fidelity was assessed by examining the percentage of kinship caregivers receiving a Kinship Supports Needs Assessment and the percentage of kinship caregivers receiving the assessment within 7 days of kinship placement. Across all counties, about half (55 percent) of the eligible caregivers (n=1,649) received a Kinship Supports Needs Assessment, and 41 percent of those caregivers received the assessment within 7 days of placement.

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

- Across the participating counties, 1,388 youth (39 percent of all eligible youth) were screened for trauma. For those youth who were screened and whose screen indicated signs or symptoms of trauma, 99 percent were referred for an additional trauma assessment. The assessment penetration rate was relatively low, with about 20 percent of children who were referred for assessment actually receiving one. However, the treatment penetration rate was higher, with approximately 75 percent of the 102 children for whom treatment was recommended actually beginning treatment.
- Mean implementation scores on the Implementation Index administered during Year 2 (the first year of implementation for trauma-informed interventions) indicate the large counties implemented the trauma-informed interventions at a high level, while the small and medium-sized counties were implementing at a mid-level.

## Outcome Evaluation Findings

- The long-term trend of decreasing use of foster care and congregate care evident in the state prior to the start of the waiver continued in the first 2 years of the demonstration in those counties with waiver intervention funding. The counties participating in both of the first 2 years experienced a 12 percent decrease in foster care placement days during those 2 years. Counties not participating in either year experienced a 29-percent increase in foster care placement days during those same 2 years. Congregate care days decreased by 15 percent in the first 2 years of the waiver in counties participating in both years, compared to a 6-percent decrease in counties without waiver intervention funding in either year. Kinship care placement days increased by 48 percent during the first 2 years of the waiver in counties receiving waiver intervention funding in both years.
- The matched case analysis revealed some positive outcomes for children and youth who received family engagement meetings. Compared to children and youth in cases that did not receive family engagement meetings, children and youth receiving these meetings were 33 percent less likely to experience a re-report of abuse and/or neglect, were 17 percent less likely to have two or more placement setting changes, and were 6 percent more likely to have permanency at case closure. Children and youth in cases receiving family engagement at a high level of fidelity (i.e., all family engagement meetings on time and with all of the required participants in attendance) experienced additional positive safety and permanency outcomes. They were significantly less likely to experience even one placement change and spent significantly fewer days, on average, in foster and congregate care than children and youth in the comparison group.
- The matched case analysis revealed mixed outcomes for children and youth who received PRTs and for children and youth living with kin receiving kinship supports. While the majority of permanency outcomes for youth who received PRTs was not statistically significant or was statistically significant in the unexpected direction, it was found that the average number of permanent connections for youth 16 and older increased significantly from 1.6 to 3.1 from their initial PRT meetings to the end of their out-of-home placements. Children and youth living with a kin caregiver who received kinship supports were 57 percent less likely to experience a substantiated or inconclusive re-report of abuse and/or neglect. They spent, on average, 16 more days in placement with that caregiver than children and youth who began living with a kin caregiver prior to the start of the waiver who did not receive kinship supports.
- Changes in the trauma symptom assessment scores were examined for the 32 children and youth receiving trauma-informed treatment and had an initial and followup assessment. The trauma-informed assessments included the Trauma Symptom Checklist for Young Children (TSCYC) for children aged 3–12 or the Child PTSD Symptom Scale (CPSS) for children and youth aged 8–18. The mean difference in scores for children who received the TSCYC assessment (n=17) was an increase of 3 points (over a possible range of 75 points) and the mean difference in scores for children who received the CPSS (n=15) was a decrease of 3 points (over a possible range of 51 points). Findings are

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mixed. Higher scores indicate a greater frequency of trauma symptoms, and the statistical significance of the changes in scores was not reported due to the small sample size.

### Cost Study Findings

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

## 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 waiver 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 aged 0–6, with mothers aged 17–25, or with children who have been in out-of-home care for 6–12 months with the goal of reunification.

### Jurisdiction

The demonstration is being implemented districtwide.

### Intervention

Under the waiver demonstration, the District of Columbia has implemented Safe and Stable Families (SSF), which includes 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 needed to prevent removal. The district's priority target population for this intervention is families with children aged 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. The goal for most Project Connect families is maintaining children

safely in their homes. But when this is not possible, the program works to facilitate reunification. The district is implementing the model to expedite and support reunification for families where the child has not yet been reunified and to prevent re-entry into foster care. The priority target populations for this intervention are families with children in out-of-home care for 6–12 months with the goal of reunification or families who have achieved reunification to prevent re-entry, and substance affected families involved with CFSA's In-home Services Administration who are experiencing chronic neglect<sup>3</sup>.

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. These are two programs being expanded under the demonstration.

- **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 aged 10–17 who are committing status offenses including truancy, running away, curfew violations and extreme disobedience, and other illegal behaviors for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and/or juvenile justice intervention is needed.
- **Parent Education and Support Project (PESP):** PESP contracted providers offer a range of services to families to include home visits, assessment of family needs, parenting groups, and other programming to address concrete needs, such as literacy, job preparedness and others. Providers offer the services using evidence-based models, such as the Effective Black Parenting Program, the Nurturing Parenting Program, the Incredible Years curriculum and others.

## Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses describing how the demonstration was implemented, any changes made to the proposed implementation, and how services will be sustained. The district'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 demonstration programs will be compared to outcomes for a pre-demonstration comparison group. The pre-demonstration comparison group is matched to the demonstration's annual treatment cohorts on key demographic variables and the individual

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<sup>3</sup> CFSA defines chronic neglect as families experiencing the following factors: 1) one or more needs basic to the child's healthy development are not met 2) the neglect is perpetrated by a parent or caregiver and 3) the neglect happens on a recurring and enduring basis.

## District of Columbia

program's eligibility criteria, but excludes youth and families who previously received one of the programs the district is expanding under the demonstration (e.g., PASS, PESP). The outcome evaluation addresses 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 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 Assessment Scale—CAFAS, North Carolina Family Assessment Scale—NCFAS, 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 evaluation findings for the reporting period of September 1, 2015 through January 31, 2016.

#### Process Evaluation Findings

- The majority of CFSA staff surveyed agreed or strongly agreed (range of 62–70 percent) that services provided under the waiver demonstration are a good match for families in need, services are being tailored to identify family strengths and needs, families are served in a culturally appropriate way, and more CFSA families are being served due to waiver demonstration implementation (total surveyed not reported).

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- The majority of SSF provider staff surveyed agreed or strongly agreed (range of 71–88 percent) that families are being matched to services based on presenting needs, believing SSF providers deliver the demonstration services the way they were intended, feeling prepared to deliver the programs with fidelity, and that they use standardized assessment tools of family/child and adolescent functioning to help inform and guide their practice of the services provided (total surveyed not reported).
- Children’s Friend (developer of Project Connect) conducted a fidelity case review. Results indicate a general adherence to structural and procedural fidelity. Project Connect workers were able to successfully articulate the core principles of the model, demonstrate an increased understanding over time as to engagement and relationship building with families, demonstrate increased relationship building with CFSA workers and other collaterals, and demonstrate some of the core the principles of the model in action during home visits.
- The Institute of Family Development (developer of HOMEBUILDERS®) conducted a fidelity case review. Results are based on the data from closed cases between February 1, 2015, and January 31, 2016. Overall, fidelity standards were met for immediate availability and response to referrals, services provided in the client’s natural environment, brevity of services, single therapist operating within a team, and transition and service closure.

## Outcome Evaluation Findings

- Approximately 60 percent of families successfully discharged from Homebuilders (n=33) had improved scores on the NCFAS in their essential functional area. The functional area that was determined to be essential for improvement for the highest number of families was Parental Capabilities (n=11).
- Eighteen families are currently enrolled in Project Connect and six have been successfully discharged. Three families who are currently open had at least one child reunified during service. One family who was successfully discharged had a child reunified.
- The CAFAS assesses functioning of youth involved with PASS. A decrease or increase in impairment is defined as a change in at least 10 points between the first and second measurement periods. For PASS youth who have completed at least one followup administration of the CAFAS (n=30), 24 (or 80 percent) have indicated a decrease in impairment in their overall score.

## 6: Florida

### Demonstration Basics

**Demonstration Focus:** Enhanced Service Array

**Approval Date:** January 31, 2014

**Implementation Date:** October 1, 2013<sup>4</sup>

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

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

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

### Target Population

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

### Jurisdiction

Florida is implementing its waiver demonstration statewide.

### Intervention

The demonstration includes the components as described below.

- **Improved Array of Community-Based Services.** The State Department of Children and Families (DCF) and its partnering Community-Based Care (CBC) Lead Agencies use title IV-E funds to expand the array of community-based child welfare services and programs available in Florida. Examples of these interventions include intensive early intervention services; one-time payments for goods and services that help divert children from out-of-home placement (e.g., rental assistance and child care); innovative practices to promote permanency such as Family Finding; enhanced training for child welfare staff and supervisors; improved needs assessment practices; and long-term supports to prevent placement recidivism.
- **Integration of Child Welfare with Other Health and Human Services.** To integrate child welfare, mental health, substance abuse, and domestic violence services, the state is implementing a wide variety of strategies 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,

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<sup>4</sup> Florida's 5-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 5 years effective retroactively from October 1, 2013 through September 30, 2018.

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

- **Child Welfare and Physical Health Assessments.** The state is using title IV-E funds to improve the array of services identified through comprehensive health care assessments for all children/adolescents who are receiving both in-home and out-of-home services. The state must also provide ongoing health care assessments following the Child Health Check-Up periodicity schedule.
- **Quality Parenting Initiative.** The Quality Parenting Initiative (QPI) integrates practices across various service systems to ensure that foster families receive the support they need to provide high-quality care to children. All of the Florida CBCs are actively participating in QPI, which involves ongoing technical assistance and 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

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

The process evaluation is comprised of two research components: an Implementation Analysis and a Services and Practice Analysis. The Implementation Analysis uses document review, structured observations, focus groups, and key stakeholder interviews to track the implementation process in terms of key variables such as staff, training, role of the courts, and several contextual factors. The Services and Practices Analysis compares services and practices available under the extended demonstration with those available prior to the demonstration extension to examine progress in expanding the array of community-based services, supports, and programs provided by CBCs or other contracted providers; and practice changes to improve the identification of child and family needs and connections to appropriate services.

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The cost analysis compares the costs of services received by children and families under the waiver extension with the costs of services available prior to the extension. Specifically, a state- and circuit-level aggregate analysis is assessing changes in expenditure patterns between the 2 years immediately preceding the extension and the 5 years of the extension period. It also examines earlier data to look for longer-term expenditure trends. In addition, the cost analysis is assessing the degree of shift from out-of-home placement to prevention, early intervention, diversion expenditures across DCF Circuits, and potential correlations between changes in expenditures by service type and changes in key child welfare outcomes. The cost analysis also includes an examination of the use of key funding sources, including all relevant federal sources (e.g., titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, state and local funds), to compare the costs of services available through the demonstration with services traditionally provided to children and their families.

### Sub-Study

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

### Evaluation Findings

#### Process Evaluation Findings

*Implementation Analysis.* Interviews conducted with key stakeholders between January 2015 and March 2016 highlighted the following issues and themes.

- **Leadership.** Interviewees agreed there has been little change in demonstration goals and vision since the extension. Respondents' opinions regarding the role of leadership in the demonstration varied. Some felt that CBC and DCF leaders share a consistent vision of the demonstration purpose, while other respondents felt any change in administration create new priorities and initiatives.

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- **Environment.** Interviewees were asked about environmental factors that support the demonstration and factors that may hinder the success and sustainability of the demonstration. The contextual factors most commonly cited that affect demonstration success included domestic violence, employment rates, substance abuse, mental health, and poverty. Additional factors cited by respondents included human trafficking, the impact of the media, perceptions of recent spikes in out-of-home care, reform efforts implemented in conjunction with the demonstration, and the utilization of service array/asset mapping and needs assessments.
- **Organizational Capacity/Infrastructure.** CBC leaders expressed the need for flexible funding afforded by the waiver demonstration for successful implementation of the state practice model. Respondents also think the demonstration allowed them to conduct more accurate and frequent assessments of children and families within the practice model. High turnover rates among investigators and case managers were cited as an organizational challenge for the demonstration. Opinions about how the role of the courts has changed varied, with some respondents expressing the opinion that the role of the courts had not changed since the demonstration extension while others felt that collaboration with judges had increased.
- **Demonstration Impact.** The demonstration was cited as having a positive impact overall, and it has become embedded into business as usual within DCF. Respondents expressed their thoughts that not having the flexibility afforded by the demonstration would be detrimental to the CBCs since it would limit the implementation of more prevention and diversion programs to prevent removals.

*Services and Practice Analysis.* Results from the Service Array Survey conducted by DCF from January to May 2015 revealed a lack of understanding about how to categorize services into the service categories recently introduced by DCF (Family Support and Safety Management Services). For example, some CBCs categorized a specific service as both a Family Support Service and a Safety Management Service. A total of 275 services were identified by CBCs as Family Support Services while 192 services were identified by CBCs as Safety Management Services. Of these, 26 were crisis management services, 25 were safety and monitoring services, 23 were resource support, 21 were behavior modification services, and 20 involves basic parenting assistance.

A set of case management focus groups conducted across the state revealed several notable themes.

- **Family Preservation.** Overall, case managers value family preservation and think in most cases it is in the best interests of children. Respondents saw preventing trauma as the greatest benefit of in-home services and child safety as the greatest concern with the use of in-home services.
- **Family Assessment Processes.** Case managers think assessment is an ongoing process that incorporates information from various sources, including reports from service providers, oversight from supervisors, and feedback from legal partners.

## Florida

- **Availability of Community Resources.** Community resources and services were cited as both the greatest supports and barriers for case managers. While many case managers think service providers were sources of great support in their jobs, others identified gaps in the availability of services in their community.
- **Lack of System Cohesion.** One of the greatest barriers noted by case managers was the lack of communication and collaboration among child welfare service providers and other child welfare stakeholders (e.g., parents, community organizations).

### Outcome Evaluation Findings

Life tables, Cox regression analysis, and analysis of variance (ANOVA) were used to analyze permanency data during the reporting period. Key findings are summarized below.

- Overall, there was a reduction in the proportion of children who exited out-of-home care into permanency within 12 months from 50 percent for State Fiscal Year (SFY) 11–12 to 47 percent in SFY 13–4, a statistically significant decrease.
- The median length of stay for the state in SFY 13–14 was approximately 13 months, a significant increase compared to SFY 11–12.
- The statewide proportion of children discharged into guardianship decreased from almost 13 percent in SFY 11–12 to 11 percent in SFY 13–14, a statistically significant difference.
- The proportion of children with a finalized adoption declined by 1 percent between SFY 11–12 and SFY 13–14; however, this decrease was not statistically significant.

Life tables, Cox regression analysis, and analysis of variance (ANOVA) were also used to analyze safety data during the reporting period. Key findings are summarized below.

- Overall, there was a reduction of 2.6 percent in the proportion of child maltreatment victims per 1,000 children in the population from SFY 11-12 to SFY 14–15, a statistically significant decrease.
- The proportion of children who did not enter out-of-home care within 12 months after their dependent case was opened and who initially received in-home services dropped from 92.4 percent in SFY 11-12 to 89.1 percent in SFY 13-14, a statistically significant difference.
- The proportion of children who did not re-enter care did not change over the three examined exit cohorts between SFY 11–12 and SFY 13–14 and remained at approximately 91 percent.
- The average proportion of children in the state who did not experience verified maltreatment within 6 months after either in-home or out-of-home services were terminated in SFY 11–12 was almost 95 percent compared to 95.4 percent in SFY 14–15, a small but statistically significant increase.

The state is tracking well-being using several CFSR Performance Items, which are derived from a live dataset in which cases are reviewed on an ongoing basis. Notable findings to date are summarized below.

- **CFSR Well-Being Outcome 1. Families have enhanced capacity to provide for their children's needs (Performance Items 12–15).** Statewide performance on Items 12 through 15 were rated as areas of strength for 49 percent of cases while for the remaining 35 percent of cases they were rated as areas for improvement. The standard for this outcome was not achieved or addressed for 16 percent of cases reviewed. The overall standard for Well-Being Outcome 1 was not reached at the state-level or in any individual circuits for this baseline assessment.
- **CFSR Well-Being Outcome 2. Children receive appropriate services to meet their educational needs (Performance Item 16).** Statewide, 84 percent of the cases reviewed met the standards for substantial or partial achievement of Well-Being Outcome 2. All cases reviewed in Circuits 2 and 14 met the standard for substantial achievement of this outcome.
- **CFSR Well-Being Outcome 3. Children receive adequate service to meet their physical and mental health needs (Performance Items 17–18).** Of the cases reviewed statewide, 68 percent met the standards for substantial achievement of this outcome, 13 percent were partially achieved, and 19 percent did not meet the standard.

