

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

Prepared for:

Children's Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
U.S. Department of Health and Human Services

Prepared by:

James Bell Associates  
Arlington, VA

July 2018

## Table of Contents

1 : Arizona .....	1
2 : Arkansas .....	6
3 : California .....	13
4 : Colorado .....	20
5 : District of Columbia .....	26
6 : Florida .....	31
7 : Hawaii .....	37
8 : Illinois (AODA) .....	43
9 : Illinois (IB3) .....	48
10 : Illinois (Immersion Site) .....	54
11 : Indiana .....	58
12 : Kentucky .....	64
13 : Maine .....	70
14 : Maryland .....	76
15 : Massachusetts .....	82
16 : Michigan .....	88
17 : Nebraska .....	94
18 : Nevada .....	100
19 : New York .....	106
20 : Ohio .....	112
21 : Oklahoma .....	118
22 : Oregon .....	123
23 : Pennsylvania .....	129
24 : Port Gamble S’Klallam Tribe .....	135
25: Tennessee .....	139
25 : Utah .....	145
26 : Washington .....	151
27 : West Virginia .....	156
28 : Wisconsin .....	162

**NOTE:** Information contained in the following profiles of Child Welfare Waiver Demonstrations has been abstracted from information submitted by the jurisdictions as of July 2018. All findings reported here should be considered preliminary unless otherwise noted. No additional review of data has been conducted to validate the accuracy of the reported evaluation findings. More details regarding the waiver demonstrations are available in the respective progress and evaluation reports of each jurisdiction.

# 1: Arizona

## Demonstration Basics

**Demonstration Focus:** Efforts to “right-size”<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

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

## Jurisdiction

The demonstration was initially implemented in two Arizona Department of Child Safety (DCS) offices in Maricopa County. It has been rolled out in phased implementation stages and is currently in 15 offices.

## Intervention

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

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

DCS has created non-case carrying Family Engagement Specialist (FES) positions and has contracted with a community agency for additional FES positions. The FESs are trained to

---

<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.

provide the family/fictive kin search and engagement activities. Children in congregate care settings 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.

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

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

### Evaluation Design

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

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

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

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

measures of child well-being among children and adolescents living in congregate care?

## Evaluation Findings

### Process Evaluation

A summary of evaluation findings from the semiannual reporting period of July 1, 2017, through December 31, 2017, is listed below.

- As of December 31, 2017, Family Engagement Specialists (FESs) have worked with 123 children in Maricopa, Pima, and Pinal counties. Of these 123 children, 72 of the cases were closed from the Fostering Sustainable Connections program, and 51 remained open. Of the 72 children closed from the program, 25 (35 percent) were placed with relatives; 4 (5 percent) were placed in a less restrictive family-like setting; and 5 (7 percent) were pending placement with relatives.
- A second administration of the Wilder Collaboration Inventory was administered in October 2017. The purpose of the inventory is to identify strengths and potential weaknesses shown to be important in collaborative projects. Respondents included DCS staff, community stakeholders, and others directly involved in the waiver demonstration. A total of 16 individuals responded (response rate of 37 percent) with 12 completing most of the survey questions (response rate of 28 percent). Respondents identified the following as related to areas of collaboration in the demonstration:
  - Areas of strength
    - Members think they can communicate openly with one another as well as leadership.
    - Time is right for this collaboration and group members are dedicated to making this project succeed.
    - What the collaboration is trying to accomplish would be difficult for any single organization on its own, and there is a history of collaboration within the community.
  - Areas needing further development
    - All the organizations needing to be involved in the project may not be currently represented.
    - More time, resources, and people power need to be invested in the group's collaborative efforts.
    - Level of trust amongst members needs to be improved.
- The Organization Readiness for Change (ORC) survey is administered by email after the second orientation meeting at each new site. The ORC identifies current strengths and challenges to readiness for implementation of FSC. As of December 31, 2017, the ORC survey was administered to 102 individuals (DCS staff, administrators, and community stakeholders), in which 55 individuals responded (a response rate of 54 percent).
- Initially, the evaluation team at Arizona State University (ASU) completed the

Implementation Drivers Assessment Process, National Implementation Research Network (NIRN) for the initial implementation stage and created an action plan with individuals responsible for meeting deadlines for FSC within Program Development and ASU. The action plan is updated at each monthly evaluation meeting, and in April 2018, Program Development will complete the NIRN process with the guidance of ASU.

- A total of 15 individual and 2 group interviews were conducted with key stakeholders to gain understanding of the waiver demonstration implementation environment. The following is a summary of findings in four major themes identified through the analysis:
  1. Purpose of demonstration. Respondents reported the goal of the demonstration was to reduce the number of children in congregate care and agreed that the goal was important. Many respondents noted the importance of creating natural connections and “reestablishing family connections.”
  2. Strengths of Implementation. Noted strengths of implementation include communication, training, making connections for children, and cost savings. An identified subtheme to making connections for children was the ability through FSC and the FESs to think “outside of the box” and identify individualized approaches to practice and placement options.
  3. Areas for Improvement. Noted areas of implementation needing improvement include communication, training, and systemic and case specific barriers.
  4. Sustainability. For the intervention to be sustained, respondents identified the following needed to occur: an increase in the number of FESs so more children could be referred; data indicating the number of children in congregate care was steadily decreasing; and FSC representing an overall change in practice rather than a temporary intervention.

#### Outcome Evaluation

- From July 1, 2016, through June 30, 2017, there were a total of 3,134 children with a total of 9,086 placements from 12 Maricopa County DCS offices. Of the 3,134 children, 741 had single placements (23.6 percent); for those having multiple placements, restrictiveness of living environment decreased for 1,517 children (48 percent), stayed the same for 675 children (21.5 percent), and increased for 201 children (6.4 percent).
- Entries to congregate care over 36 months, including 24 months prior to the demonstration and 12 months post intervention, as well as categorization of exits as favorable, unfavorable, and neutral over the same 36-month time period have been plotted for 12 Maricopa County offices including the first two intervention offices. Analyses of pre- and postintervention differences are ongoing.
- Fifty-seven child well-being interviews were conducted with children/youth and their caretakers in year 1 of the waiver (30 interventions and 27 comparisons – matched sample). Follow-up rates in year 2 for this cohort were 93 percent for the intervention group and 78 percent for the comparison group. Thirty-four child/caretaker dyads and

## Arizona

14 comparison dyads have been interviewed from year 2 of the waiver. Qualitative child well-being interviews have been conducted with 13 youth and 13 caretakers. Case file reviews are ongoing. Initial findings from the administration of standardized social emotional well-being instruments indicate young people overall rate their social-emotional well-being higher than their caregivers rate them.

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

[Information and reports for the Arizona demonstration are available online.](#) Inquiries regarding the Arizona demonstration may be directed to Barbara Guillen at [Barbara.Guillen@AZDCS.GOV](mailto:Barbara.Guillen@AZDCS.GOV):



## 2: Arkansas

### Demonstration Basics

**Demonstration Focus:** Enhanced Assessment, Family Engagement, and Differential Response

**Approval Date:** September 28, 2012

**Implementation Date:** July 31, 2013

**Expected Completion Date:** July 30, 2018<sup>2</sup>

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

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

### Target Population

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

### Jurisdiction

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

### Intervention

Under the demonstration, Arkansas is adopting, expanding, or developing and implementing different programs, services, and practices.<sup>3</sup>

- **Differential Response (DR)** was implemented prior to the waiver demonstration and in August 2013 expanded statewide. The DR initiative targets low-risk child maltreatment referrals with the aim of diverting families from the formal investigative track to community supports and resources that build on the family strengths and meet their needs. The services and supports provided to eligible families include referrals to food banks, affordable housing, utility assistance, counseling, parenting classes, clothing, transportation, assistance with inpatient mental health service referrals, and assistance with applications for the Supplemental Nutrition Assistance Program. The worker utilizes the Family Strengths and Needs Assessment tool to assess strengths and needs

---

<sup>2</sup> Arkansas has received an extension from the Children's Bureau to continue implementation through September 2019.

<sup>3</sup> Arkansas was originally approved to implement Permanency Roundtables, but this initiative was removed from the demonstration in April 2018.

and identify needed services and supports. The Arkansas Division of Children and Family Services (DCFS) goal is to provide services and supports to families for a period of 30 days with two 15-day extensions available. The maximum time that a DR case can be open is 60 days. If more time is needed beyond that timeframe, then the DR case is closed, and a supportive services case is opened. At that time, the Family Advocacy and Support (FAST) tool is used to assess the strengths and needs of the family.

- **Child and Adolescent Needs and Strengths (CANS)/FAST** are evidence-based functional assessments implemented to measure improvements in children's functioning across several domains, including behavioral and emotional functioning, social functioning, cognitive and academic progress, physical health and development, and mental health. The CANS is being implemented with foster care cases and the FAST with in-home cases. Initial implementation of the CANS/FAST initiative occurred in Miller and Pulaski Counties and subsequently statewide in February 2015. The processes of converting to a hybrid CANS/FAST assessment has begun and will be modeled after the Utah UFACET for both in-home and out-of-home cases. The state intends for the condensed version of this hybrid tool to eventually be used in investigations and differential response.
- **Nurturing Parenting Program** is an evidence-based parenting education program comprised of 25 varied programs and curricula. Under the demonstration, Arkansas is implementing the *Nurturing Program for Adult Parents and Their School-Age Children 5 to 18* curriculum, referred to as *Nurturing the Families of Arkansas (NFA)*. As of March 2015, NFA was implemented statewide and enhances parenting knowledge, skills, and practices of caregivers involved in the state child welfare system. The program target population includes parents/caregivers involved in in-home cases where there is no court involvement and at least one child between the ages of 5 and 18. The FAST is used to identify the highest priority needs of families and to serve as a basis for referral to NFA.
- **Targeted Foster Family Recruitment** aims to increase the number of foster homes in the state and assist caseworkers in making appropriate placement decisions for children in foster care. The Arkansas Creating Connections for Children program (ARCCC) is based on the Annie E. Casey Foundation model, *Family to Family*. Under the demonstration, ARCCC is being implemented in those service areas within which the concurrent Diligent Recruitment program is not, specifically 6 of the 10 service areas (areas 3, 4, 5, 7, 9, and 10). Although the two programs are very similar, they are focused on different target populations. The Diligent Recruitment service areas are employing general, targeted, and child-specific strategies to recruit resource families (foster and adoptive) for youth aged 12 and older and specific groups within that population, including youth of color, sibling groups, and youth with behavioral health needs. The Target Recruitment service areas are utilizing similar recruitment strategies to recruit resource families for children aged 11 and older and specific groups of children identified as being most in need, e.g., sibling groups, children of color, and children with special needs.

- **Team Decision Making (TDM)**, a family team meeting model developed by the Annie E. Casey Foundation, allows caregivers and children to serve more active roles in the decision-making process. TDM is designed to make immediate decisions about removing a child and making a placement and/or changing a placement and is being implemented to safely reduce the number of children entering foster care. It was initially implemented during the investigation phase and in open in-home cases when a safety factor was identified, and a protection plan put in place. In 2015, the TDM policy was revised to add Exposed Infants, also referred to as Garrett's Law, as a trigger. TDM is being rolled out in phased implementation using removal data, staff capacity data and information, and geographic considerations as facilitators and has been implemented in 26 of 75 counties. Statewide implementation is tentatively scheduled for July 1, 2019. TDM meetings are held within 48 hours of a protection plan being put in place.

### Evaluation Design

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

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

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

## Data Collection

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

## Evaluation Findings

This section summarizes key evaluation findings from the Interim Evaluation Report and semiannual progress reports submitted through February 28, 2018.

### Process Evaluation Findings

#### *DR*

- Between August 2013 and January 2018, 18,695 families (including 28,067 children) have been served by DR.
- Family survey data shows 98 percent of families reported the workers talked with each family member in the home, worked with the family to find services, created goals specific to that family, and followed up with the family to make sure the goals were being met ( $n = 285$ ).

#### *CANS/FAST*

- Between February 2015 and February 14, 2018, there were 13,511 children in 7,327 cases assessed by a CANS, and 32,706 children in 14,958 cases assessed by a FAST.
- Cases are reviewed to determine if the services described in the case plan align with what should be done to meet the child/adolescent's specific needs and whether progress has been made on these services. Across both CANS assessment age groups (CANS 0–4,  $n = 34$  cases; and 5+,  $n = 36$  cases), 86 percent of the services offered align with the case plan and nearly all services (95 percent) were either in progress or received within 6 months of the referral. In the FAST assessment ( $n = 34$ ), roughly two-thirds of the services offered aligned with the case plan and nearly 80 percent of the services were either in progress or received within 6 months of the referral.

#### *NFA*

- A total of 409 families (including 1,115 children) have participated in or are currently participating in the NFA program. Families who have participated in the NFA program were asked about their satisfaction with the program. Families reported they learned additional parenting skills, are more confident in their parenting skills, and have improved their relationships with their children because of participating in NFA. Families also reported they believe they will be able to keep their children in their care because of the parenting program ( $n = 108$ ).

## Arkansas

- Nearly 80 percent of interviewed Family Service Workers and Parent Educators ( $n = 40$ ) reported the program is very effective at keeping children safely in their homes. The other 20 percent reported the program is moderately or mildly effective at keeping children safe in their homes, citing clients with drug problems as the primary reason a child would be removed from the home.

### *TR*

- 2,397 foster families have been recruited from the Targeted Recruitment areas under the waiver demonstration.
- Of 205 surveys completed at the time of the Interim Evaluation Report, 86 percent of the families agreed they are planning to continue their roles as foster parents. Survey results also show parents can secure daily childcare when needed (91 percent) and children are receiving services to meet their basic health, mental health, and educational needs (87 percent). Survey results from cohort 6 (August 2017 to January 2018) show slight improvements in families reporting the ability to secure daily childcare (96 percent, number of respondents not reported).

### *TDM*

- 1,497 families involving 3,239 children have participated in a TDM meeting.
- Family/caregiver survey data suggests families responded positively to the TDM meetings, with 96 percent of families reporting satisfaction with the outcome of the meetings and 98 percent reporting their comments, ideas, and questions were taken seriously by the workers and others present (total number of respondents not reported).
- In 82 percent of the TDMs reviewed for cases between March 1, 2016, and February 28, 2017 ( $n = 100$ ), safety factors in the home, the protection plan, and the family's strengths were discussed. Four out of five families were found to be engaged in discussing their family needs and strengths. Overall, case record reviews show an increase in the percentage of cases in which the family's strengths are reviewed during the TDM.

## Outcome Evaluation Findings

### *DR*

- Preliminary findings at the time of the Interim Evaluation Report indicate a reduction in subsequent maltreatment, case openings, and removals for families receiving DR. The sample size for 12-month outcomes was 6,025 cases for the comparison group and 5,832 cases for the demonstration group. Key findings are as follows:
  - Subsequent maltreatment. Investigation within 12 months of investigation/DR closure totaled 20.1 percent (1,171) of demonstration group cases compared to 29.7 percent (1,787) of comparison group cases.

- Subsequent case opening. Open child protective services (CPS) cases within 12 months of investigation/DR closure totaled 3.7 percent (218) of demonstration group compared to 7.6 percent (457) of comparison group cases.
  - Subsequent removal. At least one child removed within 12 months of investigation/DR closure totaled 2.8 percent (162) of demonstration group cases compared to 4.5 percent (269) of comparison group cases.
- Analysis for cases served between February 1, 2017, and July 31, 2017 (i.e., Cohort 8), shows families receiving DR are significantly less likely to have a subsequent maltreatment within 3 months or subsequent CPS case opening within 6 months as compared to comparison group cases with 1.9 percent of DR families versus 3 percent of comparison group families experiencing subsequent maltreatment within 3 months; and 3 percent of DR families versus 15.5 percent of comparison group families experiencing a subsequent CPS case opening within 6 months (significance level not provided).

#### *CANS/FAST*

- Treatment cohorts between August 1, 2015, to January 31, 2017, show a statistically significant higher percentage of children reunified for both age groups (i.e., 0 to 4 and 5+) within 3 months as compared to the comparison group (significance level not provided). Youth older than 5 whose initial CANS was between August 2016 and January 2017 were significantly more likely to be reunified within 12 months of the initial CANS as compared to the comparison group (significance level not provided).

#### *NFA*

- Significantly fewer cases in cohort 3 (March 1, 2016, and August 1, 2016) had a subsequent substantiated CPS case within 12 months of graduating, then the comparison group with 5 percent of cases in the treatment group having a substantiated CPS case open versus 14 percent in the comparison group (significance level not provided).

#### *TR*

- Children in the treatment group placed in approved homes between February 1, 2016, and July 31, 2016, show a lower percentage of children with minimal placement changes within 3 and 6 months, when compared to the children in the comparison group. However, there are no statistically significant differences.
- Between August 1, 2017, and January 31, 2018, the total number of youth in congregate care has decreased by over 200 youth (13 percent decrease), primarily in youth ages of 6 to 15.

## Arkansas

### *TDM*

- Families with a TDM between March 1, 2016, and August 31, 2016, report similar percentages of youth removed from the home (21 percent) as the comparison group families. Those youth removed from the home are slightly more likely to be returned after a TDM (52 percent) than in the comparison group (45 percent).

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

[Information and reports for the Arkansas demonstration](#) are available online. For questions regarding the Arkansas demonstration contact Lisa Jensen at [Lisa.Jensen@dhs.arkansas.gov](mailto:Lisa.Jensen@dhs.arkansas.gov).

### 3: California

#### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2014<sup>4</sup>

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

**Interim Evaluation Report Date:** 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 to 17, inclusive, who are currently in out-of-home placement or who are at risk of entering or reentering foster care.

#### Jurisdiction

Under phase II of the demonstration, the state is continuing implementation in Alameda and Los Angeles County Child Welfare and Probation Departments (cohort 1). The state has expanded implementation in the following seven counties: Butte, Lake, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma (cohort 2).<sup>5</sup>

#### Intervention

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

The demonstration includes two core interventions.

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

---

<sup>4</sup> The California 5-year waiver demonstration was originally implemented July 1, 2007, and was scheduled to end on June 30, 2012. The state received several short-term extensions thereafter and in September 2014 received an extension of an additional 5 years effective from October 1, 2014, through September 30, 2019.

<sup>5</sup> Effective June 30, 2017, Butte County exited the waiver demonstration and Lake County exited the demonstration effective September 30, 2017.



SOP/CPM intervention will be organized into foundational skills and core components. The foundational skills, which are common throughout all participating counties, include Solution Focused Interviewing, Appreciative Inquiry, and Cultural Humility. The core components/tools include Behaviorally Based Case Plans, Child's Voice (Voice and Choice), Coaching, Safety Planning, and Teaming (Networks of Support). Use of the core components/tools is based on family need.

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

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

### Evaluation Design

The evaluation consists of three components: a process evaluation, an outcome evaluation, and a cost analysis. The process evaluation includes interim and final process analyses that examine internal consistency, implementation and model fidelity, and factors influencing model fidelity. The process evaluation will examine the implementation process of each county and will identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The fidelity assessment will determine whether SOP/CPM, Wraparound, and other programs offered by the seven counties are implemented as designed.

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

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

## California

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

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

The evaluation will also include two outcome substudies which will take place in years 2 and 3 of the evaluation in Sacramento and San Francisco Child Welfare.

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

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

The evaluation team will also conduct a cost substudy in Alameda County. The substudy will identify activities and associated costs specific to the demonstration service program(s) implemented at the discretion of the county.

### Evaluation Findings

A summary of findings is noted below. Process evaluation findings are based on information provided in the Interim Evaluation Report. Outcome evaluation findings are for the reporting period of April 1, 2017, through September 30, 2017.

### Process Evaluation

*Program Implementation.* During summer 2017, the evaluation team conducted 62 interviews with leadership from each participating site. Responses include the following:

- Both child welfare and probation agency staff consistently noted they perceived that the goal of the waiver funding structure was to enable funding for services that would otherwise be unavailable, particularly for services reaching new populations or focusing on prevention.
- Child welfare staff placed greater emphasis than probation on the idea that innovation could be funded.

- Child welfare agencies also noted that waiver funding was useful to provide newly mandated services for which no funding structure exists.
- Participants discussed cross-agency partnerships and data systems in the context of efforts to monitor the waiver and ensure program fidelity. This emphasis on partnership is not surprising because of the importance of data infrastructure for effective monitoring and probation agency reliance on BHS and CWS for data.
- In discussing data challenges, probation noted difficulties associated with having to rely on others for its information needs, while child welfare agencies emphasized challenges and delays in implementing new data collection tools and the limitations of immediately available child welfare data.
- Discussions of staff-related challenges differed between agencies as well, with probation noting its general lack of capacity and child welfare discussing a need for training. While these challenges have been hard, they have also spurred agencies to build new communication and planning infrastructures, such as joint implementation teams and formal structures for sharing data and information between systems of care.

#### *Implementation Fidelity*

- Child Welfare and Probation Staff and Stakeholder Survey. An annual survey of child welfare and probation staff and stakeholders (such as contracted service agency staff and court officials) is conducted to measure implementation fidelity and changes in practice. Survey respondents noted the following:
  - As in 2016, staff who answered the 2017 survey generally have a positive impression of the quality of their own agency’s engagement work.
  - Across both years, stakeholders consistently noted a less positive assessment of the quality of the probation and child welfare agency’s engagement than do staff. As staff and stakeholders seem to hold different perspectives on the quality of the agency’s family engagement work, researchers analyzed changes between 2016 and 2017 separately for staff and stakeholders in each agency, to the degree possible given sample size. Generally, although not always, staff reported incremental improvement since 2016 in agency engagement. Stakeholders generally reported declines in the consistency and quality of family engagement work.
- In most instances, between 2016 and 2017 there was no statistically significant difference per county between the proportion of families who answered affirmatively to family engagement questions and those who did not.<sup>6</sup> The results do not suggest staff and stakeholders generally perceive improvement over time in the quality of family engagement in the waiver counties.

#### *Families with Open Child Welfare Cases*

- In 2017 compared to 2016, respondents overall expressed a less positive perception of the work caseworkers are performing in child welfare cases. The number of positive scores decreased on all the items. One notable decrease in respondents’ perception of

---

<sup>6</sup> The evaluation team conducted chi-square tests to compare proportion in each county of affirmative responses (“always/often,” “extremely/very likely,” and “yes”) to all other responses for each question.

their caseworkers was in the question of whether families thought their caseworkers listened to what they had to say.

- In 2016, 78 percent of survey-takers responded they thought caseworkers always or often listened to them, while in 2017, 66 percent responded in this way. Similarly, when focusing on family strengths, in 2017 64 percent of respondents stated their caseworkers always or often noticed things the families were doing well; whereas in 2016, 76 percent of them had responded in the same manner.

#### *Families with Open Child Welfare Investigations*

- For child welfare investigations in 2017, survey respondents tended to score the work of caseworkers slightly more favorably on most items compared to 2016, although the scores decreased for 5 out of the 20 items.
- The most noteworthy increase was in whether parents and guardians considered it hard to work with the caseworker assigned to them. In 2017, 74 percent of respondents disagreed or strongly disagreed with this statement, whereas in 2016, 63 percent responded in the same manner. The most notable change in negative perception was to the statement, “I believe my family will get the help we need from this agency,” which showed a 5 percent decrease in the number of respondents who agreed or strongly agreed with this statement.

*Families with Open Juvenile Probation Cases.* Overall, results from juvenile probation showed varying results between 2016 and 2017.<sup>7</sup> The item in the probation parent/guardian survey showing most improvement was “Probation is helping me take care of some problems in our lives,” to which 5 percent more respondents stated they “agreed” or “strongly agreed.” On the other hand, 7 percent fewer parents and guardians responded “yes” to the statement, “This caseworker has asked me about family and friends who can support my child.”

#### Outcome Evaluation

*Child Welfare.* Three outcome analyses were conducted for the 2010 to 2015 cohort for child welfare referrals and removals. The following provides results of the analyses.

- Investigated Referral Cohort Analyses
  1. Reinvestigation (percentage of children, for each calendar year, who experienced a second investigation within 365 days).
    - None of the demonstration counties had significant changes in reinvestigation rates over the analysis period.
    - Alameda, San Diego, San Francisco, Santa Clara, and Sonoma Counties had increases in reinvestigation rates, but not greater than 4 percentage points.
    - Los Angeles and Sacramento had decreases in reinvestigation rates, but the change was not greater than 2 percentage points.

---

<sup>7</sup> In the 2016 juvenile probation parent/guardian surveys, the questions made reference to families’ “case worker.” In 2017 the wording was changed to ask about their “probation officers.”

2. Resubstantiation (percentage of children, per calendar year, who experienced a substantiated investigation within 365 days).
    - None of the counties experienced significant changes in resubstantiation rates during the analysis period.
    - Alameda, Los Angeles, San Diego, and Santa Clara had decreases, but not greater than 3 percentage points.
    - Sacramento, San Francisco, and Sonoma had increases but not greater than 3 percentage points.
  3. Placement within 30 days after a referral was received (percentage of children with an investigated referral who were placed in out-of-home care within 30 days for each calendar year).
    - Los Angeles and Santa Clara had decreases in placement rates, but not greater than 2 percentage points.
    - None of the other five counties had any changes greater than 1.5 percentage points.
- Removal Cohort Analyses
    1. Primary placement (type for each year for children with an open placement episode from 2010 to 2015).
      - For all years, the most frequently indicated primary setting in a placement episode was “other” (e.g., placement with a foster family) and relative caregiver, followed by group home.
      - There has been little change within most counties in use of relative/nonrelative extended family member (NREFM) homes.
      - Los Angeles placed a slightly greater percentage of youth in relative/NREFM homes than in the past, but this change is below statistically negligible.
    2. Placement Change (number of placement changes per 1,000 days in care for each calendar year).
      - Placement stability has consistently decreased in Los Angeles and San Diego.
      - Placement stability improved in 2013 and 2014 in Alameda but decreased again in 2015.
      - Placement stability has been declining in Sacramento since 2013.
      - Placement movement have been more frequent in San Francisco since 2012.
      - Santa Clara experienced worsening placement stability from 2010 to 2012 but has since dropped to below 2010 levels.
      - Sonoma improved its placement stability in 2012 but has remained relatively unchanged since then.

Probation. During the reporting period, outcome analyses were conducted for a 12-month rearrest rate for youth on probation from 2010 to 2015.<sup>8</sup>

- Findings of the analyses are noted below. Due to data availability and inconsistencies in the data tracked, variables used in the analysis and definitions of outcomes vary (e.g., different arrest files; no 2010 data for Santa Clara due to low N size; juvenile and adult files for Sonoma). The evaluators note comparisons between counties should be made with great caution.
  - The 12month rearrest rate for youth on probation from 2010 to 2015 increased for Alameda from 48 to 50 percent and for Santa Clara 48 to 56 percent (2011 to 2015). During this same period, the rearrest rate decreased from 41 to 26 percent for Los Angeles, 33 to 25 percent for San Francisco, and from 39 to 26 percent for Sonoma.

[Information and reports for the California demonstration are available online.](#) Inquiries regarding the California waiver demonstration may be directed to Heather Pankiw at [IV-EWaiver@dss.ca.gov](mailto:IV-EWaiver@dss.ca.gov).

---

<sup>8</sup> Alameda, Los Angeles, San Francisco, Santa Clara, and Sonoma Counties were included in the analysis.

