

Title IV-E Waiver Demonstrations: Overview of Evaluation Requirements and Considerations

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Today's Speakers

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Webinar Overview

- Background re: waiver authority
- Overview of previous/current waiver evaluations
- Evaluation TA available to title IV-E agencies
- Waiver evaluation requirements and expectations
- Review of well-being constructs, outcomes, and measurement tools

Background: Child Welfare Waiver Demonstration Authority

- Section 1130 of the Social Security Act allows HHS to waive certain provisions of titles IV-E and IV-B of the Social Security Act in order to carry out demonstration projects.
- Unlike competitive discretionary grants, waiver demonstrations do not provide additional funding; they provide title IV-E agencies authority to spend existing resources more flexibly.
- Waiver demonstrations test new approaches to service delivery and financing structures, to improve outcomes for children and families in the child welfare system.
- Projects must be cost-neutral to the Federal government; must have a rigorous evaluation.

Background: Child Welfare Waiver Demonstration Authority

- Section 1130 was first authorized by Congress in 1994 (originally authorized a total of 10 projects).
- Authority was extended and expanded in the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) - up to ten demonstrations per year for FYs 1998 - 2002. Additional statutory extensions until March 2006, when authority expired.
- Between FY 1994 and FY 2006, 23 States implemented one or more waiver demonstration projects.
- While many projects have ended, six States have active waiver demonstration projects (CA, FL, IL, IN, OH, OR).

Background: Child Welfare Waiver Demonstration Authority

- The Child and Family Services Improvement and Innovation Act, P.L. 112-34, signed into law on September 30, 2011, amended and reauthorized the authority for three additional years.
- Authorizes HHS to approve up to 10 new demonstrations in each of FYs 2012, 2013 and 2014.
- Information Memorandum ACYF-CB-IM-12-05, issued May 14, 2012, has details on new requirements.

Purpose of Waiver Demonstrations

Applicants must demonstrate that proposed projects accomplish one or more of the following goals:

- Increase permanency for infants, children, and youth by reducing time in foster placements when possible and promoting successful transition to adulthood for older youth
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve safety and well-being of infants, children, and youth
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care

HHS Priorities for Waiver Demonstrations

HHS will give priority to projects that test or implement approaches that will:

- Produce positive well-being outcomes for children, youth and families, with particular attention to addressing trauma
- Enhance social and emotional well-being of children and youth available for adoption or who have been adopted; special emphasis on children who have waited the longest and/or are hardest to place
- Yield more than modest improvements and contribute to the evidence base
- Leverage involvement of other resources and partners

Application, Review, and Approval of Title IV-E Waivers

June 4: Letters of Intent due (*not required but recommended*)

July 9: Proposals due

- Federal review begins promptly upon receipt of Proposals
- Negotiation with States

September 28: Waiver terms and conditions signed

Evaluations of Title IV-E Waiver Demonstrations

- Each title IV-E agency selected to implement a demonstration is required to conduct a rigorous evaluation that includes outcome, process, and cost analyses.
- Evaluation designs for past/current demonstrations include random assignment, comparison group/site, time series, and matched case comparison designs.

Waiver Demonstration Evaluation Designs

Demonstration Type	Research Design			
	Random Assignment	Comparison Sites	Time Series Analysis	Matched Case Comparison
Subsidized Guardianship/Kinship Permanence	IA, IL, MD, MN, MT, NM, WI, TN	NC, OR		MN
Flexible Funding/Capped IV-E Allocations	OR (Phase III)	NC, OH, OR (Phase I & II)	CA, FL	IN
Managed Care Payment Systems	CO, CT, MD, MI, WA			
Substance Use Disorder Services	IL, MD, NH	DE		
Intensive Service Options	AZ, CA, MS			
Enhanced Child Welfare Training	IL			
Adoption and Post-Permanency Services	ME			
Tribal Administration of IV-E Funds		NM		

Waiver Evaluation Technical Assistance

- HHS contracted with JBA to provide evaluation TA to assist title IV-E agencies in their efforts to evaluate their waiver demonstrations.
- Waiver TA provider since 1998
- TA modalities:
 - Telephone consultations
 - E-mail/written correspondence
 - Webinars
 - Site visits when appropriate

Evaluation TA: Core Activities

- Conduct assessments of evaluation and implementation plans; identify potential areas of improvement
- Assist with drafting T&Cs
- Assist CB in monitoring and reviewing evaluation progress
- Conduct cross-project analyses based on data from individual title IV-E agencies' evaluations
- Synthesize and disseminate implementation and outcome findings
- Host annual waiver meeting