#### Cost Study Findings

- Overall expenditures by CBCs increased from \$576,208,144 in SFY 13–14 to \$604,020,370 in SFY 14-15.
- The budget for maintenance adoption subsidies (MAS) has continued to increase under the waiver extension, reaching \$168,001,927 in SFY 14–15.
- Appropriations for CBCs have increased over time to \$796,044,000 in SFY 14–15, with much of the increase due to MAS.
- Independent living expenditures have increased statewide over time from \$29,772,190 in SFY 07–08 to \$39,636,735 in SFY 14–15.

## 7: Hawaii

### Demonstration Basics

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

**Approval Date:** September 30, 2013

**Implementation Date:** January 1, 2015

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

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

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

### Target Population

The target populations for the Hawaii demonstration include—

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

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

### Jurisdiction

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

### Intervention

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

The primary interventions for Short Stayers are described below.

1. **Crisis Response Team (CRT).** The CRT is staffed by trained social workers who are available 24 hours a day, 7 days a week to respond in-person within 2 hours to hospital referrals and police protective custody cases referred to the CWS Hotline. The CRT assesses the family's safety/risk factors using the Child Safety Assessment (CSA) and the Comprehensive Strengths and Risk Assessment. Depending on the results of the

assessment, the family will either be referred to the new Intensive Home-based Services (IHBS) program (if a safety factor has been identified and family is willing to do an in-home safety plan) or Differential Response Services (if no safety issues are identified and the family's risk level is moderate to low). The other option is to close a case as there are no safety factors and no to low risk factors; or proceed with removal of the child and assign the case to a traditional child welfare assessment worker (if a safety issue is identified and the family is unwilling or unable to implement an in-home safety plan). The CRT worker continues to work with families assigned to IHBS for up to 60 days and is responsible for case management during a family's involvement with the IHBS program.

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

The primary interventions for Long Stayers are described below.

1. **Safety, Permanency, and Well-Being Meetings (SPAW).** Based off of the Casey Family Programs Permanency Roundtable model, SPAW is a case staffing system aimed at breaking down systemic barriers to permanency, while ensuring high levels of safety and well-being. Children and youth who have been in care for 9 months or longer and are unlikely to be reunified with their family are eligible for SPAW. Although families are not directly involved in this process, the SPAW includes service providers, other professionals involved with the child and family, consultants (cultural, medical, mental health, etc.), social workers, and administrators who work to develop individualized action plans for participating children and youth. If the child has not achieved permanency within 6 months of the first SPAW, a second SPAW may be scheduled. General criterion for service termination is to establish a clear pathway to realistically achievable permanency, achieved permanency (adoption, legal guardianship, or in rare occasion, reunification), or emancipation from foster care. The Child and Adolescent Needs and Strengths (CANS) is used to understand the strengths and needs of children accepted into SPAW.

2. **Wrap Services.** 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 Hawaii (Wrap Services) will be offered to children and youth who have been in foster care for 9 months or longer, continue to have a permanency goal of reunification with family participation in services, and have multiple and complex needs (e.g., academic, mental health, developmental delays, risk of running away). Hawaii's model builds on the successful implementation of family conferencing called, "Ohana Conferencing," the Wraparound System of Care model, and the Milwaukee model. The CANS is used to understand the strengths and needs of children and families accepted into Wrap Services.

### Evaluation Design

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

- The evaluation of CRT involves a time-series analysis that examines changes in out-of-home placement rates over time. Placement outcomes for CRT participants are compared to a matched comparison group of children reported for maltreatment from hospitals or police on the same island in the three years prior to the waiver demonstration. Matching occurs on a case-by-case basis using propensity score matching (PSM).
- The evaluation of IHBS involves a retrospective matched case comparison design in which children that receive IHBS following implementation of the demonstration are matched on a case-by-case basis with children served by the Department of Human Services prior to the demonstration's implementation date. Cases are being matched by propensity scores using key intake characteristics and risk factors. Changes over time in key safety and permanency outcomes are being compared for both matched groups. Analysis of child well-being and family functioning from pre- to post-intervention will be performed for IHBS cases only.
- The evaluations of SPAW and Wrap Services involve retrospective matched case comparison designs. Through this design, children eligible to receive Wrap or SPAW services following implementation of the demonstration are matched on a case-by-case basis—using PSM—with similar children not participating in these services in the 3 years prior to the demonstration on the same island. Changes over time in key permanency and placement stability outcomes are being compared for both matched groups. Time series analysis of child well-being is being performed for demonstration cases only. When more than one child in a family is served by Wrap or SPAW, each child is treated

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as a separate case. In families with siblings, the child with the highest risk score on the Comprehensive Strengths and Risk Assessment is selected as the target child.

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

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

### Data Collection

The evaluation utilizes data from multiple sources including the state's child welfare system (e.g., Child Protective Services System), a state child welfare web-based interface (e.g., State of Hawaii Automated Keiki Assistance), surveys, focus groups, and data from assessment instruments (e.g., CSA, CANS, NCFAS).

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the waiver demonstration. The following provides preliminary evaluation findings for the reporting period of January 1, 2015, through June 30, 2015. The evaluators are continuing to work on accurately identifying children and families for the purposes of selecting and matching the evaluation samples from the various state databases. Future semi-annual reports will include more current data.

During the first year of the demonstration the process evaluation was focused on a capacity building phase. This included participation by the third-party evaluator in weekly implementation workgroups with the state to identify and select process measures and determine data availability. As of December 2015, workflow charts noting eligibility and referral procedures have been produced for each intervention and potential process measures have been identified. Focus groups with project staff, service providers, and community partners will begin in the fall of 2016.

### Outcome Evaluation Findings

Data available at the time of the most recent semi-annual reporting period does not support a comparative analysis of outcomes, but rather an understanding of the demographics of the populations served by the waiver demonstration and the safety and risk factors associated with children who are referred for demonstration interventions.

### *CRT*

- Of the 105 cases served during the reporting period, only 34 had a completed CSA. Of the 34 with completed CSAs, 16 had at least one item checked indicating the presence

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of a “safety factor” or cause for concern. The most frequent safety factor was severe abuse/neglect (n=9), followed by violence or threatened violence (n=7).

- Fifty-three percent of families (n=105) did not have children placed into foster care when assessed by CRT. Twelve families (11 percent) were referred to IHBS from CRT.

## *IHBS*

- All families served by IHBS (n=12) experienced a positive change in Parental Capabilities and Family Safety domains from pre- to post-test on the NCFAS; 92 percent (n=11) experienced a positive change in the Child Well-Being domain.
- All families completing the client feedback surveys for IHBS (n=11) reported their situations were either “a little” or “a lot” better. All reported being “satisfied” or “very satisfied” with the services they received.

## *Wrap Services*

- The most common needs among youth for whom there was a completed initial CANS assessment (n=7 out of the 11 youth served) were behavioral and emotional needs (n=5, or 71 percent).
- All seven youth for whom an initial CANS was completed were assessed as having strengths. All youth were assessed to have strengths in their families, interpersonal skills, optimism, educational abilities, relationship stability, and problem solving skills.

## 8: Illinois (AODA)

### Demonstration Basics

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

**Approval Date:** September 10, 2013

**Implementation Date:** October 1, 2013<sup>5</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, and in the rural counties of Madison and St. Clair 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>5</sup> This is the second long-term waiver extension for Illinois. The state original waiver demonstration (Phase I) which was implemented in April 2000 was followed by another long-term extension (Phase II) from January 2007 to October 2013.

## 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 2 to 3 days of receiving the list from the Program Coordinator. If substance misuse or abuse is apparent or suspected, an appointment is made to engage the parent and offer support and logistical assistance (e.g., transportation) to facilitate the completion of the clinical AODA assessment.
- Alternatively, at the discretion of the parent the clinical assessor follows up and conducts the AODA assessment in the field (e.g., the parent's home) instead of waiting several months to the next Juvenile Court date or at the child welfare agency.
- The mobile JCAP assessor coordinates with the Recovery Coach Liaison to facilitate the in-home AODA assessment and introduction of the Recovery Coach services for demonstration group parents.

Additionally, new services are available through this phase of the demonstration for families in Cook County<sup>6</sup> that have been identified as low risk<sup>7</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>6</sup> Initial implementation of these services are limited to Cook County, but may be expanded to Madison and St. Clair Counties.

<sup>7</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 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
- 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

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

## 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 the demonstration. Process, outcome, and cost evaluation findings from the semi-annual progress report submitted for the period of April 1, 2015 through December 30, 2015 are summarized below.<sup>8</sup>

#### Process Evaluation Findings

##### *Cook County*

- Of the 4,214 caregivers who met the waiver demonstrations eligibility criteria, 2,866 (68 percent) have been assigned to the experimental group and 1,348 (32 percent) have been assigned to the control group as of December 31, 2015.
- There are differences in permanency rates when comparing Chicago with the rest of Cook County. In Cook County, reunification rates are similar across demonstration and control groups; however, adoption rates are significantly higher for children in the demonstration group (22 percent versus 17 percent). In Chicago, the reunification rates are significantly higher for children in the demonstration group (30 percent versus 23 percent), but the adoption rates are significantly lower (53 percent versus 61 percent).

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

- As of December 31, 2015 a total of 536 caregivers were eligible for the demonstration. Of those enrolled in the demonstration, 343 (64 percent) have been assigned to the experimental group and 193 (36 percent) have been assigned to the control group.
- In St. Clair County, youth in the control group have higher reunification rates than youth in the demonstration group (57 percent versus 27 percent), while youth in the demonstration group are more likely to be adopted than youth in the control group (25 percent versus 17 percent). In Madison, there are similar rates of reunification and adoption in both the demonstration and control groups.

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<sup>8</sup> Treatment participation totals are reported for the period of April 2000 through December 2015 with permanency data reported through September 2015.

## Illinois (AODA)

### Outcome Evaluation Findings

- On average, children in the demonstration group continue to experience faster reunification than children in the control group (813 days for the demonstration group versus 935 days for the control group). This represents a reduction of 4.1 months spent in foster care, or a 12 percent reduction in the amount of time a child spends in foster care.
- Significantly more children in the demonstration group achieved permanence (reunification, adoption, or overall permanency) as compared with children in the control group (65 percent versus 61 percent). However, there were no significant differences with regard to time to adoption, either overall or by county.
- Across the demonstration, the rates of re-entry into foster care (calculated by identifying the proportion of children that re-enter a substitute care setting subsequent to returning home) are significantly lower in the demonstration group (17 percent) than the control group (25 percent).
- A sample of case files that had been open for more than one year were reviewed to explore obstacles to reunification. Progress seemed to be represented on a case-by-case basis with no clear patterns of why reunification was delayed. Additional data from the case file review will be included in future reports.
- There were no differences reported with regard to substantiated allegations of maltreatment subsequent to random assignment. As of December 30, 2015, 19 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. In the next semiannual report, analyses will be conducted to explore why children return to care at higher rates given that it doesn't appear to be directly associated with new allegations of maltreatment by the biological parent.

### Cost Analysis Findings

- As of September 2015, cumulative demonstration cost savings totaled \$11,111,500.

## 9: Illinois (IB3)

### Demonstration Basics

**Demonstration Focus:** Parenting Education and Support Services<sup>9</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

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

### Jurisdiction

The 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 and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child's sense of safety, attachment, and appropriate affect.
2. **Nurturing Parenting Program (NPP)** is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs

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<sup>9</sup> The Illinois parenting support demonstration constitutes the fourth title IV-E waiver demonstration. An earlier demonstration that focused on enhanced child welfare staff training ended in June 2005 while a subsidized guardianship demonstration ended in October 2009 with the establishment of a statewide Guardianship Assistance Program. A third demonstration focused on the provision of enhanced alcohol and other drug abuse services continues under a separate long-term waiver extension.

## Illinois (IB3)

contributing 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 (NPP-PV) that focuses specifically on the biological parents of children aged 0–5. In addition, the state will use a version of the NPP designed for foster caregivers of children aged 0–5 known as the NPP-Caregiver Version (NPP-CV).

For each of the above-mentioned interventions, the selection of participating children and families is determined by an enhanced developmental screening protocol implemented through the Integrated Assessment or Early Childhood Program. The enhanced screening protocol includes the Devereux Early Childhood Assessment for Infants and Toddlers, the Infant Toddler Symptom Checklist, and the Parenting Stress Inventory. These protocols supplement the screening protocols used by the state prior to the demonstration. The screening protocols include the Denver II Developmental Screening tool, the Ages and Stages Questionnaire, and the Ages and Stages: Social and Emotional assessment instrument. The enhanced screening protocol is used to determine a child's level of risk for trauma symptoms (categorized as low, moderate, and high risk) and the subsequent service recommendation. Generally, high-risk cases are referred to CPP, and moderate-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 evaluation design includes process and outcome components and a cost analysis. The evaluation design builds on the rotational assignment system that the Illinois Department of Children and Family Services (DCFS) uses to assign foster care cases to either teams of DCFS case managers or contracted private child welfare agencies. The Illinois DCFS teams and service provider agencies were first randomly assigned to an intervention or to a comparison cluster. Eligible children in family cases are then rotationally assigned to the next available provider within each cluster designation. Rotational assignment helps to ensure every DCFS team and private agency receives a representative mix of children as new referrals so that no team or agency has an unfair advantage by receiving a disproportionate number of “easy” cases.

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

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

## Illinois (IB3)

- 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)
- 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 evaluation utilizes data from multiple sources. Data on parenting behavior, service receipt, and child well-being outcomes are obtained from the enhanced developmental screening protocol, the Adult-Adolescent Parenting Inventory (AAPI-2), focus groups, and interviews. A Local Agency Director Questionnaire (LADQ) gathers information on child welfare agency characteristics such as agency expenditures and staff resources and training. Safety, permanency, and stability outcomes are being measured with existing administrative data from the Illinois Statewide Automated Child Welfare Information System and related information reported biennially to the Federal Adoption and Foster Care Analysis and Reporting System and National Child Abuse and Neglect Data System.

### Sample

Illinois 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 December 31, 2015, 641 children have been assigned to the intervention group, and 645 have been assigned to the control group.

### Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in semi-annual progress reports submitted through January 30, 2016, and the Interim Evaluation Report submitted in April 2016.

#### Process Evaluation Findings

- The results of the process study of the enhanced developmental screening process showed exceptionally good coverage of the intended target population of children. Approximately 87 percent of all children under age 4 years old who entered foster care in Cook County during fiscal years 2014 and 2015 were assigned to the demonstration.

## Illinois (IB3)

Of the 964 assigned children, almost 90 percent of children assigned to IB3 were screened for risk using the enhanced screening tools. Approximately 56 percent were determined to be at high risk, 31 percent were determined to be at moderate risk, and the remainder were determined to be at low risk or were deferred for further assessment. The proportion of children determined to be at high risk was greater than expected, and the need for CPP has exceeded provider capacity. A waiting list for CPP services began in the third quarter of the demonstration. By fiscal year 2015, all new referrals to CPP essentially stopped due to the lengthening waiting list. The lack of CPP availability resulted in increased NPP referrals. Two-thirds of cases that were enrolled in the demonstration during 2015 were referred to either NPP-PV or NPP-CV.

- Completion rates for CPP and NPP-PV were deemed respectable, with over half of birth parents completing all 16 weeks of NPP-PV and half of CPP participants completing or still attending the 52-week CPP program. However, only 22 percent of the caregivers referred to NPP-CV completed the program. Interviews with foster caregivers identified logistical barriers, such as childcare and transportation and skepticism/disagreement about foster parents' need for parenting training as key factors hindering participation in NPP-CV.
- The LADQ was used to assess the comparability of agencies in the intervention cluster and control cluster. The LADQ was completed by 16 of the 17 agencies participating in the demonstration in February and March 2013. On balance, responses to the LADQ suggested the two clusters of agencies are comparable on most dimensions of service delivery and agency capacity. For example, although more intervention agencies reported a loss of staff within the past 12 months at statistically significant levels due to funding reductions than control group agencies, the clusters of agencies both averaged the same annual staff turnover rate (approximately 20 percent).
- Interviews and focus groups with parents, foster parents, and service providers were conducted to assess participant responsiveness to the IB3 demonstration. Some of the key findings from these interviews and focus groups are—
  - Core IB3 program services are very well received when parents and foster caregivers participate in them.
  - Logistics and communication are the primary barriers to engagement and participation of both parents and foster caregivers in IB3 services.
  - Communication is the primary issue affecting staff (primarily caseworkers') perceptions of the program and its interventions. Feedback from caseworkers suggests they know the least about the IB3 services/interventions compared to other providers (e.g., CQI team members, legal representatives, and NPP and CPP service providers).
  - Caregiver interview participants expressed general frustration and fatigue with regard to DCFS service expectations. This seems to significantly impact their followup with IB3 and other DCFS services.