## 4: Colorado

### Demonstration Basics

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

**Approval Date:** September 28, 2012

**Implementation Date:** July 31, 2013

**Expected Completion Date:** July 31, 2018<sup>9</sup>

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

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

### Target Population

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

### Jurisdiction

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

### Intervention

Participating counties are using title IV-E funds flexibly to integrate systemic child welfare reform efforts currently underway in the state with innovative practices that increase family engagement and address the assessment and treatment of childhood trauma. The state has selected five primary service interventions.

- **Facilitated Family Engagement (FFE)** guidelines and processes are being introduced to child welfare case practice through a combination of training, coaching, and peer mentoring.
- **Permanency Roundtables (PRTs)** are being conducted to develop a Permanency Action Plan for each eligible child.
- **Kinship Supports** are being provided to potential and current kin placement resources for children in out-of-home care, including congregate care and children at risk of entry or reentry into out-of-home care.
- **Trauma-Informed Child Assessment Tools**, specifically geared toward children who have experienced trauma, supplement the existing assessment processes and instruments.

---

<sup>9</sup> Colorado has received an extension from the Children's Bureau to continue implementation through September 2019.

- **Trauma-Focused Behavioral Health Treatments** that have been shown to be effective with children who have experienced trauma are being used with increased frequency by counties and behavioral health organizations.<sup>10</sup>

## Evaluation Design

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

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

Specific outcomes to be addressed through the outcome evaluation include—

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

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

---

<sup>10</sup> The trauma-focused treatment interventions include Child-Parent Psychotherapy, Trauma-Focused Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, experiential play therapy, and Eye Movement Desensitization Reprogramming.



## Colorado

counties. This group of 15 will include all 10 large counties in the state and a selection of medium-size and small counties.

### Data Collection

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

### Evaluation Findings

The section below summarizes key interim findings reported in the Interim Evaluation Report and semiannual progress reports through December 31, 2017.

#### Process Evaluation Findings

- The state reported the following numbers of families, children/youth, and households included in the evaluation treatment group for each major waiver intervention as of October 30, 2017:
  - Family Engagement – 7,257 families
  - PRTs – 969 youth
  - Kinship Supports – 2,762 households
  - Trauma-Informed Screening, Assessment, and Treatment – 1,197 youth

#### Family Engagement

- Across the counties implementing family engagement meetings during year 1 and/or year 2 of the waiver, 3,936 cases (59 percent of all eligible cases) received at least one family engagement meeting. The penetration rate was lower for the small counties (32 percent) compared to the medium-size and large counties.
- Interviews and focus groups were conducted in 2016 in 8 counties with child welfare supervisors, family engagement facilitators, caseworkers, and community partners. Key findings from interviews and focus groups include the following:
  - Multiple contextual factors influence the delivery of the family engagement intervention. Across counties there is a lack of housing, Spanish-speaking providers, foster homes, and mental health services.
  - Child welfare staff have learned the importance of educating foster parents and service providers on the goal of family engagement meetings so they can understand the difference between these meetings and staffings. Across counties visited in year 3, there was a sense that caseworker and community member buy-in of family engagement meetings was stronger in year 3 than in the first years of the demonstration.

## Colorado

- Parent perceptions of family engagement meetings were obtained during focus groups conducted in 2014, 2015, and 2016 in 18 counties with 55 parents. Parent perceptions include the following:
  - Meeting facilitators were valued and viewed as mediators.
  - GALs, attorneys, and therapists were perceived to be the most challenging professionals to schedule for the meetings.
  - Parents liked the action planning component of the meetings; creating the plan helped guide and focus the meetings.
  - Meeting ground rules helped parents feel they could engage safely in meetings.
  - Parents thought they had an active voice in meetings and the professionals weren't dictating what parents should do.

### *PRTs*

- Across the counties implementing PRTs for youth aged 16 and older in year 1 and/or year 2, 239 youth (78 percent of all eligible youth) received at least one PRT meeting. The penetration rate was lower for the small counties (54 percent) compared to the medium-size and large counties.
- Results from the FFE-PRT Implementation Survey administered in 2017 suggest FFE and PRT facilitators and supervisors have concerns about providing both meeting types to families. Specifically, they noted requiring both meetings can be confusing to families and result in distinct and potentially conflicting action plans. Most respondents agreed holding both FFEs and PRTs is an unnecessary drain on resources, and most also disagreed or were neutral as to whether families benefited from the extra attention provided by the two meeting formats. Some respondents suggested merging the meeting types, or alternatively, emphasizing FFEs and imbedding certain PRT elements as appropriate.
- In 2016, focus groups and interviews were conducted with child welfare staff, PRT facilitators, and community partners in five counties to learn about the implementation of PRTs during year 3 of the demonstration. Key findings include the following:
  - Across counties and participants, the strengths-naming segment of PRTs is seen as particularly engaging. During this segment, meeting participants verbalize and document youth strengths.
  - Buy-in for the intervention is perceived as generally high, though some child welfare staff believe PRTs are not appropriate for the entire IV-E waiver target population.

### *Kinship Supports*

- Across counties implementing kinship supports in year 1 and/or year 2, 2,139 kinship caregivers (72 percent of all eligible caregivers) received at least one kinship support 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).

## Colorado

- Results from the latest administration of the Kinship Caregiver Survey revealed most respondents (84 percent) have one or two children in their care and most (69 percent) are caring for a child or children aged 10 or younger. Grandparent was the most common relationship between the caregiver and child, followed by aunt/uncle and nonrelative. Finances was the most frequent concern expressed by caregivers, followed by the emotional health of kin children.
- In 2016, focus groups and interviews were conducted with child welfare staff and kinship caregivers in five counties to learn about the implementation of kinship supports during the year 3 of the demonstration. Key findings include the following:
  - The vast majority of kin caregivers choose to be noncertified, which limits eligibility for support and financial assistance compared to certified caregivers who receive services and supports similar to foster parents.
  - High caseworker turnover and limits on capacity have impacted timely referrals to kinship staff.
  - The availability of training and ongoing support opportunities for caregivers varies widely between counties. Daycare remains a critical need for caregivers.

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

- Across counties implementing trauma-informed interventions in year 1 and/or year 2, 1,388 youth (39 percent of all eligible youth) were screened for trauma. For youth who were screened and whose screen indicated signs or symptoms of trauma, 99 percent were referred for an additional trauma assessment. The assessment penetration rate was relatively low, with about 20 percent of children who were referred for assessment receiving one. However, the treatment penetration rate was higher - approximately 75 percent of the 102 children for whom treatment was recommended began treatment.
- Focus groups and interviews were conducted in 2016 with staff from child welfare and community mental health at three sites implementing trauma screening, assessment, and treatment. Key findings include the following:
  - Each county developed its own criteria for youth eligibility to receive further trauma assessment and treatment. The referral process between child welfare agencies and community mental health centers was reported as a challenge during the initial stages of implementation across all sites. To address challenges, each county developed a tailored process for securely sending referrals between agencies.
  - While screening for trauma is occurring more consistently over time, participants reported there are not yet enough trained or experienced providers to meet the increased need for trauma-informed assessments and treatment.

### *Outcome Evaluation Findings*

- Preliminary results from the matched case comparison outcomes analysis ( $n = 10,281$  children) suggest the FFE intervention has had statistically significant positive effects on days in kinship care (more days placed with kin), placement in foster and congregate care

(fewer days), adoption (more likely at case closure), and maltreatment recurrence (fewer re-reports of abuse or neglect). In addition, by studying the relationship between county-level implementation of FFE and case-level implementation fidelity and outcomes, the evaluation team found certain variables (specifically case characteristics and FFE policies and procedures) are correlated with high case-level fidelity to the FFE model.

- Higher levels of FFE meeting fidelity are associated with safety and permanency outcomes. Compared to children in families with *low* rates of FFE meeting fidelity (indicated by meeting timeliness, meeting regularity, and meeting attendees), children with *high* rates of meeting fidelity were less likely to be placed out of the home at all or reexperience a re-report of abuse/neglect and spent fewer days in congregate care.
- Higher levels of PRT meeting fidelity are also associated with safety and permanency outcomes. Compared to children and youth with *low* rates of PRT fidelity in terms of meeting timeliness, those with *high* rates of PRT fidelity were 60 percent more likely to have permanency at the end of their out-of-home placements. Compared to children and youth with *low* rates of PRT fidelity in terms of meeting regularity, those with high rates of fidelity spent an average of 65 fewer days in congregate care.

### Cost Study Findings

- In the aggregate, the participating counties experienced an overall reduction in foster care expenditures over the first 3 years of the waiver from about \$82 million in state fiscal year (SFY) 2013 to about \$72 million in 2016. A decrease in the average daily cost of care was the main reason for the decline in foster care expenditures. 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. This change in placement mix resulted in an estimated 27 million savings in out-of-home placement costs from SFYs 2014 to 2016.

[Information and reports for the Colorado waiver demonstration are available online.](#) Inquiries regarding the demonstration may be directed to Tyler Allen, IV-E Waiver Administrator at [tyler.allen@state.co.us](mailto:tyler.allen@state.co.us).

## 5: District of Columbia

### Demonstration Basics

**Demonstration Focus:** Intensive In-Home Prevention, Family Preservation, and Post-Reunification Services; Expanded Service Array

**Approval Date:** September 30, 2013

**Implementation Date:** April 25, 2014

**Expected Completion Date:** April 24, 2019<sup>11</sup>

**Interim Evaluation Report:** January 20, 2017

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

### Target Population

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

### Jurisdiction

The demonstration is being implemented districtwide.

### Intervention

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

- **Project Connect** is an intensive in-home services intervention for child-welfare involved, high-risk families affected by parental substance abuse. The program offers counseling, substance abuse monitoring, nursing, and referrals for other services in addition to parent education, parenting groups, and an ongoing support group for mothers in recovery. The goal for most Project Connect families is maintaining children safely in their homes. But when this is not possible, the program works to facilitate reunification. The district is implementing the model to expedite and support reunification for families where the children have not yet been returned and to prevent reentry into foster care. The priority target populations for this intervention are families with children in out-of-

---

<sup>11</sup> District of Columbia has received an extension from the Children's Bureau to continue implementation through September 2019.

home care for 6 to 12 months with the goal of reunification or families who have achieved reunification to prevent reentry, and substance affected families involved with the CFSA In-home Services Administration who are experiencing chronic neglect.<sup>12</sup>

- **Mobile Crisis Stabilization (MSS) and Parent Education and Support Project (PESP).** MSS delivers comprehensive crisis management services through community-based crisis teams. Teams may be comprised of licensed mental health professionals, licensed case managers, and paraprofessionals. The team's purpose is to rapidly respond, effectively screen, provide early intervention to families who are experiencing a crisis, identify services and alternatives that will minimize distress, and provide stabilization in the community. Team members also provide a referral and case management services to link children/adolescents and their families with other service providers who can assist maintaining maximum functioning and stability. When a family has been stabilized through MSS, it is referred to a PESP specialist, contracted providers, that 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.

The District had initially implemented HOMEBUILDERS®—an intensive in-home crisis intervention, counseling, and life-skills education intervention for families with children at imminent risk of removal—as one of their core interventions. However, due to declining referrals, marginal outcomes, and the relatively high cost of the program, the District received approval to discontinue HOMEBUILDERS® as a demonstration intervention in July 2017 and implement MSS beginning in October 2017.

## Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses describing how the demonstration was implemented, any changes made to the proposed implementation, and how services will be sustained. The district outcome evaluation consists of two approaches: (1) a pre- and posttest study in which changes in key child welfare outcomes for children and families served under the demonstration are tracked and compared with established baselines and (2) a comparison group study through which key child welfare outcomes for cohorts of youth and families who participate in demonstration programs will be compared to outcomes for a pre-demonstration comparison group. The pre-demonstration comparison group is matched to the demonstration annual treatment cohorts on key demographic variables and the individual program eligibility criteria, but excludes youth and families who previously received one of the programs the

---

<sup>12</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

district is expanding under the demonstration (e.g., PASS, PESP). The outcome evaluation addresses the outcomes in the three domains.

### Safety

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

### Permanency

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

### Well-being

- Improved family functioning
- Improved social and emotional functioning

## Data Collection

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

## Evaluation Findings

The following provides a summary of evaluation findings for the period of March 1, 2017, through October 31, 2017 (unless noted otherwise). During this period HOMEBUILDERS® was discontinued and MSS was implemented; therefore, combined and individual program findings are included below.

### Process Evaluation Findings

- From implementation of the demonstration on April 25, 2014, through October 31, 2017, Project Connect has enrolled 126 families—65 percent of the expected goal. HOMEBUILDERS® and MSS enrolled 164 families—65 percent of the expected goal.
- Approximately 77 percent of approved families were enrolled in programs. Reasons cited for why families were not enrolled include the following: they refused, were nonresponsive, or noncompliant. For Project Connect, reasons for non-enrollment of families included the following: the Parenting Together Conference did not occur (ineligible) and CFSA rescinded the referral.

## Outcome Evaluation Findings

### HOMEBUILDERS®

- Eighteen (21 percent) families from the pre-waiver sample (matched families) had a substantiated CPS report within 12 months of program enrollment compared to 53 (56 percent) who were successfully discharged from Homebuilders and 31 (62 percent) who were unsuccessfully discharged (includes early closures).
- Fifteen (18 percent) matched families had a substantiated CPS report within 12 months following discharge compared to 42 (46 percent) successfully discharged from the program and 30 (63 percent) who were unsuccessfully discharged. The CFSA benchmark of 90 percent of families having no substantiated reports within 12 months of initiation of HOMEBUILDERS® was not met (44 percent). HOMEBUILDERS® benchmark of 75 percent having no substantiated reports during the intervention was met (78 percent).
- Fourteen (17 percent) matched families had a foster care entry within 12 months following discharge (or matched discharge date) compared to 15 (16 percent) who successfully discharged from the program and 48 (40 percent) who unsuccessfully discharged.
- Eight (10 percent) matched families had a foster care entry within 6 months following a discharge compared to 12 (12 percent) who successfully discharged and 17 (30 percent) unsuccessfully discharged. The CFSA benchmark of 90 percent of families not having an entry into out-of-home care within 12 months of initiation of services was not met (83 percent). HOMEBUILDERS® benchmark of at least 70 percent of children referred for HOMEBUILDERS® will not have an out-of-home placement within 6 months following closure of services has been met (88 percent).

*MSS.* Due to the recent implementation of the MSS program, the sample size is small, and results should not be interpreted broadly. In addition, insufficient follow-up time did not allow certain outcome measures to be analyzed or reported.

- One (50 percent) matched family had a substantiated CPS report during service compared to two (33 percent) of successfully and one (17 percent) of unsuccessfully discharged families. The MSS benchmark of 75 percent of families having no substantiated reports during intervention has not been met (67 percent).

### *Project Connect*

- Eleven (42 percent) matched families had a substantiated CPS report within 12 months of a matched date of program enrollment compared to 5 (15 percent) successfully discharged from Project Connect and 14 (30 percent) unsuccessfully discharged.



## District of Columbia

- All 26 (100 percent) matched families had a substantiated CPS report within 12 months following discharge compared to 2 (10 percent) successfully discharged and 8 (22 percent) unsuccessfully discharged. The CFSA benchmark of 90 percent of families will not have a substantiated report within 12 months of initiation of services has not been met (85 percent).
- Three (12 percent) of matched families had a foster care entry within 12 months following a matched discharge date compared to 1 (5 percent) successfully discharged and 3 (8 percent) unsuccessfully discharged.
- Four (15 percent) matched families had a foster care exit within 6 months of a matched discharge date compared to 0 successfully discharged and 2 (4 percent) unsuccessfully discharged. The CFSA benchmark of 90 percent of families who achieved reunification during their involvement will not have a reentry was met (97percent).

[Information and reports for the District of Columbia waiver demonstration can be found online.](#)  
Inquiries regarding the demonstration may be directed to Brittney Hannah at [Brittney.Hannah@dc.gov](mailto:Brittney.Hannah@dc.gov).

## 6: Florida

### Demonstration Basics

**Demonstration Focus:** Enhanced Service Array

**Approval Date:** January 31, 2014

**Implementation Date:** October 1, 2013<sup>13</sup>

**Expected Completion Date:** September 30, 2018<sup>14</sup>

**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 to 18 who are currently receiving in-home or out-of-home child welfare services, and (2) all families with a report of alleged child maltreatment during the demonstration period.

### Jurisdiction

The waiver demonstration is being implemented statewide.

### Intervention

The demonstration includes five components.

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

---

<sup>13</sup> The Florida 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.

<sup>14</sup> Florida has received an extension from the Children's Bureau to continue implementation through September 2019.

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

- **Child Welfare and Physical Health Assessments.** Title IV-E funds are being used to improve the array of services identified through comprehensive health care assessments for all children/adolescents who are receiving both in-home and out-of-home services. The state must also provide ongoing health care assessments following the Child Health Check-Up periodicity schedule.
- **Quality Parenting Initiative.** The Quality Parenting Initiative (QPI) integrates practices across various service systems to ensure that foster families receive the support they need to provide high-quality care to children. All but two of the CBCs are actively participating in QPI, which involves ongoing technical assistance and special initiatives.
- **Trauma-Informed Care.** Integrated trauma-informed care screening practices help identify, assess, and refer parents and children in need of specialized treatment. A variety of strategies are implemented, including trauma-informed training for all case management staff during preservice and in-service trainings, trauma-informed foster parent preservice training, trauma-informed training during Foster and Adoptive Parent Association meetings, and online trainings for foster parents provided by the Florida Center for Child Welfare.

## Evaluation Design

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

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

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

### Substudy

The state substudy involves a longitudinal analysis of changes in child welfare practices, services, and safety outcomes for two groups of children: (a) children who are deemed safe to remain at home yet are at a high or very high risk of future maltreatment in accordance with the new Florida Safety Methodology Practice Model and are offered voluntary Family Support Services (intervention group); and (b) a matched comparison group of similar cases during the two federal fiscal years (FFYs) immediately preceding the extension of the waiver demonstration (FFYs 2011 to 12, 2012 to 13), in which the children remained in the home and families were offered voluntary prevention services. The substudy hypotheses are (1) the waiver extension will include a broader array of service options to address family needs than were available prior to the extension; and (2) the implementation of the child welfare practice model under the demonstration extension, combined with improved efforts to effectively engage families in voluntary services, will result in greater service engagement and adherence, and ultimately better outcomes. Families in the intervention group are being matched with families served during the pre-waiver period using propensity score matching, which will match cases based on child demographic characteristics, factors affecting child safety (such as parental substance use, history of domestic violence in the family, and prior maltreatment reports), and other variables differentiating between the groups (e.g., maltreatment type, caregiver type).

### Evaluation Findings

Findings from the semiannual reporting period of October 1, 2017, through March 31, 2018, are summarized below.

### Process Evaluation Findings

#### **Implementation analysis.**

- Key stakeholder interviews were conducted with 11 leadership teams at CBC lead agencies, representing 13 circuits. The following provides a summary of the most common themes from the interviews:

- **Family support services.** Respondents noted successful family support services ranged from co-locating staff to the use of evidence-based practices. Services reported as being the most successful for families across circuits include Nurturing Parenting Program, Nurturing Fathers, Wraparound family support models, Behavioral Educational Therapy, and a Family In-Home Research Support Team.
- **Safety management services.** Respondents unanimously reported family support services offer both formal and informal safety management services, and contracted providers offering safety management services have identified and expanded the informal safety supports for families.
- **Treatment services.** Respondents noted the following regarding treatment services:
  - Importance of a wraparound approach with families, services that “put trauma first,” and programs that treat substance abuse
  - Positive impact of co-locating services for families
  - Value of behavioral analysis in programs
  - Value in having a behavioral health consultant work with CPIs
  - Gap in adult substance abuse services
- **Child well-being services.** Improvements in services include dental care, the impact of the Child Welfare Specialty Plan, use of non-DCF or Medicaid resources to fund well-being services, and expansion of the service array. Lack of adequate medical and dental service provider networks in some geographic areas were reported as service gaps as well as a need to expand residential care.
- **Rapid safety feedback reviews.** Most respondents noted the reviews were helpful and useful and provided the opportunity to—
  - Address safety concerns in real time
  - Focus on the most vulnerable population (0 to 3 years with substance abuse and domestic violence accusations)
  - Provide another learning tool to support the coaching process between supervisors and case managers
  - Provide “another set of eyes” on randomly selected cases, results in new and different issues being brought to the attention of the lead agencies
- **Demonstration impact.** Respondents noted the ending of the waiver demonstration would include the loss of funding flexibility and would have a detrimental impact on the child welfare system of care including the ability to respond immediately to concrete needs and crises of families. Additionally, prevention services and programs would be vulnerable to elimination or reduction with the loss of demonstration funds. However, most interviewees identified several alternative funding sources that could partially make up for the loss of demonstration funds, including—

- Diversification of funding sources has examples such as contracts with county governments and state contracts, HUD funds through the local homeless services network, use of Medicaid providers for substance use and mental health treatment services, and use of mental health and substance use block grant funds; and use of local resources such as United Ways, Children's Services Councils, private foundations and donors, and pursuit of opportunities jointly with Casey Family Programs.
- Revisiting Medicaid targeted case management including the wraparound billable codes that some Medicaid managed care organizations in Florida are using was noted as another option. However, one of the challenges of this strategy is the need to use general revenue funds as a match.

### Outcome Evaluation Findings

**Child and Family Well-Being Indicators.** The following results are based on cases reviewed that have been rated as substantially achieved for well-being outcomes and rated as a strength for performance items by circuit. Results reported below represent finalized Child and Family Services Reviews (CFSR) data submitted on or before March 19, 2018, for the period under review for SFY 2015 to 16 through quarter 1 (ending March 19, 2018) of SFY 2017 to 18.<sup>15</sup>

- **CFSR Well-Being Outcome 1. Families have enhanced capacity to provide for their children's needs.** The state remained consistent in the percentage of cases rated as a strength for addressing the parent's needs from baseline to ongoing review for in-home cases (45 percent). The percentage of cases rated as a strength statewide increased only slightly from 53 percent at baseline to 54 percent during ongoing review for foster care cases, not a statistically significant difference. Findings at the circuit level include—
  - In-home cases. Circuits 1, 2, 3, 8, and 11 remained consistent from baseline to ongoing review in the percentage of cases rated as a strength. Circuit 13 showed marked improvement from baseline (60 percent) to ongoing review (70 percent).
  - Foster care cases. Circuits 6 and 18 remained consistent in the percentage of cases rated as a strength from baseline to ongoing review. Circuit 19 showed marked improvement from baseline (50 percent) to ongoing review (61 percent).
- **CFSR Well-Being Outcome 2. Children receive appropriate services to meet their educational needs.** The state increased slightly in the percentage of cases rated as a strength from baseline (64 percent for in-home and 81 percent for foster care) to ongoing review (66 percent for in-home and 83 percent for foster care); neither in-home nor foster care changes were found to be statistically significant. Findings at the circuit level include—
  - In-home cases. Circuits 2, 3, 5, 7, 9, and 14 remained consistent from baseline to ongoing review in the percentage of cases rated as a strength. Circuits 1, 10, 15, 18, and 20 showed marked improvement from baseline to ongoing review

---

<sup>15</sup> Due to the few number of applicable in-home cases at the circuit level, caution should be taken when interpreting results for in-home cases for Well-being Outcome 2 and 3.

- Foster care cases. Circuits 13 and 15 remained consistent in the percentage of cases rated as a strength from baseline to ongoing review. Circuits 1, 8, and 20 showed marked improvement from baseline to ongoing review.
- **CFSR Well-Being Outcome 3. Children receive adequate services to meet their physical and mental health needs.** Ongoing review shows the percentage of cases rated as a strength statewide decreased slightly for in-home cases from 65 percent at baseline to 64 percent and remained consistent at 70 percent from baseline to ongoing review for foster care cases. The changes from baseline to ongoing were not found to be statistically significant. For in-home cases, circuits 8, 10, and 19 showed marked improvement from baseline to ongoing review. For foster care cases, circuit 7 showed marked improvement from baseline (54 percent) to ongoing review (65 percent).

#### Cost Study Findings

- Expenditures for front-end prevention services have increased from \$16.8 million per year in the pre-demonstration period to \$52.3 million per year during the demonstration extension. Expenditures for licensed care have exhibited less variation; increasing from \$154 million to \$164 million per year during the initial demonstration period, before declining to \$151 million per year during the demonstration extension.

#### Substudy Findings

- **Substudy One – Cross-System Services and Costs: Medicaid and SAMH service use among children receiving in-home child welfare services.** An analysis was conducted of a sample of children who received in-home child welfare services from July 1, 2015, to June 30, 2016. Findings indicate most youth who received in-home child welfare services are Medicaid enrolled and used Medicaid-funded services. SAMH was not a substantive funding source. More youth used Medicaid funded services after in-home child welfare services began, although use declined over the duration of in-home child welfare services. More specifically, there was increased use of physical and behavioral health outpatient services, targeted case management, and treatment planning services. Medicaid-funded service use was not associated with the reason for in-home child welfare services.

[Information and reports for the Florida waiver demonstration are available online.](#) Inquiries regarding the Florida waiver demonstration may be directed to Sallie Bond at [Sallie.Bond@myflfamilies.com](mailto:Sallie.Bond@myflfamilies.com).

## 7: Hawaii

### Demonstration Basics

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

**Approval Date:** September 30, 2013

**Implementation Date:** January 1, 2015

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

**Interim Evaluation Report Received:** August 28, 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 or school referral or police protective custody and who are likely to be placed into foster care for fewer than 30 days.
- **Long Stayers.** Title IV-E eligible and non-IV-E eligible children who have been in foster care for 9 months or longer.

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

### Jurisdiction

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

### Intervention

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

The primary interventions for Short Stayers are described below.

1. **Crisis Response Team (CRT)** is staffed by trained social workers who are available 24 hours a day, 7 days a week to respond in-person within 2 hours to hospital referrals and police protective custody cases referred to the CWS Hotline. The CRT assesses the family’s safety/risk factors using the Child Safety Assessment (CSA). 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 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), and perhaps remove the child. The CRT worker continues to work with families assigned to IHBS for up to 60 days and is responsible for case management during a family's involvement with the IHBS program.

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

The primary interventions for Long Stayers are described below.

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

2. **Wrap Services** incorporate a family-driven model that brings together representatives from multiple service agencies involved with a family to find creative solutions and supports to keep youth in the home or in their community. Family Wrap Hawai'i (Wrap Services) will be offered to children and youth who have been in foster care for 9 months or longer, continue to have a permanency goal of reunification with family participation in services, and have multiple and complex needs (e.g., academic, mental health, developmental delays, risk of running away). The Hawaii model builds on the successful implementation of family conferencing called, "Ohana Conferencing," the Wraparound System of Care model, and the Milwaukee model. The CANS is used to understand the strengths and needs of children and families accepted into Wrap Services.

### Evaluation Design

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

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

series analysis of child well-being is being performed for demonstration cases only. When more than one child in a family is served by Wrap or SPAW, each child is treated as a separate case.

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

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

### Data Collection

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

### Evaluation Findings

The following provides a summary of process findings as reported in the semiannual progress report (July 1, 2017, through December 31, 2017). Outcome findings are from data analysis on cases served through waiver interventions in 2015 and 2016 and reported in the Interim Evaluation Report.