HHS Priorities for New Waivers that Affect Evaluation Focus and Approach

- Produce positive well-being outcomes, with particular attention to addressing trauma
- Enhance social and emotional well-being of children and youth in placement or who have been adopted
- Demonstrate more than modest improvements in the lives of children and families
- Contribute to the evidence base regarding effective child welfare programs and practices

- Waivers are regarded as a vehicle for *knowledge building*, not just systems change
- Seek to measure outcomes, not just service delivery

Waiver Evaluations: Minimum Requirements

- Third-party independent evaluation
- Evaluation plan that includes:
 - Comparison of methods of service delivery with respect to efficiency, economy, etc.
 - Comparison of outcomes for children and families
 - Any other information HHS may require

Waiver Evaluations: HHS's Expectations

- Process Evaluation
 - Policies and procedures that have been established
 - Types and volume of services delivered
 - Characteristics of population served
 - Measures of implementation readiness
 - Measurement of implementation fidelity
- Current implementation science research may inform both program design and process evaluation

EBIs and Implementation Science

- Good outcomes influenced as much by implementation process as by specific services/practices (Aarons & Palinkas, 2007).
- Research to understand effective implementation of EBIs in real practice settings collectively referred to as “implementation science” (IS).
- IS conceptual models (examples):
 - Aarons, Hurlburt, & Horwitz (2011)
 - Damschroder & Hagedorn (2011)
 - Bumbarger, Perkins, & Greenberg (2009)
 - National Implementation Research Network (NIRN) (2005)

Factors that Influence Implementation Fidelity

- Community-level factors:
 - Politics, funding, policy
- Provider characteristics:
 - Perceived need for/benefit of the EBI, self-efficacy, skill level
- Characteristics of the intervention:
 - Organizational compatibility, client fit, adaptability
- Factors related to the delivery system:
 - Organizational factors: staff buy in, shared support for the EBI
 - Practices & processes: decision-making, communication
 - Staffing: leadership, program champion, administration, supervision
- Factors related to the support system:
 - Training, technical assistance

Waiver Evaluations: HHS's Expectations

- Outcome Evaluation
 - Testable hypotheses re: changes in child, family, system outcomes
 - Address whether observed outcomes are attributable to demonstration activities
 - Assess whether outcomes are different from outcomes under “services as usual”
 - Must include measures of safety, permanency, and well-being
 - Measurement of well-being will be discussed in more detail later in the webinar

Waiver Evaluations: HHS's Expectations

- Cost Analysis
 - Cost of services in various categories, e.g., service type, funding source, costs per family
 - Include key funding sources, e.g., titles IV-A, B, E, XIX, State, local, Tribal funds
 - May involve longitudinal examination of changes in costs over time; *or*
 - Comparative analysis of costs for children/ families that did or did not receive waiver-funded services
 - Consider a cost-effectiveness analysis when feasible

Cost Requirements

- Cost analysis is *not* the same as tracking cost neutrality
- It is also separate from the statutory requirement to provide in the waiver proposal and annually during the demonstration:

...an accounting of any additional Federal, State, tribal, and local investments made, as well as any private investments made in coordination with the title IV-E agency, during the past two fiscal years to provide the service intervention(s) that the applicant intends to undertake through the waiver demonstration.

Waiver Evaluations: Choice of Design

- HHS cannot require random assignment or give preference to waiver applications that propose random assignment. *However:*
- Title IV-E agencies are still expected to implement the most methodologically rigorous evaluation design possible.