### Outcome Evaluation Findings

- Rotational assignment resulted in a well-balanced allocation of children to intervention and comparison conditions according to indicators of risk and need prior to removal. Differences in the local ecologies of communities served by intervention and comparison agencies and DCFS offices resulted in some systematic imbalances with respect to ethnicity, kinship care, and case management by DCFS offices.
- The examination of pre- and post-test differences in scores on the AAPI-2 for parents and caregivers who completed the NPP program (n=171) indicates there was substantial improvement in parenting competencies among program participants. There were moderate to strong improvements in four out of the five parenting and child rearing behaviors assessed, with the strongest improvements found in levels of parental empathy. However, the probability of returning home was found to be low even for children whose caregivers or parents completed the NPP program and scored as low risk at post-test: only 1 out of 10 children were returned home.
- In light of the exceptionally long lengths of stay of foster children in Cook County (less than 10 percent have exited state custody since the start of the demonstration), only three types of proximal permanency outcomes could be reliably compared: return home rates regardless of whether state custody was relinquished (i.e., includes trial home visits); reunification rates with case closure; and permanency rates which encompass reunification, adoption, and legal guardianships. Only the return home rate showed a marginally significant association ( $p < .10$ ) with assignment to the intervention cluster of agencies in the expected direction of improved permanence. The other two proximal outcomes were also in the expected direction, but the observed difference was not large enough to rule out chance error.
- For those children initially placed in non-kinship family settings under the case management of voluntary/non-DCFS agencies, children in the intervention group were more likely to return home than children in the control group. Children initially placed with kin had higher return home rates than children initially placed with non-kin regardless of whether they were assigned to the intervention or control group. Children in the intervention group placed in kinship homes managed by DCFS were *less* likely to return home than similar children in the comparison group. These results suggest the effects of the IB3 interventions are not uniform across different populations and settings.
- In regard to length of placement, a graph of smoothed hazards rates showed flat levels after 2 years in foster care for cases assigned to comparison agencies but sharply rising rates for children assigned to intervention agencies. If this pattern continues into year 3 of the demonstration, it is very likely the intervention effect on reunification rates will strengthen during this critical period of judicial oversight when decisions are made about alternative permanency plans for the children.

## Illinois (IB3)

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

### Cost Study Findings

- The total cost of services for the IB3 intervention group from July 1, 2013, to December 31, 2015, was \$11,483,272. On a per-child basis, an average of \$18,315 was spent on the care and case management of 627 intervention cases. If these same children had been assigned to the control group, it is estimated that the cost per child would have averaged \$16,586. The average difference of \$729 per child reflects the additional costs of providing the IB3 interventions and associated case management expenditures. Total intervention costs were lower than projected because of contractual challenges concerning CPP, with only 29 percent of the obligated funds for fiscal year 2015 invoiced by the five CPP providers.

## 10: Indiana

### Demonstration Basics

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

**Approval Date:** September 14, 2012

**Implementation Date:** July 1, 2012<sup>10</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 Indiana Phase III demonstration includes title IV-E-eligible and non-IV-E eligible children at risk of or currently in out-of-home placement and their parents, siblings, or caregivers. Unlike in its 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

Under its waiver extension, Indiana is continuing its efforts to increase Department of Child Services (DCS) staff's understanding of and capacity to implement demonstration interventions statewide<sup>11</sup> and will emphasize increasing the array, accessibility, and intensity of evidence-based/-informed services available to children and families. In addition, the state is offering an expanded array of concrete goods and services to help families maintain safe and stable households (e.g., payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, house cleaning) and an increased array of innovative child welfare services, including community-based wraparound services and home-based alternatives to out-of-home placement. Programs and initiatives available through the waiver extension include—

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

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<sup>10</sup>Indiana is currently operating under a second long-term waiver extension effective July 1, 2012, through June 30, 2017. The original (Phase I) demonstration was implemented in January 1998, followed by a long-term extension (Phase II) that began July 1, 2005, and continued with short-term extensions through June 30, 2012.

<sup>11</sup> For its first 5-year (Phase II) waiver extension, Indiana continued its demonstration of the flexible use of title IV-E funds to improve on the process and outcome findings reported for its original waiver demonstration. 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 flexible IV-E funds.

- **Child Parent Psychotherapy (CPP)** is an intervention for children aged birth to 5 who have experienced at least one traumatic event.
- **Sobriety Treatment and Recovery Teams (START) Program** serves caregivers with substance use disorders with children under the age of 5.
- **Children’s Mental Health Initiative** provides access to intensive wraparound and residential services for children who do not qualify for Medicaid.
- **Family Evaluations** connects families with services in instances in which the severe mental, behavioral health, or developmental disability needs of the child put the family in or at risk of crisis.
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** is utilizing service mapping and the Child and Adolescent Needs and Strengths (CANS) Assessment to identify appropriate families to participate in this evidence-based model.

## Evaluation Design

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

The process evaluation includes interim and final analyses that describe how the demonstration is being implemented and identify how services available under the waiver extension differ from services available under previous demonstrations. These analyses include an examination of the availability, accessibility, intensity, and appropriateness of in-home and community-based services and the extent to which interventions offered through the demonstration maintain fidelity to their original service models. Data for the process evaluation primarily comes from interviews and surveys conducted with Regional Managers and Family Case Managers (FCMs), and data from QSRs and other surveys implemented by the state.

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

- The number and proportion of children designated as a Child in Need of Services (CHINS) who enter out-of-home care
- Of all children who enter out-of-home placement, the number and proportion exiting to reunification, a finalized adoption, or guardianship
- 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

## Indiana

- Of all children who exit to each permanency outcome, the proportion experiencing a subsequent substantiated maltreatment report and/or re-enter out-of-home care
- The number and proportion of children placed into care with relatives and siblings
- Changes in key indicators of child well-being tracked through the existing QSR process, including physical health, emotional health, and social/cognitive development

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

### Sub-Study of Family Centered Treatment (FCT)

In addition to the primary evaluation described above, the state is conducting a sub-study of FCT. The sub-study began on January 1, 2015. As of December 31, 2015, a total of 823 families have been referred to this service. The sub-study seeks to determine the effects of FCT on child safety, permanency, well-being, and service costs in comparison with other types of comprehensive home-based services.

### Data Collection

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

### Sample

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

### Evaluation Findings

Evaluation findings reported in the Interim Evaluation Report and subsequent semi-annual progress reports are summarized below.

#### Process Evaluation Findings

##### *Concrete Services*

There has been a significant increase in concrete services provision and spending in the 2 years following implementation of the waiver demonstration across all four main categories: general products, general services, material assistance, and personal allowances.<sup>12</sup>

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<sup>12</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

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### *Regional Manager, Executive Manager, and Assistant Deputy Director 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. Other initial interview results suggest continued administrative challenges related to staffing and turnover, a possible widening of the gap between how Central DCS Office and field staff perceive the waiver, persistent needs related to effective substance abuse treatment across regions and the state, and the importance of using concrete services more frequently to meet the unique needs of children and families.

### *Caregiver and Youth Survey*

Respondents to this survey consisted of biological parents (n=121), foster parents (n=123), relatives (n= 56), and youth (n=56). For all respondents, the majority of respondents were females (82 percent) and identified as white (79 percent). Key findings from the most recent administration of this survey are summarized below.

- Most biological parents indicated the services they used “completely” met their needs, ranging from 50 to 92 percent across the services. More specifically, the highest rated services included First Steps (92 percent), assistance obtaining childcare (86 percent), concrete services (78 percent), and dental services (71 percent). At least 50 percent of youth indicated all the services used “completely” met their needs, with employment training services, First Steps, and child care rated the highest.
- The least available service reported was case management (44 percent of biological parents and 83 percent of youth).
- Youth were the most likely to have attended a Child and Family Team Meeting (CFTM) in the past 12 months (87 percent), followed by biological parents (83 percent), relatives (78 percent), and foster parents (66 percent).

### *Community Services Provider Survey*

Respondents to this survey consisted of frontline workers (n=181), program managers (n=161), agency CEOs (n=114), and central/administrative operations staff (n=95). The majority of respondents were females (74 percent) and identified as white (76 percent). Key findings from the most recent survey administration are summarized below.

- The most commonly provided services were case management (74 percent), home-based services (63 percent), and mental health services (61 percent). The least commonly provided services were First Step (3 percent), dental services (8 percent), and developmental/disability services (10 percent).
- Respondents selected case management, mental health services, home-based services,

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activities, birthday allowances, computer/electronic devices, field trips, parking/tolls/bus passes, musical instruments, summer camp, sport team costs, and special event allowances.

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and home-based casework as the services for which there is the greatest need. Trauma-focused cognitive behavioral therapy was identified as the most effective service, followed by case management, home-based services, and home-based casework.

### *Court Survey*

Respondents to this survey consisted of GALs/CASAs (n=478), probation staff (n=87), prosecutors (n=39), and judges (n=31). The majority of respondents were female (72 percent) and identified as white (87 percent). Noteworthy findings are summarized below.

- Respondents reported that the DCS attorneys' legal services were "somewhat" effective ( $\bar{x}$ = 3.68) and the FCMs ( $\bar{x}$ =3.84) and DCS attorneys ( $\bar{x}$ =3.88) were "somewhat" prepared for court.
- The five services most frequently recommended and ordered by courts for children and their families included home-based services, substance abuse services, mental health services, case management, and health care services.
- Respondents reported dental services, First Steps, health care services, and respite care were "somewhat" and "completely" effective. Judges indicated housing services (21 percent), mental health services (17 percent), and substance abuse services (17 percent) were "not effective at all." Court respondents other than judges reported employment training services (27 percent), substance abuse services (26 percent), and father engagement services (25 percent) were "not effective at all."

### *Outcome Evaluation Findings*

#### *Quality Service Reviews*

To date, a total of four rounds of QSRs have occurred. Key findings from these reviews are summarized below.

- There were no significant differences in the demographic characteristics of the samples in Rounds 1 to 4 including age, gender, race, ethnicity, and case type.
- Improvements were observed in many practice performance and outcome indicators from Rounds 1 to 4. Sixty percent of cases reviewed in Round 1 were open 9 or more months (N = 308). The percentage dropped to 55 percent (N=323) in Round 2 ( $p < 0.01$ ), 51 percent (N=267) for Round 3, and 46 percent (N=231) for Round 4.
- Safety and Behavioral Risk ratings hovered between Fair and Good, and Stability and Permanency ratings ranged between Marginal and Fair. While Safety and Behavioral Risk improved from Round 1s to 4 ( $p < 0.01$ ), there was a decrease in Permanency in Round 4 when compared to Rounds 1 to 3. Stability remained relatively unchanged across rounds. Each of the Well-being outcomes had a higher mean score in Rounds 2 to 4 compared to Round 1; with the exception of Overall Child Status, on which Round 4 did not improve from Rounds 2 and 3. Even with the small sample size, the change in

the Path to Independence indicator was statistically significant.

- Across all rounds, Engaging the Role and Voice of Other (current caregivers) was rated most positively. Engaging the Role and Voice of Father was rated most negatively. Overall, statistically significant improvements between rounds were seen in all Engaging practice indicators.
- There were minimal changes in ratings of Team Formation across Rounds 1 to 4. Although the increase was minimal from Rounds 1 to 4 in the Team Functioning category, it was statistically significant.
- In the Assessing, Planning, and Intervening categories (with the exception of Resource Availability within the Intervening category), mean scores improved from Rounds 1 to 3 followed by a slight decrease in Round 4.

#### *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 2 years.
- There were several significant differences between community members' and the FCMs perceptions of the need, availability, utilization, and effectiveness of various services. Community members perceived a significantly greater need than did FCMs for many services, but 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 increased to \$793.9 million. The percentage of state versus federal spending has remained relatively constant at approximately one-third federal and two-thirds state.
- Spending on out-of-home care remained relatively unchanged during the first 2 years of the waiver term compared to the SFY 2011 and 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 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.

## 11: 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:** October 1, 2015

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

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

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

### Target Population

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

### Jurisdiction

The START program is being implemented in Jefferson County and will expand into Fayette County during Year 2 of the demonstration. Expansion of START in additional counties will be based on a needs assessment and available resources. The KSTEP program will begin in four counties in the state's Northeastern Region. KSTEP will then be rolled-out regionally based on the capacity of providers and is expected to ultimately reach statewide implementation. The state anticipates serving 60 families through START in the first year of the demonstration and 90 children during the first year of KSTEP implementation.

### Intervention

Kentucky has selected two primary interventions for its demonstration, which are described below.

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 that is being expanded under the demonstration. START integrates substance use services, family preservation, community partnerships, and best practices in child welfare and substance use treatment. Families receive quick access to behavioral health assessments and substance abuse treatment and are engaged in the decision-making process through family team meetings. Family Mentors provide peer-to-peer recovery coaching and help navigating the Child Protective Services (CPS) system. Treatment services (e.g., Motivational Interviewing, the Matrix Model program, Seeking Safety therapy, etc.) are provided at the level of care required by the client and as determined by the American Society of Addiction Medicine Patient Placement Criteria. Flexible funding is also available, as needed, for meeting basic needs such as housing, transportation, childcare, and intensive in-home services. The average length of a START case is 14 months, which varies based on families' individual needs. A 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
  - The family is Medicaid eligible (not a requirement, but generally considered)
2. **The KSTEP program** is a voluntary in-home services program that will be an expansion of the in-home services currently offered in the state. KSTEP will enhance provider capacity and family access to in-home services that address the needs of parents of children under 10 years of age who have identified risk factors of substance abuse and/or family violence. Through KSTEP 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. The core model for KSTEP relies on providers delivering in-home services using evidence based or evidence informed practices to support rapid and frequent in-home case management for stabilization and safety planning with families. Services provided under KSTEP will include intensive in-home case management, family team meetings, and referrals to other community services as appropriate. A family may be eligible for KSTEP if –
- There is a child age 0–10 who is at imminent risk of removal from the home
  - Parental substance abuse and/or family violence 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

## Kentucky

- The family is Medicaid eligible (not a requirement but generally considered)

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses describing how the demonstration was implemented and identifying how demonstration services differ from services available prior to implementation of the demonstration. The key objective of the outcome evaluation is to assess the impact of increasing services available to families with co-occurring child maltreatment and substance use. The evaluation of the START program consists of two separate designs sharing common elements. The evaluation of the first START expansion site, in Jefferson County, will utilize a randomized controlled trial (RCT), however the state has determined that an RCT will not be feasible in the expansion sites (e.g. Fayette County). A quasi-experimental design utilizing propensity score matching will be employed for these sites. The START program evaluation tracks outcomes in the areas of safety, permanency, and child and adult well-being through both primary and secondary data. Primary data on child and adult well-being is collected from both the experimental and control groups in the RCT, and from START clients only in the other START sites. The state is tracking the following outcomes:

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

Details regarding the evaluation approach for KSTEP will be provided in the pending evaluation plan for the KSTEP program.

### Evaluation Findings

Evaluation findings are pending the implementation of the waiver demonstration.

## 12: Maine

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** April 1, 2016

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

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

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

### Target Population

The target population includes all title IV-E eligible and non-IV-E eligible children 0–5 years of age, 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 waiver demonstration is being implemented in Region 1 (southern Maine) and Region 3 (northern and eastern Maine).

### Intervention

Through the demonstration, the state is seeking to stabilize and reunify targeted children and families in a timelier manner by providing coordinated, co-located interventions of parental education and intensive outpatient substance abuse services. Eligible parents receive the Matrix Model Intensive Outpatient Program for substance abuse treatment along with Level 4 and Level 5 Positive Parenting Program (Triple P) parenting education. A brief description of the interventions is provided below.

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.