### Process Evaluation Findings

- IHBS Parent Satisfaction Survey:
  - IHBS served 113 children (51 families) during 2016 and 2017. Each family can complete the questionnaire only once, for a total of 51 questionnaires. Of the 51 families, 29 were from O'ahu (57 percent), 20 from East Hawai'i (39 percent), and 2 from West Hawai'i (4 percent). Thirty-one (66 percent) families completed the questionnaire; key findings include—
    - Ninety-seven percent of respondents were either satisfied or very satisfied the therapists listened to and understood their situation.
    - Eighty percent of respondents reported they met four or more times per week with their therapists, and the remaining respondents (20 percent) reported meeting two to three times per week.
    - Ninety-seven percent of respondents indicated the therapists told them they were available to the client 24 hours a day, 7 days per week.
    - Since the IHBS model is a skills-based intervention, families were asked if the therapists helped family members learn new skills. Three percent responded they did not receive help to learn new skills; 3 percent responded sometimes they received help to learn new skills; and 94 percent responded therapists had helped them learn new skills. Among those respondents who reported learning

new skills, 93 percent reported they were using the new skills, and 7 percent were using the new skills only sometimes.

- Eighty-three percent of respondents indicated the therapists helped them connect with resources, and the remaining respondents (17 percent) indicated that connecting with resources was not necessary.
- Compared to when they first began IHBS, almost three-quarters of parents (71 percent) felt their situation was a lot better, and 23 percent felt their situation was a little better.

### Outcome Evaluation Findings<sup>16</sup>

#### *CRT*

- A total of 1,135 children on O‘ahu, 166 children in East Hawaii, and 69 children in West Hawaii were served by CRT.
- For those children who received CRT services on O‘ahu but were not referred to IHBS ( $n = 1,015$ ), 68 percent had their cases closed on the same day. Of the remaining 325 children not receiving IHBS, 94 percent had their cases closed to CRT within 60 days. For children on Hawai‘i Island who received a CRT response but were not served by IHBS ( $n = 208$ ), 73 percent had their cases closed on the same day. All children not receiving IHBS had their cases closed to CRT within 60 days, the prescribed length of service.
- Of the 152 children on O‘ahu whose CRT cases were held by CRT, (although these children did not receive IHBS during this period), over two-thirds (69 percent) had their cases closed following the CRT intervention without further involvement with child welfare services. Only 12 percent were referred to CWS for further investigation. The remaining cases were referred to either Voluntary Case Management (12 percent) or Family Strengthening Services (4 percent).
- Of the 1,135 children seen by CRT on O‘ahu, 59 percent were not placed into foster care in the 90 days following the CRT response. Of the 235 children who experienced a Crisis Response on Hawai‘i Island, 54 percent were not placed into foster care in the 90 days following the CRT response.

#### *IHBS*

- A total of 110 children were referred to IHBS services on O‘ahu, 22 children in East Hawaii and only 1 child in West Hawaii. On O‘ahu, 11 percent of referred children and their families did not complete IHBS services. The noncompletion rate on Hawai‘i Island was 17 percent. The primary reasons for not completing IHBS were child placement or the child being otherwise out of the home for more than 7 days.

---

<sup>16</sup> Data analyses are from the period of January 1, 2015 through December 31, 2016.

## Hawaii

- On O'ahu, only eight children (from two families) were placed into foster care after completing IHBS. None of these children were Short-Stayers following removal, and all remained in care as of December 31, 2016. Four children were in paid placement settings (including three with relatives) and four were in nonpaid settings. One child went into placement while receiving IHBS, not counted in these statistics.
- No children on Hawai'i Island went into placement after completing IHBS; only one child went into placement while receiving IHBS.

### *SPAW*

- On O'ahu, 42 children and youth were referred to the SPAW intervention (11 percent of the goal). In East Hawai'i, 46 children and youth were referred to a SPAW (2 percent of the goal) higher than the goal. In West Hawai'i, 13 children and youth received a SPAW Meeting (29 percent of the goal).
- Although the SPAW intervention is intended for children and youth for whom reunification is deemed unlikely, four SPAW youth on O'ahu (8 percent) were reunified with their families. Another two children were adopted, and one achieved guardianship.

### *Family Wrap Hawai'i (Wrap)*

- A total of 37 children and youth participated in Wrap on O'ahu, 11 from East Hawai'i and 2 from West Hawai'i.
- Of the 37 children and youth participating on O'ahu, 18 (49 percent) achieved reunification and 12 (32 percent) exited child welfare services completely, most after being reunified. One youth reunified with his/her family 1 month prior to his/her first Wrap meeting and another three reunified in the same month as the first meeting. The average length of time to reunification was within 4 months of the first Wrap meeting.
- Of the 13 children and youth participating in Wrap on Hawai'i Island, eight (62 percent) were reunified with their families, according to the state administrative database. Two children (15 percent of Hawai'i Island Wrap participants and 25 percent of reunified children) exited child welfare services altogether. Three children reunified with their families in the same month as their first Wrap meeting. The mean length of time to reunification overall was 2 months.

[Information and reports for the Hawai'i demonstration are available online.](#) Inquiries regarding the Hawaii demonstration may be directed to Mimari Hall at [MHall@dhs.hawaii.gov](mailto:MHall@dhs.hawaii.gov).

## 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>17</sup>

**Completion Date:** June 30, 2018

**Interim Evaluation Report:** December 5, 2017

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

### Target Population

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

### Jurisdiction

Phase III is being implemented in the original demonstration site of Cook County, Illinois, and in the counties of Madison and St. Clair in southwestern Illinois.<sup>18</sup>

### 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. However, for phase III of the demonstration the clinical assessment and identification process

---

<sup>17</sup> This was the second long-term waiver extension for Illinois. The state original waiver demonstration (Phase I) which was implemented in April 2000 was followed by another long-term extension (Phase II) from January 2007 to October 2013. In January 2017, the AODA demonstration was consolidated into one current Illinois demonstration that includes a parenting support intervention (IB3) and the Immersion Site intervention. This terminated operation of the separate AODA demonstration project effective December 31, 2016. Illinois has received an extension from the Children’s Bureau to continue implementation through September 2019.

<sup>18</sup> As of January 2017, Illinois will continue to implement AODA in St. Clair County, but it will not include it in the AODA evaluation due to the small number of enrollees and concurrent implementation of the Immersion Site model.

has been expanded by implementing a mobile unit for both research groups in Cook County to ensure expedited AODA engagement and follow up through a variety of methods.

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

Additionally, new services are available through this phase of the demonstration for families in Cook County<sup>19</sup> that have been identified as low risk.<sup>20</sup> There are three enhanced services.

- **Benchmarking and Bench Cards.** A set of casework practices and procedures establish clear treatment goals for parents and helping parents, parents' families, and caseworkers. Judges understand the benefits of achieving those goals. Using 3 established risk assessment and treatment progress instruments (Recovery Matrix, Child Risk and Endangerment Protocol, and Home Safety Checklist), the state worked with court improvement staff to develop a benchmarking document, or Bench Card, to be referenced during permanency hearings to advocate for visitation upgrades and goal changes as appropriate.
- **Recovery and Reunification Plan.** Custodial parents work in collaboration with a family court judge, caseworkers, and Recovery Coaches to develop and implement a detailed plan for expediting substance abuse recovery and early reunification. The plan includes specific milestones to which families are held accountable.
- **Strengthening Families™.** A research-based strategy that focuses on increasing family strengths, enhancing child development and reducing child abuse and neglect through building Protective Factors that promote healthy outcomes. Strengthening Families™ approach was implemented in Cook County by Be Strong Families, which works to engage parents and fully embed the Strengthening Families™ Protective Factors framework in the child welfare system. Parents in the experimental group who are

---

<sup>19</sup> Initial implementation of these services is limited to Cook County, but may be expanded to Madison and St. Clair Counties.

<sup>20</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)

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 utilizes a two-stage random assignment process in which (1) Department of Children and Family Services casework teams and private child welfare agencies are stratified by size and randomly assigned to an experimental or control group; and (2) parents are randomly assigned to agencies or casework teams in those groups. Parents undergo random assignment immediately after completion of an assessment in Cook County or following initial substance abuse assessment by a Recovery Coach or qualified assessor in Madison County. Parents assigned to the control group receive standard substance abuse referral and treatment services, while parents assigned to the experimental group receive standard services in addition to enhanced RCP services.

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

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

Additionally, subanalyses are being conducted to compare low-risk experimental group families that receive the enhanced RCP services (benchmarking) in Cook County with similarly low-risk families assigned to the experimental group in previous years (prior to July 1, 2013).

### Data Collection

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

### Sample

#### *Cook County*

The state uses a 5:2 ratio, assigning approximately 5 eligible cases to the experimental group for every 2 cases assigned to the control group over the course of the demonstration, for a



## Illinois (AODA)

total estimated sample size of 1,300 cases (923 experimental and 377 control).

### *Madison County*

The state uses a 3:2 assignment ratio, assigning approximately 3 eligible cases to the experimental group for every 2 cases assigned to the control group over the course of the demonstration. An estimated sample size for Madison county has not been provided.

## Evaluation Findings

A summary of process, outcome, and cost evaluation findings from the interim evaluation report are below. Findings cover the period of April 2000 through February 2017, unless otherwise noted.<sup>21</sup>

### Process Evaluation Findings

#### *Cook County*<sup>22</sup>

- Of the 3,811 caregivers who met the demonstration eligibility criteria, 2,493 (65.4 percent) have been assigned to the demonstration group and 1,318 (33.6 percent) have been assigned to the control group.
- As reported by parents, use of marijuana has been increasing over time and totaling 41.2 percent of the population in 2017. Use of cocaine has been decreasing from its peak of 41.3 percent in 2004 to 9 percent in 2017.

### Outcome Evaluation Findings

- Children in the demonstration group were significantly more likely to be reunified at 12 months compared to children in the control group (25 percent versus 20 percent). This trend remained for those reunified at 24 months with 53 percent of children in the demonstration group compared to 46 percent of children in the control group.
- Children in the demonstration group were reunified in significantly less time (817 days) compared to the control group (985 days), a difference of approximately 5.6 months. However, children in the demonstration group had slightly longer times to adoption (1,682 days) compared to the control group (1,599 days), although the difference was not significant.
- Children in the demonstration group had only a slightly lower rate of adoption (49 percent) compared to the control group (51 percent).
- Differences between the demonstration and control group did not significantly differ for the rates of subsequent maltreatment (24 percent versus 25 percent, respectively) or

---

<sup>21</sup> Treatment participation totals are reported for the period of April 2000 through February 2017 with safety and permanency data reported through June 2017.

<sup>22</sup> The interim evaluation report only included data for Cook County because St. Clair County is excluded from the outcome study for AODA due to participation in the Immersion Site waiver demonstration. Data from Madison County was excluded due to small sample size.

## Illinois (AODA)

for reentry into care following a return to home (11 percent versus 10 percent, respectively).

### Cost Analysis Findings

- As of June 30, 2017, cumulative demonstration cost savings totaled \$10,587,174.

Inquiries regarding the IL-AODA demonstration may be directed to Sam Gillespie at [sam.gillespie@illinois.gov](mailto:sam.gillespie@illinois.gov)

## 9: Illinois (IB3)

### Demonstration Basics

**Demonstration Focus:** Parenting Education and Support Services<sup>23</sup>

**Approval Date:** September 28, 2012

**Implementation Date:** July 1, 2013

**Expected Completion Date:** June 30, 2018<sup>24</sup>

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

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

### Target Population

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

### Jurisdiction

The demonstration is being implemented in Cook County, Illinois.

### Intervention

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

- **Child Parent Psychotherapy (CPP)** is a dyadic (caregiver and child) therapeutic intervention for children aged 0 to 5 who have experienced one or more traumatic events and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child's sense of safety, attachment, and appropriate affect.
- **Nurturing Parenting Program (NPP)** is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs

---

<sup>23</sup> The Illinois (IB3) parenting education and support demonstration constitutes the fourth title IV-E waiver demonstration. An earlier demonstration that focused on enhanced child welfare staff training ended in June 2005, while a subsidized guardianship demonstration ended in October 2009 with the establishment of a statewide Guardianship Assistance Program. A third demonstration focused on the provision of enhanced alcohol and other drug abuse (AODA) services. The AODA demonstration received two long term extensions and was consolidated in January 2017 into the one current demonstration that includes IB3, AODA, and an Immersion Site intervention.

<sup>24</sup> Illinois has received an extension from the Children's Bureau to continue implementation through September 2019.

contributing to abusive parenting behaviors and to enhance parents' skills in supporting attachments, nurturing, and general parenting. NPP also includes individual/home coaching. The state will implement a version of NPP known as the Nurturing Program for Parents and Their Infants, Toddlers and Preschoolers (NPP-PV) that focuses specifically on the biological parents of children aged 0 to 5. In addition, the state will use a version of the NPP designed for foster caregivers of children aged 0 to 5 known as the NPP-Caregiver Version (NPP-CV).

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

### Evaluation Design

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

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

The overarching goal of the outcome evaluation is to examine the impact of the IB3 waiver demonstration on key child welfare outcomes in the areas of safety, permanency, and well-

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

- Parenting and child rearing behaviors
- Rates of needed service receipt
- Placement stability
- Child well-being (including emotional regulation and child temperament, behavior problems, cognitive functioning, and adaptive/prosocial behavior)
- Time to and rates of permanency (reunification, adoption, and guardianship)
- Safety (foster care reentry and reported and indicated 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. If feasible, the cost analysis will assess the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome). If suitable cost data are available, effectiveness will be measured in terms of length of time spent in a safe and permanent home.

### Data Collection

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

### Sample

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

### Evaluation Findings

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

### Process Evaluation Findings

- Since the beginning of the demonstration, CPP has been recommended for 266 children.

Of the 125 cases closed since the beginning of the demonstration, only 30 (24 percent) have been closed successfully. The remaining 95 cases (76 percent) were discharged due to engagement challenges.

- The Nurturing Parenting Program - Parent Version (NPP-PV) has been recommended for the parents of 672 children since the beginning of the demonstration, and 201 parents have completed the program. Since the beginning of the demonstration, 63 percent of the parents referred to NPP enrolled in the program; and of those, 38 percent completed the program.
- As of the April 2016 interim evaluation report, the Nurturing Parenting Program - Caregiver Version (NPP-CV) was completed by only 22 percent of the caregivers referred to NPP-CV. Interviews with foster caregivers identified logistical barriers, such as childcare and transportation and skepticism/disagreement about foster parents' need for parenting training as key factors hindering participation in NPP-CV. For one 6-month reporting period (July to December 2016), the overall retention rate for caregivers that ever attended NPP-CV during the reporting period was 89 percent. The ongoing challenge is initial engagement and convincing caregivers to attend the first session.
- Interviews and focus groups with parents, foster parents, and service providers were conducted to assess participant responsiveness to the IB3 demonstration. Some of the key findings from these interviews and focus groups include the following:
  - Core IB3 program services are well received when parents and foster caregivers participate.
  - 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, NPP and CPP service providers).
  - Caregiver-interview participants expressed general frustration and fatigue regarding DCFS service expectations. This seems to significantly impact their follow up with IB3 and other DCFS services.
- In the summer of 2016, the evaluation team surveyed caseworkers, supervisors, and program managers from the IB3 intervention agencies. The overall survey response rate was 68 percent ( $n = 149$ ). Key survey results include the following:
  - DCFS IB3 program staff members have been the most important source of information for staff learning about IB3 services; word-of-mouth (i.e., from colleagues) and the IB3 manual were the least important sources of information. With respect to preparation and role understanding, supervisors and program managers were the most likely to report feeling knowledgeable and prepared for their work. Caseworkers were less certain about their level of knowledge and preparation.

## Illinois (IB3)

- Responses to questions about the time it takes to receive IB3 referrals were generally favorable. About two-thirds of caseworkers said they were *extremely, very, or somewhat satisfied* with the time it takes to receive referrals. About one in four case workers said they received client updates from service providers *all the time or often*; 40 percent of the respondents said they *rarely or never* received client updates from service providers.
- Respondents identified several barriers hindering reunification even after IB3 services have been completed. Barriers include homelessness, substance use, mental health, financial concerns, court processes, and judicial readiness to order reunification.

### Outcome Evaluation Findings

- An examination of pre- and posttest differences in scores on the AAPI-2 for parents and caregivers who completed the NPP program ( $n = 171$ ) indicated there was substantial improvement in parenting competencies among program participants. There were moderate to strong improvements in four out of the five parenting and child rearing behaviors assessed, with the strongest improvements found in levels of parental empathy. However, the probability of returning home was found to be low even for children whose caregivers or parents completed the NPP program and scored as low risk at posttest—only 1 out of 10 children were returned home.
- Based on data as of December 1, 2016, for the evaluation cohort entering foster care during fiscal years 2014 and 2015 and screened for referral to the IB3 interventions, no statistically significant differences were found between the intervention and control groups in reunification rates, overall permanence, and average time in care. However, certain findings in all three of these outcome areas are trending in the expected direction.
- Considering the exceptionally long lengths of stay of foster children in Cook County (less than 10 percent have exited state custody since the start of the demonstration), only three types of proximal permanency outcomes could be reliably compared: return home rates regardless of whether state custody was relinquished (i.e., includes trial home visits); reunification rates with case closure; and permanency rates which encompass reunification, adoption, and legal guardianships. Only the return home rate showed a marginally significant association ( $p < .10$ ) with assignment to the intervention group in the expected direction of improved permanence. The other two proximal outcomes were also in the expected direction, but the observed difference was not large enough to rule out chance error.
- For those children initially placed in non-kinship family settings under the case management of voluntary/non-DCFS agencies, children in the intervention group were more likely to return home than children in the control group. Children initially placed with kin had higher return home rates than children initially placed with non-kin, regardless of whether they were assigned to the intervention or control group. Children in the intervention group placed in kinship homes managed by DCFS were *less* likely to

return home than similar children in the comparison group. These results suggest the effects of the IB3 interventions are not uniform across different populations and settings.

- Regarding length of placement, a graph of smoothed hazards rates showed flat levels after 2 years in foster care for cases assigned to comparison agencies but sharply rising rates for children assigned to intervention agencies. If this pattern continues into year 3 of the demonstration, it is very likely the intervention effect on reunification rates will strengthen during this critical period of judicial oversight when decisions are made about alternative permanency plans for the children.
- The evaluation team has completed a preliminary analysis of the association between rates of children returning home and the types of involvement parents and caregivers have had with the IB3 interventions (i.e., whether caregivers completed/were still attending the program, dropped out, were “no shows,” or were in the control group). Results indicate a significant association between types of involvement with IB3 interventions and the rates of return home was limited to the subgroup of children initially placed in non-kinship family settings under voluntary agency management. Children in this subgroup were marginally more likely to return home if caregivers had completed or were still attending an IB3 program compared to children whose caregivers had dropped-out, were no shows, or were in the control group ( $p = .066$ ). The pattern of association between IB3 exposure and odds of returning home provide promising evidence of a positive impact of IB3 programs, at least for this subgroup of children. There may, however, be other unmeasured characteristics linked to both service completion and returning home (e.g., caregiver compliance) that explain the apparent association.

### Cost Study Findings

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

Additional findings are pending the ongoing implementation of the demonstration.

[Information and reports for the Illinois-IB3 demonstration component are available online.](#)

Inquiries about the Illinois IB3 initiative may be directed to Kimberly Mann, Deputy Director, DCFS - Office of Child Well-Being at [Kimberly.mann@illinois.gov](mailto:Kimberly.mann@illinois.gov).



## 10: Illinois (Immersion Site)

### Demonstration Basics

**Demonstration Focus:** Core Practice Model, Service Array Development<sup>25</sup>, Qualitative Case Reviews and Administrative Process Changes

**Approval Date:** January 17, 2017

**Implementation Date:** January 1, 2017

**Expected Completion Date:** June 30, 2018<sup>26</sup>

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

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

### Target Population

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

### Jurisdiction

The Immersion Site intervention began in four sites (comprised of a single county or group of counties) in August 2016. These initial four Immersion Sites (referred to as Research and Development Sites) include Lake County; Rock Island, which includes Henry, Mercer and Whiteside Counties; East St. Louis (Saint Clair County); and Mt. Vernon, which includes Jefferson, Clay, Hamilton, Wayne, and Marion Counties. In phase II of implementation the Immersion Site intervention will be expanded through a private agency and DCFS in the southern region as Illinois works to implement the demonstration statewide.

### Intervention

The Immersion Site intervention includes the components summarized below.

- **Core Practice Model** has three distinct elements. The first is the Family-centered, Trauma-informed, Strength-based (FTS) Child Welfare Practice Model that teaches front-line workers better ways of engaging families, assessing needs, and developing

---

<sup>25</sup> An earlier demonstration that focused on enhanced child welfare staff training ended in June 2005 while a subsidized guardianship demonstration ended in October 2009 with the establishment of a statewide Guardianship Assistance Program. A third Illinois demonstration focused on the provision of enhanced alcohol and other drug abuse (AODA) services began as a separate demonstration in April 2000. The AODA demonstration received two long term extensions and in January 2017 was consolidated into the one current Illinois demonstration that includes a parenting support intervention (IB3) and the Immersion Site intervention.

<sup>26</sup> Illinois has received an extension from the Children's Bureau to continue implementation through September 2019.

service plans. The FTS model will be supported and sustained by the second element of the Core Practice Model, the Model of Supervisory Practice (MoSP). MoSP trains supervisors to support, coach, and reflectively supervise frontline workers to ensure that the FTS practice model is consistently implemented. The third element of the Core Practice Model is the Child and Family Team Meeting (CFTM), which serves as the primary vehicle to engage youth, families, and community members in the ongoing planning and organizing of the supports and services the child and family need to move toward permanency.

To reinforce CTFM, coaches will work in the field with front-line staff and supervisors to ensure that regularly scheduled and properly facilitated CFTMs are held. The coaches will assist frontline staff in engaging families in a meaningful process of participation in service planning and implementation through the CFTM process.

- **Service Array Development and Flexible Funding:** Capacity building of community services and supports will be conducted within the Immersion Sites' geographic areas. Examples of services and supports that will be developed or expanded include but are not limited to—
  - Intensive in-home and family supports comprised of evidence-informed services
  - Mobile crisis response and stabilization services
  - Peer services (e.g., mentoring)
  - Trauma-informed and evidence-based interventions such as Nurturing Parenting Program
  - Flexible funds for customized services
- **Quality Reviews (QSR as the current applied tool) and Quality Assurance** will be conducted to assess current outcomes and system performance by gathering information directly from families, children, and service team members. An individualized review instrument and process will be used for the examination of the Core Practice Model. Quality review involves a continuous review process whereby a sample of cases will be reviewed in each Immersion Site monthly. A dedicated reviewer will be assigned to each Immersion Site and a pool of volunteer peer reviewers, comprised of field staff/supervisors from each agency within the Immersion Site, will conduct the case reviews.
- **Administrative Process Changes**, vary across Immersion Sites, but are focused in two areas (1) changes designed to reduce administrative burdens; and (2) changes designed to specifically increase placement exit outcomes. Examples include, but are not limited to—
  - A new regionalized structure of matching children with placement resources (Central Matching)
  - Development of a process for DCFS legal staff to conduct legal screenings by telephone rather than in-person

## Illinois (Immersion Site)

- Granting private agency staff access to the subsidy tracking system to improve timeliness of permanency
- Reduction in assessments for investigators, prevention workers, and permanency workers to allow more time to focus on cases, rather than paperwork
- Localized and investigator used drug testing kits to create a quicker method of drug testing parents rather than having them travel long distances to submit to testing
- Offering supervisors the ability to waive portions of the investigations which are time consuming, but ultimately unimpactful to the safety and well-being of children or families

## Evaluation Design

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

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

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

- Placement stability
- Rates of permanency (reunification, adoption, and guardianship)
- Length of time to permanency (reunification, adoption, and guardianship)
- Number and percentage of families that achieve permanency through reunification, adoption, or guardianship
- Number and percentage of cases with a goal of independence in the initial permanency plan and most recent permanency plan
- Length of stay in family-based care
- Number and percentage of reentries into care within 12 months of exiting care

## Illinois (Immersion Site)

### Evaluation Findings

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

Inquiries about the Illinois Immersion Site initiative may be directed to Jeremy Harvey at [Jeremy.Harvey@illinois.gov](mailto:Jeremy.Harvey@illinois.gov).

## 11: Indiana

### Demonstration Basics

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

**Approval Date:** September 14, 2012

**Implementation Date:** July 1, 2012<sup>27</sup>

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

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

**Final Evaluation Report Received:** January 3, 2018

### Target Population

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

### Jurisdiction

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

### Intervention

Under its waiver extension, Indiana is continuing its efforts to increase Department of Child Services (DCS) staff's understanding of and capacity to implement demonstration interventions statewide<sup>28</sup> and will emphasize increasing the array, accessibility, and intensity of evidence-based/informed services available to children and families. In addition, an expanded array of concrete goods and services are being offered to help families maintain safe and stable households (e.g., payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, house cleaning); and an increased array of innovative child welfare services are being offered including community-based wraparound services and home-based alternatives to out-of-home placement. Six programs and initiatives are available through the waiver extension.

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

---

<sup>27</sup>Indiana is currently operating under a short-term extension through March 31, 2018, the second long-term waiver extension became effective July 1, 2012, through June 30, 2017. The original (phase I) demonstration was implemented in January 1998, followed by a long-term extension (phase II) that began July 1, 2005, and continued with short-term extensions through June 30, 2012. The state recently received another short-term extension through September 30, 2019.

<sup>28</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. The state focused on promoting the utilization of waiver dollars by a greater number of counties considering the finding from its original demonstration that only 25 of 90 participating counties made significant use of flexible IV-E funds.

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

### Evaluation Design

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

### Evaluation Findings

Findings reported in the Final Evaluation Report are summarized below.

#### Process Evaluation Findings

- **Continuous Quality Improvement (CQI):**
  - A total of 378 completed surveys representing 18 regions were used for analysis (completion rate of 88 percent). Responses were used to assist in the selection of CQI pilot projects. An Innovation Strategy Group was established in FY2017 to oversee and measure outcomes of agency-wide strategic and improvements efforts.
  - As a component of the demonstration, an electronic “Service Mapping” system was developed that assists Family Case Managers in making service decisions. The system utilizes more than 100 data points to determine individualized services for families, also provides information about service gaps.
- **Concrete Services:** Spending on concrete services was examined through the state’s data management system KidTraks. Over the demonstration period, spending on these services increased. In state fiscal year (SFY) 2017 spending was \$16,939,397 over \$13 million more than baseline years combined (\$1,054,504 in 2011 and \$2,287,118 in 2012). The largest

spending increase was in “general services” which includes dental services, summer school, medical expenses, and transportation of parent and/or child.