Waiver Evaluations: Choice of Design

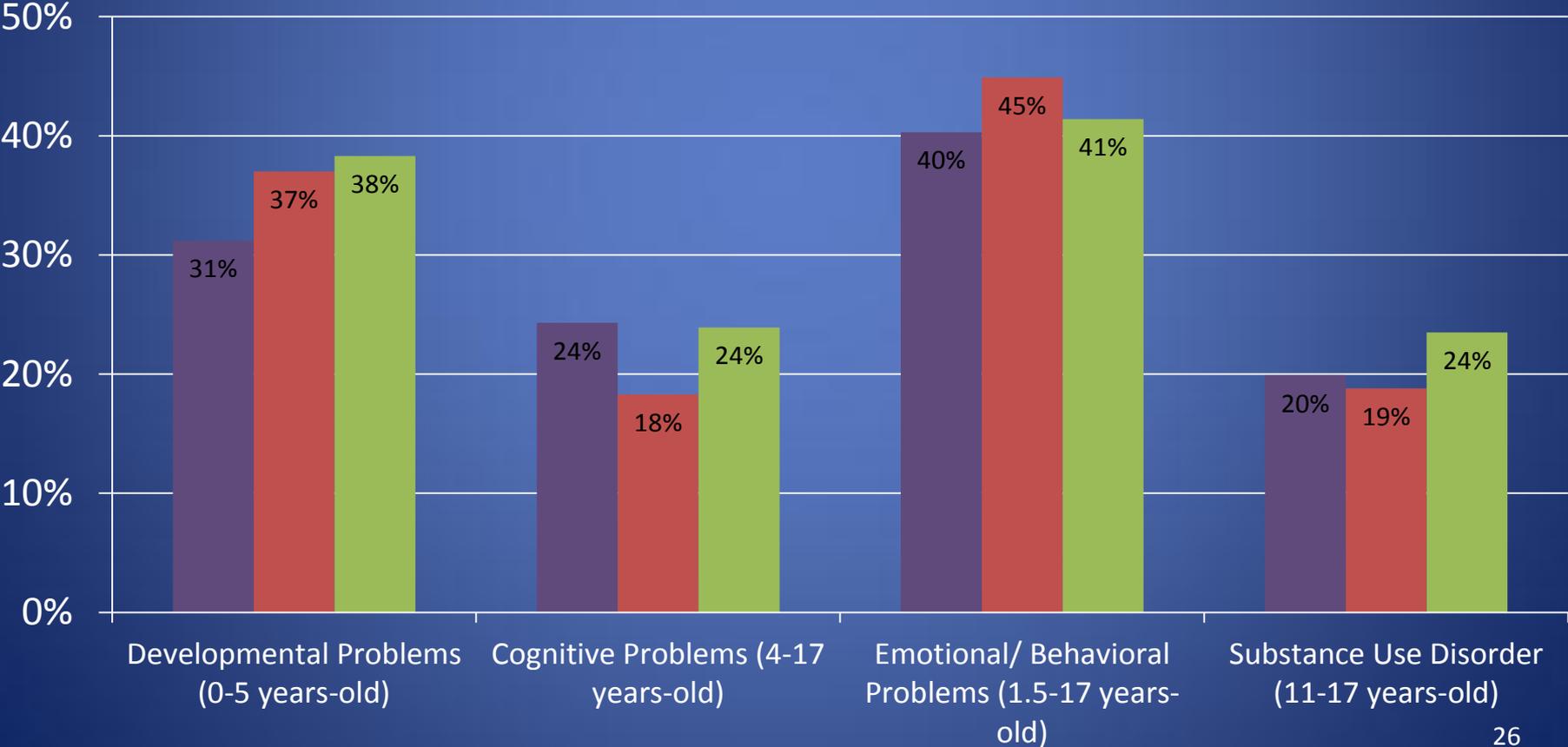
- Random assignment strongly encouraged when feasible and appropriate
- Other rigorous design alternatives:
 - Matched case comparison
 - Propensity score matching
 - Regression discontinuity
- Consider:
 - Sub-studies of selected waiver interventions using random assignment
 - Evaluations of existing evidence-based program/practice with new populations or practice settings