- 2. Positive Parenting Program (Triple P)** is an evidence-based parenting program delivered by trained providers in either an individual or group setting to participating families. For Maine’s demonstration, Triple P is being 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 aged 0–12. Level 5 Triple P provides more intensive support for families who complete Level 4 Triple P, but need additional support. Level 5 Triple P includes either Enhanced Triple P or Pathways Triple P. In Enhanced Triple P, three specific modules address partner communication, stress management, and how to handle other high stress situations for families experiencing parental conflict, mental health issues, or other stressors. Pathways Triple P is specifically geared toward families at risk of child maltreatment and covers anger management and behavior management techniques.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and 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 uses both a pre-post and a longitudinal, matched comparison group design. The pre-post analysis will be used to examine child and family well-being measures. The longitudinal, matched comparison group design will be used to track safety and permanency measures, such as repeat maltreatment and length of time in foster care, for both the treatment and comparison groups. Propensity score matching will be used to assign families from a historical cohort to the comparison group. The outcome evaluation addresses changes in the following—

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

### Evaluation Findings

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

## 13: Maryland

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** July 1, 2015

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

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

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

### Target Population

The waiver demonstration targets two priority populations:

1. Children and youth at risk of entering out-of-home care for the first time
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 vary based on needs identified by local jurisdictions.

### Jurisdiction

The demonstration is being implemented statewide; however, specific interventions are being rolled out in phased implementation stages across selected counties or service areas. All CPS and in-home services cases are being assessed with the Child and Adolescent Needs and Strengths-Family (CANS-F). Consolidated In-Home Services (CIHS) provides ongoing case management and services to families at risk of maltreatment and/or out-of-home placement. Maryland serves approximately 7,500 families annually via CIHS. The state estimates serving 5,490 families in the first year of the demonstration through new and/or expanded evidence-based and promising practices.

### Intervention

The 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 three primary components of the demonstration include the activities described below.

## Maryland

1. **Standardized trauma and trauma-informed assessments**, specifically the CANS and CANS-F are being implemented statewide for use in CPS<sup>13</sup> and in-home services to assist caseworkers with the identification of individualized strengths and needs of children and families and to support the development of a plan of care, including specific and individualized interventions to address identified needs.
2. **Workforce development activities** related to the impact of trauma on children, families, and front line staff. Workgroups were established by the Maryland Department of Human Resources to develop a Trauma Informed Strategic Plan. The strategic plan includes a Maryland definition of what it means to be a trauma informed child and family serving system, a framework for organizing the core components of a trauma informed system, and action steps to be taken as part of the waiver demonstration. Specific strategies detailed in the plan focus on: policies, practices, and procedures; core competencies; youth and family peer support; and a statewide Learning Collaborative. The workgroups will also determine the types of trauma informed training to be developed for direct care staff, resource parents, leadership, and community providers.
3. **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 CANS-F is being used to inform referral to the EBPs/PPs. The specific interventions and locations for implementation were identified through a proposal process with local jurisdictions and private providers and include the following:
  - SafeCare
    - Prince George’s County
    - Howard County
    - Montgomery County
  - Solution-Based Casework
    - Baltimore City
  - Incredible Years
    - Allegany County
  - Nurturing Parenting
    - Harford County
  - Family Functional Therapy
    - Anne Arundel County
  - Parent-Child Interaction Therapy
    - Anne Arundel County

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<sup>13</sup> As of August 2016, the state has not yet implemented CANS-F for CPS.

## Maryland

- Cognitive Behavior Therapy+/Partnering for Success
  - Baltimore County
- Parental Substance Abuse Treatment/Job Training/Housing
  - Baltimore City

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

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and 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). Because of the individualized nature of the new and expanded EBPs/PPs implementation, the evaluation includes individualized approaches for each EBPs/PPs. The third-party evaluator worked with each local site to determine the most rigorous research design feasible and appropriate for each EBP/PP. Detail regarding the evaluation approach for new and expanded EBPs/PPs is provided in the evaluation plan. The evaluation monitors the following outcomes statewide:

- Rates of reunification, adoption or guardianship
- Placement stability
- Length of stay
- 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
- Child and youth functioning

### Evaluation Findings

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

## 14: 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

The Massachusetts demonstration broadly targets children of all ages in state custody who are in residential placement and can return to a family setting, are preparing for independence, or 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 determination process that draws on the Child and Adolescent Needs and Strengths (CANS) assessment tool and other indicators of need. Certain children are excluded from participating 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 when community risk management strategies are deemed to be insufficient.

### Jurisdiction

The demonstration is being implemented statewide.

### Intervention

The demonstration, titled *Caring Together*, is a joint undertaking by the Massachusetts Department of Children and Families (DCF) and the Department of Mental Health (DMH) to design, price, and implement residential and intensive community-based program models that best support child, family, and system outcomes and that foster family and youth engagement. The demonstration seeks to increase permanency for children in residential care settings, improve child safety and well-being, prevent foster care 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 five programs being implemented as part of *Caring Together* are described below.

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 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 are provided 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. The same treatment team that delivered clinical care to the child and family while the child was in placement provides Follow Along services in order to maintain continuity of relationships built during the placement episode.
3. **Stepping Out Services.** Services are provided for young adults ages 17 and older that are transitioning to living independently after receiving pre-independent living and independent living group home services. Stepping Out services provide ongoing individual supports during this transition period to help youth achieve independence, build relationships, and sustain lifelong connections. The same treatment team that delivered clinical care provides Stepping Out services to the child and family while the child was in placement in order to maintain continuity of relationships built during the placement episode.
4. **Continuum Services.** Services are provided to children age 18 and younger at risk of congregate care placement and whose families are identified as able to care for the child at home with intensive supports. The continuum service team is responsible for family treatment, care coordination, outreach, and crisis support within the community even when the child receives out-of-home services.
5. **Family Partners.** Family Partners are individuals with personal experience with the child welfare and/or child behavioral systems who support children and families in or at risk of congregate care placement. Implementation of this component of the demonstration began on April 1, 2015, as a pilot in eight DCF area offices; providers began accepting referrals for this service on July 1, 2015.

## Evaluation Design

Massachusetts is implementing a statewide retrospective matched-case research design. In the design, service utilization and outcomes for the cohort of children that exited congregate care during the 5 years prior to the waiver demonstration are compared with service utilization and outcomes for similar children who receive Caring Together services during Years 3 through 5 of the demonstration. The evaluation is comprised of three components: (1) a process evaluation documenting the system changes made by DCF during the waiver demonstration period and examining the overall implementation of the demonstration interventions, including the level of fidelity with which they are implemented; (2) an outcome evaluation examining whether

## Massachusetts

children and families who receive Caring Together services experience greater improvement in key child welfare outcomes than do similar children who received services prior to the start of the waiver demonstration; and (3) a cost analysis examining changes in service utilization and spending resulting from the waiver and the implementation of financial performance incentives.

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

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

### Data Collection

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

### Evaluation Findings

Below is a summary of evaluation findings reported in progress reports submitted through January 2016.

#### Process Evaluation Findings

- From January 2015 through December 2015, DCF served 167 children in Follow Along, 23 children in Stepping Out, and 262 children in Continuum. From July 1, 2015 through December 2015, the Family Partner pilot program served 64 families.
- 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 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.
- The main topics from the focus groups and interviews conducted with providers, DCF Area Office staff, DMH Child and Adolescent Directors, Caring Together Clinical Support (CTCS) teams, and parents and youth during the July through December 2015 reporting period are summarized below.

*Strengths of Caring Together services*

- DMH and DCF staff members agreed communication and collaboration between the two agencies has improved.
- DMH staff reported transitions of youth between the two agencies are relatively easy, when needed. Providers, however, did not agree with this observation.
- CTCS teams reported that appearing in person at Area Offices they cover has improved communication, collaboration, and education of staff about Caring Together, reportedly more so than trainings.
- DCF and DMH staff generally reported progress on the part of providers in terms of the quality of care and adherence to Caring Together principles, with scattered exceptions. Some youth reported program staff members were helpful and understanding.
- Parents acknowledged family voice and youth strengths were being taken into account in treatment planning, and they generally felt they were a respected part of the treatment planning team.

*Areas for improvement*

- There is a need for better communication and collaboration between DCF and DMH regarding the allocation of placements across both departments.
  - There is continued confusion regarding the role of CTCS teams, and one group of DCF supervisors and managers questioned their utility.
  - In some service areas in particular, there are not enough community treatment options (or overnight respite in general), which in some cases leads youth to “fail up” by being unnecessarily placed into out-of-home care.
  - There is a continued sense among state staff and providers that there is very little service integration and coordination at the higher levels of DMH and DCF and involvement with or knowledge of Caring Together in other service systems continues to be slight.
- Additional process evaluation activities conducted to date include a joint quality assurance process related to Caring Together services. CTCS teams reviewed 307 records from 19 provider agencies between January and June 2015. The data from this

set of record reviews serves as the baseline data. In general, the records indicated individual treatment plans were based on findings and recommendations of the assessment and clinical formulation, reflected the use of natural supports, considered the youth's strengths, and involved the youth and parent/caregiver in treatment planning. Reviewers found 62 percent to 81 percent of the plans met these standards. Record reviews also indicated treatment plan goals were generally reviewed quarterly (77 percent met the standard) and plans were revised based on quarterly reviews (76 percent met the standard). Fewer records had youth and parent/caregiver signatures for the quarterly treatment plan review (55 percent and 56 percent, respectively) than for initial treatment plan development (69 percent signed by youth and 64 percent signed by parent/caregiver).

### Outcome Evaluation Findings

- *Length of stay.* Average total length of stay in the last two quarters of fiscal year 2015 (Q3 and Q4) was calculated for all youth in congregate care during a quarter and all youth *exiting* congregate care during a quarter. The average total length of stay for all youth in congregate care increased slightly from 246 days in Q3 to 267 days in Q4. Among youth exiting congregate care, those exiting in Q3 had a slightly shorter length of stay (229 days) than those exiting in Q4 (238 days).
- *Restraints.* For Q1 through Q3 of fiscal year 2015, restraints were examined in two ways: (1) restraint incidents per 1,000 congregate care days and (2) percentage of congregate care youth with a restraint incident. Compared to group homes and Continuum providers, residential schools had the highest incidence of restraint use and the highest percentage of youth with a restraint for all 3 quarters. Continuum had the lowest incidence of restraint for Q1 and Q3 (group home use of restraint was lower in Q2) and the lowest percentage of youth with a restraint incident for all quarters.

Additional findings are pending continued implementation of the waiver demonstration.

## 15: Michigan

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

### Intervention

Through its demonstration—called Protect MiFamily—Michigan is expanding secondary and tertiary prevention services to improve outcomes for children and families, including safety and well-being; and to strengthen parental capacity. The state has contracted with Samaritas and Catholic Charities of West Michigan who over a 15-month period identify participating families' strengths and needs, coordinate timely referrals to community providers, provide clinical and evidence-based interventions, and directly engage families in their own homes to build strengths and reduce risk. Protect MiFamily's components include:

- **Family Psychosocial Screen** is administered by private agency contractors with appropriate training within seven days of referral to the demonstration. The tool screens for depression, substance abuse, domestic violence, and other risk factors. Depending on assessment and family need, referrals to appropriate community services are made.
- **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,

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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.

evidence-based mental health interventions, such as Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, or other evidence-based interventions deemed appropriate, including Nurse-Family Partnership, Early Head Start, or Healthy Families America. In addition, children aged 3–5 years with a positive history of trauma are screened using the Trauma Symptom Checklist for Young Children and are also referred for these mental health interventions.

- **Strengthening Families**, a protective factors framework, is integrated into the approach through which contracted agencies are responsible for establishing a link to resources in order to build the following factors: (1) social connections, (2) parental resilience, (3) knowledge of parenting and child development, (4) concrete support in times of need, and (5) social and emotional competence of children.
- **Concrete Assistance** is available to each enrolled family to pay for goods and services (e.g., transportation, day care, household goods), to reduce short-term family stressors, and help divert children from out-of-home placement.
- **Safety Assessment and Planning** occurs throughout the 15-month intervention to identify and address issues related to child safety.
- **Long-term Family Engagement and Support** provides an array of services and supports and includes three phases: (1) engagement and case planning, (2) service provision and collaborative monitoring, and (3) aftercare with step-down of engagement and intervention

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is implementing an experimental research design with random assignment to experimental and control groups. Eligible families are randomly assigned to the experimental and control groups using a 2:1 sampling ratio. Families in the experimental group receive Protect MiFamily services, while families in the control group receive “services as usual.”<sup>15</sup> The process evaluation includes interim and final process analyses that describe how the demonstration was implemented. It will also identify how demonstration services differ from services available to children and families that are not designated to receive demonstration services, along with analysis of the degree to which program participants were satisfied with demonstration-funded programs, services, and interventions. The outcome evaluation compares children and families who received Protect MiFamily services (experimental group) to children and families in the control group 15 months following acceptance into the demonstration. Specific outcome measures of interest for children and families who receive enhanced demonstration services include the number and percent of:

- Children who experience fewer subsequent maltreatment episodes at the 15th, 18th, 24th, 36th, and 48th month following random assignment;

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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.

## Michigan

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

The cost analysis compares costs of services in key categories for the experimental and control group families including development costs, costs related to investigations, clinical and support services, and family preservation and placement related services. A cost benefit analysis will also be conducted to determine relative savings attributable to the waiver services. The evaluation will also assess the financial cost of the demonstration in relation to its effectiveness by computing the cost effectiveness ratio, *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

The evaluation utilizes data from multiple sources, including MiSACWIS, a Protective Factors Survey, the Devereux Assessment, risk and safety assessments, document review, staff and stakeholder interviews and focus groups, a Family Satisfaction Survey, a Fidelity Checklist, and Quality Service Reviews.

### Sample

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

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the 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.
- 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.

## Michigan

- 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 versus 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 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.

## Michigan

- 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.

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

While the service providers are the direct recipients of the Results-Based Accountability (RBA) initiative, children and families are the target population for the RBA intervention which includes all children aged 0–18 currently served by the 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

The demonstration is being implemented statewide, with the AR initiative beginning with an initial pilot in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties. Expansion of AR began in 2016, currently 53 out of the 93 counties implement AR. Statewide rollout of AR should be completed by 2018. RBA was implemented statewide as of July 2014.

### Intervention

Nebraska has selected two primary interventions for its demonstration—

1. **Alternative Response;** Nebraska is implementing AR to ensure child safety while working in partnership with parents to identify protective factors, avoid negative labels and fault findings, and provide services and resources matched to families’ needs. AR includes a comprehensive assessment of child’s safety, well-being, and works with the family to identify barriers the family faces in keeping their child safely at home. The family is connected with community supports and voluntary services enabling them to keep the child at home while addressing issues that resulted from an initial maltreatment referral. Nebraska randomly assigns families who meet the eligibility requirements for AR (50 percent of families eligible for AR are assigned to Traditional

Response, the other 50 percent are assigned to Alternative Response), and a DCFS case manager provides and coordinates the provision of the following services:

- Comprehensive assessment comprised of the Structured Decision Making (SDM) Safety and Prevention assessment, Nebraska DCFS Protective Factors and Well-Being Questionnaire, and Genogram and Ecomap
- Provision of concrete services to improve household conditions, including but not limited to rental assistance, child care, access to economic assistance, housing, and transportation
- In collaboration with community agencies, link AR families to an array of evidence-based programs and services that enhance parental protective factors and promote family stability and preservation

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

2. **Results-Based Accountability;** RBA was 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 contracted service providers in RBA principles.
- Develop standard performance measures, in collaboration with service providers
- Service data will be entered by providers monthly into a centralized database platform according to the developed performance measures
- Collaborate 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

The evaluation includes process and outcome components and a cost analysis. The state is using an experimental design with random assignment to evaluate AR and a longitudinal time series design to evaluate RBA. The process evaluation includes interim and final process analyses describing how the demonstration was implemented and how demonstration services differed from services available prior to the demonstration. For AR, the outcome evaluation

## Nebraska

addresses differences between the experimental and control groups for the following child and family outcomes:

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

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

Child and family outcomes for RBA are being 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 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
- Likelihood of discharge to emancipation

## Nebraska

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

The cost analysis of AR and RBA includes an analysis of the total cost of each program and analyses of administrative costs and contracted services costs. A cost-effectiveness analysis (CEA) for AR will develop performance-cost ratios and compare them between the treatment and control groups. The CEA will also include trend analysis of the performance-cost ratios. Similarly, cost-effectiveness ratios will be developed for RBA and the ratios will be 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

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

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the demonstration. The following provides preliminary evaluation findings for the reporting period of October 1, 2014, through July 31, 2015<sup>16</sup>.