- **Regional and Executive Management Interviews:** Interviews of Regional and Executive Managers were conducted in each year from 2013 through 2016. Key themes identified by respondents include, but are not limited to staffing challenges; positive relationships with courts and service providers; lack of substance abuse treatment availability; gaps between central administration and field staff; limited understanding of waiver; concrete services are helpful.
- **Family Case Manager (FCM) Survey:** FCMs were surveyed through a Web-based application to gather information related to outcomes for recently closed cases, perceptions of service array, workload, and understanding of the waiver.
- **Community Surveys:** Three community surveys were distributed during the demonstration period. A summary of findings for each survey include:
  1. **Caregiver and Youth Survey.** Respondents included 121 biological parents, 123 foster parents, 56 relative caregivers, and 56 youth. Respondents identified case management as the most frequently used service for all subgroups (biological parent = 79.8 percent, foster parent/relative = 71.9 percent, and youth = 85.5 percent). Biological parents more frequently utilized home-based services (57.9 percent), substance abuse services (42.1 percent), and mental health services (38.6 percent), while foster parents/relatives more frequently utilized health care services (61.9 percent), dental services (36.3 percent), and mental health services (30.6 percent). In contrast, youth were more likely to use older youth services (63.6 percent), health care services (54.5 percent), and mental health services (43.6 percent).
  2. **Community Service Provider Survey.** Respondents included 181 frontline workers, 161 program managers, 114 agency CEOs, and 95 central/administrative operations. Respondents ranked case management (73.5 percent), home-based services (63 percent), and mental health services (61.1 percent) as the top 3 services they frequently provided. In contrast, services less likely provided include First Step (2.8 percent), dental services (8.3 percent), and developmental/disability services (9.8 percent).
  3. **Court Survey.** Respondents included 478 CASA/GAL, 87 probation staff, 39 prosecutors, and 31 judges. The reported 5 top services most frequently recommended and ordered for children and their families were home-based services, substance abuse services, mental health services, case management, and health care services.

### Outcome Evaluation Findings

Findings provided below are based on two different data sets, outcome indicators, and quality service reviews.

**Outcome Indicators:** A summary of findings for safety, permanency, and well-being outcome indicators are as noted below (all findings are from baseline through FFY2011 to FFY 2016).

- *Safety:*
  - There was a decrease in the proportion of children in out-of-home care with an occurrence of substantiated abuse or neglect by institutional staff or a foster parent from baseline of 32.3 percent to 8.1 percent.
  - *Reunification.* The percentage of children who exited to permanency by reunification and experienced subsequent substantiated abuse/neglect within 6 months increased from baseline at 2.3 percent to 6.9 percent in FFY 2016. An increase was also found within 12 months from 5.8 percent to 11.4 percent.
  - *Adoption.* The percentage of children who exited to permanency by adoption and experienced subsequent substantiated abuse/neglect within 6 months showed only a slight increase from baseline of 0.1 percent to 0.3 percent. A slight decrease was found within 12 months from 0.6 percent to 0.5 percent.
  - *Guardianship.* The percentage of children who exited to permanency by guardianship and experienced subsequent substantiated abuse/neglect within 6 months showed a slight decrease from baseline of 1.3 percent to 1.1 percent. A slight decrease was also found within 12 months from 3.0 percent to 2.4 percent.
- *Placement:* The average number of placements for children residing in out-of-home care, decreased only slightly from 2.8 to 2.0.
- *Permanency:*
  - The number of children who exited out-of-home placement to permanency increased for reunification (65.9 percent to 66.7 percent), but decreased for adoption (12.9 percent to 5.2 percent) and guardianship (8.2 percent to 7.4 percent).
  - The number of days a child spent in out-of-home care before exiting to permanency increased for reunification (248.6 to 361.9 days), adoption (908.6 to 1080.6 days), and guardianship (347.5 to 402.6 days).
- *Well-being:* The percentage of children placed in out-of-home care with a relative increased from 37.0 to 50.4 percent. The percentage of children placed in out-of-home care with a non-relative decreased from 63.0 to 47.9 percent. The percentage of children placed in their home county decreased from 74.9 to 67.5 percent.

**Quality Service Reviews (QSRs):** QSRs for a pre-wavier period (July 2007 through June 2012) were compared to a post 2012 waiver period (July 2012 through June 2017). The total number of cases included in the analysis were 1,317 in the pre-waiver group and 1,294 in the post 2012 waiver group. Safety and well-being indicators significantly increased from pre- to post- waiver, but permanency significantly declined. An analysis for QSRs findings were included for child indicators and indicators for biological parents and caregivers and system performance. Key



changes in QSR rating scores in key child outcomes from pre- to post waiver periods are as follows:

- *Safety.* Child safety increased significantly by 0.27 ( $p < .0001$ ) and behavioral risk<sup>29</sup> increased by 0.34 ( $p < .0001$ ).
- *Permanency.* Stability<sup>30</sup> decreased by 0.02, which was not a statistically significant difference, but permanency decreased by 0.19 (statistically significant at  $p < .0001$ ).
- *Well-being.* Appropriate living arrangement increased by 0.23 (statistically significant at  $p < .0001$ ), physical health increased by 0.35 ( $p < .0001$ ), emotional status increased by 0.37 ( $p < .0001$ ), and learning and development increased by 0.33 ( $p < .0001$ ).

### Cost Analysis Findings

- From June 2013 through June 2017, the total number of DCS cases has almost doubled from approximately 15,000 to almost 30,000. Cases where a parent's drug abuse was indicated as the reason for removal increased 153 percent during this period. Total DCS spending has also increased significantly over the same period.
- During the demonstration period the state renegotiated its capped allocation due to an increase in title IV-E eligible costs. The final report points to the increase in the number of children entering care and the opioid epidemic in the state as contributing to the rise in IV-E foster care costs.

### Substudy Findings

A substudy began on January 1, 2015, 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. The study sample includes all newly opened cases for families enrolled in FCT from January 1, 2015, to December 31, 2015. Propensity score matching was used to match a total of 187 children within DCS receiving FCT to 187 children within DCS not receiving FCT. Key findings are as follows:

- **Safety:**
  - Children who participated in FCT were significantly more likely to remain in-home throughout the treatment period than children who did not participate (55.61 percent compared to 39.04 percent), a statistically significant difference ( $p < .001$ ).
  - Children who participated had a higher rate of repeat maltreatment (10.61 percent) compared to children who did not participate (5.98 percent), but this difference was not

---

<sup>29</sup> Defined as the degree to which the child/youth consistently avoids self-endangerment situations and refraining from using behaviors that may put him/her or other at risk of harm – measured for past 30 days for age 3 and older.

<sup>30</sup> Defined as the degree to which the child's daily living, learning, and work arrangements are stable and free from risks of disruption; the child's daily settings, routines, and relationships are consistent; known risks being managed to achieved stability and reduce the probability of future disruption – measured for past 12 months and next 6 months.

statistically significant. At 6 months post-DCS involvement, children who participated had a lower rate of repeat maltreatment (1.68 percent) compared to those who did not participate (4.35 percent), but this difference was not statistically significant.

- Children who participated had a higher rate of re-entry (56.42 percent) compared to children who did not participate (50 percent), but not a statistically significant difference.
- Permanency:
  - Children who participated in FCT were involved with DCS for fewer days on average (331 days) than children who did not participate in FCT (344 days), but this was not statistically significant. Children who participated had a fewer amount of days on average until reunification (341 days) than those who did not participate (417 days), a statistically significant difference ( $p < .05$ ).
  - Children who participated in FCT were more likely to have reunification as a goal than children who did not participate in FCT (99.07 versus 95.83 percent), while children who did not participate in FCT had a higher rate of being a child in need of services (CHINS) than children who participated in FCT (75.40 versus 69.52 percent). However, neither of these differences were statistically significant.
- Well-being: Children who participated in FCT had a slightly higher average CANS score than children who did not (1.27 versus 1.22), though not a statistically significant difference.
- Cost: The average total cost of the case was higher for children who participated in FCT than children who did not participate (\$19,673 versus \$17,719), a statistically significant difference ( $p < .05$ ). However, the cost per child was not statistically significant (\$10,277 versus \$6,481).

[Information and reports for the Indiana waiver demonstration can be found online.](#) Inquiries regarding the Indiana demonstration may be directed to Eric Miller at [Eric.Miller@dcs.IN.gov](mailto:Eric.Miller@dcs.IN.gov)

## 12: Kentucky

### Demonstration Basics

**Demonstration Focus:** Intensive services to help keep children at home with their parents for families with an identified risk factor of substance abuse.

**Approval Date:** September 30, 2014

**Implementation Date:** October 1, 2015

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

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

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

### Target Population

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

### Jurisdiction

The START IV-E Waiver expansion began in Jefferson County and expanded into four of the five anticipated START Waiver sites (i.e., Jefferson, Kenton, Fayette, and Boyd Counties). The Daviess County START program will be expanded in late 2018. Expansion at additional counties will be based on a needs assessment and available resources. The KSTEP program was implemented in July 1, 2017, and is being piloted in four counties located in the northeastern service region (i.e., Carter, Greenup, Mason, and Rowan Counties) and will be phased into additional counties in the same service region over the course of the demonstration.

### Intervention

Two primary interventions have been selected and are described below.

- **The START program**, an intensive child welfare intervention model for substance-using parents and families involved in the child welfare system and listed on the California Evidence Based Clearinghouse as providing promising scientific evidence, is an existing

program being expanded under the demonstration. START integrates substance use disorder (SUD) services, family preservation, community partnerships, and best practices in child welfare and substance use disorder treatment. Families receive quick access to holistic behavioral health assessments and treatment and are engaged in the decision-making process through family team meetings. Family Mentors provide peer-to-peer recovery coaching and help to navigate the child protective services (CPS) system. Treatment services (using evidence-based approaches such as Motivational Interviewing, the Matrix Model program, Seeking Safety therapy, Incredible Years, medication-assisted treatment, 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 and are billed to Medicaid or private insurance whenever possible. Flexible funding is also available for meeting basic needs such as housing, utility assistance, transportation, and childcare. The average length of a START case is 14 months, which varies based on individual family needs. A case ends when there is permanency and DCBS closes it. A specially trained CPS worker and a Family Mentor share a caseload of no more than 12 to 15 families, allowing for frequent home visits and close monitoring of participants, along with regular communication with treatment providers. A family may be eligible if the following exists:

- Child is aged 0 to 5.
  - Parental substance use is a primary risk factor to child safety.
  - Time elapsed since the report was received does not exceed 10 days.
  - Family did not have an open case at the time the report was received.
- **The KSTEP program** is a voluntary in-home services program uniquely expanding the current in-home services array. KSTEP includes case coordination services, partnership with the family, and rapid access and provision of clinical services including substance use treatment. Utilizing Solution-Based Casework, KSTEP will facilitate family engagement and involvement in the assessment and case planning processes, which leads to the empowerment of families and a reduction in high risk behaviors. Selected evidence-based programs included in the KSTEP program are—
  - Medicated-Assisted Treatment
  - Cognitive-Behavioral Therapy
  - Motivational Interviewing
  - Child-Adult Relationship Enhancement (CARE) skills
  - Parent-Child Interaction Therapy (PCIT)

## Kentucky

- All EBPs/PPs are used based on families' needs and as determined through assessments (e.g., North Carolina Family Assessment Scale, Addiction Severity Index, Parenting Stress Index, and a psychosocial assessment). A family may be eligible for KSTEP if the following exists:
  - Child aged 0 to 9 is at imminent risk of removal from the home.
  - Parental substance abuse is a primary risk factor to child safety.
  - The KSTEP referral is made prior to the conclusion of the investigation
  - Family did not have an ongoing case at the time the report was received.
  - Family is Medicaid eligible (not a requirement but generally considered).

### Evaluation Design

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

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

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

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

## Kentucky

- Presence of at least one child under 10
- Similar timeframes for intake of referral (within 60 days of one another)
- Presence of substance abuse as a risk factor
- Report originating in a county in a contiguous service region

The following outcomes are being tracked:

- Recurrence of maltreatment
- Rates of entry/reentry into out-of-home placement<sup>31</sup> while receiving services (whether KSTEP or usual services)
- Rates of out-of-home placement for both KSTEP and comparison groups 6 months after KSTEP services have ended
- Length of time in out-of-home placement, calculated as the total number of days from beginning to end of each placement episode
- Permanency status at case closure (i.e., reunified with primary caregiver(s), custody granted to relative, or other adoption or guardianship)
- Placement type whereby youth requiring out-of-home placement are placed in the least-restrictive placement
- Increased family functioning and child and adult wellbeing

### Data Collection

The evaluation utilizes data from multiple sources including the statewide automated child welfare system, The Workers Information System (e.g., TWIST), the START program's START Information Network (START-IN), the KSTEP In-Home Services data base, various assessment instruments, stakeholder interviews, and client surveys.

### Evaluation Findings

The section below summarizes key findings from the Interim Evaluation Report and semiannual progress reports submitted through May 30, 2018.

#### Process Evaluation Findings

- A total of 228 families have been served by START in the waiver demonstration sites, including 150 families (with 258 children) in Jefferson County, 35 (with 61 children) in Fayette County, 32 (with 49 children) in Kenton County, and 11 (with 24 children) in Boyd County.
- A total of 109 families (including 213 children) have been referred to KSTEP services. Thirteen (11.9 percent) of the referred families either did not meet the intensity for KSTEP services or declined participation. Of the remaining service recipients 20.8 percent (20) of cases were closed due to successful completion of the intervention.

---

<sup>31</sup> Out-of-home placement is defined as removal from the child's primary caregiver(s), regardless of duration.

- Between July 19, 2016, and August 9, 2016, organizational readiness assessment surveys (a modified version of the *Texas Christian University Institute of Behavioral Research 4-Domain Assessment for Organizational Readiness for Change*) were completed by 801 employees (a response rate of 36.4 percent) within the Division of Protection and Permanency (DPP). Findings, while not specific to START or KSTEP, provide insight into employee perceptions within the DCBS division being implemented by START and KSTEP. Initial examination of the data revealed—
  - Strengths in the domain of Personal/Self-efficacy (subscales for Adaptability, Influence, and Satisfaction) with over 86 percent of respondents agreeing or strongly agreeing with the following statements: (1) “You are willing to try new ideas even if other staff are reluctant”; (2) “You are able to adapt quickly when you make changes”; (3) “Coworkers often ask your advice about work procedures”; (4) “You give high value to the work you do”; and (5) “You like the people you work with.”
  - Areas of concern were highlighted primarily within the organizational support and staffing domain with over 84 percent agreeing or strongly agreeing with the following statements: (1) “Staff members at your program often show signs of high stress and strain”; (2) “Staff frustration is common where you work”; and (3) “Frequent staff turnover is a problem for your program.”
- Guided by the results of the organizational readiness assessment, focus groups were conducted with 1,322 DPP staff including frontline workers, supervisors, and office support staff to gather information regarding the challenges they are currently facing in their jobs, as well as what staff thought were priorities for DCBS leadership to address. Key challenges identified through the focus groups included high caseloads, organizational inefficiencies, high staff turnover, worker safety, and training.
- Results from a client satisfaction survey using modified items from the *Youth Services Survey for Families* ( $n = 17$  for START and  $n = 3$  for KSTEP) showed a majority of positive responses, suggesting respondents think their needs are being met by the services provided.
- Survey data from the KSTEP Solution Based Casework Initial Training showed 90 percent of private provider respondents ( $n = 20$ ) “Strongly Agreed” or “Somewhat Agreed” with the statement, “I was able to relate each of the learning objectives to the learning I achieved.” Ninety percent of private provider respondents also “Strongly Agreed” or “Somewhat Agreed” with the statement, “I will be able to apply what I learned during this session on the job.” Among supervisors, 100 percent of respondents ( $n = 8$ ) either “Strongly Agreed” or “Somewhat Agreed” with the statement, “I was able to relate each of the learning objectives to the learning I achieved,” and 87.5 percent “Strongly Agreed” or “Somewhat Agreed” with the statement, “I will be able to apply what I learned during this session on the job.”

### Outcome Evaluation Findings

- Rates of subsequent reports and substantiated reports of maltreatment did not differ considerably between children in families served by START and children receiving usual services in Jefferson County with 33.7 percent of START families ( $n = 77$ ) experiencing a subsequent report within 18 months, post referral, as compared to 32.3 percent of control group families ( $n = 31$ ); and 19.4 percent of START families experiencing a substantiated report within 18 months post referral, as compared to 19.4 percent of control group families.
- Rates of entry into state custody did not differ substantially between focal children<sup>32</sup> served by START and children receiving usual services in Jefferson County. Twenty-two focal children from 102 START families were removed from homes within 12 months of referral to START (a rate of 21.5 percent), as compared to 10 out of 47 in control group families (a rate of 21.3 percent). This rate of entry into state custody for START children under the waiver demonstration is consistent with previous studies of the START program. This is considered to represent an improvement over rates typically found among families who enter the child welfare system with substance use disorders, despite the impact of opioid use and other challenges in Jefferson County. The outcome study of START in 2012 found a similar effect where children referred to START—regardless of whether they received START—were half as likely to enter state custody compared to other matched comparison groups, suggesting the transformative effects of START may be improving the overall results and system of care between behavioral health and child welfare. Because of the confounding effects of system change efforts, these results should be compared to statewide results or other matched comparisons in non-START counties. In addition, increased sample size by analysis of all children in families and all START-served families will improve statistical power and overall reliability of findings.
- Exploratory findings suggest KSTEP is having a positive impact on families served by the program. Significant improvements were indicated on the *North Carolina Family Assessment Scale* in the Environmental, Parental Capabilities, and Family Safety domains ( $n = 38$ ;  $p < .05$ ) from before KSTEP to after 8 months of receiving service. KSTEP participants also showed significant improvement on *Addiction Severity Index, Self-Report Form* domains of Drug Use, Family/Social Status, Employment Status, and Psychiatric Status ( $n = 128$ ;  $p < .05$ ) within the same period.

[Information and reports for the Kentucky demonstration are available online.](#) Inquiries regarding the Kentucky waiver demonstration may be directed to Jessica Brown [JessicaL.Brown@ky.gov](mailto:JessicaL.Brown@ky.gov).

---

<sup>32</sup> If multiple children under five years old were in a family, the focal child was the one closest to age three.



## 13: Maine

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** April 1, 2016

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

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

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

### Target Population

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

### Jurisdiction

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

### Intervention

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

- **Matrix Model Intensive Outpatient Program (IOP)** is a Medicaid funded, intensive ambulatory level of care substance abuse treatment service for adults in Maine. IOPs provide an intensive and structured program of alcohol and other drug assessment and group treatment services in a nonresidential setting. Services provided to adults who meet the IOP treatment criteria include individual, group, or family counseling services; educational groups, including the involvement of others affected; and planning/referral for additional treatment, if needed. IOP services must be provided under the supervision of a licensed physician or psychologist and delivered by qualified staff. Participants attend treatment at least 3 hours per day for 3 days per week, up to 16 weeks depending on level of need.

- **Triple P Positive Parenting Program** is an evidence-based parenting program delivered by trained providers in either an individual or group setting to participating families. Triple P is being delivered in the group format, which consists of five group sessions of no more than 12 parents, followed by three 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 to 12. Level 5 Triple P provides more intensive support for families who complete Level 4 Triple P but need additional support. Level 5 Triple P includes either Enhanced Triple P or Pathways Triple P. In Enhanced Triple P, three specific modules address partner communication, stress management, and how to handle other high stress situations for families experiencing parental conflict, mental health issues, or other stressors. Pathways Triple P is specifically geared toward families at risk of child maltreatment and covers anger management and behavior management techniques.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation or from services available to children and families that are not designated to receive demonstration services. The outcome evaluation uses both a pre-post and a longitudinal, matched comparison group design. The pre- and postanalysis is used to examine child and family well-being measures. The longitudinal, matched comparison group design is 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 is 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
- Child well-being
- Family well-being

### Evaluation Findings

A summary of evaluation findings from the semiannual reporting period of October 1, 2017, through March 31, 2018, are noted below.

## Process Evaluation

- As of March 31, 2018, a total of 223 parents (202 families) have received MEPP services. To date 50 clients have successfully completed MEPP, including 16 this reporting period. The 50 successful completions represent 30 percent of parents who are no longer receiving services. On average, MEPP families had at least two children, with 400 children living in families of MEPP parents. MEPP families have 271 children between the target ages of 0 and 5.
- Region Two Interviews. During the reporting period, evaluators interviewed MEPP service providers and OCFS staff in three districts in Region 2, including program and assistant program administrators, supervisors, and caseworkers. The following key themes were discussed:
  - **Start-up and referral challenges**
    - A slow start-up for Region 2 was due to the time needed to secure offices, achieve licensure, and set up referral processes. This created difficulty for some, particularly because the launch happened at least 2 months after the staff training occurred.
    - A challenge in information sharing was being unable to access a participant's contact information.
    - Lack of engagement or interest existed among some OCFS district staff in meeting with MEPP providers during standing office hours and also some hesitancy in engaging or meeting with MEPP providers to discuss referrals/cases.
    - Examples of intake and referral challenges are authorizations not being completed correctly, limited referrals, referrals going to the wrong person, or notifications about new referrals.
    - Due to lack of time, support, or expertise to market the program, caseworkers perceived to have difficulties in championing or selling the benefits of the MEPP program.
    - Examples of challenges facing the population being served are substance abuse patterns being cyclical, perceptions that some parents are not ready for treatment, stigma about substance abuse, or parent denial about needing the MEPP program.
    - Perceptions of MEPP requirements on length of time and duration are not as enticing to participants as other program options readily available in the community.
    - The court's role in MEPP and a need for greater buy-in from the court system were concerns.

- **Challenges after program enrollment**
  - A significant amount of time is needed to coordinate logistics, such as schedules and space, to ensure program efficiency and comfort for participants.
  - A significant amount of time is needed to follow up with participants to check on questions or to address concerns about participation (or lack of participation) in group.
  - While many participants eventually see the value of MEPP, they do not always recognize the benefits of the program during the early stages of engagement. Due to delayed commitment to the program, there is a higher risk of dropping out, and providers must put forth significant efforts to engage participants.
  - Participants face transportation barriers in getting to and from group sessions.
  - Interviewees have concerns about CANS, and they question whether participants are comfortable being straightforward about the extent of their challenges around substance abuse.
  - OCFS staff members have challenges being able to attend MEPP meetings, especially for those working in rural areas.
  - Participant absences and questions about how the program staff members can hold participants accountable are concerns.
  - There are differing views or questions on participant engagement and a need to clarify session boundaries and program expectations.
- **Perceptions of MEPP.** Interviewees shared several valued practices and resources, including—
  - There are perceptions that MEPP evidence-based approaches are making or will make a difference for participants.
  - Co-location of services, as well as combining substance use treatment with parenting skills were valued aspects of the program.
  - Training, ongoing communication, and availability from MEPP providers were deeply appreciated by district staff.
  - Additional valued aspects were the Matrix curriculum is well written and easy to understand. Helpful informational resources were also recognized.

(However, a small number of interviewees reported not seeing the value in MEPP at its current stage of implementation. Yet, of those individuals who were uncertain about whether MEPP is currently impactful on participants, most could envision the potential of the program and/or expressed enthusiasm about seeing MEPP evolve over time.)
- **Recommendations for Program Improvement.** Most interviewees suggested broadening the eligibility criteria to include older children, so these families could

experience the same benefits as those with younger children. Other recommendations include—

- Improve the transportation system for participants.
- Enhance program understanding of MEPP and buy-in across all roles associated with MEPP service delivery, including those of any individual responsible for marketing the program.
- Develop stronger partnerships in the community, particularly with the court system, including drug court, BAR Association, and defense attorneys.
- Pursue and share success stories from other districts, so tangible program outcomes can be understood.
- Clarify expectations of substance use, such as participant use of marijuana and the type/level of use acceptable or not.
- Offer group sessions in the evenings and on weekends.
- Explore allowing parents from the same household to participate in the same group sessions.
- Offer opportunities for MEPP staff to meet and work with the family in the pre-enrollment stages (*e.g.*, earlier in the referral and enrollment process).

#### Outcome Evaluation

Outcomes are reported where possible for cohorts 1, 2, and 3. Not enough time has elapsed to report results for cohort 4 (*i.e.*, a full 6 months may not have passed since all participants' program enrollment).

- The percentage of cases with children aged 0 to 5 who remained safely in the home after 6 months was slightly lower for the demonstration group in both cohort 1 (59 percent) and cohort 2 (50 percent) compared to the comparison group (63 percent in cohort 1 and 61 percent in cohort 2). Findings were more positive for the demonstration group in cohort 1 for cases after 12 months with 55 percent of demonstration cases remaining in the home with no new reports while only 46 percent of comparison cases remained in the home.
- At 6 months, very few children between the ages of 0 to 5 in the demonstration group in cohort 1 (2 of 25, 32 percent) and cohort 2 (2 of 35, 26 percent) were reunified. This was also found in the comparison groups with 3 of 28 (39 percent) in cohort 1 and 3 of 33 (27 percent) in cohort 2. However, among families in cohort 3 there was a statistically significant difference in the rate of reunification between treatment and comparison groups, with 1 child reunified in the treatment group (out of 43) and 6 in the comparison group (out of 31). At 12 months there was an increase in the number of children reunified in cohorts 1 and 2 across groups: 17 children in the demonstration groups and 20 children in the comparison groups had been reunified. The rate of reunification was essentially the same for both groups.

## Maine

- A total of 46 MEPP clients (14 in cohort 1, 18 in cohort 2, 12 in cohort 3) completed an initial and follow-up Parent and Family Adjustment Scales (PAFAS). Under the parenting practice domain, scores at the follow-up assessment decreased from 10.0 to 8.1. For the parenting adjustment subdomain scores at follow-up decreased from 6.5 to 4.7; both are statistically significant decreases ( $p < 0.05$ ).
- Initial and follow-up Depression Anxiety and Stress Scales (DASS) assessments were completed by 38 MEPP participants. While average scores at the initial assessment were low in the three domains, there was a statistically significant decrease ( $p < 0.05$ ) from initial to follow up in all three domains: Depression, 11.7 initial to 6.6 follow-up; Anxiety, 10.4 initial to 7.4 follow-up; and Stress, 12.4 initial to 8.5 follow-up.

### Cost Evaluation

- An analysis was completed to compare service costs provided to MEPP cases in the comparison group. The average cost per case was higher for demonstration cases (\$11,619 for cohort 1 and \$14,693 for cohort 2) than comparison cases (\$7,706 for cohort 1 and \$8,095 for cohort 2). The higher costs for the demonstration group are driven largely by MEPP contract costs and services including childcare expenditures, transportation, legal services, drug and alcohol testing, and medication.

Information requests for the Maine waiver demonstration may be directed to Bobbi Johnson at [Bobbi.Johnson@maine.gov](mailto:Bobbi.Johnson@maine.gov).

## 14: Maryland

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** July 1, 2015

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

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

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

### Target Population


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

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

### Jurisdiction

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

### Intervention

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

- **Standardized trauma and trauma-informed assessments**, specifically the CANS and CANS-F, are being implemented statewide for use in CPS and in-home services to assist

caseworkers with the identification of individualized strengths and needs of children and families and to support the development of a plan of care, including specific and individualized interventions to address identified needs.