Waiver Evaluations: Measurement of Well-Being

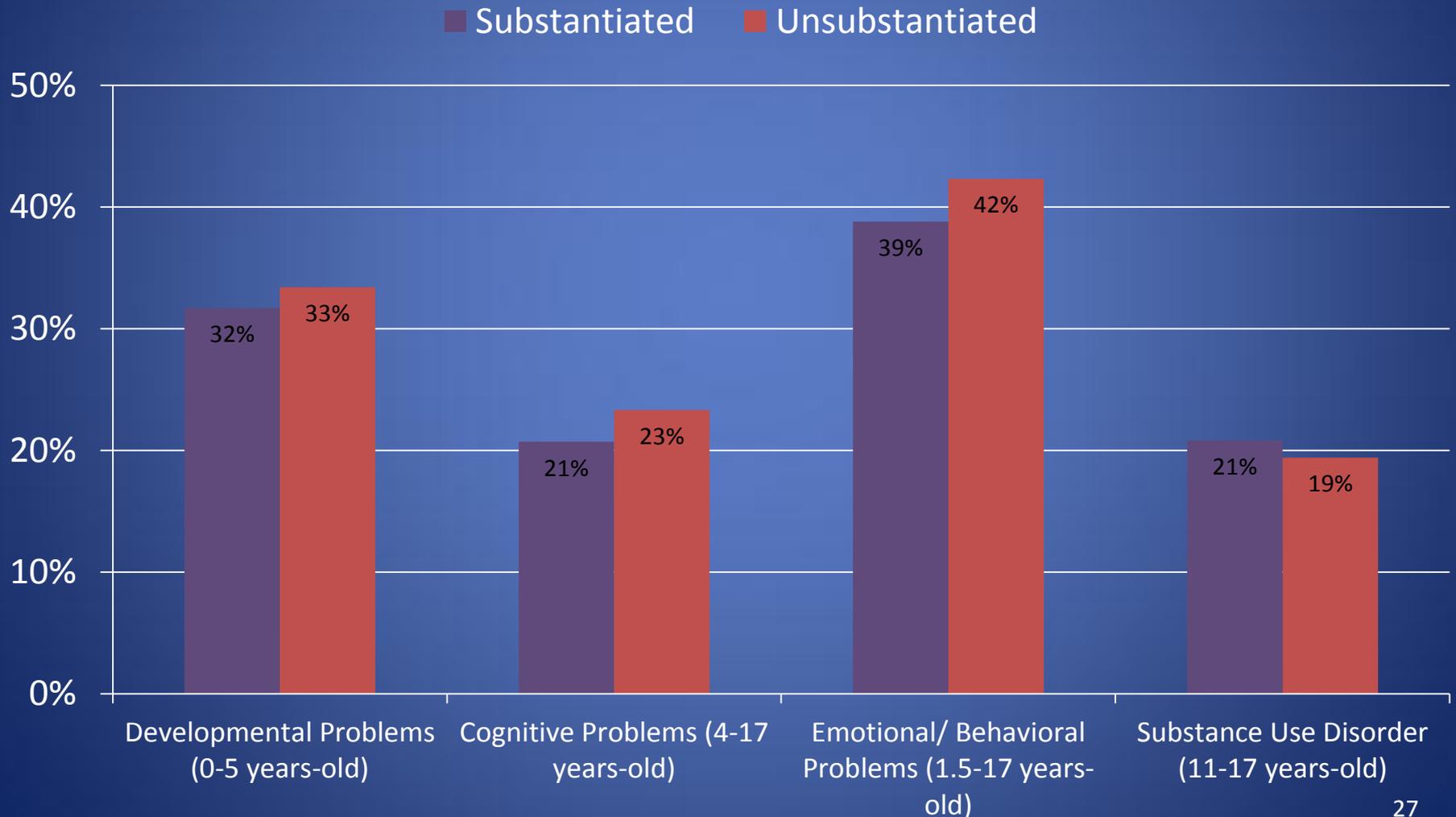
- HHS is especially interested in waiver demonstrations that assess changes in child, youth, and family well-being
- Importance of screening and functional assessment
- What well-being domains could be examined and how can they be measured?

Children Placed Outside the Home and Children Who Remain In-Home Have Similar and Extensive Service Needs

■ In-Home, Connected to Services ■ In-Home, Not Connected to Services
■ Out-of-Home



Children with Substantiated and Unsubstantiated Reports of Child Maltreatment are at Similar Risk for Poor Outcomes



A Framework for Well-Being

	Intermediate Outcome Domains		Well-Being Outcome Domains			
	Environmental Supports	Personal Characteristics	Cognitive Functioning	Physical Health and Development	Emotional/Behavioral Functioning	Social Functioning
Infancy (0-2)	Family income, family social capital, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Temperament, cognitive ability	Language development	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI	Self-control, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms	Social competencies, attachment and caregiver relationships, adaptive behavior
Early Childhood (3-5)	Family income, family social capital, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Temperament, cognitive ability	Language development, pre-academic skills (e.g., numeracy), approaches to learning, problem-solving skills	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI	Self-control, self-esteem, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms	Social competencies, attachment and caregiver relationships, adaptive behavior
Middle Childhood (6-12)	Family income, family social capital, social support, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Identity development, self-concept, self-esteem, self-efficacy, cognitive ability	Academic achievement, school engagement, school attachment, problem-solving skills, decision-making	Normative standards for growth and development, overall health, BMI, risk-avoidance behavior related to health	Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms	Social competencies, social connections and relationships, social skills, adaptive behavior
Adolescence (13-18)	Family income, family social capital, social support, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Identity development, self-concept, self-esteem, self-efficacy, cognitive ability	Academic achievement, school engagement, school attachment, problem solving skills, decision-making	Overall health, BMI, risk-avoidance behavior related to health	Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms	Social competence, social connections and relationships, social skills, adaptive behavior