#### Process Evaluation Findings

- The AR stakeholder survey was completed by 166 individuals for a response rate of 44 percent. Responses about perceptions of AR implementation thus far were generally positive (i.e., statewide external stakeholders, internal workgroup and subgroup members, and local implementation team members). Generally, AR stakeholders agreed or strongly agreed with the statements in the survey, meaning most stakeholders had generally favorable perceptions of the AR implementation process. However, there were some significant differences (8 items) between groups, mostly in regards to perceptions of specific program elements. These findings indicate that future efforts should be directed at actively involving stakeholders (both currently participating and possibly inviting additional stakeholders to attend AR meetings), examining or reexamining program elements with stakeholders, and communicating field-level experiences of AR implementation so far to stakeholders.

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<sup>16</sup> Outcome measures are pending as each measure requires at least one year of implementation since the initial intake.

## Nebraska

- There were significant gains in participants' understanding of AR knowledge as a result of the AR primer training, evidenced by a significant difference between average scores on the pre-test (M= 26, SD = 3.67) and post-test (M= 30, SD = 3.03),  $t(176)= 8.28$ ,  $p= .00$ . The pre-test was completed by 108 participants and the post-test was completed by 70 participants.
- Mental health services were the most common type of service selected for families by AR workers (selected by about 25 percent of 176 AR workers).
- Seventy-six percent of AR workers (n=128) reported that they were able to match the services provided to the service needs of the family somewhat well or very well.
- Out of 90 potential participants, 61 percent completed the RBA provider survey (n=55). These individuals represented 80 percent of the provider agencies participating in RBA. Key results from the survey are summarized below.
  - The majority of respondents indicated that the RBA program aligned with agency priorities (55 percent) and was embraced by agency leadership (76 percent). In general, most providers (85 percent) agreed that their agency was ready and able to implement the necessary RBA processes to collect and report their data.
  - More than half (57 percent) of respondents agreed or strongly agreed that they were well informed during the performance measure development process. However, only 40 percent agreed or strongly agreed that the development process was collaborative.
  - Half of respondents (51 percent) agreed or strongly agreed that the RBA program will benefit children and families, while 39 percent thought it would benefit their agency, and a smaller percentage (31 percent) thought it would improve agency efficiency.

## 17: Nevada

### Demonstration Basics

**Demonstration Focus:** Safety Management Services Model

**Approval Date:** September 30, 2014

**Implementation Date:** July 1, 2015

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

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

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

### Target Population

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

### Jurisdiction

The demonstration is being implemented in Clark County using a phased approach. Clark County Department of Family Services (DFS) serves families in six sites, and the demonstration is expected to be implemented in all six sites by October 2016. Clark County anticipates serving 720 families over the duration of the project, with approximately 30 percent of them being families in which the children have already experienced a removal from the home.

### 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 are developed for eligible children and families. In-home services and supports are provided to address key objectives in any of the five safety categories of behavior management, social connection, crisis management, resource support, and separation. Eligible children and families are assigned to Safety Managers, who are responsible

## Nevada

for effectively managing, providing, and coordinating safety services as set forth in the in-home safety plans.

Examples of safety services include—

- Behavior Management
  - Referral and linkage to outpatient or inpatient medical treatment to control chronic physical conditions that affect behavior associated with impending danger
  - Referral and linkage to substance abuse interventions
- Crisis Management
  - Crisis intervention and safety management specifically focused on a crisis situation that is associated with or creating impending danger to a child
  - After-hours telephone support
- Social Connection
  - Basic parenting assistance and teaching fundamental parenting skills related to immediate basic care and protection (e.g., homemaker/cleaning, referral and linkage to the Parenting Project program services)
  - Social support through the use of various forms of social contact with focused and purposeful individuals and groups
- Resource Support
  - Concrete resources to improve or maintain child safety (e.g., referral and linkage to housing assistance, transportation services)
- Separation
  - Referral and linkages to babysitting services to allow for social contact, conversation, and support for parents
  - Referral and linkage to county-approved daycare occurring periodically or daily for short periods or all day

## Evaluation Design

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

- 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

## Nevada

- 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 an analysis of changes over time in both groups in the following outcomes:

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

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

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

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

### Data Collection

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

### Sample

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

### Evaluation Findings

Below is a summary of evaluation findings reported in progress reports submitted through January 2016.

## Nevada

- Twenty-three families (47 children) have been enrolled in the intervention group to date, and 12 families (20 children) have been assigned to the comparison group. The 20 children in the comparison group were all placed out of the home in non-family foster care or with relative caregivers. To date, three of the children in the comparison group have been returned home without any safety services.
- Of the 23 families enrolled in the intervention group, 13 percent were new cases and 87 percent were existing cases with children who were in out-of-home care.
- Of the 47-intervention group children that remained at home or were returned home with in-home safety services, two were subsequently removed from home and placed into foster care due to family inability to make progress towards increasing protective capacity. This equates to a .04-percent removal rate compared to a 17- percent removal rate for in-home cases without safety services in the 6-month period preceding the waiver (January 1, 2015 through June 30, 2015).
- During the first quarter of implementation, 40 percent of the cases receiving safety services had completed SPDs; during the second quarter 95 percent of the families receiving safety services had completed SPDs.
- Behavioral Management was the most common type of direct safety intervention provided to families in the intervention group in the first 6 months of the demonstration; 21 percent of the families received behavioral management services.

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

## 18: 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 the New York demonstration includes all title IV-E-eligible and non-eligible children and youth aged 0–21 who are currently in out-of-home placement in regular family foster care<sup>17</sup> and the parents and caregivers of these children.

### Jurisdiction

The demonstration is being implemented in New York City, with a staggered rollout. During 2014, agencies made structural changes and began using the Child and Adolescent Needs and Strengths–New York tool (CANS-NY) for service planning for all children in regular family foster care. Starting in 2015, the cohorts began evidenced-based model implementation. Once implemented citywide, all 23 foster care agencies will utilize Attachment and Biobehavioral Catch-up (ABC), and 18 of the 23 agencies will utilize Partnering for Success (PFS), which features the delivery of Cognitive Behavioral Therapy Plus (CBT+). The five agencies not implementing PFS are part of the ChildSuccessNYC initiative, which is external to the waiver demonstration.

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

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

- **Caseload and Supervisory Ratio Reductions.** Participating foster care agencies will have caseloads no greater than 12 cases per case planner (prior caseloads were typically 18 to 22 cases per caseworker). Additionally, supervisory ratios will be reduced to four case

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<sup>17</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.

planners per supervisor (this will be reduced from a previous average of five to six case planners per supervisor). The reduced caseloads allow case planners to provide more intensive, higher-quality services and more detailed assessments, contributing to more timely permanency. The reduction in supervisory ratios allow supervisors to provide greater support to case planners while ensuring evidence-based practices are thoroughly integrated into case planning.

- **Child and Adolescent Needs and Strengths–New York (CANS-NY).** This is a trauma-informed screening tool being used for all children and caregivers in foster care to support service planning and measure well-being. The enhanced screening of child and caregiver needs and strengths provided through CANS-NY will lead to more appropriate services; 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.** This is a workforce development framework that seeks to strengthen the collaboration between child welfare case planners and mental health clinicians; improve access to appropriate and evidence-based mental health care for children in foster care; and help parents and families understand and support decisions around mental health. PFS features clinical training for mental health practitioners on Cognitive Behavioral Therapy Plus and cross training with foster care case planners on collaboration and partnership to support families.
- **Attachment and Biobehavioral Catch-up.** This is a dyadic coaching intervention for parents and caregivers of children aged 6 months to 3 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 encouraging supportive and nurturing bonds with the child.

### Evaluation Design

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

### Research Questions

Research questions associated with shorter-term outcomes include—

- 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?
- 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:

- Average number of care days used both for children who enter placement after the implementation of the demonstration and children in-care at the start of the demonstration
- Likelihood children will experience a permanent exit within set periods of time
- Likelihood children will experience re-entry
- Improvements in children's functional well-being (i.e., behavior problems, depression, trauma symptoms, and adaptive behaviors)

### Data Collection

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

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the demonstration. Initial process evaluation findings for the reporting period of July 1, 2015, to December 31, 2015, are provided below.

## Process Evaluation Findings

Some of the data below are from ACS monitoring and not from the data collected by the evaluation team.

### Caseload Ratio Reductions

- During the reporting period, the system-wide average caseload was about 9.5 active cases and about 1.4 suspended payment cases per worker per month. This is below the recommended caseload ratio of 12 (i.e., up to 10 active cases and two suspended payment cases).

### CANS

- The percentage of children with a completed CANS during the reporting period increased by almost 24 percentage points from 33.5 percent to 57.1 percent. These improvements were achieved after ACS provided extensive technical assistance to provider agencies.
- Teenagers were noticeably less likely to have a CANS completed than younger children. Additionally, older children are more likely than younger children to score in the actionable range with respect to adjustment to trauma (meaning, teenagers are more likely than younger children to have trauma symptoms that require action).

### Evidence-Based Interventions

- ABC was implemented at one site in Brooklyn in late October 2015. As of December 2015, 44 child/caregiver dyads have been referred to the ABC program; of those, 26 are actively participating in (or have completed) ABC.

### Time Use

- During the reporting period, the third-party evaluator collected survey data related to worker's time. Time use is organized around core processes or sections of casework that together make up the total set of case-specific activities for which workers are responsible. General statements about what has been observed in the data as of the reporting period are provided below.
  - About 21 percent of the total amount of time workers spend on care and service-planning activities during the first 30 to 45 days of a foster care case is spent supervising family visits.
  - About 70 percent of the time workers spend each month on a typical case is dedicated to direct client contact of some kind: on the phone/text, in family visits, during home visits, and so on. Assessments and other case management tasks account for about 16 percent of workers' time. Children with special needs, adolescents, babies, large sibling groups, and children in kinship care take more time.
  - Workers spend, on average, about 6 additional hours on top of the time spent on other case-related activities focused on closing a case. Of those 6 hours workers spend on discharge-specific activities, about 36 percent is spent on the discharge

family team conference. Getting post-discharge services in place accounts for about 21 percent of the time workers spend on discharge-specific activities.

- On average, staff report spending about 10 hours for a typical case when there is a placement change. Workers spend an additional 3.5 hours managing placement changes for children who are part of a sibling group, about 4 more hours for special needs children, and nearly three more hours for children moving to a congregate care setting.

## 19: Ohio

### Demonstration Basics

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

**Approval Date:** October 1, 2010<sup>18</sup>

**Implementation Date:** October 1, 2010

**Expected Completion Date:** September 30, 2016

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

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

### Target Population

The target population for Phase III of the waiver demonstration (known as ProtectOHIO) includes children aged 0–17 who are at risk of, currently in, or who enter out-of-home placement during the demonstration period and 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 the 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>19</sup>). While only 16 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of the child welfare population.

### Intervention

Participating counties use title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For Phase 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 described below.

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<sup>18</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 September 30, 2016. The 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>19</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)** 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** increases 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 waiver demonstration may choose to continue to implement it during Phase III. Participating counties also have the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is implementing a comparison county design for the evaluation of its Phase III waiver demonstration, with the 16 ProtectOHIO counties comprising the experimental group and the 16 non-participating comparison counties comprising the comparison group during Phase II serving once again as the comparison group for Phase III.<sup>20</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 Phase II, the evaluation of Phase III comprises three primary study components.

1. A Process Study 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>20</sup> Hocking county was removed as a comparison county on April 10, 2015, effective retroactively to October 1, 2010.

## Ohio

2. A Fiscal Study 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 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 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
  - Strategy Outcomes Analysis, which seeks to understand the impact of the two core service strategies—FTMs and Kinship Supports, both in isolation and in combination—on key child welfare outcomes

The state also conducted a well-being pilot as part of the FTM strategy. The pilot was 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 family’s initial well-being assessments at first FTMs; and later conducted followup assessments at each family’s third FTM<sup>21</sup> or case closure, whichever came first.

### Data Collection

The evaluation utilizes 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

Findings from the Final Evaluation Report (October 1, 2010 through September 30, 2015) are summarized below.

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<sup>21</sup> Initial FTMs should occur at the point the case transfers to ongoing services, followed at a minimum by subsequent FTMs every 90 days. The third FTM generally falls around the 6-month mark.

### Process Evaluation Findings

#### *Fidelity to the FTM Model*

- All 16 demonstration counties implemented the FTM model. Overall, 24,518 meetings were held for 7,541 families and 15,234 children.<sup>22</sup> An average of three FTMs were held per family over the study period. During the study period, 89 percent of eligible cases received FTM, with individual counties serving between 63–100 percent of eligible cases.
- The level of fidelity to the FTM model varied. In terms of overall adherence to the model per case, 18 percent of cases met the threshold for high fidelity (e.g., an initial FTM is held within 35 days, subsequent meetings are held at least quarterly, and meetings had a range of participants), 24 percent of cases were classified as medium fidelity, and the remaining 58 percent of cases were classified as low fidelity. Overall, counties were more successful at holding meetings on time (80 percent of initial meetings and 75 percent of subsequent meetings) and less successful at obtaining the minimum mix of meeting attendees.
- Among comparison counties, 2 of 16 have a practice similar to ProtectOHIO FTM (i.e., independently facilitated meetings, including a range of meeting participants, with families in ongoing services over the course of the case are held).

#### *Fidelity to the Kinship Model*

- All 16 demonstration counties formally began implementing the Kinship Strategy on October 1, 2011.
- All demonstration counties have a kinship coordinator; however, the direct service delivery is structured differently. Counties implemented one of three distinct direct kinship service models: a two-worker model in which kinship specific staff provide ongoing support in addition to the assigned ongoing caseworker (six counties); a one-worker model in which caseworkers assigned to a case as the primary source of support for both biological and kin caregivers (four counties); or a hybrid approach in which designated kinship staff act as an additional resource for caregivers on a case-by-case or as-needed basis (six counties).
- Only a quarter of comparison counties indicated they have staff dedicated to serving kin in some capacity beyond home studies.
- The strategy served over 2,700 kinship households, reaching approximately 60 percent of all eligible kinship families over the study period. Fidelity tools including the Home Assessment Parts I and II were completed for nearly every kinship household served (97 and 90 percent, respectively) while the Family Resource Scale (FRS) was completed for the majority of kinship households served (89 percent).
- The level of fidelity reached varied with 69 percent of households receiving Part I of the assessments within 35 days; 59 percent of families receiving Part II on time; and 59 percent

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<sup>22</sup> Data on FTMs were gathered over the implementation period through PCSA interviews, parent focus groups, Web-based surveys of FTM facilitators and caseworkers, telephone interviews with comparison counties, data from SACWIS, and PODS (the electronic data collected system implemented by the evaluation team).

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receiving an initial FRS on time. Administration of followup FRS assessments, which are supposed to occur quarterly, decreased over time with 56 percent of eligible families receiving a second FRS assessment, 43 percent receiving a third assessment, and only 35 percent of eligible families receiving a fourth assessment.

### Outcome Evaluation Findings

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

- No significant differences were found between demonstration and comparison counties when examining the length of time cases remain open; however, significant differences were found for the subset of high-fidelity FTM cases. The median case length for a high fidelity demonstration case, from case open to case closure, was approximately 140 days. In contrast, the median case length for matched comparison cases was 290 days.<sup>23</sup>
- No differences were found between demonstration and comparison counties in the likelihood of cases having a substantiated or indicated re-report within 6, 12, or 18 months of the transfer of the family to ongoing services; nor within 6, 12 or 18 months of the case closing, regardless of level of fidelity.
- No differences were found between demonstration and comparison counties in the proportion of children entering out-of-home care or in children exiting to reunification, custody to kin, adoption, emancipation, or aging out regardless of FTM fidelity level.
- If placed in out-of-home care, significantly more children in demonstration counties were placed with kin as their first, last, and longest placement regardless of fidelity level. For children in demonstration counties, 39.5 percent had their first placements with kin, 47.3 percent had their last placements, and 42.8 percent had their predominant placements with kin. In contrast, 22.1 percent of children in comparison counties had their first placements with kin, 23.2 percent their last placements, and 21.5 their predominant placements with kin.
- No differences were found between children in the demonstration and comparison counties in the length of stay in out-of-home care regardless of fidelity level. On average, children in demonstration counties spent 286.25 days in out-of-home care before exiting to permanency compared to 285.45 for children in comparison counties.
- Significant differences were found between children in demonstration and comparison counties in the likelihood of re-entry into out-of-home care after the initial placement ended. Demonstration children were significantly less likely to experience re-entry into out-of-home care within 6 months (1.2 versus 7.1 percent), 12 months (3 versus 11 percent), and 18 months (3.9 versus 13 percent).