- **Workforce development activities** related to the impact of trauma on children, families, and front-line staff are being conducted. Workgroups were established by the Maryland Department of Human Resources to develop a Trauma-Informed Strategic Plan. The strategic plan includes the Maryland definition of what it means to be a trauma-informed child and family serving system, a framework for organizing the core components of a trauma-informed system, and action steps to be taken as part of the waiver demonstration. Specific strategies detailed on the plan focus on policies, practices, and procedures; core competencies; youth and family peer support; and a statewide Learning Collaborative. The workgroups also determine the types of trauma-informed training developed for direct care staff, resource parents, leadership, and community providers.
- **Evidence-Based Practices/Promising Practices (EBPs/PPs)** were introduced or expanded to address core areas of need identified for the target populations, including parental substance abuse, parental mental health, child behavioral health, trauma-informed workforce development, and trauma-informed interventions and practices. The CANS-F is being used to inform referral to the EBPs/PPs. The specific interventions and locations for implementation were identified through a proposal process with local jurisdictions and private providers and include the following:
  - Solution-Based Casework at Baltimore City
  - Incredible Years at Allegany County
  - Nurturing Parenting Program at Harford County
  - Functional Family Therapy at Anne Arundel County
  - Parent-Child Interaction Therapy at Anne Arundel County
  - Partnering for Success/Cognitive Behavior Therapy+ at Baltimore County
  - Strengthening Ties and Empowering Parents at Washington County
  - Trauma Systems Therapy at Washington County

## Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation of the demonstration. The key objectives of the outcome evaluation are to assess the impact of becoming a trauma-informed system and the implementation of evidence-based and promising practices on rates of entry and reentry. For statewide implementation efforts, the evaluation consists of a longitudinal pre- and postdesign, 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



## Maryland

each local site to determine the most rigorous research design feasible and appropriate for each EBP/PP. The evaluation measures the following outcomes statewide:

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

## Evaluation Findings

The section below summarizes key evaluation findings reported in the Interim Evaluation Report.

### Process Evaluation

- Incredible Years (IY) (Allegany County)
  - A total of 26 caregivers were enrolled in IY, and 15 graduated from the program (completed).
  - A total of 33 children (aged 0 to 12) were served across all five cohorts: 24 in group based IY and 9 in the individual sessions.
  - For the five caregiver cohorts on average 11 sessions out of 12 were attended, with a range of 9 to 12 sessions attended for all caregivers who completed IY.
- Parent-Child Interaction Therapy (PCIT) (Anne Arundel County)
  - A total of 28 families were referred for PCIT, of which 14 (50 percent) were admitted into treatment and one was pending admission.
  - Of the 14 families served, it took an average of 15 weekdays from referral to admission with a range of 2 to 56 weekdays.
  - Referrals to PCIT increased in the first 4 months of implementation; however, this trend decreased back to baseline level after the first 4 months and has remained through December 2017.
  - The number of families served by PCIT is well below initial projections. This was initially attributed to low staff engagement, but even as referrals increased challenges remained as those families referred did not manifest into receiving services.
  - A total of 13 families were nonadmitted referrals. The most common reasons for nonadmission are the family's choice of another treatment modality, difficulty scheduling with the family, and inability to contact the family.

## Maryland

- Nurturing Parenting Program (NPP) (Harford County)
  - A total of 47 caregivers participated in NPP, of which 28 (60 percent) graduated from the program. A total of 65 children (aged 0 to 11) were served across all four cohorts who completed NPP.
  - Of the 28 caregivers who graduated, the average number of completed sessions was 11, and 11 caregivers attended all 12 sessions.
  - Of the 19 caregivers who enrolled but did not complete NPP, an average of three sessions were attended prior to the participant ceasing attendance.
- Family Functional Therapy (FFT) (Anne Arundel County)
  - A total of 49 youth has been referred to FFT,<sup>33</sup> of which 34 (69 percent) were admitted into treatment.
  - Of the 34 admitted, it took an average of 19 weekdays from referral to FFT. Nine youth were waitlisted for an average of 26 weekdays prior to starting FFT.
  - There were 15 nonadmitted referrals, with 47 percent due to the family not providing consent and a majority were eligible for FFP but did not start due to reasons related to engagement or availability.
- Partnering for Success (PfS)/Cognitive Behavior Therapy+ (CBT+) (Baltimore County)
  - A total of 383 children entered Baltimore County In-Home services, and screening data was available on 97 percent (371). Of those, 39 percent (146) were referred to PfS.
  - As part of the referral process, DSS staff complete the Pediatric Symptom Checklist (PSC)-17. A score of 15 or higher in section A suggests the presence of significant trauma related behavioral or emotional problems. The average total score for children referred to the program was 17.5, compared to 11.9 for non-referred children.
  - Through December 31, 2017, CBT+ providers identified 197 referrals. Of those, 96 (50 percent) were enrolled in CBT+, 33 (17 percent) are in the process of enrollment, and 63 (33 percent) were not enrolled.
- Strengthening Ties and Empowering Parents (STEPS) (Washington County). From September 2016 through June 2017, 17 families were served by STEPS. Twelve families have been discharged from STEPS, spending an average of 136.8 days in the program.
- Trauma Systems Therapy (TST) (Washington County). As of May 2017, four children have been referred for TST and have started treatment.
- Analysis was conducted for in-home cases in which a CANS-F was completed at two or more-time periods (initial and end of service) to determine any change over time in youth, caregiver, and family well-being. A total of 4,279 families had two or more assessments completed. The results from the total reported—

---

<sup>33</sup> Due to data collection issues related to staff turnover at the provider agency, only youth who were referred through October 2017 are included in the analysis.

## Maryland

- Sixty-five percent had positive change over time (fewer needs), 25 percent negative change (greater needs), and 10 percent no change over time.
- Thirty-five percent had no change in strengths over time, 33 percent a positive change (increase in the number of identified strengths), and 31 percent a negative change over time (fewer identified strengths).

### Outcome Evaluation

- Solution-Based Casework (SBC) (Baltimore City). Responses from online surveys were analyzed and indicate the following:
  - *Professional Quality of Life (PQL) Scale*. Overall ratings for caseworkers and supervisors were similar for three PQL subscales. Compassion/Satisfaction subscale was rated as average overall (39.3 for caseworkers, 41.6 for supervisors). Burnout subscale was average (22.7 for caseworkers, 24.8 for supervisors). Secondary Traumatic Stress subscale was average (23.4 for caseworkers, 24.8 for supervisors).
  - *Maslach Burnout Inventory (MBI)-Human Services Survey*. Overall ratings for caseworkers and supervisors were similar for the three MBI subscales, with one exception. Ratings for the Emotional Exhaustion subscale were high (28.4 caseworkers, 32.5 for supervisors), and ratings for Personal Accomplishment were moderate (32.1 for caseworkers, 35 for supervisors). Differences were seen for the Depersonalization subscale with caseworkers rating low (6.4) and supervisors rating moderate (7.3).
- Incredible Years (IY) (Allegany County). Notable findings include the following:
  - *Child Behavior Changes*. The Eyberg Child Behavior Inventory (ECBI) is used to assess changes in child behavior. On average, parents who received the individual program had higher Intensity and Problem scores on the ECBI scale at pretest, and larger pre- and posttest changes, when compared to parents who participated in the cohort-based program. Across parents served in both programs, there was a significant decrease in Problem scores ( $t[14] = 4.39, p = .001$ ).
  - *Parenting Stress Changes*. The Parenting Stress Index – Short Form (PSI-SF) is used for this outcome. On average, parents who received the individual program had higher Difficult Child, Parent-Child Dysfunctional Interaction, and Total Stress subscale scores at pretest, and larger pre- and posttest changes than parents who participated in the cohort-based program. Across parents served in both programs, there were significant decreases on the Parent-Child Dysfunctional Interaction subscale ( $t[14] = 2.98, p = .010$ ).
- Nurturing Parenting Program (NPP) (Harford County). Findings from the Adult Adolescent Parenting Inventory-2 indicate the following:
  - *Changes in parent child-rearing attitudes*. Parents showed significant improvement on the Alternatives to Corporal Punishment domain ( $t[28] = -2.31, p = .028$ ).
  - *Changes in parenting knowledge*. On average, parents saw a 4-point increase (16 percent) in parenting knowledge; a statistically significant change ( $t[20] = -5.04, p = <.001$ ).

## Maryland

- Strengthening Ties and Empowering Parents (STEPS) (Washington County). Findings from the Family Advocacy and Support Tool were examined for change in needs and strengths. Caregivers experienced the greatest degree of improvement in Strengths (11 percent), and families experienced the greatest improvement in Needs (7 percent). Children had the lowest improvements in both Needs (2 percent) and Strengths (3 percent). The report notes findings should be interpreted as preliminary due to the small sample size.
- Trauma Systems Therapy (TST) (Washington County). Placement stability was measured as the average number of placement moves during TST. The LDSS provided retrospective placement stability data on eight children served between January 2016 and June 2017. On average, children experienced 2.3 placement moves per 1,000 days in care. This rate is considerably lower than the Washington County average of 7.8 moves per 1,000 days in care during the same 18-month period, suggesting children experience greater placement stability while receiving TST.

[Information for the Maryland demonstration is available online.](#) Inquiries regarding the Maryland waiver demonstration may be directed to Rena Mohamed, Director, Outcomes Improvement, Maryland Department of Human Resources at [rena.mohamed@maryland.gov](mailto:rena.mohamed@maryland.gov).

## 15: Massachusetts

### Demonstration Basics

**Demonstration Focus:** Enhanced Residential and Community-Based Services

**Approval Date:** September 28, 2012

**Implementation Date:** January 1, 2014

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

**Interim Evaluation Report Date:** August 23, 2016

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

### Target Population

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

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

### Jurisdiction

The demonstration is being implemented statewide.

### Intervention

The demonstration, titled Caring Together, is a joint undertaking by the Massachusetts Department of Children and Families (DCF) and the Department of Mental Health (DMH) to design, price, and implement residential and intensive community-based program models that best support child, family, and system outcomes and that foster family and youth engagement. The demonstration seeks to increase permanency for children in residential care settings, improve child safety and well-being, prevent foster care reentry (including reentry into congregate care), increase placement stability, strengthen parental capacity, and promote positive youth development. The state has designed a systemic response that involves practice changes at the program, management, and systems level.

The programs being implemented as part of Caring Together are described below.

- **Redesigned Congregate Care with an Integrative Services Approach.** Congregate care services for youth aged 18 and younger have been re-procured with a new set of service standards. Integrative Services include the provision of comprehensive services that focus on developing family and youth skills and are strength-based, culturally competent, family-driven, youth-guided, and trauma-informed. Integrative Services are administered by treatment teams that coordinate care and remain the same across residential and community placements for any given youth and family.
- **Follow Along Services.** Intensive home-based family interventions and supports are provided to youth aged 18 and younger and their families in preparation for and after a return to the home or community from congregate care settings. The focus is on comprehensive family skill building to improve parental capacity to support their children and effectively utilize the support systems in their lives. The same treatment team that delivered clinical care to the child and family while the child was in placement provides Follow Along services to maintain continuity of relationships built during the placement episode.
- **Stepping Out Services.** Services are provided for young adults aged 17 and older that are transitioning to living independently after receiving pre-independent living and independent living group home services. Stepping Out services provide ongoing individual supports during this transition period to help youth achieve independence, build relationships, and sustain lifelong connections. The same treatment team that delivered clinical care provides Stepping Out services to the child and family while the child was in placement to maintain continuity of relationships built during the placement episode.
- **Continuum Services.** Services are provided to children age 18 and younger at risk of congregate care placement and whose families are identified as able to care for the child at home with intensive supports. The continuum service team is responsible for family treatment, care coordination, outreach, and crisis support within the community even when the child receives out-of-home services.
- **Family Partners.** Family Partners are individuals with personal experience with the child welfare and/or child behavioral systems who support children and families in or at risk of congregate care placement. This component was implemented as a pilot program from July 1, 2015, to December 31, 2017.

### Evaluation Design

A statewide retrospective matched-case research design is being implemented. 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 to 5 of the demonstration. The evaluation is comprised of three components: (1) a process evaluation documenting the system changes made by DCF during the waiver demonstration period and examining the overall implementation of the demonstration interventions, including the level

of fidelity with which they are implemented; (2) an outcome evaluation examining whether children and families who receive Caring Together services experience greater improvement in key child welfare outcomes than do similar children who received services prior to the start of the waiver demonstration; and (3) a cost analysis examining changes in service utilization and spending resulting from the waiver and the implementation of financial performance incentives.

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

- Reduced length of time in congregate care
- Increased placement stability
- Reduced rates of reentry into congregate care specifically, and into out-of-home placement generally
- Reduced rates of subsequent maltreatment
- Decreased transitional crisis reactions for children returning to the community from congregate care
- Decreased use of physical restraints for youth in congregate care

### 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) a “summative” period during the last 3 years of the demonstration that will be the focal time frame for the evaluation of safety, permanency, and well-being outcomes.

### Evaluation Findings

Below is a summary of evaluation findings reported in the Interim Evaluation Report and progress reports submitted through January 2018.

#### Process Evaluation Findings

- Average lengths of stay for youth exiting congregate care increased from quarter 1 of 2015 to quarter 2 of 2017. The amount of the increase varied depending on the type of congregate care placement and was greatest for residential school placements (56 percent increase from 272 to 424 days).
- The number of youth served in congregate care has increased 41 percent since the demonstration was implemented in January 2014 through June 2017.
- The following are highlights from the third annual Caring Together Survey of DCF and DMH Staff, Providers, Parents/Caregivers, and Youth conducted in May 2016 to January 2017:

- DCF staff, DMH staff, and providers reported improvements from previous years in—
  - Training adhering to CT values and principles, strengths-based treatment planning, trauma-informed care, and cultural competency
  - Comprehensive treatment plans and family-driven and youth guided treatment plans and processes
  - Youth and family voice
- DCF staff, DMH staff, providers, parents/caregivers, and youth agreed treatment plans were strength-based. Parents/caregivers and youth reported treatment plans were well defined and they understood the plan.
- Youth felt they were physically and emotionally safe while receiving services and thought their treatment team worked well together.
- Parents/caregivers and youth thought they had a say in treatment, were heard when they asked for help, and were involved in treatment.
- Parents/caregivers and youth were satisfied with CT services overall. Youth and parents/caregivers reported CT programs helped the youth develop skills to function better and were hopeful about the care the youth was receiving.
- Respondents identified several areas for improvement, including appropriateness of referrals to CT, responsiveness of the Caring Together Clinical Support (CTCS) teams, and transitions from one service to another.
- The following are highlights from the Network Management Survey completed by Caring Together providers in fiscal Year 2017:
  - Most provider agencies (79 percent) reported their governing board included family members of youth with ‘lived’ child welfare or mental health experience.
  - All agencies reported using other tools or methods to substitute the use of restraint intervention; however, there was variability in the degree to which staff were trained in such models.
  - Agencies reported using various strategies to prevent or reduce restraints, though 40 percent of agencies did not regularly use family as a resource to de-escalate or prevent restraint in their programs.
  - 36 percent of agencies included family members in trainings with program staff on topics related to their youth’s treatment.
- In the fall of 2017 data from focus groups with CTCS team staff, parents/caregivers, and youth indicated the following program strengths and areas for improvement:

*Strengths*

- CTCS staff thought Caring Together, overall, promoted creativity and advances in practice.
- CTCS Team staff thought Continuum was a success, saying despite some initial hesitation about the service, providers have increased their capacity for Continuum.



- They have seen positive outcomes related to permanency (e.g., more youth transitioning home and fewer youth going into placement).
- Almost all youth participants indicated they were familiar with their treatment plan, and a number also reported feeling involved in the treatment planning process.

*Areas for improvement*

- CTCS staff reported a continued lack of clarity around their individual roles as well as the role of the team as a whole. Some reported being clear about their individual responsibilities, but encountered challenges related to team vacancies and the responsibilities associated with the open positions.
- CTCS staff and some parents/caregivers described a lack of coordination and collaboration between DCF and DMH.

Outcome Evaluation Findings

- As of February 29, 2016, the formative evaluation included 2,127 youth with congregate care placement episodes beginning in 2014 or 2015 (entry cohort) and 1,824 youth with congregate care episodes ending in 2014 or 2015 (exit cohort). According to data on these two cohorts, the following occurred:
  - Almost half (45 percent) of the youth in the exit cohort spent more than 1 year enrolled in CT, and another quarter (28 percent) of youth were enrolled in CT for at least 6 months.
  - One-third of the youth who exited congregate care returned home or to the custody of another individual.
  - Among youth in the exit cohort, 30 percent experienced one or more incidents of restraint within 6 months of the beginning of the CT episode. Similarly, 28 percent of youth in the entry cohort experienced restraint within 6 months of entry.
  - Among youth in both the entry and exit cohorts, 8 percent experienced psychiatric hospitalization within 3 months of starting CT services. In the exit cohort, 13 percent experienced psychiatric hospitalization within 6 months, with the number of hospitalizations ranging from 0 to 7.
- For the main outcome analysis (summative evaluation), the intervention group will include youth who entered/exited care between January 2015 through July 2018. The comparison population consists of youth served during a 5-year period prior to the implementation of CT services that will be matched to the study population based on similar characteristics. To date, preliminary analyses have been conducted on a subset of youth as part of a pilot study to test case matching procedures. Data used in the pilot analysis include youth receiving CT services during the formative stage of implementation when it was still under development. Therefore, preliminary findings are to be viewed with caution. Preliminary analysis indicates the following:
  - The CT intervention group had a lower percentage of youth restrained within 6 months of congregate care placement than youth in the comparison group.

## Massachusetts

- A similar proportion of youth in the intervention and comparison groups exited congregate care during year 1, but thereafter, youth in the historical group exited more quickly than youth in the intervention group.
- There was no statistically significant difference (at  $p < .05$  level) between the intervention and comparison groups in stable permanency (reentry after exiting congregate care).

### Cost Study Findings

The evaluation team is tracking spending on CT services, units of services, and unduplicated numbers of youth served. A preliminary analysis showed overall spending on CT services increased 52 percent between state fiscal year 2013 and 2017, from \$137 to \$208 million. The total number of youth served by CT services increased 26 percent over the same time period.

[The Interim Evaluation Report for the Massachusetts waiver demonstration is available online.](#)

Inquiries regarding the Massachusetts demonstration may be directed to Andrea Cosgrove, Director of Program Operations, at [andrea.cosgrove@state.ma.us](mailto:andrea.cosgrove@state.ma.us).

## 16: 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<sup>34</sup>

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

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

### Target Population

The target population of the waiver demonstration includes families with young children aged 0 to 5 that have been determined by child protective services (CPS) to be at high and intensive risk (category II or IV)<sup>35</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 are included below.

- **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 to 5 years. When eligible and appropriate, these households are linked to trauma-focused,

---

<sup>34</sup> Michigan has received a short-term extension from the Children's Bureau to continue implementation through September 2018.

<sup>35</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 to 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, daycare, 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>36</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 percentage of—

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

---

<sup>36</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
- 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 initially estimated 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 per year during early implementation, largely due to issues with the implementation of the state’s automated child welfare system (i.e., MiSACWIS). The state ended random assignment in February 2018, resulting in a lower than expected sample size (i.e., 1,570 families; 999 experimental and 571 control as of December 31, 2017).

### Evaluation Findings

Below is a summary of key evaluation findings reported in progress reports and the Interim Evaluation Report submitted through March 2018.

#### Process Evaluation Findings

- A total of 999 families have been served by Protect MiFamily. Of those, 246 families had completed 15 months of services.

#### Interviews and Focus Groups

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

provider interviews were added in 2015. Respondents noted the following about Protect MiFamily:

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

#### *Family Satisfaction Survey*

- Family satisfaction with program services remains positive ( $n = 983$  usable surveys for clients enrolled between August 1, 2013, and November 30, 2017). Nearly 91 percent of respondents either agreed or strongly agreed that the project helped and their families reach their goals. Ninety-eight percent agreed or strongly agreed their Protect MiFamily worker asked for the family's opinions. Over 98 percent agreed or strongly agreed the Protect MiFamily worker included their comments, ideas, and opinions into their service plans. Nearly 94 percent agreed or strongly agreed the family was getting the services needed. In addition to looking at satisfaction by question, the evaluation derived an overall satisfaction score by averaging responses to all satisfaction survey questions. This analysis showed satisfaction remains high with services overall (a score of 4.48 out of 5).

#### *Outcome Evaluation Findings*

##### *Risk Assessment*

- There were no cases initially classified as low or moderate risk, and a majority of cases decreased in risk over time. At the interim reporting period, the cases that began as "high risk", 75 percent moved to "low risk" and 19 percent moved to "moderate risk" by the time of reassessment. Similarly, of the cases that opened at "intensive risk," 63 percent moved to low risk and 26 percent moved to moderate risk. As of December 31, 2017, the control and experimental groups continue to perform similarly for safety risk (all comparisons nonsignificant), with the vast majority of cases reporting reduced levels of risk.

- The risk of removal and maltreatment were significantly decreased when family risk levels were improved (e.g., family moving from high risk to low risk). At the interim reporting period, 54 percent of families experiencing no change in risk scores had at least one child removed from the biological family home. In comparison, only 9 percent of families experienced a removal of the child when their risk score improved. Forty-three percent of families with no improvement in risk score were associated with subsequent maltreatment compared to only 22 percent of families experiencing at least some improvement in risk score.
- As of December 31, 2017, Family Psychosocial Screening baseline data on families in Protect MiFamily ( $n = 777$ ) indicate that parental depression is the most frequently identified risk for families (62 percent), followed by parental history of abuse (49 percent), parental substance abuse (44 percent), and domestic abuse (40 percent). This data has remained stable over time for the demonstration.

#### *Removal from the Biological Family Home*

- Overall, 15.6 percent of families ( $n = 1,570$ ) experienced the removal of at least one child from the biological family home. In aggregate, the control group was less likely to experience a removal than the experimental group (14.8 percent versus 16.1 percent, respectively), however, the difference was not statistically significant.
- Eight and nine tenths (8.9) percent of children assigned to the demonstration's category II group whose families received the full dose of Protect MiFamily (i.e., completed all three phases), as of December 31, 2017, were less likely to be removed from the biological family home compared to 16.3 percent of children assigned to the control group (statistically significant,  $p < .05$ ).
- Overall, time to removal from the family home (i.e., number of days between random assignment and first child removal) in both groups ( $n = 1,570$ ) averaged at least 6 months until experiencing a removal. Experimental group cases experienced a removal sooner, on average, than control group cases (274 days versus 374 days, respectively, statistically significant,  $p < .05$ ). This pattern persists within category II cases, but not for category IV cases. However, across all comparisons, category II experimental cases that completed the 15 months had significantly longer times until removal.

#### *Maltreatment Recurrence*

- Overall, 30.1 percent of the families ( $n = 1,570$ ) were associated with at least one subsequent finding of maltreatment (category I, II or III). There were no statistically significant differences between the demonstration and control groups (30.8 percent versus 28.8 percent, respectively), except for category II demonstration cases that completed the full 15 months being more likely to experience maltreatment recurrence as compared to the control group ( $p < .05$ ).

## Michigan

- Throughout the demonstration period, cases in the experimental group (regardless of case closure status) show cumulatively higher levels of subsequent maltreatment compared to control cases. These patterns could potentially represent a form of potential reporting or surveillance bias (e.g., “the more you look, the more you find”). Experimental treatment in the demonstration design provides higher levels of contact between department workers and families at risk for subsequent CPS involvement. Higher levels of contact and observation from the Protect MiFamily worker may provide greater opportunity for subsequent issues or incidents to be identified (and reported), whereas the same scrutiny may not be applied to families assigned to the control group, where on the whole, CPS caseworker involvement ends much earlier.

### *Protective Factors Outcomes*

- At the interim reporting period, families who completed Protect MiFamily showed statistically significant improvement on 3 of the 4 Protective Factors Survey subscales and on 3 of the 5 Knowledge of Parenting/Child Development items.

### *Well-Being Outcomes*

- Based on the Devereux Early Childhood Assessment Total Protective Factors score, 30 percent of children who completed Protect MiFamily by the interim reporting period showed statistically significant improvement in well-being at post assessment and approximately 42 percent of children whose pretest behavior indicated “Area of Need” or “Typical” showed improvement in behavior at the posttest.

[Information and reports for the Michigan waiver demonstration are available online.](#) For questions regarding the Michigan waiver demonstration contact Mary Gallagher at [GallagherM4@michigan.gov](mailto:GallagherM4@michigan.gov).



## 17: Nebraska

### Demonstration Basics

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

**Approval Date:** September 30, 2013

**Implementation Date:** July 1, 2014

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

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

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

### Target Population

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

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

### Jurisdiction

The demonstration is being implemented statewide, with the AR initiative beginning with an initial pilot in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties. Expansion of AR began in 2016, and currently 92 out of the 93 counties implement AR. Statewide implementation of RBA began in July 2014; however, in April 2016, the state modified RBA to become PPI (see discussion below).

### 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. Fifty percent of families eligible for AR are assigned to Traditional Response (TR), and the other 50 percent are assigned to Alternative Response). 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, childcare, access to economic assistance, housing, and transportation
- In collaboration with community agencies, link AR families to an array of evidence-based programs and services that enhance parental protective factors and promote family stability and preservation

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

2. **Results-Based Accountability/Provider Performance Improvement.** RBA was implemented as part of a system reform of the state's contract and performance management system for contracted child welfare service providers. In April 2016 RBA was modified to integrate performance measure data with individual provider performance data and became Provider Performance Improvement (PPI). The state notes two primary reasons for shifting the demonstration away from RBA to PPI being challenges related to the DCFS reliance on external RBA "scorecard" database technicians and linking RBA data to the state's Statewide Child Welfare Information System (N-FOCUS); and an agency leadership decision to better align the initiative and its performance measures with the state Continuous Quality Improvement program.

The PPI framework integrates performance measures and performance quality conversations with administrative data which enables DCFS to link individual child and youth outcomes with provider performance. The three services monitored by PPI are Agency Support Foster Care, Family Support Services, and Intensive Family Preservation. Title IV-E funding is being used flexibly to conduct the following activities:

- Develop standard performance measures, in collaboration with service providers.
- Track internal measures and conduct qualitative reviews of individual providers' performance.
- Service data is entered by providers monthly into a centralized database platform (i.e., Salesforce) according to the developed performance measures.

## Nebraska

- Collaborate with contracted service providers to perform a “Performance Quality Conversation” using a concrete and specific process through which DCFS and service providers look at the agency’s performance and determine the strengths and areas needed for improvement.

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

### Evaluation Design

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

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

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

A longitudinal time series design was planned to evaluate RBA. Several components of the RBA evaluation were put on hold during the transition from RBA to PPI. Findings associated with the initial state implementation of RBA and transition to PPI will be addressed in the Final Evaluation Report. Additionally, process data will be compiled regarding the implementation of PPI.

The cost analysis includes an analysis of the total cost of each program and analyses of administrative costs and contracted services costs. A cost-effectiveness analysis (CEA) for AR will develop performance-cost ratios and compare them between the treatment and control

groups. The CEA will also include trend analysis of the performance-cost ratios. A cost-utility analysis (CUA) will be conducted, if feasible.

### Data Collection

The evaluation utilizes multiple data sources including the statewide automated child welfare system (i.e., N-FOCUS), archival records (e.g., provider contracts, meetings, trainings, model fidelity review), RBA/PPI model fidelity assessment, RBA/PPI Scorecard/Salesforce data, staff and service provider surveys, focus groups, and client surveys.<sup>37</sup>

### Evaluation Findings

The following summarizes key evaluation findings for Alternative Response<sup>38</sup> from semiannual progress reporting and the Interim Evaluation Report submitted through March 2018.