Social and Emotional Well-Being Domains

Trauma Screening, Functional Assessment & Progress Monitoring

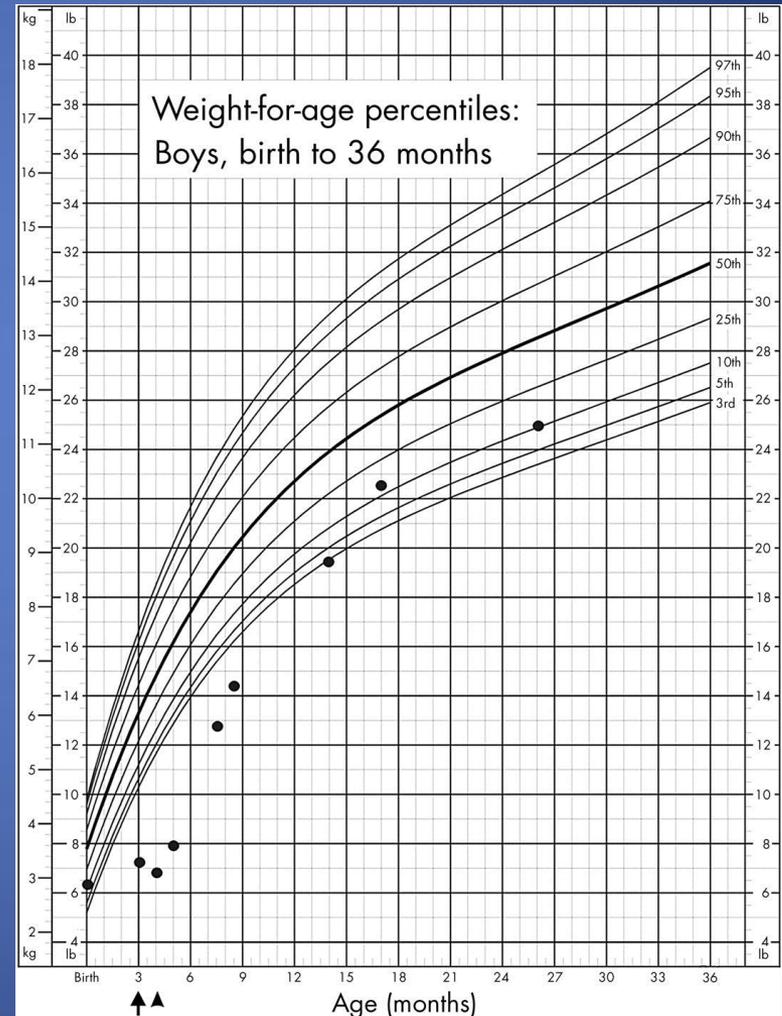
- Functional assessment—assessment of multiple aspects of a child’s social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the **major domains of well-being**.
- Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention.
- **Functional assessment, however, can be used to measure improvement** in skill and competencies that contribute to well-being and allows for **on-going monitoring of children’s progress towards functional outcomes**.

Trauma Screening, Functional Assessment & Progress Monitoring

- Rather than using a “one size fits all” assessment for children and youth in foster care, systems serving children receiving child welfare services should have an **array of assessment tools** available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups (O’Brien, 2011) and accounting for the trauma- and mental health-related challenges faced by children and youth who have experienced abuse or neglect.
- **Valid and reliable** mental and behavioral health and developmental **screening and assessment tools** should be used to understand the impact of maltreatment on vulnerable children and youth.

Restoring Appropriate Developmental Functioning

- Many of the functional assessment tools have been normed to the general population so it is now possible to understand how close to or far away children are from appropriate developmental functioning
- On-going progress monitoring allows us to determine if the interventions are restoring appropriate developmental functioning



Measure Outcomes, Not Services

“It is common for child welfare systems to gauge their success based on whether or not services are being delivered. One way to focus attention on well-being is to measure how young people are doing behaviorally, socially, and emotionally and track whether or not they are improving in these areas as they receive services” (ACYF-CB-IM-12-04).



Measuring Services

How many children received...?