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<sup>23</sup> Case length analyses included both formal and informal/voluntary child welfare cases. In contrast, placement length analyses included formal child welfare custody cases only.

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### *Kinship Strategy*

- Children in demonstration counties were more likely to be initially placed with kin (i.e., avoid temporary emergency placements) compared to children in comparison counties (51 versus 49 percent). Children in demonstration counties also spent a greater proportion of their days in out-of-home care with kin (60 versus 57 percent).
- Significant differences in outcomes between children served by the kinship strategy and children in foster care in comparison counties included—
  - Children in demonstration counties were significantly less likely to experience abuse or neglect than children in foster care in comparison counties within 6 months (1.8 versus 3.4 percent), 12 months (3.4 versus 5.3 percent), and 18 months (4.2 versus 6.3 percent) of exiting care.
  - Eighty-five percent of children in demonstration counties did not have a placement move during their first placement episode versus 73 percent of children in foster care in comparison counties.
  - Children in demonstration counties spent significantly fewer days in out-of-home care, 280 days versus 350 days for children in foster care in comparison counties.
  - Children in demonstration counties were significantly less likely to re-enter out-of-home care within 6 months (.02:1 odds-kinship versus .05:1 odds- foster care) and within 12 months (.007:1 odds- kinship versus .021:1 odds- foster care).
- Significant differences in outcomes between children served by the kinship strategy in demonstration counties and children in kinship care in comparison counties included—
  - Eighty-five percent of children in demonstration counties did not have a placement move during their first placement episodes versus 78 percent of children in kinship care in comparison counties.
  - Children in demonstration counties spent significantly fewer days in out-of-home care, 290<sup>24</sup> days versus 325 days for children in kinship care in comparison counties.

### *Cost Analysis Findings*

- In general, within the third 5-year demonstration period, the rate of average change in paid placement days, unit costs, and total foster care board and maintenance expenditures remained similar in both demonstration and comparison counties, with a total of 12 counties (6 demonstration and 6 comparison) experiencing a decrease in foster care board and maintenance expenditures. However, all four counties with the greatest increase in non-foster care expenditures were demonstration counties (Belmont, Coshocton, Fairfield, and Muskingum).

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<sup>24</sup> Although the demonstration subpopulation for this set of analyses is equivalent to the subpopulation used in the kinship versus foster care analyses reported earlier, the reported medians differ due to the use of propensity scores that were generated separately for each population.)

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- When comparing the proportion of foster care board and maintenance expenditures relative to all child welfare expenditures, about half of the counties (7 demonstration and 7 comparison) decreased their annual foster care expenditures as a proportion of total child welfare expenditures. As with the other cost categories, the demonstration status was not sufficient to explain the variation in foster care spending as a portion of total child welfare spending.
- Overall in the third demonstration period, 11 demonstration counties received more revenue under the demonstration than they would have absent the demonstration; a total of \$50.5 million. Of these 11 counties, five (Clark, Crawford, Franklin, Muskingum, and Portage) had more flexible waiver revenue to reinvest in four consecutive years for a total of \$17.2 million to spend on non-foster care services between 2011 and 2014.

All of [Ohio's demonstration evaluation reports](#) are available online.

## 20: 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

The waiver demonstration targets title IV-E eligible and non-IV-E eligible children aged 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

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

### Intervention

The waiver demonstration, **Intensive Safety Services (ISS)**, is a 4–6 week, intensive home-based case management and service model for families with children aged 0–12 who are at high risk (i.e. imminent risk) of entering or 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 third-party evaluator specifically for the purposes of the demonstration project. Services provided under ISS are based on individual family needs and include the following—

- Cognitive Behavioral Therapy
- Healthy Relationships
- Motivational Interviewing

Contracted ISS workers also link participating families to other appropriate services in the community, such as Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, substance abuse services, and psychiatric services.

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At the completion of ISS, families who are deemed eligible based on established criteria transition to Comprehensive Home Based Services (CHBS) for continued less intensive treatment for up to 6 months. CHBS, a currently available service for families with children at moderate risk of removal, utilizes the SafeCare model. The stepdown to CHBS for continued services is an important aspect of the state's overall service aims for at-risk families.

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

### Evaluation Design

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

- Reduced number of recurrent Child Protective Services (CPS) events among those previously exposed to ISS
- Accelerated elimination of safety threats as measured by the state's Assessment of Child Safety (AOCS) measure
- Decreased initial entries into out-of-home care
- Decreased 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
- Improved parenting skills and practices

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

### Evaluation Findings

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

## 21: 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 3 or more years (“long-stayers”). DHS designed a predictive analytic model to identify the target population. The model is based on the characteristics of children who are currently long-stayers in foster care, focusing on 11 characteristics that are identifiable soon after the child’s entry into foster care. The predictive analytic model is applied to children newly entering foster care to assign them a risk score based on the 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 incorporating 87 percent of the long-stayer population. Some of the characteristics included in the scoring algorithm are a removal reason of abandonment, serious physical injuries or symptoms of the child, and child history of mental illness. 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 6 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 its prior experiences with family engagement models and services and local evaluations of those models and services. Referred to as the Leveraging Intensive Family Engagement (LIFE) Project, the model aims to reduce the likelihood of long-term foster care placements by addressing what the state has found to be the major barriers to permanency. These major barriers include systemic and policy-level barriers; caseworker

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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 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** are focused on ongoing collaborative case planning and monitoring and are informed by child and family voices. Case planning meetings (CPMs) are led by specially trained facilitators, focus on timely legal permanency for the child, and emphasize consensus building among the child, family, agency staff, and representatives from other systems.
3. **Parent Mentor program** help parents engage in case planning meetings and services needed to ameliorate safety concerns and support reunification and/or other appropriate permanency outcomes. Parent Mentors provide a variety of supportive services to assist parents in navigating the child welfare service system.

### Evaluation Design

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

The mixed-methods outcome evaluation employs a matched case comparison design that examines changes in outcomes for children and families receiving the LIFE interventions compared to similar children and families in counties that are not implementing the LIFE program. The specific methodology for identifying a comparison group of cases from non-demonstration counties may include propensity score matching (PSM) or a similar method of case-level matching.

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Another approach under consideration is a regression discontinuity design (RDD) that uses the predictive analytic model scores, which determine eligibility for LIFE services based on need (i.e., higher probability of staying in foster care 3+ years or a predicted score of 12 or higher). To the extent that quantitative outcome variables (e.g., days spent in foster care) are a function of the child's predicted probability score, a local average treatment effect (LATE) can be estimated by fitting regression equations to data on each side of the cutoff (i.e., untreated versus treated) and using bootstrapping to evaluate significant differences in regression slopes.

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

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

The state will examine multiple short-term outcomes, which are expected to occur 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 LIFE model for different family characteristics, circumstances, and services. For example, the evaluation will examine the influence of variables such as parental substance abuse, age of the child, and number of previous foster care placements for the child on all long-term and selected short-term outcomes.

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

### Evaluation Findings

Below is a summary of evaluation findings reported in progress reports submitted through January 2016.

- Thus far recruitment of families into the LIFE program is on track and the state expects to meet the projected number of participating families by the end of Year 1. The eligibility algorithm is adequately identifying appropriate cases and the secondary eligibility screening is ruling out children with more immediate permanency plans. As of December 31, 2015, a total of 33 cases have been identified as eligible for the waiver demonstration.
- At the initial implementation site, there has been effective training, coaching, and

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supervision of the LIFE Team; leadership has been actively involved in readiness efforts and ongoing communication with the field; and Continuous Quality Improvement efforts are underway.

- LIFE Team collaboration is an important implementation support. Role clarity, communication, and strong working relationships between the LIFE Team and caseworkers support case progress.
- Parent Mentors help prepare parents for CPMs, provide emotional support during meetings, support parents' voices and perspectives, provide transportation, and share information about community resources.
- Family Engagement Facilitators are able to exercise flexibility within the LIFE program structure. Adjusting timelines (e.g., timelines for conducting the first meeting with a newly referred family) and the agenda or structure of CPMs as needed has helped the LIFE Team serve families' needs and practice LIFE values while remaining focused on problem solving, service coordination, case progress monitoring, and productivity.
- It can be challenging to balance the need for youth voices in CPMs with concerns about traumatizing them through exposure to potentially stressful information or situations.

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

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

### Jurisdiction

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

### Intervention

Participating counties are using title IV-E funds flexibly to support a case practice model focused on family engagement, assessment, and the introduction or expanded use of evidence-based programs with the aim of increasing permanency, reducing time in foster care, improving child and family safety and well-being, and preventing child maltreatment. Referred to as the Child Welfare Demonstration Project (CWPD), the demonstration includes three core programmatic components.

1. **Family Engagement Strategies** strengthen the role of caregivers and their families in standard casework practice. The various family engagement interventions selected for implementation/expansion include Conferencing and Teaming, First Meeting, Family Finding, Family Group Decision Making (FGDM), Family Team Conferences (FTC), Family Group Conferencing; Teaming Meetings, Family Team Meetings, and High Fidelity Wraparound. All participating counties have identified core family engagement principles for the purposes of standardization and assisting with the evaluation.
2. **Enhanced Assessments** include the introduction or expanded use of standardized well-being, developmental, and behavioral assessment tools in participating counties, specifically the Child and Adolescent Needs and Strengths Assessment (CANS), the

Family Advocacy and Support Tool (FAST), Ages and Stages Questionnaire (ASQ), and Ages and Stages Questionnaire: Social Emotional (ASQ:SE). In terms of the CANS and FAST, the participating counties have identified consistent core assessment questions that are utilized across counties and for purposes of the evaluation.

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

## Evaluation Design

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

The process evaluation documents key features of implementation, including planning; readiness to implement; organizational, staffing, service delivery, and contextual factors; and implementation fidelity. The outcome evaluation involves a multiple baseline longitudinal design to determine if the addition of EBPs to engagement and assessment efforts improves safety, permanency, and well-being among targeted children and families. The staggered timeline for the implementation of various components of the demonstration allows for the comparison of findings across three phases: “services as usual” (baseline), engagement and assessment (Year 1), and engagement and assessment and implementation of EBPs (Year 2 and beyond). Specific outcomes to be addressed include—

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

The cost analysis is comparing expenditures on services provided for children during each fiscal year, beginning with two baseline years (2010 through 2012). The analysis will examine changes over time in the ratio of expenditures for out-of-home placements versus expenditures for prevention and family preservation services.

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### Data Collection

Information for the process evaluation is drawn from administrative data (including EBP fidelity data), document review, training records, results of child and family assessments, surveys, observations of demonstration activities, focus groups, and key informant interviews. Data sources for the outcome evaluation include child and family assessment tools (CANS, FAST, ASQ, and ASQ:SE), administrative data, and individualized datasets modeled after the National Foster Care Data Archive, which will include child demographics and event characteristics for out-of-home care episodes.

### Evaluation Findings

Below is a summary of key interim evaluation findings reported in progress reports submitted through January 2016 and the Interim Evaluation report submitted in February 2016.

#### Process Evaluation Findings

- Multiple significant statewide and county-specific policy and organizational changes occurred during the first two years of the waiver demonstration. These included changes in leadership at the state and county levels; amendments to the state Child Protection Services Law; implementation of the first phase of the transformation of the state child welfare information management system; and numerous county-level CWDP team changes. These contextual changes have impacted the implementation of the CWDP interventions and the evaluation.
- Leadership in participating counties generally made the structural changes necessary to accommodate the new practice model. These changes ranged from reorganizing staff to creating new positions and revising job descriptions.
- Interviews and focus groups with child welfare staff and other community stakeholders during the first year suggested that while many direct service staff (e.g., supervisors and caseworkers) could articulate some of the overarching goals and/or knew a practice change was part of the waiver demonstration, there was often little understanding of the project as a whole or of how specific demonstration activities fit with the projected outcomes. Among those interviewed, stakeholders from the legal and juvenile justice system were the least likely to know about the CWDP or they had only a superficial understanding of it.
- Multiple data sources revealed the child welfare staff perceived communication from agency leadership to be low, while they simultaneously experienced a highly stressful work environment due in part to the training requirements for new assessment and engagement practices.
- Early implementation was more challenging and took longer than anticipated for all three interventions. Counties struggled to scale up assessment and family engagement during Year 1 of implementation and experienced similar challenges with EBPs during Year 2. While EBPs exist in many of the counties, referral rates continue to be much lower than expected.

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- Families are being assessed with the FAST, CANS, and ASQ to varying degrees across the counties. Variations in assessment use are primarily due to different county policies regarding the assessment tools.
- By and large, families are being engaged in conferences/meetings with parents or other family members attending the conferences the majority of the time. For all counties, the percentage of family members and friends at the initial conferences was greater than that of professionals; however, there has been some variation across counties in the relative proportions of family/friends and professionals present.
- In general, fidelity to the five core components of family engagement practice is high, with little variability across counties. The five core components of family engagement are the following:
  1. Conferences are facilitated by neutral and trained staff.
  2. Effective partnerships are promoted between the county child welfare agency and private/community agencies.
  3. There is outreach to kin and/or other supportive people as potential caregivers or supports to the birth parent.
  4. Family members and family supports are prepared for the conference/meeting.
  5. Families are helped to identify and access appropriate and meaningful services.

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

### Outcome Evaluation Findings

- Administrative data on out-of-home placements in each county by the age of children coming into care was used to calculate an 8-year trend for state fiscal years (SFY) 2008–2015. Placement data collected to date confirm the need for within-county analysis, given the differences in the sizes of out-of-home care populations across counties at baseline. In SFY 2013, out-of-home placement rates per thousand children in the population ranged from 1.19 per thousand (Dauphin) to 4.89 per thousand (Philadelphia). Statistical tests for differences in outcomes between the pre- and post-demonstration periods have not been conducted to date due to the availability of data for only 2 out of the total 5 years of the demonstration period. Examination of the slopes of the 8-year trends in placement rates showed that for some counties and some age groups the rate of placement was decreasing and for others it was increasing. The median duration of out-of-home care for children placed in care for the first time in SFY 2013 ranged from 7.7 months (Lackawanna) to 23 months (Philadelphia). The direction of the 8-year trends in length of stay in out-of-home care also varied by age group and county.

## Pennsylvania

- The percent of children placed for the first time in SFY 2013 that experienced a predominant placement of congregate care (at least 50 percent of all days in care) ranged from 3 percent (Lackawanna) to 59 percent (Allegheny). Examination of the slopes of the 8-year trends in congregate care placement rates showed congregate care placement increased or decreased depending on the county and age group. Future analyses will include an examination of the duration of congregate care placements by county over time.
- Administrative data on children who came to the attention of the child welfare system for the first time with a substantiated allegation of maltreatment during SFY 2011 – 2014 was used to establish a baseline for what happened to these children during the waiver period after 3, 6, and 12 months. For counties that had sufficient data available to observe “next events,” these data show differences between counties and the need for within-county analysis. For example, Allegheny County placed between 18 and 20 percent of children as a next event, Crawford County placed between 5 and 10 percent, and Lackawanna County placed between 6 and 7 percent. With respect to the impact of the waiver interventions on repeat maltreatment and placement, pre-waiver data is not available for Dauphin County and post-waiver data was not available for Crawford, Philadelphia, and Venango Counties for the last reporting period. Therefore, it remains too soon to determine the impact of the CWDP on repeat maltreatment and placement.
- The level of restrictiveness<sup>25</sup> of the child’s living arrangement prior to the initial family engagement meeting and then immediately following the meeting is being documented as part of a supplemental family engagement study. In general, findings indicated the percentage of placements designated as low restriction increased and the percentage placements designated as high restriction decreased slightly. The percentage of placements of moderate restriction generally remained the same. When the counties are examined individually, some differential patterns are observed. However, the percentage of low-restriction placements increased for all counties following family conferences, and in Crawford County the percentage actually doubled.

### Cost Study Findings

- The following are key results of the analysis of cost data for SFY 2011 – SFY 2015:
  - Trends suggest total child welfare expenditures have remained fairly steady, with slight growth in the last 5 years.
  - Expenses related to in-home services have grown during the waiver demonstration period for all counties.

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<sup>25</sup> Restrictiveness was categorized as low, moderate, or high. The *low* category includes independent living, parental homes for older youth (15 years and older), school dorms, supervised independent living, and relative homes. The *moderate* category includes adoptive homes, parental homes for younger children (under 15 years of age), job corps, foster care, and therapeutic foster care. The *high* restriction category includes group homes, shelters, psychiatric inpatient hospitals, residential treatment facilities, correctional institutions, wilderness and boot camps, jail, and homelessness.