#### Process Evaluation Findings

- As of December 31, 2017, there have been a total of 2,913 intakes eligible for AR. This is approximately 13 percent of total intakes accepted in the counties implementing AR and 7 percent of total statewide accepted intakes, 22,180 and 39,501 intakes, respectively.
- During early implementation, an initial stakeholder survey was administered. At that time, significant differences were observed between groups of stakeholders (i.e., statewide external stakeholders, internal workgroup and subgroups, and local implementation teams) on six survey items relating to core AR program elements.
  - All three groups generally agreed AR families should not be placed on the Central Registry; however, local implementation team members were significantly less likely to agree compared to other stakeholder groups ( $F(2,149) = 4.67, p = 0.01$ ).
  - Local implementation team members were significantly less likely to agree that law enforcement should be involved in AR cases when compared to other stakeholder groups; local implementation teams' responses trended towards neutral ( $F(2,147) = 7.15, p = 0.001$ ).
  - All three groups generally agreed contacting parents prior to interviewing children is an important feature of AR practice for enhancing family engagement. However, statewide and local stakeholders were significantly less likely to agree compared to other stakeholder groups ( $F(2,147) = 3.25, p = 0.04$ ).
  - All three groups generally agreed the Nebraska AR model is designed to serve families with less severe allegations; however, statewide and local groups were

---

<sup>37</sup> Changes in data collection methods may occur as the state continues to move forward with PPI.

<sup>38</sup> As noted, several components of the RBA evaluation were put on hold during the transition from RBA to PPI.

significantly less likely to agree compared to internal workgroup members ( $F(2,155) = 4.42, p = 0.01$ ).

- Statewide and local stakeholders were significantly less likely to agree that AR will lead to better outcomes and quicker resolution for families because of more frequent contact with a caseworker; these group's responses trended more towards neutral compared to internal workgroup members ( $F(2,136) = 4.96, p = 0.01$ ).
- Statewide external group members were significantly less likely to agree that concrete supports will be better addressed through AR as compared to TR, with their responses trending more towards neutral compared to other stakeholder groups ( $F(2,140) = 6.26, p = 0.002$ ).
- Initial AR training for front-line staff included a pre and post knowledge assessment. For these trainings, a significant difference was observed between scores on the pretest ( $M = 26, SD = 3.67$ ) and posttest ( $M = 30, SD = 3.03$ ),  $t(176) = 8.28, p = .00$ , indicating significant knowledge gains because of participating in the AR primer training.

#### Outcome Evaluation Findings

- Presented in the Interim Evaluation Report, AR families reported significantly higher overall satisfaction ( $t(213) = 2.13, p = .034$ ) and were significantly more likely to report their families were better off because of their involvement with DCFS ( $t(214) = 2.26, p = .025$ ) compared to AR-eligible TR families ( $n = 108$ - $113$  AR families and  $108$ - $113$  TR families depending on the subscale).
- Among only the families assigned to AR whose cases closed between October 2014 and June 2017 and who were matched between pre- and postsurvey administrations for the child-specific protective factors on the Protective Factors and Well-being Questionnaire (PFWBQ;  $n = 60$  to  $63$  depending on the subscale), significant improvements were reported for two protective factors: “knowledge of parenting and child and youth development” and “social and emotional competence of children” ( $p < .05$ ).
- PFWBQ posttest data were examined to assess for differences between AR and TR families at the end of the cases for those that closed between October 2014 and June 2017 ( $n = 390$  to  $392$  families, depending on the subscale;  $197$  to  $198$  AR families and  $193$  to  $194$  TR families, respectively). No significant differences were observed on any of the protective factors, indicating AR and TR families do not differ meaningfully on any of the protective factors at case closure.
- Among cases that closed between July 2015 and June 2017, matched pre- and post-PFWBQ child data were used to assess changes over time in the behavioral/emotional and social functioning domains of well-being for children assigned to AR ( $n = 256$  to  $279$  children, within  $123$  to  $133$  families, depending on the subscale). Significant differences

## Nebraska

were observed for three well-being dimensions: emotional symptoms, hyperactivity, and conduct problems decreased from pre- and postsurvey ( $p < .05$ ).

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

Inquiries regarding the Nebraska demonstration may be directed to Alyson Goedken at [Alyson.Goodken@nebraska.gov](mailto:Alyson.Goodken@nebraska.gov).

## 18: Nevada

### Demonstration Basics

**Demonstration Focus:** Safety Management Services Model

**Approval Date:** September 30, 2014

**Implementation Date:** July 1, 2015

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

**Interim Evaluation Report Received:** March 30, 2018

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

### Target Population

The demonstration targets children aged 0 to 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 a reassessment of safety to indicate the child(ren)'s family meets the Conditions for Return, and the SPD justifies the use of an in-home safety plan.

### Jurisdiction

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

### Intervention

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

Examples of safety services include—

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

### Evaluation Design

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

- Number of children/families referred and who receive demonstration services; the length of time it takes to secure in-home safety services; and the number of hours of safety services delivered to families



## Nevada

- Fidelity to the SIPS model regarding the design of in-home safety plans and the extent to which safety plans are based on the NIA and SPD
- Staff awareness of and support for new services, policies, and practices introduced under the waiver demonstration and barriers and challenges to the implementation of in-home safety plans
- Family satisfaction with caseworkers, safety managers, and safety service providers

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

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

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

- Number of children in the family
- Type of allegation (neglect, physical, or both)
- Whether there is a child in the home under the age of 5
- 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

Key findings from the process, outcome, and cost evaluation as reported in the Interim Evaluation Report are summarized below.

### Process Evaluation Findings

Primary data sources for the process evaluation include case reviews, data reports from DFS based on information in UNITY and invoices from safety managers, group interviews with safety managers, primary caregiver phone surveys, and focus groups with DFS case workers providing services to families enrolled in the Safe@Home program (unless otherwise noted, all data is through December 15, 2017).

Enrollment. There have been 492 families enrolled in the treatment group and 220 families in the comparison group. This exceeds the enrollment goals for the end of year 3 of 300 families enrolled in the treatment group and 151 in the comparison group.

#### Safety Plan

- The goal of a safety plan completed within 45 days of the SPD being approved and signed was exceeded. The average number of days is 10.5 and 3.5 days for the treatment and comparison groups, respectively. The goal is being met for 96.8 percent of treatment families and 98.5 percent of comparison families.
- The goal of the safety plan being effective within 1 day of being completed was met for comparison families only. The average number of days is 1.6 and 0 days for the treatment and comparison groups, respectively. The goal is being met for 76.3 percent of treatment families and 99 percent of comparison families.

Safety Services. The measurement of the goal of the decrease in contracted in-home safety services hours after 12 months of the implementation of in-home safety services is still in progress. To date, families receive on average 14.8 in-home service hours in the 1<sup>st</sup> month and 8.1 hours in the 12<sup>th</sup> month.

#### Stakeholder Feedback – Primary Caregiver Telephone Interviews

- Of the 91 families the evaluation team attempted to contact for the phone survey, 21 primary caregivers participated in the telephone interviews for a survey response rate of 23.1 percent (21/91). Of the respondents completing the survey, many indicated they had multiple in-home safety managers with very different skill levels. Therefore, when asked questions regarding their in-home safety manager, these respondents were asked to consider their overall in-home safety management team.
- Most of the families enrolled in the program reported having positive experiences with the Safe@Home program.
- Families enrolled in the program suggested one way to improve the Safe@Home program would be to ensure families are introduced to their in-home safety managers before they begin working in the home to reduce family anxiety.
- Families enrolled in the program indicated what they liked best about the program was their in-home safety managers, learning new skills to care for their families, and learning about community resources.

### Stakeholder Feedback – In-home Safety Manager Group Interviews

- Across agencies, in-home safety managers reported the preferred method of introduction to families is through team decision meetings. This allows both families and safety managers to ask questions of the DFS case workers, so everyone understands his or her role, is aware of expectations, and can address any barriers prior to safety services.
- In-home safety managers suggested one way to improve the program would be to promote a closer collaborative working relationship between case workers and safety managers.
- In-home safety managers reported the successes of the program included seeing families move from a place of chaos and instability to maintaining healthy behaviors and having a closed case where children can remain in the home.

### Stakeholder Feedback – DFS Case Worker Focus Groups

- DFS case workers indicated team decision meetings are an effective method of explaining to safety managers their roles in the safety plan.
- DFS case workers indicated one way to improve the Safe@Home program would be to house a Safe@Home program staff member at each DFS site so they could help in the development of safety plans and clarify Safe@Home policies and procedures.

### Outcome Evaluation Findings

The state child welfare database (i.e., UNITY) used for data extracts is the exclusive data source for the outcome evaluation for all initiatives.

- More families and children receiving contracted in-home safety services experienced a new substantiated investigation of maltreatment compared to the comparison group at 90, 180, 270, and 360 days after the implementation of in-home safety services. The goal is currently not being met and in the opposite direction than hypothesized.
  - For treatment families, 3.3 percent ( $n = 15$ ), 5.0 percent ( $n = 19$ ), 1.9 percent ( $n = 6$ ), and 6.3 percent ( $n = 14$ ) experienced a new investigation at 90, 180, 270, and 360 days, respectively.
  - For comparison families, 0.5 percent ( $n = 1$ ), 2.1 percent ( $n = 4$ ), 1.1 percent ( $n = 2$ ), and 4.0 percent ( $n = 7$ ) experienced a new investigation at 90, 180, 270, and 360 days, respectively.
- More families and children receiving contracted in-home safety services experienced a removal from the home within 12 months of the implementation of the in-home safety plan than the comparison group at 90, 180, and 360 days after the implementation of in-home safety services. The goal is currently not being met and in the opposite direction than hypothesized.
  - For treatment families, 11.1 percent ( $n = 50$ ), 6.6 percent ( $n = 25$ ), and 5.4 percent ( $n = 12$ ) experienced a removal at 90, 180, and 360 days, respectively.
  - For comparison families, 2.9 percent ( $n = 6$ ), 5.6 percent ( $n = 11$ ), and 4.0 percent ( $n = 7$ ) experienced a removal at 90, 180, and 360 days, respectively.

## Nevada

- Due to missing data, there was not enough information to determine if parents of families receiving contracted in-home safety services increased their protective capacity as evidenced by scores on the Protective Capacity Progress Assessment 12 months after the implementation of in-home safety services.
- For families who are no longer receiving contracted in-home services, 6 months after contracted in-home safety services ended ( $n = 251$ ), 9.2 percent of these families experienced a new substantiated investigation of maltreatment and 20.7 percent a new removal of a child. For 115 families whose contracted in-home safety services ended at least 12 months ago, 7.8 percent have experienced a new substantiated investigation of maltreatment and 12.2 percent a new child removal. The goal of no impending danger threats at 6 and 12 months after contracted in-home safety services ended was not met.
- The goal of no further substantiated cases of abuse or neglect for those families receiving in-home safety services by a paid safety manager at 12, 18, and 24 months after case closure was not met. For families, 14.4 percent ( $n = 13$ ) experienced a new substantiated investigation at 12 months and 4.3 percent ( $n = 1$ ) a new substantiated investigation at 18 months after case closure. No families reached the 24-month benchmark. For comparison families, 7.6 percent ( $n = 11$ ) experienced a new substantiated investigation at 12 months, 5.3 percent ( $n = 5$ ) at 18 months, and 1.8 percent ( $n = 1$ ) at 24 months after case closure.

### Cost Study Findings

Due to insufficient data, no cost analyses could be completed at the time of the Interim Evaluation Report submission.

Inquiries regarding the Nevada waiver demonstration may be directed to Jolie Courtney at [courtnja@clarkcountynv.gov](mailto:courtnja@clarkcountynv.gov).

## 19: New York

### Demonstration Basics

**Demonstration Focus:** Evidence-Based and Evidence-Informed Services, Trauma Informed Assessment, and Enhanced System Supports

**Approval Date:** September 30, 2013

**Implementation Date:** January 1, 2014

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

**Interim Evaluation Report Received:** November 14, 2016

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

### Target Population

The target population for the New York demonstration includes all title IV-E-eligible and non-eligible children and youth aged 0 to 21 who are currently in out-of-home placement in regular family foster care and the parents and caregivers of these children.<sup>39</sup> The current average number of children in regular family foster care is 8,850.

### Jurisdiction

The New York demonstration, Strong Families New York City (SFNYC) initiative, has touched thousands of children since its inception and consists of 17 agencies in NYC. The demonstration started in 2014 with a staggered rollout. Agencies made structural changes to ensure sufficient staff to manage reduced caseloads and supervisory ratios and began using the Child and Adolescent Needs and Strengths–New York tool (CANS-NY) for service planning for children in regular family foster care. Starting in 2015, these agencies began evidenced-based model implementation. At present 20 foster care agencies across the five boroughs of NYC utilize Attachment and Biobehavioral Catch-up, and 17 agencies utilize Partnering for Success, which features the delivery of Cognitive Behavioral Therapy Plus (CBT+).<sup>40</sup> The five agencies not implementing PfS are part of the Child Success NYC (CSNYC) initiative, which is external to the waiver demonstration.

### 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

---

<sup>39</sup> Regular family foster care is defined as nonspecialized settings and excludes such settings as residential and specialized foster boarding home settings or specialized medical foster care.

<sup>40</sup> These 17 agencies are a part of what is considered the Strong Families NYC (SFNYC) initiative.

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

- **Child and Adolescent Needs and Strengths–New York (CANS-NY).** This is a trauma-informed information integration tool being used for all children and caregivers in regular family foster care to support service planning and measure well-being. The tool is designed to communicate the results of high quality screening and assessment process and help communicate a single shared vision of the strengths and needs of the child and family being served in the child welfare system. The enhanced screening of child and caregiver needs and strengths provided through CANS-NY will lead to better identification of client needs, better service planning, and improved well-being and permanency for children.
- **Partnering for Success (Pfs).** 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 (ABC).** This is a dyadic coaching intervention for parents and caregivers of children aged 6 months to 48 months. The in-home coaching sessions focus on providing concrete feedback, encouragement, and support aimed at increasing the caregiver’s ability to respond to the child’s emotional and behavioral cues; and encouraging supportive and nurturing bonds with the child.

## Evaluation Design

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

## Research Questions

Research questions associated with shorter-term outcomes include—

1. To what extent are waiver strategies implemented with adherence to original waiver-specific strategic plans?
2. To what extent are waiver strategies implemented with fidelity (following model protocols)? For example—
  - a) To what extent are children with actionable mental health problems (e.g., anxiety, depression, and trauma) referred to a mental health clinician trained through PFS?
  - b) To what extent do parents and/or foster parents receive parent management training as a function of the PFS model?
  - c) To what extent are eligible children referred to ABC, with the foster parent as the main target of treatment? And with their biological parent as the main target of treatment?
3. What associations exist between (a) staff attitudes about child welfare work, their jobs, and waiver strategies, (b) adherence to waiver plans, (c) implementation fidelity, and (d) worker time use?
4. What is the impact of the waiver demonstration on the likelihood that children will experience a permanent exit within set periods of time?
5. What is the impact of Administration for Children's Services (ACS') IV-E waiver demonstration on the likelihood that children in out-of-home care will experience a movement from one foster home to another?
6. What is the impact of the ACS waiver demonstration on the likelihood that children will experience reentry following a permanent exit from care?
7. What is the impact of the ACS IV-E waiver demonstration on the number of care days used, on average, both for children who enter placement after the implementation of the project as well as children in-care at the time ACS rolled out its IV-E waiver demonstration?
8. To what extent does the functional well-being of children and families improve over the course of the SFNYC period? For example—
  - a. To what extent do children's symptoms of poor mental/behavioral health attenuate during and following treatment with a PFS clinician?
  - b. To what extent does the quality of the caregiver/child interaction improve as a result of participation in ABC? For children who participate in treatment with their foster

parent, to what extent do we observe a transfer of effect in the quality of the (bio) parent/child relationship?

- c. To what extent does the quality of the caseworker/parent relationship change as a function of waiver-funded innovations?
- d. To what extent do indicators of family functioning shift in the desired direction (measured by the CANS) as a function of waiver-funded innovations?

### Data Collection

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

### Evaluation Findings

Below is a summary of key evaluation findings reported in semiannual progress reports and the Interim Evaluation Report submitted through January 2018.

#### Process Evaluation Findings

- As of January 16, 2018, 68.9 percent of participating agencies' case planner caseloads were following SFNYC model standards (i.e., they did not exceed 12 cases).
- **CANS-NY.** The CANS-NY has been implemented across the 17 SFNYC and 5 pilot (CSNYC) agencies. As of June 2016 across these 22 agencies, a total of 11,217 children had at least one CANS completed. When a caseworker indicates at least a suspicion or history of a problem in each area, the full module under the domain is triggered, which includes additional questions about the child's functioning within that domain. Of the 11,217 children, the CANS indicated the following:
  - 34 percent (3,862) triggered the Behavioral Health module
  - 28 percent (3,166) triggered the Trauma module
  - 8 percent (897) triggered the Medical Health module
  - 17 percent (1,901) triggered the Developmental Delay module
  - 5 percent (585) triggered the Substance Use module
- **ABC.** As of December 31, 2017, 48.1 percent of the children eligible to receive ABC have been referred to the program.
- **PfS.** In 2017 focus groups were conducted with supervisors and case planners from three SFNYC agencies. The topic of discussion was challenges staff face in following data entry protocols related to PfS and the referral of eligible children to PfS-trained mental health clinicians. Three main themes were identified.
  - SFNYC agency staff seemed to see value in tracking the basic service trajectories for children eligible to receive CBT+, given their initial clinical presentation.



- The PfS Tab in the eCANS database can be cumbersome. There are timing limitations and other security restrictions that, if eased, could increase the likelihood of the PfS-related questions being answered as intended.
- A common refrain was a request to enable social work interns (or other program staff) to assist with monitoring PfS-related work (referrals, communication with mental health clinicians, progress). Putting additional data entry burden on case planners and supervisors was perceived to be untenable.
- **Time Use Survey.** A total of 395 staff members (53 percent of recruited staff) across 17 private provider agencies participated in the survey. Variation of time use data at the agency level ranged from 90 to 0 percent. General time use data reported in the Interim Evaluation Report include the following:
  - Caseworkers have spent approximately 37 hours over the course of the initial 30 days developing the permanency plan for one child in foster care, while supervisors have spent 12 hours (on this same case) during this early phase of the case.
  - Caseworkers have spent 26 hours monthly to maintain a child’s placement in foster care (i.e., conducting ongoing, routine case management activities) and 4.25 hours of supervisor time.
  - Six hours is spent on a case if it is exiting to reunification (in addition to the time the caseworkers spend maintaining one case during a month). Supervisors have spent an additional 3.4 hours (on average) on activities related to the closing of that same case.
  - Caseworkers have spent 10 additional hours of time tending to tasks specifically related to the change of placement (i.e., each time a child requires a change of placement—and it is unplanned—there is an additional 7 hours required of supervisor time).
  - Executing one Family Team Conferencing—including scheduling, documenting, debriefing, and attending—takes a caseworker about 4 hours. Supervisors spend nearly 3.5 hours on that same conference.
  - Each permanency hearing consumes a total of 7.4 hours of a caseworker’s time and nearly 6 hours of a supervisor’s time.

### Outcome Evaluation Findings

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

- **Placement Stability.** Placement stability is measured by comparing children in the SFNYC entry cohorts (2014, 2015, and the first half of 2016) with the comparison cohorts (entry cohorts 2010, 2011, and 2012) and determining the conditional probability a child will experience an initial placement move in the first 6 months of their foster care spell. The following provides key findings for placement stability:

- All children aged 1 year and older are significantly more likely to experience a placement change than babies—24 percent more likely for toddlers (1 to 5 years old), 44 percent more likely for youth aged 6 to 12, and 40 percent more likely for teens (13 to 17 years old).
  - Hispanic children are significantly less likely than White children to have a placement move, and males are significantly more likely than females.
  - Children over the age of 1 are significantly more likely to experience an interagency transfer than children under the age of 1.
  - Children in their first or second agency spell are significantly less likely than children in their third or higher agency spell to experience an interagency transfer.<sup>41</sup>
- **Exits to Permanency.** Exit to permanency is measured using (1) admission cohorts or the conditional probability of a permanent exit, using 6-month intervals; and (2) the in-care group or median residual duration<sup>42</sup> as a measure of permanency. Key findings related to exits to permanency include—
    - Toddlers and school age children are significantly more likely to have a permanent exit than babies.
    - Teens are significantly less likely to have a permanent exit compared to babies.
    - Children who have accumulated fewer agency spells are significantly more likely to have a permanent exit than children in higher order spells (first and second versus three or more).
    - All age categories are significantly more likely to reunify compared to babies (64 percent more likely for toddlers, 66 percent for school age children, and 28 percent for teens).

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

[Information and reports for the New York demonstration are available online.](#) Inquiries regarding the New York waiver demonstration may be directed to Ina Mendez at [Ina.Mendez@nyc.acs.gov](mailto:Ina.Mendez@nyc.acs.gov).

---

<sup>41</sup> An agency spell refers to the custody of the child within one agency (e.g., If a child enters care at a certain agency, transfers to another agency, then transfers to another agency from which they ultimately exit care, that single child spell would be comprised of three agency spells).

<sup>42</sup> The median residual duration tells you how long, in days, it takes 50 percent of a group of children to leave foster care.

## 20: Ohio

### Demonstration Basics

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

**Approval Date:** October 1, 2016<sup>43</sup>

**Implementation Date:** October 1, 2016

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

**Final Evaluation Report Expected:** March 31, 2020<sup>44</sup>

### Target Population

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

### Jurisdiction

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

### Intervention

Participating counties use title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For phase IV, the state has selected two core intervention strategies to serve as the focus of demonstration activities. All 15 participating counties implement both intervention strategies described below.

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

---

<sup>43</sup> Ohio is currently operating under a third long-term waiver extension effective October 1, 2016, through September 30, 2019. The original (phase I) demonstration was implemented in October 1997, followed by a long-term extension effective October 2004 through September 2010 (phase II) and another long-term extension effective October 1, 2010, through September 30, 2015 (phase III). A short-term extension was granted to continue phase III through September 30, 2016, followed by a long-term extension to implement phase IV, through September 30, 2019.

<sup>44</sup> A final evaluation report presenting data through September 2015 was received on March 16, 2016.

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

The Ohio Department of Job and Family Services collaborates with the ProtectOHIO Consortium, Ohio Child Welfare Training Program, and the Institute for Human Services to develop and coordinate the delivery of in-person and Web-based training workshops in the kinship and FTM manuals titled, *ProtectOHIO Family Team Meetings (FTM): Engaging Parents in the Process* and *'ProtectOHIO' Kinship Strategy* for all demonstration counties. The outcome of each workshop is to encourage fidelity to the models and develop specific skills in facilitation and understanding and supporting kinship caregivers. Participating counties also have the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The state is implementing a comparison county design for the evaluation of its phase IV waiver demonstration, with the 15 ProtectOHIO counties comprising the experimental group and the 16 nonparticipating comparison counties comprising the comparison group during phases II and III serving once again as the comparison group for phase IV. In forming the comparison group, the evaluation team considered several relevant variables to ensure comparability with experimental group counties, including local demographics (e.g., population size and density, racial composition, poverty rates), caseload characteristics (e.g., maltreatment substantiation rates and out-of-home placement rates), and the availability of other child welfare programs and services.

As in the evaluation of phase III, the evaluation of phase IV comprises three primary study components.

- A Process Study examines the overall implementation of the demonstration in experimental counties in comparison to typical child welfare practices in the comparison counties.
- A Fiscal Study examines case-level costs associated with the FTM and Kinship Supports interventions as compared to traditional services in comparison counties.
- A Participant Outcomes Study analyzes changes in key child welfare outcomes among children who enter the child welfare system in experimental group counties during phase IV, as compared to a matched set of children in comparison counties. This study consists of the following distinct sets of activities:
  - Data Management, which includes several subtasks related to collecting, managing, reporting, and ensuring the quality of waiver-related child and case-level data

## Ohio

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

### Data Collection

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

### Evaluation Findings

#### Process Evaluation

Demonstration counties are continuing to focus on their two core interventions: FTM & Kinship Supports. Additional process and outcome evaluation findings are pending the continued implementation of the ProtectOHIO Phase IV waiver demonstration. Findings from the most recent semiannual progress report for the period of October 1, 2017, through March 31, 2018, include—

- Family Team Meetings (FTMs). FTM data across all 15 demonstration counties is noted with overall FTM activity during the current reporting period as remaining relatively stable compared to the prior 6-month reporting period.
  - 6,030 children and 3,046 families were served.
  - 5,232 FTMs were held.
  - FTMs were attended by 64 percent of parents and 70 percent of third parties.
  - Attendee fidelity to the FTM model was achieved in 47 percent of meetings held.
- Kinship. For the 6-month reporting period there were 1,724 children and 1,090 caregivers served through the kinship intervention across all 15 demonstration counties. This was only a slight increase from the prior 6-month period, which served 1,511 kids and 920 caregivers.

#### Summary of Overarching Findings Across Prior Ohio Waiver Periods

First Waiver Period (1997 to 2002). Fourteen counties participated in the demonstration, each with a different approach to reform—varying in nature and intensity of effort (ranging from subsidized guardianship to Family Group Conferencing to a wide range of intensive, front-loaded and community-based services).

- The process study found when assessed against Ohio comparison counties, demonstration counties were more focused on prevention activities, more often targeted initiatives to noted areas of insufficiency and to particular populations, gave

more attention to outcome data and used it in management decisions, and were more likely to adopt joint funding mechanisms with community partners.

*Outcome findings*

- Demonstration county children remained in initial placements for significantly fewer days than was projected without the waiver, were reunified less, and exited more often to kin than children in comparison counties. However, these effects were driven by one large county.
- Reentry rates were similar across demonstration and comparison counties, indicating children served under the waiver were at no greater risk of harm.

*Fiscal findings*

- Statistical tests failed to detect significant differences between demonstration and comparison counties related to (1) overall foster care expenditures, (2) number of placement days, and (3) average unit costs.
- Both demonstration and comparison counties increased foster care spending from the pre-waiver period to the end of the waiver period. However, 8 of the 10 counties growing the fastest with 50 percent growth from baseline to 2002 were the comparison counties. This suggests demonstration counties were able to contain foster care growth more than comparison counties.
- Eleven demonstration counties had sufficient fiscal data to examine waiver revenue and spending. Ten of these counties reduced foster care expenditures and reinvested IV-E funds on expanding agency staff, programs, and community-based services.

Second Waiver Period (2004 to 2009). Demonstration counties made a shift to focus on two or more specific interventions, each implementing Family Team Meetings and at least one of four others: Enhanced Mental Health and Substance Abuse Treatments, Managed Care, Enhanced Kinship Supports, and Enhanced Supervised Visitation. Four additional demonstration counties joined the waiver, and three additional comparison counties were selected.

*Process findings*

- Many comparison counties implemented similar interventions, but interventions in demonstration counties were more targeted, while practices varied among comparison counties considerably more.
- Demonstration county PCSAs and juvenile courts communicated better than their counterparts in comparison counties. Demonstration sites also had a larger array of program and staffing options to serve unruly/delinquent youth.
- Demonstration county administrators reported waiver flexibility had a significant, positive impact on case management, placements, and permanency.