How many hours of training were delivered?

What percent of children got...?

Measuring Outcomes

Are trauma symptoms reduced?

Did services increase relationship skills?

Do children have healthier coping strategies?



Examples of Well-Being Measures (1 of 3)

INFANCY & EARLY CHILDHOOD (0-5 years)				
Measure	Behavioral/ Emotional	Social	Other	Age
Ages & Stages Questionnaire, 3rd Edition		personal-social	gross motor fine motor problem solving communication	1-66 months
Bayley Infant Neurodevelopmental Screener (BINS; Aylward, 1995)			basic neurological functions auditory and visual receptive functions verbal and motor expressive functions cognitive processes	3-24 months
Child & Adolescent Needs & Strengths; Child & Adolescent Needs & Strengths – Mental Health (Lyons, Griffin, Fazio, Lyons, 1999; CANS-MH)	behavioral/emotional needs sexually aggressive behavior problem presentation risk behaviors functioning	strengths (family, interpersonal, relationship permanence)		0-18 yrs.
Eyberg Child Behavior Inventory (ECBI; Eyeberg, 1999)	disruptive behaviors, frequency and extent parent finds behavior troublesome			2-5 yrs.
Social Skills Rating System (SSRS; Gresham & Elliott, 1990)	externalizing problems internalizing problems hyperactivity	cooperation empathy assertion self-control responsibility	reading and math performance general cognitive functioning motivation parental support	3-18 yrs.
Vineland Screener (VSC; Sparrow, Carter, & Cicchetti, 1993).	daily living skills	socialization	communication	Birth-18 yrs.

Examples of Well-Being Measures (2 of 3)

MIDDLE CHILDHOOD (6-12) & ADOLESCENCE (13-18)

Measure	Behavioral/ Emotional	Social	Age
Behavioral and Emotional Rating Scale (2nd Edition) (BERS-2; Epstein, 2004)	interpersonal strength family involvement intrapersonal strength affective strength		6-18 yrs.
Child & Adolescent Needs & Strengths; Child & Adolescent Needs & Strengths – Mental Health (Lyons, Griffin, Fazio, Lyons, 1999; CANS-MH) Trauma version	behavioral/emotional needs sexually aggressive behavior problem presentation risk behaviors functioning	strengths (family, interpersonal, relationship permanence)	6-18 yrs.
Child Behavior Checklist, Teacher Report Form, and Youth Self Report Form (CBCL, TRF, YSR; Achenbach, 2001)	externalizing problems internalizing problems general symptomatology mood and anxiety symptoms thought problems attention problems delinquent rule-breaking	competence social problems	6-18 yrs.
Child Posttraumatic Stress Disorder Symptom Scale (CPSS; Foa et al., 2001)	PTSD symptoms, daily functioning and functional impairment		7-18 yrs.