## Pennsylvania

- Out-of-home placement costs declined or remained stable in the years prior to the waiver. Allegheny, Crawford, and Lackawanna experienced an additional decline in their annual out-of-home placement costs during SFY 2014 and 2015. The Philadelphia and Venango out-of-home placement costs remained stable, while Dauphin had an increase in out-of-home placement costs.
- When viewed in the context of total child welfare expenditures, the proportion of out-of-home placement costs relative to total child welfare expenditures remained stable during the initial waiver years (SFY 2014 and 2015).

## 23: Port Gamble S’Klallam Tribe

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** January 21, 2016

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

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

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

### Target Population

The primary target population includes all children within the tribe’s title IV-E service population, regardless of title IV-E eligibility. The 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) includes 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) includes all families involved in the child welfare system. “Family” may include tribal members who fall outside of the federal definition of “family,” but who are inside the definition in the Tribal Code. The number of children in care at highest levels has been 24 children, and the number of cases does not tend to fluctuate year to year. The tribe anticipates serving 3 to 5 cases per year through PIP and 6 to 7 cases per year through FGDM.

### Jurisdiction

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

### Intervention

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

1. **Positive Indian Parenting** 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 the following:

- Addressing effects of historical trauma, which includes training of service providers to recognize effects and find culturally appropriate and effective ways to work with children and families in the dependency caseload
  - Strengthening parenting skills, which includes using a curriculum tailored to reflect uniquely S'Klallam values and enhance skills to work with children and families to promote positive outcomes
  - Learning to work with children in age-appropriate and traditionally S'Klallam ways, utilizing core S'Klallam values as found in Port Gamble S'Klallam Tribe Indian Child Welfare Practice Manual
2. **Family Group Decision Making** is being 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 involves an estimated number of at least three meetings during which participants get to know family members, articulate issues, provide an explanation of court processes and timelines, and brainstorm regarding resources. The FGDM coordinator will follow up on items in the service plan as necessary.

### Evaluation Design

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

The evaluation also includes a longitudinal assessment of system-wide changes in 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 Year 2 of the demonstration, but questions will likely address the short- and longer-term outcomes of improved parenting skills and knowledge, demonstration of parenting behaviors, or improved family connectedness.

The evaluation tracks the following family and system-level outcomes:

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

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

### Evaluation Findings

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

## 24: Rhode Island

### Demonstration Basics

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

**Approval Date:** September 23, 2013

**Expected Implementation Date:** October 1, 2016

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

**Interim Evaluation Report Expected:** TBD

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

### Target Population

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

### Jurisdiction

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

### Intervention

The demonstration consists of three interventions: Structured Decision Making (SDM), Director’s Approval and Prior Authorization Process (DAP), and Expedited Permanency Meetings (EPMs). SDM screening tools will be administered at intake to more effectively identify the needs of children and families, determine the appropriate response type, and prevent children from entering DCYF care who could be more appropriately served in their homes and communities. The SDM system includes a series of evidenced-based assessments at

## Rhode Island

key points in the duration of child protection cases to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families.

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

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

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

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

### Evaluation Design

The evaluation will include process and outcome components and a cost analysis. The state will implement a retrospective matched case cohort design in which data will be gathered from children and families that are offered services following implementation of the demonstration and compared with data on a matched group of children and families served by DCYF prior to the demonstration. Propensity score matching (PSM) methods will be used as the methodology for matching both groups on a range of child, family, and case-level characteristics.

The process evaluation will include interim and final analyses that describe how the demonstration was implemented and how demonstration services differ from services available prior to implementation. The process evaluation will employ mixed methods to monitor implementation of key indicators, including (1) training provided to DCYF staff and service providers in core waiver components (SDM, DAP, EPM); (2) implementation of core waiver components by DCYF caseworkers and staff; (3) implementation of these components with

fidelity; (4) completion of functional assessments at planned intervals; and (5) establishment of EBPs in the child welfare system and contracted providers. These measures will be used as part of a continuous quality improvement process to provide feedback about the demonstration to DCYF and to facilitate program adjustments as necessary. In addition, data from the process evaluation will be used to inform the outcome analyses by identifying possible mechanisms that account for outcomes observed.

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

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

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

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

### Evaluation Findings

Evaluation findings are pending the implementation of the demonstration.

## 25: Tennessee

### Demonstration Basics

**Demonstration Focus:** Enhanced Assessment, Keeping Foster and Kinship Parents Supported and Trained (KEEP), and Parenting Education/Support.

**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 the Tennessee waiver demonstration includes three subgroups that receive different interventions: (1) families and children aged 0–17 who receive non-custodial services; (2) families and children aged 4–12 who receive custodial services (foster care); and (3) families and children aged 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 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 demonstration will expand and enhance the existing In Home Tennessee initiative, which seeks to prevent out-of-home placement among children referred to the child welfare system through identification of best child welfare practices and improvements to the service array. The Tennessee demonstration is enhancing foster care services through implementation of a standardized risk and safety assessment protocol and Keeping Foster and Kinship Parents Supported and Trained (KEEP), as described below.

## Tennessee

- **Statewide Risk and Safety Assessment Protocol.** The demonstration supports the expanded administration of a revised Family Assessment and Screening Tool (FAST 2.0) with the families of non-custodial children referred to the 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.
- **Keeping Foster and Kinship Parents Supported and Trained (KEEP).** The demonstration is implementing KEEP to better engage with and meet the needs of foster and kinship parents. KEEP aims to increase the parenting skills of foster and kinship parents, decrease placement disruptions, improve positive child outcomes, and increase positive permanency outcomes.

In addition to these interventions, the state is developing a customized version of the Nurturing Parenting Program (NPP) for Tennessee, which merges a number of popular NPP curricula to meet a broader client audience. A state workgroup is currently finalizing the details of NPP, including a standardized curriculum and any necessary adjustments to DCS policies. Implementation of all three interventions will be supported by utilization of an enhanced casework strategy known as Reinforcing Efforts, Relationships, and Small Steps (R3), with all families. R3 is an approach to improve family engagement and increase family participation in case planning and services.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is implementing a matched case design that compares key outcomes in the areas of safety, placement prevention, placement stability, permanency, and well-being for children in the treatment or demonstration group with outcomes for two groups of children: (1) a historical comparison group of children involved with the child welfare system prior to implementation of the demonstration who reside in counties in which the demonstration interventions are implemented; and (2) a contemporary comparison group of children who enter the child welfare system following implementation of the demonstration and who reside in counties in which the demonstration interventions were *not* implemented. The specific methodology for identifying the comparison groups of cases may include propensity score matching (PSM) or a similar method of case-level matching. The comparison of outcomes will be based on data available through the child welfare information management system (TFACTS), and may be augmented with additional data as they become available. Child-specific matching variables will include a range of demographic, geographic, and case characteristics (e.g., maltreatment risk level, placement history) available in TFACTS. To maximize case comparability and the validity of subsequent analyses, case matching will occur within the same DCS regions or other geographic areas specified by the state.

## Tennessee

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

- 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
- Organizational aspects of the demonstration, such as staff structure
- Number and type of staff involved in implementation, including the training they received
- Degree to which demonstration programs and services are implemented with fidelity to their intended service models

The outcome evaluation will address changes in the following outcomes:

- 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
- 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.)

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

## Tennessee

### Data Collection

The evaluation utilizes data from multiple sources, including TFACTS, observations of waiver demonstration planning meetings, content analysis of demonstration planning documents, focus groups with child welfare caseworkers and supervisors, focus groups with 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, 2016, are provided below.

#### Process Evaluation Findings

- A total of 87,482 unique children have been assigned to the demonstration since its inception. The percentages of eligible cases in which a FAST 2.0 assessment was conducted vary across the regions and months. For example, in November 2015 one region conducted the FAST 2.0 in 53 percent of cases while another region conducted the FAST 2.0 in 82 percent of cases. One region, among the earliest regions in the state to implement the FAST 2.0, has consistently been among the regions with the highest implementation levels.
- Interviews conducted during the first year with 18 DCS senior administrators in the four East Grand regions and Central Office suggest 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 DCS 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.
- The evaluation team administered a survey to DCS staff to learn about their attitudes and opinions related to various aspects of the waiver demonstration. The Work, Life, Self-Efficacy, Values Assessment (WLSEVA) survey covered topics such as job satisfaction and workload, supervision, organizational culture and climate, and attitudes on reunification and evidence-based practice. Sixty-five percent of targeted staff responded to the survey (n=217). Highlights from the survey findings include the following:
  - **Caseworker workload concerns.** On average, respondents indicated that they had the most concerns about being able to finish all of their work and relatively fewer concerns about keeping up with policies and guidelines in the agency.
  - **Supervision.** Caseworkers held generally positive opinions about their supervisors. They see their supervisors as knowledgeable about effective ways to do the work and as helpful in setting case goals. At the same time, caseworkers' low scores in

response to certain items suggest that they hold less than positive views regarding the way in which supervisors communicate expectations about casework.

- **Case skills.** Staff rate themselves as having between moderate and advanced skills on a host of skill types. Caseworkers feel most confident about their ability to identify families' strengths and needs.
- **Confidence in / Availability of services.** Caseworkers were asked about their degree of confidence in services in their community, the degree to which they felt it was easy to work with service providers to arrange services for their clients, and their confidence in finding services in the community that keep children safe in their home. In general, respondents reported moderately positive sentiments about the quality and availability of community services. When asked to rate their confidence in 19 service areas, respondents expressed the least confidence in the availability of immigration services, respite care, and crisis nursery services and the most confidence in food services, early childhood services, and mental health services.
- **Work focus and beliefs.** The survey includes the Dagleish scale, which purports to measure the extent to which respondents' beliefs about the purpose and role of child welfare services fall on a family preservation versus child safety continuum. Findings indicate survey respondents slightly favored child safety over family preservation. In addition, statistically significant differences in attitudes were found based on geographic region and staff role/position (i.e., whether one was a caseworker or team coordinator), with team coordinators leaning more toward viewing family preservation as the purpose and role of child welfare.

#### Outcome Evaluation Findings

- Findings from data collected from TFACTS from state fiscal year 2011 through December 31, 2015 indicate the following trends:
  - Numbers of entries into foster care and placement rates (placements per thousand children) have generally been declining for the past three fiscal years in the state overall and in the four East Grand regions in particular.
  - Lengths of stay in foster care, specifically the number of days it takes for 50 percent of entry cohorts to leave foster care, varies by age and adjudication status. For example, it appears to be taking longer for infants and school-age children to leave care, while there have been modest reductions in placement duration for adolescents. With some variability from year to year, there have generally been fewer permanent exits within 12 months over the past 6 years. Statewide analysis of the number of actual versus predicted care days (days children spend in out-of-home placement) indicates that children remained in care longer in state fiscal year 2014–2015 than in prior years.

## Tennessee

- School-age children and adolescents have a higher risk for multiple placement moves during a foster care “spell.”<sup>26</sup> Children are most likely to have their first placement move within their first 6 months of care.
- On average, about 70 percent of children across the state in a given entry cohort will be reunified, but the range is fairly wide across the regions (55 percent in Knox and 80 percent in Southwest). On average, about 15 percent of children who exit foster care in a given year will reenter care within 1 year of their exit. The likelihood of reentry is highest for adolescents.
- Depending on the region and child age category, 4 to 7 percent of children with a substantiated maltreatment report will be the subject of another substantiated maltreatment report within 12 months.

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<sup>26</sup> A foster care “spell” is defined as a continuous period of placement in out-of-home care; a single spell may consist of stays in multiple placement settings.

## 26: Texas

### Demonstration Basics

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

**Approval Date:** September 30, 2015

**Implementation Date:** July 1, 2016

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

**Interim Evaluation Report Expected:** March 1, 2019

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

### Target Population

The waiver demonstration targets all title IV-E eligible and non-IV-E eligible children and youth aged 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

The demonstration will be implemented in Harris County.

### Intervention

The demonstration will include the following two interventions—

1. **The Child and Adolescent Needs and Strengths (CANS)** is a multi-purpose tool developed for 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 within 30–45 days of case opening to identify needs at the child and family level that require intervention. Results from the CANS are discussed at a family group conference and inform the development of child and family case plans, as well as the selection and implementation of appropriate services. The CANS is updated throughout the life of the case at regular intervals and upon significant case events such as an additional removal from the family, new allegations of abuse or neglect, or new safety factors being identified. The CANS is administered 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. The third-party evaluator is assisting the state in using the available

evidence to select which intervention(s) will be most likely facilitate Harris County's achievement of the desired outcome changes for the demonstration. Early analysis of administrative data indicates the potential for selecting services focused on parent substance abuse and parenting with young children. 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
- Nurturing Parenting Program

It is anticipated that the evidence-based interventions (EBIs) will be administered through contracted providers in the community. The implementation of EBIs is expected in fall 2016.

### Evaluation Design

The 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 evaluation involves a quasi-experimental cohort comparison design. The effectiveness of the CANS intervention will be explored through matching a sample of families served with the CANS to a historical cohort of families using propensity score matching (PSM). The effectiveness of the new or expanded EPIs will be examined through a quasi-experimental design comparing changes in child and family functioning in the EBI population with comparable changes in child and family functioning in the CANS only population. PSM will be explored as a case matching methodology.

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.

The analysis of process and outcome findings will be based on case-level data from state child welfare information systems, case records, and other data sources. The outcome evaluation tracks the following outcomes:

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

In addition, where the data are available, the evaluation will analyze the extent to which selected EBIs affect changes in overall family wellbeing, including child wellbeing, family functioning, parenting behavior and skills, parent-child interactions, and family cohesion as appropriate to the intent of the intervention.

### Evaluation Findings

Evaluation findings are pending the implementation of the waiver demonstration.

## 27: Utah

### Demonstration Basics

**Demonstration Focus:** Enhanced Assessment, Caseworker Tools and Training, and Evidence-Based In-Home Service Array

**Approval Date:** September 28, 2012

**Implementation Date:** October 1, 2013

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

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

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

### Target Population

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

### Jurisdiction

The demonstration is being implemented in multiple phases, with the first phased rollout progressing across regions to statewide operation over the first two years of the demonstration. Initial implementation of the first phase, which includes the Strengthening Families Protective Factors (SFPF) 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 for the first phase has occurred statewide as of March 2016. Community resource and evidence-based in-home service array efforts (e.g., Systematic Training for Effective Parenting–STEP and Families First) are underway and will be implemented statewide. Regions are also determining their individual capacity for additional community resource activities such as a community resources collaborative project to strengthen substance abuse resources in the Southwest Region. Implementation of trauma-informed care training for staff is expected to begin in 2017.

### Intervention

Utah has selected three primary service interventions for its demonstration, which are described below.

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 SFPF framework 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; and Families First, an in-home parenting service to support family functioning.

### Evaluation Design

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

The process evaluation includes interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The process evaluation includes four sub-evaluations: (1) Implementation Evaluation, (2) Training Evaluation, (3) Community Services Evaluation, and (4) Saturation Assessment. The Implementation Evaluation identifies and describes implementation differences in terms of cultural and environmental factors, stakeholder involvement, oversight and monitoring, contextual and environmental factors, barriers to implementation, and lessons learned. It also includes an examination of workforce culture and climate measures that have been demonstrated to predict implementation success. The Training Evaluation assesses whether the initial and ongoing training on the UFACET and caseworker skills, along with the practice support tools, leads to knowledge and skill acquisition of evidence-based assessment techniques, available community-based services, and informs casework practice. The Community Services Evaluation includes an assessment of the needs and services available for families participating in *HomeWorks* and an assessment of the implementation of the STEP peer parenting program. Finally, the Saturation Assessment is designed to quantify when performance implementation has been reached in a particular region. Performance

## Utah

implementation refers to the point where activities and programs are incorporated into daily work routines with a basic level of fidelity and therefore likely to impact outcomes.

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

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

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

### Data Collection

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

### Evaluation Findings

The section below summarizes key interim findings reported through March 31, 2016.

#### Process Evaluation Findings

- There have been 2,449 new *HomeWorks* cases, which includes 8,794 individuals (adults and children) who have received services.
- 2,128 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.
- Results from caseworker interviews indicate that housing assistance, relapse prevention supports, cohabitant domestic violence services, mental health treatments/delivery locations, and peer parenting are the most critical and least met needs for families. These perceived service needs directly align with identified individual needs from families' UFACET assessments.
- Initial caseworker trainings result in small, but statistically significant increases in the knowledge needed to conduct the UFACET assessment and SFPF in-home interventions.