*Outcome findings*

- Compared to Ohio comparison counties, children in demonstration counties experienced—
  - Significantly shorter case-episodes (an average of 329 days versus 366 days)
  - Significantly less likely to be placed (15 percent versus 17 percent)

## Ohio

- For those who were placed, significantly more likely to be placed with kin (47 percent versus 40 percent)
- Significantly less likely to have a subsequent case opening within a year of case closure (11 percent versus 12 percent)
- Compared to the first-waiver conditions, there was—
  - Slight increase in reunifications
  - Significant increase in exits to custody to kin
  - Significant decrease in the duration of placements ending in adoption
- By the middle of the waiver period (2006), demonstration counties were serving a substantially larger proportion of children in-home than comparison counties (18.7 percent versus 10.5 percent).
  - Of those children served in-home, the proportion of children experiencing a subsequent report of abuse or neglect declined in both demonstration and comparison counties.

### *Fiscal study findings*

- Demonstration status had a significant association with a decrease in the proportion of child welfare expenditures spent on foster care board and maintenance.
- Reduction in foster care board and maintenance led to an additional \$27.9 million for Ohio counties to spend on non-foster care services.
- Demonstration counties used most of the additional waiver revenue to support expansion in county staff, prevention/intervention programs, and community-based services.

Third Waiver Period (2010 to 2015). Demonstration counties further narrowed their focus to two core interventions: FTM and Kinship Supports. These two models were defined through the development of detailed practice manuals and in-person and web-based trainings for all child welfare staff.

### *Process findings*

- Many contextual factors influenced the child welfare landscape, including the nation-wide recession, the opioid epidemic, and major Ohio child welfare leadership changes at both the state and county-levels.
- There was a clear differentiation between demonstration and comparison county practices related to family engagement and kinship supports.
- Demonstration county administrators reported flexible IV-E funds were critical to meet local needs and influenced their ability to provide intervention services to deal with local crises; make staffing changes, lower caseloads, and improve client-caseworker relationships; implement new or ongoing cost-sharing agreements; and improve community perception (thereby increasing the likelihood of local levees being renewed).

### *Outcome findings*

#### Compared to similar children in comparison counties

## Ohio

- When placement was necessary, children who received FTM were significantly more likely to be placed with kin (the odds of a child who received FTM being placed with kin were nearly three times those of children in comparison counties).
- Children who received FTM were significantly less likely to reenter out-of-home care within 6 months (1.2 percent versus 7.1 percent), 12 months (3 percent versus 11 percent), and 18 months (3.9 percent versus 13.0 percent) of exiting care.
- Cases that received high fidelity FTM had significantly shorter case episodes (median of 140 days versus 290 days).

### Compared to children in foster care in comparison counties

- Demonstration county kinship children spent significantly fewer days in out-of-home care (adjusted median of 280 days versus 350 days).
- Demonstration county kinship children experienced significantly fewer placement moves (85 percent versus 73 percent experienced no placement moves).
- Demonstration county kinship children were significantly less likely to experience subsequent abuse or neglect within 6 months (1.8 percent versus 3.4 percent), 12 months (3.4 percent versus 5.3 percent, and 18 months (4.2 percent versus 6.3 percent) of exiting care.
- Demonstration county kinship children were significantly less likely to reenter out-of-home care (the odds of reentry into care were nearly three times greater for comparison children at 6 and 12 months of exiting care).

### Compared to children also in kinship care in comparison counties

- Demonstration county kinship children experienced significantly fewer placement moves (85 percent versus 78 percent experienced no placement moves).
- Demonstration county kinship children reached permanency in significantly fewer days (adjusted median of 290<sup>45</sup> days versus 325 days).

### *Fiscal study findings*

- There were no significant differences related to the number of placement days, unit costs, and overall foster care expenditures, or in the proportion of foster care versus other child welfare expenditures.
- Across all 17 years, foster care expenditures were below adjusted baseline expenditures in 12 of the 17 years in five demonstration counties compared to three comparison counties.

[Reports for the Ohio waiver demonstration are available online.](#) Inquiries regarding the Ohio demonstration may be directed to Trish Wilson at [Patricia.Wilson01@jfs.ohio.gov](mailto:Patricia.Wilson01@jfs.ohio.gov).

---

<sup>45</sup> Although the demonstration subpopulation for this set of analyses is equivalent to the subpopulation used in the kinship versus foster care analyses, the reported medians differ due to the use of propensity scores that were generated separately for each population



## 21: Oklahoma

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** July 22, 2015

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

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

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

### Target Population

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

### Jurisdiction

The demonstration project began implementation in the Department of Human Services (DHS) Region 3 (Oklahoma County), and services have since rolled out incrementally to all of the five regions served by DHS (i.e., Regions 1, 2, 3, 4, and 5).

### Intervention

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

- Cognitive Behavioral Therapy
- Healthy Relationships
- Motivational Interviewing

ISS cases are also assigned to DHS Family Centered Services (FCS) staff. The DHS FCS caseworker visits the family weekly, while the contracted ISS worker is in the home three to five times a week.

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

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

The state estimates serving a total of 300 families with 500 to 600 children annually once implementation is completed statewide. Actual ISS eligibility is determined on a per region basis by setting cutoffs along the PREM-ISS risk continuum that forecast eligibility counts to match each region's anticipated service capacity.

### Evaluation Design

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

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

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

### Data Collection

The evaluation utilizes data from multiple sources, including administrative data from the Oklahoma KIDS and BEST data systems, data from assessment tools, and qualitative interviews and follow-on supplemental surveys conducted with ISS stakeholders.

### Evaluation Findings

As of January 22, 2018, a total of 1,636 families were randomized to either the ISS or SAU study conditions. Among 713 assigned to ISS, 252 received ISS, and another 461 of the “ISS not workable” group were determined unworkable by DHS due to a variety of circumstances (see first bullet below). The SAU condition to date has been assigned a total of 923 referrals. Below is a summary of key evaluation findings reported in the Interim Evaluation Report.

#### Process Evaluation Findings

- Nonexclusionary reasons for why ISS-assigned cases do not receive ISS included court intervention ( $n = 310$ ), no safety monitors identified ( $n = 54$ ), clients refused services ( $n = 36$ ), child welfare deemed services unnecessary ( $n = 29$ ), client was withdrawn due to severe safety concerns ( $n = 32$ ), client was not available for ISS ( $n = 18$ ; e.g., person responsible for child was incarcerated or inpatient at time of PREM-ISS run), immediate change in guardianship ( $n = 5$ ), and other reasons ( $n = 10$ ; e.g., services retracted due to system delays).
- Through assessment of ISS model fidelity and analysis of qualitative data from interviews and follow-on surveys conducted with a purposive sample of 47 ISS staff and stakeholders (i.e., ISS caseworks, FCS caseworkers, child protective services-CPS staff, ISS and FCS supervisors and administrators) from DHS Regions 1 and 3, implementation strengths and barriers were identified. They are listed below.

#### *Implementation strengths*

- Workers appreciate the additional option of keeping children in the home with more intensive services and find the Child Safety Meeting (CSM) to be an essential component of strategic planning for ISS success.
- Family Centered Services (FCS) and child protective services (CPS) have been extremely pleased with the responsiveness and competence of contracted ISS teams.
- FCS, ISS, and Core Waiver teams have been agile in responding to various unanticipated scenarios.
- The max ISS caseload sizes have been generally welcomed and lauded as suitable.
- CPS and FCS workers appreciated the additional supports ISS offers to families.
- Collaboration is generally viewed as positive between all workers.
- Information sharing within the agency is generally positive and successful.
- Once the ISS referral is received, case processing is closely following the protocol.
- Families presented with ISS are likely to accept.
- When AOCS and demographics are entered according to protocol, the Waiver and Child Safety Meeting (CSM) initiatives have been working well together.

- Reports of client satisfaction and Working Alliance between client and provider are consistently and significantly higher ( $p < .01$ ) for clients who received ISS than those who received SAU.

#### *Implementation barriers*

- Timelines in ISS can be difficult to manage.
- ISS and FCS workers report not having enough information when starting a case.
- Some gaps in training on waiver protocols are largely due to turnover and infrequency of trainings.
- Resistance to/lack of trust in PREM-ISS model can determine ISS enrollment.
- Communication is not always timely, and some collaboration issues between agencies exist.
- Workers have concerns on the length of ISS (6 weeks not long enough).
- There is concern about timing of stepdown care.
- Long wait times exist for intake and services to external agencies (e.g., substance abuse services).
- There is some concern over the rushed assessments that currently inform eligibility.
- Role ambiguity between ISS and FCS exists.
- Consistent difficulties getting eligibility data prior to a child safety meeting (CSM) can often cause irreversible placement decisions to occur. Delays of eligibility data are problematic in all regions, but Regions 1 and 2 are particularly troublesome with eligibility data arriving, on average, more than 10 days after a CSM.
- There has been a declining rate of eligibility referrals since 2017.
- Poor documentation exchanges with the evaluation team exist (e.g., there are more staffing forms missing than received).
- Data suggesting protocol violations (e.g. visit frequency, paperwork) are either common or are overrepresented in documentation received.
- Following CPS investigation, FCS involvement can be delayed.

#### *Outcome Evaluation Findings*

A total of 62 percent of clients assigned to ISS did not receive ISS. This is primarily due to the removal of children or court involvement prior to completion of eligibility documentation. These cases in this document are referred to as "ISS Not Workable." While most of the questions below used an Intent-to-treat (ITT) analysis, the evaluation has also examined the differences among those treated and not treated. ITT compares differences between the randomized groups (ISS versus SAU) regardless of whether individuals actually received their assigned service. This conservative approach avoids problems of biased selection of ISS cases (e.g., choosing low-risk cases only). The evaluation also compares ISS Received cases with the other two groups (SAU and ISS Not Workable) in an effort to understand the full potential impact of the new ISS system. The evaluation team noted, if a greater number of ISS assigned families had received ISS, it is likely the treatment effects would tell a less conservative, more accurate story about the its effectiveness.

- Compared to SAU and ISS Not Workable, ISS Received families had a greater reduction in safety threats and a greater increase in protective capacities at 6 months. These results were all significant at the  $p < .05$  level. The ITT effect was small and did not reach the level of statistical significance.
- ISS recipients experienced a greater increase in protective capacities (rated and monitored by DHS) at 6 weeks compared to SAU ( $p < .05$ ) and ISS not workable ( $p < .05$ ). Effects were in the same direction at 6 months, but not quite statistically significant. Combining the two ISS groups (Received and Not Workable), the ITT effects at 6 weeks remained significant, but by 6 months the performance gap had narrowed and was no longer significant.
- The ISS Received group has demonstrated significant improvements in parental depression and distress symptoms, with the cumulative frequency of those reported as showing moderate-to-severe levels of distress decreasing from 25 percent at baseline to 14 percent at stepdown to CHBS ( $p < 0.01$ ). (*Note.* Depression and distress assessments are only gathered from ISS recipients.)
- ISS Received clients were shown to significantly reduce concerning parenting behaviors during the CHBS stepdown service period (significance levels ranged from  $p < 0.05$  to  $p < 0.01$  for various behavioral subscales on the Conflict Tactics Scale 2-Short Form. (*Note.* Parenting subscale assessments are only gathered from ISS recipients.)
- Among those who received the ISS service, their children experienced a near immediate removal from the home 21 percent of the time. Among those who do not receive ISS, children are removed 65 percent of the time. When evaluating ITT, there was still a 10 percent advantage of random assignment to ISS over SAU (52 percent versus 62 percent removal rate). Both differences were statistically significant ( $p < .0001$ ).

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

Inquiries regarding the Oklahoma demonstration may be directed to Charlotte Kendrick at [Charlotte.Kendrick@okdhs.org](mailto:Charlotte.Kendrick@okdhs.org).

## 22: Oregon

### Demonstration Basics

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

**Approval Date:** August 13, 2014

**Implementation Date:** July 1, 2015

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

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

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

### Target Population

The Oregon Department of Human Services (DHS) is targeting its waiver demonstration interventions at children and youth who are more likely to remain in foster care for 3 or more years (“long-stayers”). DHS designed a predictive analytic model to identify the target population. The model is based on the characteristics of children who are currently long-stayers in foster care, focusing on 11 characteristics that are identifiable soon after the child’s entry into foster care. The predictive analytic model is applied to children newly entering foster care to assign them a risk score based on the likelihood of the child being a long-stayer. The target population includes children and their families who receive a score of 13 or higher using the model, which is a cut-off point incorporating 87 percent of children aged 6 to 15 who entered foster care. Some of the characteristics included in the scoring algorithm are a removal reason of abandonment, serious physical injuries or symptoms of the child, and child history of mental illness.

### Jurisdiction

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

### Intervention

The waiver demonstration project uses an intensive family engagement model developed by the state that is based on its prior experiences with family engagement models and services and local evaluations of those models and services. Referred to as the Leveraging Intensive Family Engagement (LIFE) Project, the model aims to reduce the likelihood of long-term foster care placements by addressing what the state has found to be the major barriers to

permanency. These major barriers include systemic and policy-level barriers; caseworker factors; difficulty finding and engaging parents and extended family members in services; failure to involve youth in shaping permanency decisions; and a lack of access to needed services. LIFE consists of three components that are delivered through an overarching collaborative team planning process.

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

### Evaluation Design

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

The mixed-methods outcome evaluation employs a matched case comparison design that examines changes in outcomes for children and families receiving the LIFE interventions compared to similar children and families in counties that are not implementing the LIFE program. The specific methodology for identifying a comparison group of cases from non-

## Oregon

demonstration counties may include propensity score matching (PSM) or a similar method of case-level matching.

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

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

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

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

### Evaluation Findings

Below is a summary of evaluation findings included in the Interim Evaluation Report.

#### Process Evaluation Findings

##### Phase 1 – Developmental Evaluation

- A total of 545 cases were identified as initially eligible for LIFE services between July 1, 2015, and December 31, 2017. Eighty-five of these cases did not meet the secondary eligibility criteria (children will stay in care for 30 or more days), and 52 were still under consideration for secondary eligibility, for a final eligibility rate of 75 percent (408 cases). Of the eligible cases, 88 percent (357) had documentation of at least one CPM while 43 percent of cases (174) are no longer receiving LIFE services.
- Thirty-three percent of LIFE-eligible youth were categorized as youth of color, half being male, and on average being 10 years old. There is variability in children's ages, gender, and race across branches, reflecting differences in the populations served across the state.



- As of December 2017, 341 parents have been referred for PM services and 283 (83 percent) have accepted PM services (with a range of 59 percent to 94 percent across branches). Of the parents who accepted services and had information entered in the Monthly Service Navigation Report (254), 83 percent (210) received service navigation support from a PM.

## Phase 2 – Formative Evaluation

### *Case Planning Meetings (CPMs)*

- Data collected during case studies offer initial evidence of the positive effects of CPMs. These meetings foster progress on case plans through problem solving, articulating expectations of parents and youth, and ensuring accountability and open communication. There is also preliminary evidence of CPMs' positive effects on parent engagement and reengagement after setbacks.
- The most consistent meeting preparation activities (reflected in 75 percent or more of CPMs) involved the logistics of getting people together for a meeting, working with the caseworker and family to identify who should participate, informing family as to whom is invited, providing options to participate via phone or letter, and informing participants about the goals and purpose of the CPM. Fairly consistent practices (50 to 74 percent of CPMs) included more in-depth preparation with parents (e.g., talking about their concerns for the CPM, addressing cultural or other family-specific preferences) and caseworkers (e.g., addressing safety concerns, staff roles and responsibilities), and structured activities such as preparing a written meeting agenda and holding premeetings with caseworkers and PMs. Less frequent practices (50 percent of CPMs or less) included talking with youth and discussing the use of private time for families.
- Families had an average of 7 CPMs, with a range between 1 and 22. An average of 13 people are invited to each meeting, and 6 or 7 usually attend. At least 1 parent attends most meetings (77 percent), as well as 1 family member and 1 or 2 services providers. PMs attend 81 percent of meetings to which they are invited, but overall only 43 percent of CPMs have a PM present. Youth are present at 27 percent of CPMs.
- It takes longer to hold the first CPM than expected, with only 10 percent of cases having a first CPM within 30 days. On average, it takes about 3 months to hold an initial CPM. Branches with larger caseloads and higher staff turnover take longer to initiate a first CPM, but it also takes more time to organize and prepare for a first meeting than the initial LIFE model projected. After the initial CPM, subsequent meetings are held on average every 7 weeks; again, caseload and staff turnover affect meeting frequency. Family private time occurs rarely (in just 2 percent of CPMs).
- As a result of initial evaluation findings, the following changes were made to the LIFE Model: (1) the expected timeframe for a first meeting was shifted from 14 days to 30 days;

and (2) family private time is to be discussed during the meeting preparation process (so families understand for what it can be used) and must be offered at each meeting.

#### *Parent Mentor (PM) Services*

- The top five services with what PMs help parents include (1) child welfare meetings, (2) transportation, (3) child welfare-related court proceedings, (4) connecting with alcohol and drug treatment, and (5) finding permanent housing. Common services in certain branches include finding recovery meetings, addressing basic concrete needs, finding legal assistance, and obtaining medical and mental health treatment. Differences in the service navigation experience of parents result from variations in parent needs, PM level of expertise, and the quality and diversity of local service arrays.
- The top five child-related services that PMs helped parents navigate include (1) addressing basic concrete needs, (2) attending child welfare meetings, (3) transportation, (4) family therapy, and (5) obtaining mental health services. PMs also spend a great deal of time doing initial outreach to parents, working to reengage parents over the course of a case, working with caseworkers and service providers on a parent's behalf (e.g., attending a mental health assessment review meeting with a parent and psychiatrist), and researching community resources (e.g., housing options for adults with mental health issues).

#### *Enhanced Family Finding*

- To date, about 2 in 3 cases have involved some type of enhanced family finding activities, including paper case file mining (36 percent), electronic case file mining (55 percent), and/or database searches (44 percent). The consistency of enhanced family finding activities varies considerably by branch. Reasons for these variations include differences in understanding of the enhanced family finding process across LIFE teams (some conduct a full search at the front end, some take cues from caseworkers on how and when to proceed, some complete it when alternate plans are being considered); rising caseloads that make it difficult to complete all LIFE tasks; and differences in the perceived purpose and value of enhanced family finding.

#### Phase 3 – Fidelity and Model Testing

Results from phase 3, which marked the beginning of a more structured process evaluation focused on model fidelity, are summarized below.

#### *Enhanced Family Finding*

- Sixty-four percent of cases had enhanced family finding (case file mining, additional database search).
- Fifty-six percent of CPMs included preparation asking parents (21 percent of CPMs asked youth) to identify key people in their support system (i.e., ongoing family finding).

## Oregon

### *Meeting Preparation*

- Fifty-six percent of CPMs involved initial preparation that included parents/caregivers; 21 percent had preparation that involved talking with youth.
- Meeting Preparation Checklists were used to assess the extent of CPM preparation. Early findings suggest meeting preparation in two out of three CPMs involved parent/ caregiver voice, while only one out of six CPMs sought youth input around issues such as the content of the meeting agenda and who will attend.
- Meeting Feedback Survey responses suggest participants are adequately prepared for CPMs (> 83 percent agreed or strongly agreed) in terms of knowing who will attend and what will be discussed.

### *CPM Facilitation*

- Survey feedback indicates that CPMs generally create a respectful environment focused on problem solving and provide space for the family's voice (> 86 percent agreed or strongly agreed).

### *Parent Mentor*

- At least 52 percent of caregivers reported a PM helped them prepare for their CPMs, and 65 percent reported that their PM worked with them to follow up on action items.

### *Collaboration*

- Ninety-three percent of CPMs had two-way communication between FEF-Caseworker, and 48 percent had two-way communication between FEF-PM
- At fifty-six percent of CPMs all meeting participants were notified in advance of full agenda, date, location, etc.
- Meeting Feedback Survey responses suggest participants believe their LIFE Teams are working together, making progress, and understanding each other's points of view (> 83 percent agreed or strongly agreed).

## Outcome Evaluation Findings

Phase 4 (outcome evaluation) is in process, and outcome findings are pending continued implementation of the demonstration.

## Cost Study Findings

The cost study is scheduled to begin in September 2018.

[Information regarding the Oregon waiver demonstration can be found online.](#) Inquiries regarding the Oregon demonstration may be directed to Jennifer Holman at [Jennifer.holman@dhsosha.state.or.us](mailto:Jennifer.holman@dhsosha.state.or.us).

## 23: Pennsylvania

### Demonstration Basics

**Demonstration Focus:** Enhanced Family Engagement, Assessment, and Service Array

**Approval Date:** September 28, 2012

**Implementation Date:** July 1, 2013

**Expected Completion Date:** June 30, 2018<sup>46</sup>

**Interim Evaluation Report Date:** February 26, 2016

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

### Target Population

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

### Jurisdiction

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

### Intervention

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

- **Family Engagement Strategies** strengthen the role of caregivers and their families in standard casework practice. The various family engagement interventions selected for implementation/expansion include Conferencing and Teaming, First Meeting, Family Finding, Family Group Decision Making (FGDM), Family Team Conferences (FTC), Family Group Conferencing; Teaming Meetings, Family Team Meetings, and High Fidelity

---

<sup>46</sup> Pennsylvania has received an extension from the Children's Bureau to continue implementation through September 2018.

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

- **Enhanced Assessments** include the introduction or expanded use of standardized well-being, developmental, and behavioral assessment tools in participating counties, specifically the Child and Adolescent Needs and Strengths Assessment (CANS), the Family Advocacy and Support Tool (FAST), Ages and Stages Questionnaire (ASQ), and Ages and Stages Questionnaire: Social Emotional (ASQ:SE). The participating counties have identified consistent core assessment questions on the CANS and FAST that are utilized across counties and for purposes of the evaluation.
- **Evidence-Based/Evidence-Informed Programs (EBPs)** were introduced or expanded in participating counties beginning in year 2. EBPs implemented to date include Parent-Child Interaction Therapy (PCIT), Multi-Systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Homebuilders, SafeCare, Family Functional Therapy (FFT), Family Behavior Therapy (FBT), Parents as Teachers, and Triple P.

### Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The overarching evaluation approach involves an interrupted time series design in which statewide changes in key child welfare outcomes are tracked over time using aggregated data from the statewide child welfare information systems. In addition, the evaluation team will conduct a sub-study of PCIT and Triple P, if feasible depending on sufficient referral and enrollment rates.

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.

### Data Collection

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

### Evaluation Findings

Below is a summary of key evaluation findings from the interim evaluation report and semiannual progress reports through December 31, 2017.

#### Process Evaluation

- Data from the 6 CWDP counties indicate during the last reporting period (July–December 2017), 6,990 cases had a family engagement meeting; 2,043 cases received a CANS assessment; 4,017 cases received a FAST assessment; and 1,248 cases received an ASQ.
- Information on the number of children/youth referred to EBPs was available from 5 counties for the last reporting period. Across these 5 counties, 234 children/youth were referred to an EBP during the reporting period. Across all 6 participating counties, 344 children/youth received an EBP during the reporting period. EBPs implemented included PCIT, MST, TF-CBT, Homebuilders, FBT, SafeCare, Family Functional Therapy, Parents as Teachers, and Triple P.
- Multiple significant statewide and county-specific policy and organizational changes occurred during the first 2 years of the waiver demonstration. These included changes in leadership at the state and county levels; amendments to the state Child Protection Services Law; implementation of the first phase of the transformation of the state child welfare information management system; and numerous county-level CWDP team changes. These contextual changes impacted the first 2 years of implementation of the CWDP interventions and the evaluation.
- Early implementation was more challenging and took longer than anticipated for all three interventions. Counties struggled to scale up assessment and family engagement during year 1 of implementation and experienced similar challenges with EBPs during years 2 and 3. While EBPs exist in many of the counties, referral rates continue to be much lower than expected.

- 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 the component focused on outreach to kin and/or other supports. Anywhere from 31 to 82 percent of meeting attendees were family members and friends of the family, suggesting broad variability on the success of outreach efforts. The percentage of initial conferences where at least 1 birth parent attended ranged from 53 to 100 percent, again indicating significant variability across counties in engaging birth parents.

- Using CANS and FAST data from July 2013 to March 2017, analysis of changes in children and families' CANS and FAST assessment scores over time show changes vary widely across counties.
  - The proportion of cases that showed improvement in scores in the Life Functioning Domain between the first and third administration of the CANS varied from 31 percent in Allegheny County to 53 percent in Crawford County.
  - The proportion of cases that showed improvement in scores in the Youth Behavioral/Emotional Needs domain between the first and third administration of the CANS varied from 20 percent in Dauphin County to 35 percent in Lackawanna County.
  - The proportion of cases that showed improvement in scores in the Family Together domain<sup>47</sup> between the first and third administration of the FAST varied from 28 percent in Allegheny County to 55 percent in Crawford County.
- An Evidence-Based Practice Attitude Scale was distributed to caseworkers and supervisors at 3 time-points during the CWDP. In general, respondent scores on the Requirements and Divergence subscales are slightly higher than the Appeal and Openness subscales, which suggests workers tend to rely more on their clinical experience and are likely to refer families to EBPs only if required to do so. For those who completed the measure at all 3 time-points, there have been no changes in attitude over time. Small relationships were observed between organizational culture/climate and attitudes toward EBPs; for example, if staff have what they need in terms of training, supplies, etc., they tend to be more open to and see the utility of EBPs. Staff who are more satisfied with their jobs in terms of efficacy

---

<sup>47</sup> The Family Together domain is about how the family operates as a system – how they communicate, collaborate, manage conflict, and family stability in terms of resources, housing, and supportive individuals.

and growth opportunities are also somewhat more open to and more likely to see the appeal of EBPs.

- An analysis of ASQ and ASQ:SE data from July 2013 through July 2016 revealed the number of follow-up assessments and referrals for further evaluation was lower than expected for both assessments. The most common issues flagged through these instruments were concerns about communication skills and both gross and fine motor skills.

#### Outcome Evaluation<sup>48</sup>

- 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 (SFYs) 2008–2015. Placement data collected during the first 2 years of the demonstration confirm the need for within-county analysis, given the differences in the sizes of out-of-home care populations across counties at baseline. In SFY 2013, out-of-home placement rates per thousand children in the population ranged from 1.19 per thousand (Dauphin) to 4.89 per thousand (Philadelphia). Statistical tests for differences in outcomes between the pre- and post-demonstration periods have not been conducted to date. Examination of the slopes of the 8-year trends in placement rates showed that for some counties and some age groups the rate of placement was decreasing and for others it was increasing. The median duration of out-of-home care for children placed in care for the first time in SFY 2013 ranged from 7.7 months (Lackawanna) to 23 months (Philadelphia). The direction of the 8-year trends in length of stay in out-of-home care also varied by age group and county.
- The percentage of children placed for the first time in SFY 2013 that experienced a predominant placement in congregate care (at least 50 percent of all days in care) ranged from 3 (Lackawanna) to 59 percent (Allegheny). Examination of the slopes of the 8-year trends in congregate care placement rates showed congregate care placement increased or decreased depending on the county and age group. Future analyses will include an examination of the duration of congregate care placements by county over time.
- Administrative data on children who came to the attention of the child welfare system for the first time with a substantiated allegation of maltreatment during SFYs 2011–2014 were used to establish a baseline for what happened to these children during the waiver period after 3, 6, and 12 months. For counties that had sufficient data available to observe “next events,” these data show differences between counties and the need for within-county analysis. For example, Allegheny County placed between 18 and 20 percent of children as a next event, Crawford County placed between 5 and 10 percent, and Lackawanna County placed between 6 and 7 percent. With respect to the impact of the waiver interventions on repeat maltreatment and placement, pre-waiver data is not available for Dauphin County and post-waiver data was not available for Crawford, Philadelphia, and Venango Counties

---

<sup>48</sup>All outcome findings reported in this section were reported in the state Interim Evaluation Report (February 26, 2016).