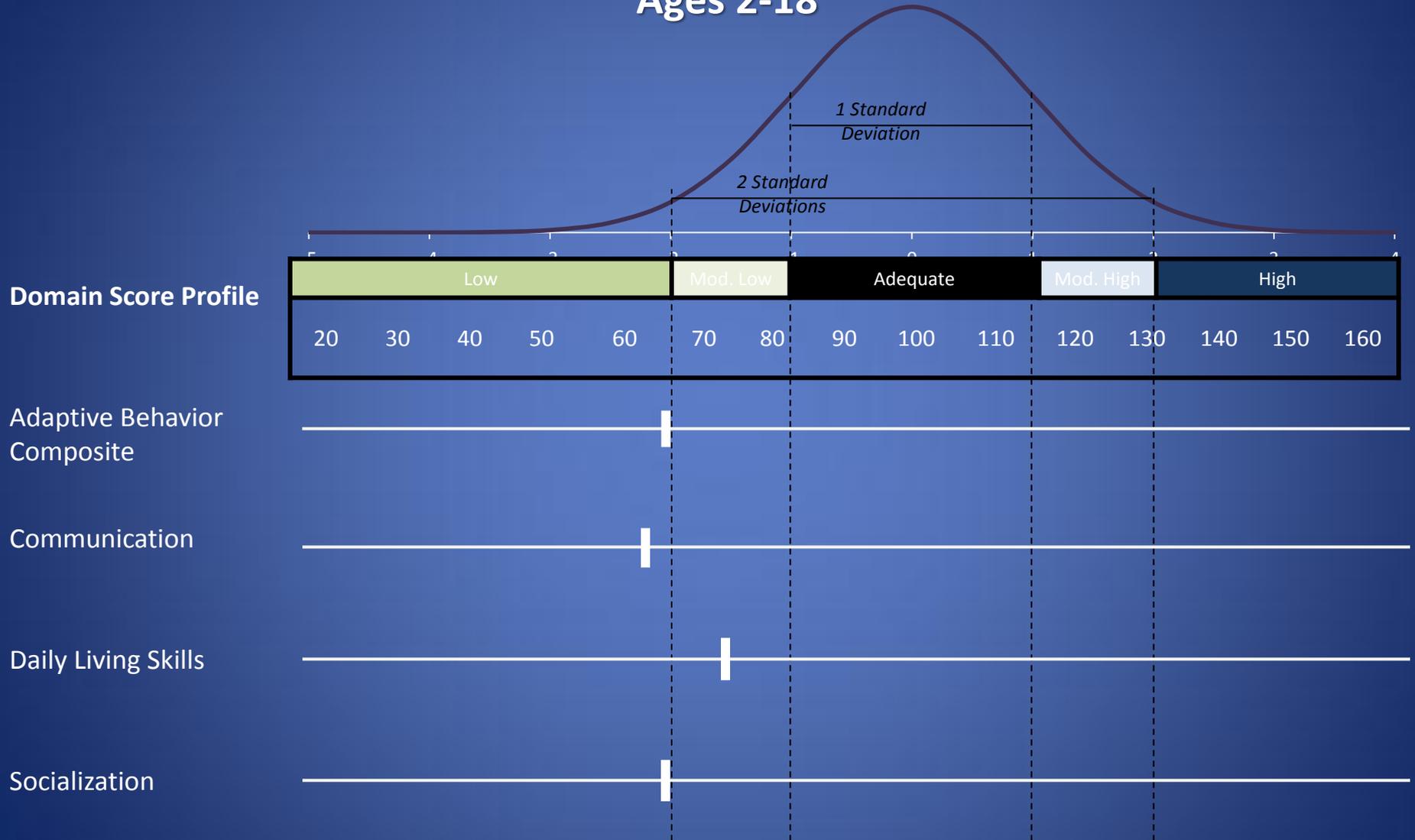
Examples of Well-Being Measures (3 of 3)

MIDDLE CHILDHOOD (6-12) & ADOLESCENCE (13-18)

Measure	Behavioral/ Emotional	Social	Age
The Eyberg Child Behavior Inventory (ECBI; Eyeberg, 1999)	disruptive behaviors, frequency and extent parent finds behavior troublesome		6-16 yrs.
Pediatric Symptom Checklist 17 (PSC-17; Jellinek & Murphy, 1998; Gardner & Kelleher, 1999)	externalizing problems internalizing problems attention		6-18 yrs.
Social Skills Rating System (SSRS; Gresham & Elliott, 1990)	externalizing problems internalizing problems hyperactivity	cooperation empathy assertion self-control responsibility	6-18 yrs.
Strengths & Difficulties Questionnaire (Goodman, 1997)	externalizing problems internalizing problems		6-16 yrs.