## Utah

- STEP peer-parenting services have been authorized for 1,081 clients throughout Utah since contracts were initiated in December 2013.
- STEP peer parenting sessions have shown low rates of fidelity to the curriculum.
- The initial rollout region has reached implementation saturation. Saturation is defined as occurring when at least 75 percent of observed workers are delivering demonstration services with basic fidelity which includes the following criteria: (1) the UFACET was correctly administrated and scored, (2) the UFACET guided at least some of a caseworker's choices of what protective factor(s) to focus on and what service referral(s) the families need, and (3) a protective factor was part of the interaction with the family/child during the observation.

### Outcome Evaluation Findings

#### *Impact on In-Home Cases*

- Current results for the pilot site show new foster care cases for children receiving services under the waiver demonstration versus those who have not received services decreased during the initial implementation period. After controlling for household nesting<sup>27</sup> and prior cases, this effect was statistically significant (OR =.23; 95 percent CI [.13, .40]). No differences in new supported cases of abuse/neglect were found.

#### *Impact on CPS Cases*

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

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<sup>27</sup> Evaluators created an algorithm that identifies any individuals that had shared child welfare cases with others to take into account that two children in the same household (not necessarily siblings) outcomes could be more similar than that of two unrelated children because they share the influence of the same parent.

## 28: Washington

### Demonstration Basics

**Demonstration Focus:** Differential Response

**Approval Date:** September 28, 2012

**Implementation Date:** January 1, 2014

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

**Interim Evaluation Report 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 32 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 FAR program consists of a 45 to 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

## Washington

- Concrete support and voluntary services such as food, clothing, utility assistance, mental health services, drug and alcohol treatment, and employment assistance
- Linkage to an expanded array of evidence-based programs and services that promote family stability and preservation, such as Project Safe Care, Incredible Years, Positive Parenting Program, and Promoting First Relationships

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

The evaluation includes process and outcome components, as well as a cost analysis. The state is implementing 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 are matched to FAR program participants using propensity score matching derived from demographic, geographic, clinical, economic, criminogenic, and health data. The evaluation also includes supplemental analysis of differences in services and outcomes among selected 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
- 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 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 as well as the degree to which FAR programs and services are implemented with fidelity to the intended FAR service model. The outcome evaluation addresses child and family-level differences between the experimental and matched comparison groups within a specific time period following initial intake across the following outcomes:

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

## Washington

The outcome evaluation also addresses 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.

The cost analysis will include two approaches; a family level cost analysis based on the matched control group study, and a separate panel data comparison at the field office level. If suitable cost data are available, the 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 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

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

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the waiver demonstration. Initial process evaluation findings as of the reporting period ending on December 31, 2015, and outcome findings from cohorts 1 and 2 (i.e., January–June 2014 and July–December 2014) are provided below.

### Process Evaluation Findings

- CPS staff have responded to 49,330 families with a “screened-in” CPS intake. A total of 14,319 families have been assigned to the FAR pathway. It should be noted that this is based only on a partial implementation of FAR. Once the state is at full implementation the percentage of screened-in intakes assigned to FAR will be higher.
- Of those assigned to FAR, 4 percent were transferred to investigations either due to safety or risk concerns (n=250) or because families declined to participate in the FAR pathway (n=278).
- Through the FAR pathway families have received services such as chemical dependency services, family preservation services, mental health services, Functional Family Therapy, Positive Parenting Program (Triple P), Project Safe Care, and Promoting First

## Washington

Relationships. FAR caseworkers have also used home-based service funds and community resources to help families meet their basic needs including childcare, housing, transportation, medical services, and paying utility bills.

### *Family Survey*

- 88 percent of FAR families (n=175) indicated that they always or almost always felt actively engaged in the case process. 67 percent reported that FAR workers always or almost always listened to their needs and that FAR workers helped a little or very much to identify things causing problems in the family.
- 66 percent of FAR families (n=175) reported that their families are doing somewhat or much better, as a result of participation in FAR.

### Outcome Evaluation Findings

- FAR families have slightly lower removal rates at three and six months after intake than control group families, however this difference is not statistically significant. The overall removal rate for FAR families is 3.9 percent compared to 5.7 percent for control group families.
- On average, FAR families have more new CPS intakes (re-referrals) than control group families (n=3,298 matched cases). For every 100 FAR families served, after three months there were 17 new intakes, compared with 15 for control group families. This difference is small and not statistically significant. For every 100 FAR families served, after six months there were 29 new intakes, compared with 26 for control group families. This difference is also small, but is statistically significant ( $p < .05$ ). Most FAR families who receive a new intake screened again to FAR (68.3 percent) and not to Investigations. Control group families were less likely to be eligible for FAR upon a new CPS intake ( $p < .05$ ).

## 29: West Virginia

### Demonstration Basics

**Demonstration Focus:** Wraparound Services

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2015

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

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

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

### Target Population

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

### Jurisdiction

The demonstration, titled Safe at Home West Virginia, was initially implemented in eight counties in the West Virginia Bureau for Children and Families (BCF) child welfare Region II and three counties in Region III. Over time, the demonstration will be implemented statewide, using a structured, phased approach to expansion. Counties were selected for initial implementation based on levels of need and readiness. The counties in Region III have 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. In the second phase of expansion, starting August 1, 2016, the demonstration will be implemented in 24 additional counties in Regions I, III, and IV.

### Intervention

West Virginia is implementing a wraparound service model as the core component of Safe at Home West Virginia. Based on the National Wraparound Initiative (NWI) Model, the demonstration incorporates evidence-based, evidence-informed, and promising practices to coordinate services for eligible youth and their families. The Safe at Home wraparound intervention is high fidelity wraparound. It offers intensive wraparound to prevent out-of-home placement and intensive wraparound for youth who are already in congregate care placements and within 90 days of discharge. Wraparound services are provided to youth 12–17 who have a diagnosis of severe emotional or behavioral disturbance that impedes his or her daily functioning and an assessment determines the youth can benefit from an intensive wraparound approach. Wraparound services are provided to youth who are at risk of congregate care placement and are involved with two or more child-serving agencies. There are four phases within high fidelity wraparound: (1) engagement and Planning (first 90 day), (2)

## West Virginia

Implementation (3 to 6 months), (3) Maintenance (6 to 9 months), and (4) Transition (9 months to 1 year).

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

A trauma-informed assessment instrument, the West Virginia Child and Adolescent Needs and Strengths 2.0 (WVCANS)<sup>28</sup> assessment, is utilized to determine the youth and family's level of need. Other assessment tools are utilized when further assessment is indicated by the WVCANS. The assessed strengths and needs indicated by the WVCANS guide the development of an individualized service plan for each family and inform the state development of a full array of interventions to meet the needs in their communities.

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

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

### Evaluation Design

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

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<sup>28</sup> The West Virginia CANS has been updated most recently in 2015 to fully incorporate the National Child Traumatic Stress Network Trauma CANS modules.

## West Virginia

The outcome evaluation involves a retrospective matched case design that compares key outcomes in the areas of safety, placement prevention, and well-being among youth involved with the child welfare system prior to the demonstration with those same outcomes among similar youth who are offered the demonstration interventions following implementation of the demonstration. Propensity score matching is used to identify cases for the historical comparison group. Demographic data, case history, and characteristics such as mental health status, juvenile justice involvement, and placement type at the time of referral are used to match comparison youth to youth in the treatment group.

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

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

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

### Data Collection

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

### Sample

West Virginia anticipates enrolling approximately 700 youth into the intervention group over the course of the demonstration. The historical comparison group will be drawn from state fiscal years 2010 through 2015. Comparison cases are selected on a semi-annual basis and are

matched to cases that become eligible for inclusion in the intervention group during a given half-year interval.

### Evaluation Findings

Detailed process and outcome evaluation findings are pending the continued implementation of the demonstration. Initial process and outcome evaluation findings as of the semi-annual reporting period ending on March 31, 2016, are summarized below.

#### Process Evaluation Findings

- The project planning process involved the use of existing community Collaboratives to help identify service needs for Safe at Home. Community Collaboratives consist of West Virginia Department of Health and Human Resources staff and community partners from a variety of fields. The planning process also included the creation of seven Safe at Home work groups comprised of team members with expertise in the area of each work group's focus. The work groups address the following topics:
  - Service Development
  - Practice Development
  - Communications
  - Evaluation
  - Fiscal Accounting and Reporting
  - Title IV-E Revitalization
  - Data
- The state has made a substantial effort to educate key stakeholders and the general public about the demonstration. The majority of community providers interviewed stated they were involved in the planning process in some capacity and believed that the planning process was inclusive.
- Local Coordinating Agencies needed to hire a total of 42 wraparound facilitators for Phase 1. All of the community providers interviewed (n=13) reported they did not have to make any major organizational changes to successfully implement the wraparound program aside from hiring wraparound facilitators or moving current staff into that position. Community providers reported that it was difficult to find qualified applicants for the wraparound facilitator position because the entire state is experiencing a workforce shortage.
- Interviewed stakeholders expressed concern about the ability to meet the service demands of youth, particularly in the more rural areas. Seven of the eight judges, two staff from the juvenile justice department, a prosecutor, and a probation officer thought the goals of Safe at Home were unrealistic mainly due to the lack of community-based services. Many stakeholders noted that it will take a lot of time, effort, and money to develop needed services, and that a significant drug abuse crisis throughout the state may impede progress.

## West Virginia

- Interviewees agreed that the courts will play an integral role in the success of the demonstration because of the power they have in deciding placements for youth. Over half of the judges interviewed expressed a need for more alternatives to out-of-community residential placement in order to keep more youth in their homes or home communities.

### Outcome Evaluation Findings

- 120 youth referred to Safe at Home were included in the treatment group for the analysis conducted during this reporting period. Nearly two-thirds (64 percent) of the youth were male; 72 percent were between 14 and 16 years of age at the time of referral; and the majority of youth were white (88 percent). A historical comparison group of youth was selected from youth known to BCF between state fiscal years 2010 to 2015 with characteristics similar to the 120 youth who were referred to Safe at Home during the first 6 months.
- 67 of the 120 youth referred to participate in Safe at Home were living in a congregate care setting at the time of referral, of which 30 were in an out-of-state facility. By the end of March 2016, more than half (n=16) of those placed out-of-state had been returned to West Virginia, with 14 youth (47 percent) moving to a lower level of care. Thirty-nine percent of youth placed in a congregate care facility at the time of referral (in-state and out-of-state) were returned to their homes by the end of March 2016. The youth in the comparison group had very similar placement patterns overall, except that they tended to have less movement between placement settings.
- Among the 39 youth who were in out-of-home care at the time of referral to Safe at Home and had at least one placement change within the 6 months following referral, 64 percent had a placement outside of the youth's home county. For similar youth in the comparison group, 75 percent had a placement outside of the youth's home county.
- The evaluation team conducted an examination of the number of entries into out-of-state congregate care during the first 6 months of implementation of Safe at Home for the treatment group compared to a 6-month interval for the comparison group. This analysis indicates the treatment group had a congregate care placement rate of 1.5 placements per 100 days of eligibility,<sup>29</sup> while the comparison group had a congregate placement rate of 45.2 placements per 100 days of eligibility. Safe at Home youth in congregate care settings in West Virginia at the time of referral also had lower rates of subsequent congregate care placements than youth in the comparison group (1.4 placements per 100 days of eligibility compared to 22.8 placements per 100 days of eligibility).
- Analysis of the initial CANS completed for each of the 69 youth for whom an assessment was completed shows youth in the treatment group generally had low levels of needs; the highest average score (representing higher levels of need) was evidenced for the

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<sup>29</sup> Days of eligibility is defined as the total number of days that the youth were in a non-congregate care placement setting.

CANS module that examines youth strengths and includes items such as relationships with family; psychological strengths; coping and survival skills; and ties to the community. At least one subsequent CANS assessment was completed for 26 of the 69 youth who had an initial CANS assessment. A comparison of the scores revealed scores within the main domains tended to remain the same, indicating service needs remained unchanged over time. When the scores did change, there was a fairly even distribution between those that increased and those that decreased. Given that no more than 3 months passed between the first and subsequent CANS assessment, it is not surprising that improvement appears to be minimal and additional needs or issues are surfacing as Wraparound Facilitators have an opportunity to learn more about the youth and their families.

## 30: Wisconsin

### Demonstration Basics

**Demonstration Focus:** Post-Reunification Case Management and Services

**Approval Date:** September 28, 2012

**Implementation Date:** October 1, 2013

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

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

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

### Target Population

The waiver demonstration targets all children regardless of title IV-E eligibility who have reunified with their families after a temporary out-of-home placement and who are considered at high risk of 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 demonstration. A Child Welfare or Child Protective Services case type is also a prerequisite for eligibility. The demonstration targets children who reunify and meet the program's statistically based eligibility criteria.

### Jurisdiction

The state is implementing the Post-Reunification Support Program (P.S. Program) through the allocation of capitated per-child payments, or "slots" to participating counties. In Year 1 of the demonstration, 35 of 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. In year 3 of the P.S. Program total county participation grew to 36. The state will continue to allow additional balance of state counties the opportunity to partake in the P.S. Program throughout the 5-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.

Program enrolled families are also currently being trained in Motivational Interviewing, an evidence-based approach to bolstering engagement and helping individuals realize behavior change. Additional services may include substance abuse and mental health services for parents, specialized medical services, respite care, parenting support and assistance, and transportation, 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.

The RPM was developed to help the state target 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 re-assessments of the statistical model will occur as more data is available and there are changes in practice and documentation.

### Evaluation Design

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

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

- Physical health care outcomes such as well child check-ups, dental check-ups, age appropriate immunizations, and utilization of psychotropic medications;

## Wisconsin

- 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.

### Data Collection

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

### Evaluation Findings

Process and outcome evaluation findings reported in the Interim Evaluation Report are summarized below.

#### Process Evaluation Findings

- Thirty-five of 72 counties in Wisconsin implemented the P.S. Program in Year 1 (2014). Interview and focus group feedback indicated that early enrollment in the program was slower than expected. This slower than expected enrollment also impacted counties ability to set up contracts with service providers.
- Case managers reported through focus groups that the CANS is cumbersome and difficult to use and they did not feel adequately prepared to use it effectively.
- Many case managers and supervisors reported a need for additional training related to case management skills needed in the pre- and post-reunification phase, including safety management once the children return home, helping parents manage their emotions and behaviors, and dealing with unexpected stressors that can upset the delicate family balance after the child returns home.
- Increased levels of communication from DCF to the counties regarding the P.S. Program was a reported need with many case managers and supervisors noting they felt they were not provided adequate guidance about the details of the program during the initial implementation, and were left to figure it out on their own.
- Several caseworkers reported through focus groups that the availability of flexible funding provided by the waiver demonstration has created a change in the way they are able to serve families, for example, provide funds for recreational services and assistance with rent.
- Every county implementing the P.S. Program noted a lack of available mental health care. Other service gaps included respite care, crisis management, Alcohol and Other Drug Abuse treatment, dental care, and transportation.

- Response rates for follow-up parent surveys were low (25 percent for the treatment group and 10.7 percent for the comparison group). This low rate prevented the analysis of short-term and intermediate outcomes, as of the time of the Interim Evaluation Report, on family engagement, parent stress and coping, social support, family functioning, family self-sufficiency, child trauma exposure, and child social/emotional/behavioral functioning.
- Data collection activities for the process evaluation highlighted the need for the evaluation team to collect data about post-reunification services in counties that have not yet implemented the P.S. Program in order to ensure the treatment and comparison conditions are not more similar than expected.

#### Outcome Evaluation Findings

- Between February 2014 and December 2015, a total of 285 families were enrolled in the P.S. Program and are included in the treatment group. For this same time period, there were a total of 1,079 families reunified in Wisconsin counties that had not yet implemented the P.S. Program.
- At the time of the Interim Evaluation Report, only child welfare administrative data were available for analysis. To date, no significant differences have been found between families enrolled in the P.S. Program and matched comparison families in the rate of maltreatment recurrence or re-entry into out-of-home care<sup>30</sup>. Specific findings include the following:
  - 12.5 percent of families in the treatment group had re-reports of maltreatment within 12 months of reunification, compared to 13.4 percent of families in the comparison group.
  - 1.8 percent of families in the treatment group had a substantiated re-report of maltreatment within 12 months, compared to 3.6 percent of families in the comparison group.
  - 19.6 percent of families in the treatment group had a child that re-entered care within 12 months of reunification, compared to 23.2 percent of families in the comparison group.

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<sup>30</sup>Families for the P.S. Program must be observed for at least 12 months post-reunification. The sample for this analysis included families reunified in the first year of the demonstration only (between February 1 and December 31, 2014).