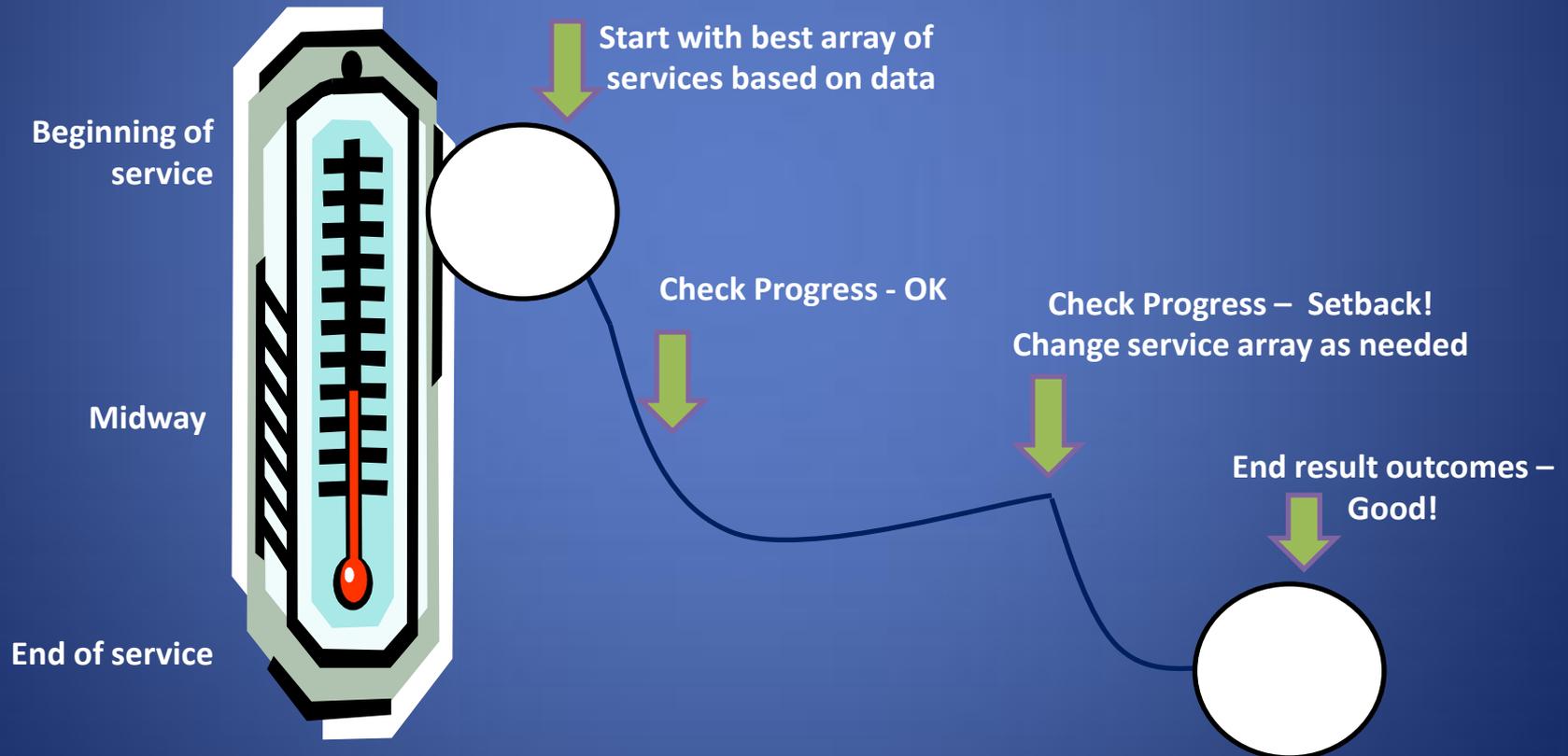
Adaptive Behavior among Maltreated Children

Ages 2-18



Measuring Outcomes of Client Functioning to Drive System Improvement - MICHIGAN

Systematic use of client-focused measures “can help engage staff in focusing on improving consumer outcomes and quality of care, which is the sole reason that mental health organizations exist. Clinical staff and top management can use the aggregated data from an outcomes management system to dramatically enhance the process and productivity of continuous quality improvement efforts...” (Hodges & Wotring, 2012)



Sources for Measures

- American Academy of Child & Adolescent Psychiatry and Child Welfare League of America (AACAP & CWLA, 2002): Foster Care Mental Health Collaborative; Policy Statement on Screening and Assessment of Children in Foster Care
<https://www.cwla.org/programs/bhd/mhworkgroup.htm>
- California Evidence-based Clearinghouse for Child Welfare (CEBC): Screening & Assessment Tools for Child Welfare
<http://www.cebc4cw.org/assessment-tools/>
- Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)
Entire section on measurement: measures framework, measures table, manuals, coding, interviews, etc.
<http://www.iprc.unc.edu/longscan/>

Sources for Measures

- Lou, C., Anthony, E.K., Stone, S., Vu, C.M. & Austin, M.J. (2008). Assessing child and youth well-being. *Journal of Evidence-based Social Work*, 5(1-2), 91-133.
- National Early Childhood Technical Assistance Center (NECTAC): review of screening and assessment instruments focused on social-emotional development (ages 0-5)
<http://www.nectac.org/~pdfs/pubs/screening.pdf>
- National Child Traumatic Stress Network (NCTSN): measures review database (trauma and related mental health issues)
<http://www.nctsn.org/resources/online-research/measures-review>

Additional Information

- Child Welfare Waiver Demonstration Projects
ACYF-CB-IM-12-05
http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1205.pdf
- Promoting Social & Emotional Well-Being for Children & Youth
Receiving Child Welfare Services
ACYF-CB-IM-12-04
http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf
- Questions:
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