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>49</sup> of the child's living arrangement prior to the initial family engagement meeting and then immediately following the meeting is documented as part of a supplemental family engagement study. In general, findings indicated the percentage of placements designated as low restriction increased and the percentage designated as high restriction decreased slightly. The percentage of placements of moderate restriction generally remained the same. When the counties are examined individually, some differential patterns are observed. However, the percentage of low-restriction placements increased for all counties following family conferences, and in Crawford County the percentage doubled.

### Cost Study

- The most recently reported analysis of fiscal data reveals significant differences across counties in total child welfare expenditures, with growth in total spending between SFY 2014 and 2016 ranging from a low of 7 percent in Allegheny and Lackawanna Counties to a high of 21 percent in Dauphin County. Changes in expenditures on out-of-home placement also varied widely, ranging from a decline of 29 percent in Lackawanna County to an increase of 72 percent in Venango County. The cost of foster care services depends on the makeup of an agency's service array and placement mix (e.g., kinship care, family foster care, residential care, etc.). Thus, a relatively modest change in the number of care days or in the average cost per care day can have a significant effect on total placement expenditures.

[Information and reports for the Pennsylvania waiver demonstration are available online.](#)

Inquiries regarding the Pennsylvania demonstration may be directed to Cathy Utz at [Cutz@pa.gov](mailto:Cutz@pa.gov)

---

<sup>49</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.

## 24: Port Gamble S’Klallam Tribe

### Demonstration Basics

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

**Approval Date:** September 30, 2014

**Implementation Date:** January 21, 2016

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

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

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

### Target Population

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

### Jurisdiction

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

### Intervention

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

- **S’Klallam Strong Parenting** is a customized parent education curriculum based off Positive Indian Parenting developed by the National Indian Child Welfare Association (NICWA). It is intended to provide culturally appropriate parenting training to families in dependency cases. Under the waiver demonstration, the Port Gamble S’Klallam Tribe worked with NICWA to tailor the curriculum to reflect S’Klallam values. Core components of the intervention include the following:
  - Addressing effects of historical trauma, which includes training of service providers to recognize effects and find culturally appropriate and effective ways to work with children and families in the dependency caseload

- Strengthening parenting skills, which includes using a curriculum tailored to reflect uniquely S’Klallam values and enhance skills to work with children and families to promote positive outcomes
- Learning to work with children in age-appropriate and traditionally S’Klallam ways, utilizing core S’Klallam values as found in Port Gamble S’Klallam Tribe Indian Child Welfare Practice Manual
- **Family Group Decision Making** is being expanded under the waiver demonstration for use with all cases involved with the child welfare system and to include the use of a FGDM coordinator. FGDM is a family-led process through which family members, community members, and others collaborate with the child welfare agency involved in the family’s life to create a service plan for a child or youth. The family members define whom they claim as part of their family group. The process involves an estimated number of at least three meetings during which participants get to know family members, articulate issues, provide an explanation of court processes and timelines, and brainstorm regarding resources. The FGDM coordinator will follow up on items in the service plan as necessary.

### Evaluation Design

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

The evaluation also includes a longitudinal assessment of system-wide changes in reentry and reunification rates for those served by S’Klallam Strong Parenting and FGDM in contrast to those served prior to the waiver demonstration. The evaluation tracks the following family and system-level outcomes:

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

- Reduced time to reunification with legal parents/guardians
- Reduced reentries into foster care

In addition, the evaluation includes the use of a Single-Case Design (a.k.a. Single Subject Research or Within-Person design) approach to assess the impact of the FGDM intervention over time for a small number of participants. The Single-Case Design study is structured to collect information before, during, and after the use of the FGDM intervention from the parents or guardians involved in the case, the Family Care Coordinators (FCCs) supporting the case, and the FGDM facilitator or other involved service providers. Given the variability of issues prompting the need for the FGDM intervention for different families, the dependent measure tracked is tied to each family’s specific self-identified goals (e.g., learning more parenting skills, understanding how to communicate better with children, finding stable housing, or finding more support from family or others in times of stress). The primary components of the study include observation of the FGDM meeting, baseline interviews with parents or guardians and FCCs staffing the cases, FGDM facilitator and FCC surveys, and follow-up interviews with parents or guardians and FCCs at 3 and 6-month follow-up periods.

Further evaluation of the S’Klallam Strong Families intervention includes collecting implementation fidelity data from program facilitators and planned open-ended interviews with participants 6 weeks after the completion of the class. Our overall evaluation also examines how the program improvement policies (i.e., Preparing Youth in Transition and Recruiting and Supporting Foster Care Homes) contribute to the achievement of the demonstration outcomes.

### Evaluation Findings

Below is a summary of preliminary evaluation findings reported in progress reports submitted through February 2018.

- Parents who participated in the Strong Families workshops ( $n = 17$ ) reported an increase in positive attitudes about the use of traditional teaching to support parenting activities and increases in use of activities such as storytelling, traditional activities and ceremonies, and communication about traditional beliefs in working with children from pre- and posttest.
- Program facilitators could carry out most components of the Strong Families program with fidelity, and they offered high ratings for parent interest and participation in and understanding of the curriculum.
- The first comparison between “old” cases ( $n = 17$  children) opened between April 1, 2012, and December 1, 2013, and “new” cases ( $n = 21$  children) opened during the demonstration period between January 1, 2016, and July 31, 2017 (i.e., cases opened in the first 18 months of each time period), revealed that youth in the newer cases were more likely to be in an out-of-home situation with a licensed provider than youth in the older cases.

## Port Gamble S'Klallam Tribe

- Further analysis of dependency cases suggests the “new” cases were more likely to achieve family reunification in a shorter period of time than “old” cases starting from April 1, 2012, to July 31, 2014.

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

Inquiries regarding the Port Gamble S'Klallam Tribe demonstration may be directed to Andrea Smith at [andreas@pgst.nsn.us](mailto:andreas@pgst.nsn.us).

## 25: Tennessee

### Demonstration Basics

**Demonstration Focus:** Enhanced Assessment, FAST 2.1, Keeping Foster and Kinship Parents Supported and Trained (KEEP), and Parenting Education/Support, Nurturing Parenting Program (NPP).

**Approval Date:** September 30, 2013

**Implementation Date:** October 1, 2014

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

**Interim Evaluation Report:** August 1, 2017

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

### Target Population

The target population for the Tennessee waiver demonstration includes three subgroups that receive different interventions: (1) families and children aged 0 to 17 who receive noncustodial services; (2) families and children aged 4 to 12 who receive custodial services (foster care); and (3) families who have an open child protective services or noncustodial case with the Department of Children's Services (DCS), who also have at least one child aged 0 to 12 years living in the home and have been assessed as needing services in two or more specific areas. Children who meet one of these criteria will be eligible for services under the demonstration regardless of their title IV-E eligibility status.

### Jurisdiction

The demonstration will ultimately be implemented statewide, with implementation initially staggered by county or DCS Region. The initial implementation of the waiver demonstration took place in the four DCS administrative regions in the East Tennessee Grand Region: East, Knox, Northeast, and Smoky Mountain. The revised Family Assessment and Screening Tool (FAST 2.1) is now being implemented statewide. Additional interventions were phased in geographically beginning with 10 pilot counties within the four regions. These pilot counties were selected for initial implementation due to higher rates of foster care entry or longer lengths of stay relative to the state and/or nearby counties. Implementation of the specific interventions has continued throughout additional counties as described below.

### Intervention

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

implementation of a standardized risk and safety assessment protocol, Keeping Foster and Kinship Parents Supported and Trained (KEEP), and a Nurturing Parenting Program.

- **Statewide Risk and Safety Assessment Protocol.** The demonstration supports the expanded administration of a revised Family Assessment and Screening Tool (FAST 2.1) with the families of noncustodial children referred to the child welfare system. The FAST 2.1 is designed to help workers improve their decision-making ability to increase a family's access to timely and appropriate services to meet their individualized needs.
- **Keeping Foster and Kinship Parents Supported and Trained (KEEP).** The demonstration is implementing KEEP to better engage with and meet the needs of foster and kinship parents. KEEP aims to increase the parenting skills of foster and kinship parents, decrease placement disruptions, improve positive child outcomes, and increase positive permanency outcomes. As of May 2018, KEEP was implemented in nine regions and one county, beginning in September 2015.
- **Nurturing Parenting Program (NPP).** DCS partnered with the Nurturing Parenting Program Developer to develop and implement an intensive parenting intervention. The program uses an evidence-based assessment to individualize services for the family and uses both cognitive and affective strategies to encourage and sustain attitudinal and behavioral changes. As of March 2018, NPP was implemented in four pilot regions beginning in September 2017.

All three interventions were supported by an enhanced casework strategy known as Reinforcing Efforts, Relationships, and Small Steps (R3). R3 casework strategy is an evidence-informed approach to improve family engagement and increase family participation in case planning and services. R3 was piloted in four regions and discontinued as of June 30, 2018.

### 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 final comparison groups of cases may include propensity score matching (PSM) or a similar method of case-level matching. The comparison of outcomes is based on data available through the comprehensive child welfare information system (TFACTS) and may be augmented with additional data as they become available. Child-specific matching variables will include a range of demographic, geographic, and case characteristics (e.g., maltreatment risk level, placement history) available in TFACTS. To maximize case comparability and the validity of subsequent analyses, case matching will occur within the same DCS regions or other

geographic areas specified by the state.

The process evaluation includes analyses that describe—

- 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 examines changes in the following outcomes:

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

The cost analysis examines the effect that the waiver demonstration has on statewide child welfare expenditures by comparing spending patterns before and during the waiver. It examines total child welfare spending; total foster care expenditures; paid placement days; and the average daily cost of foster care placement.

### Data Collection

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

### Evaluation Findings

Unless otherwise specified, the key evaluation findings provided below are based on the Interim Evaluation Report submitted in August 2017.

### Process Evaluation Findings

- During a 12-month period (April 2016 to March 2017), most DCS regions had at least a 90 percent completion rate for the initial FAST assessments each month. That is, of all children eligible for a FAST, at least 90 percent had at least one FAST completed on their



behalf each month. The completion rate tends to be slightly higher for child protective service (CPS) cases than for Family Support Services or Family Crisis Intervention Program cases.

- Across DCS regions, most FAST assessments (75 to 85 percent depending on the region) are being completed within the desired time frame (within 10 business days of the event start date).
- Overall, CPS cases with higher service intensity ratings per the FAST are associated with case classifications indicating the need for services—suggesting there is an alignment between FAST assessments and case decisions. Among CPS cases, the higher the service intensity rating per the FAST, the higher the likelihood the case will be substantiated.
- According to the semiannual progress report submitted in April 2018, 315 foster parents have successfully completed KEEP, resulting in a total of 207 Certified KEEP Homes.
- Eighty-five interviews with DCS frontline staff and senior leadership were conducted to understand the beginning stages of the implementation of KEEP. Interview data indicated in general, recruitment of foster parents to participate in KEEP has gone well and retention has been high. Foster parents are reportedly enjoying the groups and utilizing the techniques learned in the groups in their homes. At the time the interviews were conducted (between October 2015 and March 2016), some of the communities in the pilot regions were struggling to find accessible community space and childcare providers.
- According to the semiannual progress report submitted in April 2018, 9 families have completed the NPP since its implementation in September 2017. As of May 2018, there are 70 families currently enrolled in NPP and 22 families have successfully completed the program.

### Outcome Evaluation Findings

To date, findings reported for the outcome study are based on statewide data from TFACTS for fiscal years (FYs) 2010 to 2016. The intervention group includes all children entering DCS services after the start of the demonstration (October 2014). Children who entered DCS services from 2010 through 2013 comprise the comparison group.<sup>50</sup> The core outcomes of the demonstration are safety, admission to foster care, placement stability, permanency, care day utilization, and foster care reentry. In the Interim Evaluation Report there are no findings indicating the demonstration is having an impact on these outcomes. Preliminary findings include the following:

- Maltreatment recurrence is defined as the extent to which children who are the subject of a substantiated investigation are the subject of another substantiated investigation within 12

---

<sup>50</sup> The comparison group differs for some outcome measures.

months of the initial event. Overall maltreatment recurrence rates are fairly stable from 2012 through 2016, with a 5 to 7 percent maltreatment recurrence rate across the state over the years.

- Admission to foster care is calculated by determining the number of children placed into out-of-home care per 1,000 children in the population. The statewide placement rate across the years 2012 to 2016 remained between 4 to 5 percent, with considerable variation in the rate of admissions by DCS region. Across the years the placement rate is considerably higher for infants compared to children aged 1 and older.
- Placement stability is measured in accumulating 30-day intervals, calculated as the probability a child will experience an initial placement change within that 30-day interval. Generally, the probability of a child experiencing a change in his or her first placement within 180 days of placement increased slightly in FYs 2015 and 2016, compared to FYs 2012 to 2014. In FY 2016, 21 percent of children in their first foster care placements experienced a change within 1 week of custody. As with the placement rate, there is clear indication of DCS regional variability in the likelihood a child will experience an initial placement change.
- Permanency is measured as (1) the number of days it takes for 50 percent of an entry cohort to leave care and (2) the cumulative probability of a permanent exit<sup>51</sup> within 6-month intervals. As with admissions and movements while in care, there is a fair amount of regional variability in the length of time it takes children to leave foster care. The regions also vary year to year. Infants (under 1) have historically taken the longest to leave care (FY 2012 through FY 2015) although that trend shifted in FY 2016, when it took longer for children aged 1 to 3 and, even more so, for children aged 4 to 12, to leave care than it did for infants. Statewide, between 42 and 49 percent of children have a permanent exit within 1 year of their placement entries (FY 2012 through FY 2015).
- Children admitted to foster care in FY 2015 (year 1 of the demonstration) were slightly less likely to have a permanent exit within year 1 as children in the comparison/baseline condition (entry cohorts for FYs 2010, 2011, and 2012). They used slightly more care days, on average than children in the historical comparison group (140 average care days versus 137 average care days). Children admitted in FY 2015 who were still in care at the beginning of FY 2016 (year 2 of the demonstration project) were just slightly more likely to have a permanent exit in FY 2016 (37 percent versus 36 percent); but they still used, on average, slightly more care days during the year.
- Reentry into foster care is calculated as the probability a child will reenter care in 6-month intervals after his or her exit from foster care. Overall reentry rates within 6 months are low across FYs 2012 to 2016 and across regions, with regional variation every year. There are

---

<sup>51</sup> Permanent exits are defined as reunification, adoption, and discharges to relatives.

regions that have seen big improvements in the rate of reentry within 6 months (e.g., one had a decrease in reentries from 14 percent in FY 2012 to 4 percent in FY 2015). For the most part, regions have been stable in performance on this measure over time.

### Cost Study

- Total child welfare spending in FY 2016 increased 15 percent from FY 2012. This spending includes the costs of waiver interventions. The largest increase in spending took place from FY 2013 to FY 2014, right before the demonstration was initiated and appears to have leveled off from FY 2015 to FY 2016. There has also been an increase in out-of-home expenditures across the 5 years. On the other hand, spending related to in-home purchased services declined in FY 2016 after increases in FY 2014 and FY 2015 (an 8 percent reduction from FY 2014 levels). DCS fiscal administrators note there has been a deliberate effort on the part of DCS to ensure Behavioral Health Organizations (BHO) are appropriately absorbing costs for eligible children for eligible services. As such, the notable decrease in preventive spending from FY 2015 to FY 2016 is not reflective of a decrease in services; rather, it reflects a shifting of costs from the state to BHOs for eligible in-home expenditures.
- Tennessee has experienced an increase in both the proportion of spending related to foster care board and maintenance (FC B & M) (up from 31 percent in FY 2012 to 36 percent in FY 2016) and actual spending related to FC B & M (up from \$206M in FY 2012 to \$273M in FY 2016). While overall child welfare spending and FC B & M spending have both increased over the 5-year period, the increase in FC B & M has outpaced the increase in other expense categories. Spending on DCS foster parent payments has increased by a total of 55 percent (up from \$24M in FY 2012 to \$37M in FY 2016).
- The average daily cost of foster care placement has increased by 34 percent from FY 2012 to FY 2016. While there was a decline in the number of care days across all types of placements between FY 2012 and FY 2016, the use of more restrictive types of care days (i.e., more expensive) increased by 25 percent from FY 2012 to FY 2016, while the use of less restrictive types of care days (i.e., less expensive) declined by 22 percent from FY 2012 to FY 2016. This may be contributing to the increase in the average unit cost of foster care.

[The Interim Evaluation Report for the Tennessee demonstration is available online.](#) Inquiries about the Tennessee demonstration may be directed to Emily Parks, Director of Evidence Based Programs, Office of Child Welfare reform at [Emily.Parks@tn.gov](mailto:Emily.Parks@tn.gov).

## 25: 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<sup>52</sup>

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

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

### Target Population

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

### Jurisdiction

The demonstration is being implemented in multiple phases. Initial implementation of the first phase, which includes the Strengthening Families Protective Factors (SFPF) framework and Utah Family and Children Engagement Tool (UFACET) assessment, began in two offices (Logan, which serves a rural area, and Ogden, which serves an urban area) within the Utah Department of Human Services, Division of Child and Family Services' (DCFS) Northern Region.

Implementation roll out for the first phase occurred statewide as of March 2016. Community resources and evidence-based in-home service array efforts (e.g., Systematic Training for Effective Parenting—STEP and Families First) are implemented in each of the five regions. Regions are also determining their individual capacity for additional community resource activities such as a community resources collaborative project to strengthen substance abuse resources in the Southwest Region.

Phase 2 implementation includes use of an updated SDM safety assessment, and training for safety assessment and safety planning. Phase 2 training and integration of the new SDM safety assessment and safety planning tools in the Utah SACWIS system (i.e., SAFE) has been completed statewide. Implementation of trauma-informed care training for staff has been completed statewide as of January 2018.

---

<sup>52</sup> Utah has received an extension from the Children's Bureau to continue implementation through September 2019.

## Intervention

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

- **Child and Family Assessment** is being implemented through use of the UFACET, a child and family assessment established using the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) tool. The CANS-MH assessment is an evidence-based child and family assessment tool with additional trauma and caregiver elements to appropriately assess children and families receiving in-home services and guide the development of individual child and family case plans.
- **Caseworker Training, Skills, and Tools** are being developed and implemented to focus on trauma-informed practice and strengthening parents' protective and promotive factors. Specific interventions include the infusion of the SFPF framework to build protective factors within families and adaptation of the National Child Traumatic Stress Network child welfare training curriculum to improve caseworker skills related to recognizing and addressing trauma.
- **Community Resources** are being identified to understand the availability of services to address the most prevalent needs of children and families. Evidence-based programs are also being implemented through contracts to meet the needs of the target population; for example, STEP, which provides skills training for parents; and Families First, an in-home parenting service based on the teaching family model that supports family functioning.

## Evaluation Design

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

The process evaluation includes interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The process evaluation includes four sub evaluations: (1) Implementation Evaluation, (2) Training Evaluation, (3) Community Services Evaluation, and (4) Saturation Assessment. The Implementation Evaluation identifies and describes implementation differences in terms of cultural and environmental factors, stakeholder involvement, oversight and monitoring, contextual and environmental factors, barriers to implementation, and lessons learned. It also includes an examination of workforce culture and climate measures that have been demonstrated to predict implementation success. The Training Evaluation assesses

whether the initial and ongoing training on the UFACET and caseworker skills, along with the practice support tools, leads to knowledge and skill acquisition of evidence-based assessment techniques, available community-based services, and informs casework practice. The Community Services Evaluation includes an assessment of the needs and services available for families participating in *HomeWorks* and an assessment of the implementation of the STEP peer parenting program. Finally, the Saturation Assessment is designed to quantify when performance implementation has been reached in a region. Performance implementation refers to the point where activities and programs are incorporated into daily work routines with a basic level of fidelity and therefore likely to impact outcomes.

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

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

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

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

#### Data Collection

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

#### Evaluation Findings

The section below summarizes key findings from the Interim Evaluation Report and semiannual progress reports through March 31, 2018.

#### Process Evaluation Findings

- A total of 5,838 new *HomeWorks* cases have occurred statewide. A total of 19,942 clients (adults and children) have received demonstration services.

- On new *HomeWorks* cases, 9,604 UFACET assessments have been completed.
- Interviews with stakeholders from the state level and caseworkers in the Salt Lake Valley region indicate the following:
  - There has been a shift in mindset away from automatic removal. The waiver implementation has influenced removal decisions—generally all caseworkers and external stakeholders allow more time to consider if a removal is the best decision for a child.
  - Caseworkers felt their home visits were more directed and meaningful because of *HomeWorks* implementation, and the process of working with parents in a directed manner was empowering for parents.
  - There is room for improvement in using the UFACET as a family engagement tool.
  - Family well-being has improved because *HomeWorks* is a least-disruptive, least-harm approach for working with families.
- Fifty-two case staffing observations were conducted between June 2017 and October 2017 in 17 offices across three regions (i.e., Eastern, Salt Lake, and Western). All case staffings were evaluated for evidence of caseworker and supervisor use of the SFPF Framework. Overall, all five protective factors were addressed on a majority of cases, at a rate of 70 percent or higher for all but one region. (Western Region fell below this level in the parental resilience category, addressing this protective factor in only 60 percent of cases.) Overall, concrete supports in times of need was the most frequently addressed protective factor (92 percent), and knowledge of parenting and child development was the least addressed protective factor (71 percent).
- STEP peer-parenting services have been authorized for 1,814 clients throughout Utah since contracts were initiated in December 2013.
- An 80-item fidelity measure was created using the initial design of the trauma trainings. Two fidelity observations of trauma trainings conducted in the Southwest Region using this measure showed an average fidelity score across the region of 96 percent.
- Forty-eight pre- and post-trauma training surveys were completed in the Southwest Region. Staff reported a significant increase in perceived competency and knowledge gain following the trainings ( $t(47) = 3.18, p < .01$ ) and knowledge scores significantly improved from pre- and postsurvey ( $t(37) = 5.86, p < .001$ ). These findings are similar to results of the trauma trainings in other regions. However, unlike previous trainings, there was no significant increase in attitudes favorable to trauma-informed care.
- Families First services were authorized for 477 clients since the contract was initiated in January 2016.
- Implementation saturation has been achieved by the Northern, Salt Lake Valley, and Southwest Regions. Saturation is defined as occurring when at least 75 percent of observed workers are delivering demonstration services with basic fidelity including the

following criteria: (1) the UFACET was correctly administrated and scored, (2) the UFACET guided at least some of caseworker choices on which protective factor(s) to focus and what service referral(s) the families needed, 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*

- Results for the pilot site (i.e., offices in Ogden and Logan in the Northern Region) show a statistically significant decrease in likelihood of new foster care cases for children receiving services under the waiver demonstration during the initial implementation period compared to children prior to the demonstration (OR = 0.45; 95 percent CI[0.32, 0.63]). The saturation period for all of the Northern Region also showed a statistically significant decrease in likelihood of referral to foster care from in-home case start compared to the baseline period (OR = 0.12; 95 percent CI[0.07, 0.2]).

#### *Impact on CPS Cases*

- When examining outcomes for all children from the start of a new CPS case, results from the initial pilot site showed statistically significant increase in likelihood of foster care entry for children who had a CPS investigation after the waiver demonstration began compared to children prior to the demonstration (OR = 1.5; 95 percent CI[1.23, 1.84]). However, children in the demonstration group during the initial startup period were significantly less 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 = 0.77; 95 percent CI[0.63, 0.93]).

### Evaluation Substudy Findings

- Four hundred forty-five administrators, supervisors, and caseworkers were asked to complete a 6-scale survey. Preliminary analyses on two subscales focused on attitudes toward family preservation or child safety. Specifically, the Removal From Home of Children At Risk Scale (Davidson-Arad & Benbenishty, 2010) and the Dalglish Survey (Dalglish, 2010) suggest characteristics such as gender ( $b = -7.36, p < .001$ , 95 percent BCa CI [-10.61, -4.25]), worker role ( $b = -.35, p = .001$ , 95 percent BCa CI [-.52, -.17]), and tenure ( $b = -.001, p < .05$ , 95 percent BCa CI [-.001, -.00]) impact attitudes and beliefs. It is unknown if these factors also predict actual decision-making behavior.
- Multiple analyses were conducted to explore the relationship between DCFS caseworker experience and caseworker age and removal decisions. The sample included 39,498 child-CPS cases with start dates between July 1, 2012, and July 31, 2017, which consisted of 33,567 unique children, and 409 unique caseworkers. The results included—
  - There is no relationship between the percentage of cases supported as a CPS caseworker and removal decisions. After accounting for the percentage of cases



caseworkers support, results showed caseworker are more likely to remove children from their homes as they gain experience with DCFS (OR = 4.45,  $p < .001$ ), but caseworkers with more average DCFS experience are less likely to remove children from their homes (OR = 0.19,  $p < .001$ ).

- Caseworker are more likely to remove children from their homes as they gain experience as a CPS caseworker (OR = 4.45,  $p < .001$ ), but caseworkers with more average CPS experience are less likely to remove children from their homes (OR = 0.19,  $p < .001$ ).
- On average caseworkers who are older are making similar decisions as caseworkers who are younger.
- Caseworkers do not make different removal decisions when they obtain experience as an in-home caseworker.
- Caseworkers do not make different removal decisions when they obtain experience as a foster care caseworker.
- There was no relationship between the percentage of removals a caseworker made and new supported allegations of abuse for the children who were not removed from the home.

[Information and reports for the Utah demonstration are available online](#). For questions regarding the Utah demonstration contact Cosette Mills, Title IV-E Waiver Project Manager at [cwmills@utah.gov](mailto:cwmills@utah.gov).

## 26: Washington

### Demonstration Basics

**Demonstration Focus:** Differential Response

**Approval Date:** September 28, 2012

**Implementation Date:** January 1, 2014

**Expected Completion Date:** December 31, 2018<sup>53</sup>

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

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

### Target Population

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

### Jurisdiction

The state began implementation in January 2014 in Department of Social and Health Services (DSHS) offices in Aberdeen, Lynnwood, and Spokane. The offices were chosen after 15 offices completed a readiness assessment. Factors considered in this assessment include staff size and structure; performance in terms of best practices, outcomes, and adherence to policy; establishment and use of Continuous Quality Improvement; readiness of community organizations; and availability of resources. As of June 1, 2017, DSHS has implemented Family Assessment Response statewide.

### 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 (as of July 1, 2018, 90 days will extend to 120 days) and includes the following core components:

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

---

<sup>53</sup> Washington has received an extension from the Children's Bureau to continue implementation through September 2019.

## Washington

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

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

### Evaluation Design

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

- Treatment group families accepting FAR services
- Treatment group families refusing FAR services
- Families served in matched comparison offices
- Families switching from the FAR to the traditional investigative pathway

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

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

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

## Washington

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

The cost analysis will include two approaches: a family level cost analysis based on the matched control group study and a separate panel data comparison at the field office level. If suitable cost data are available, the financial cost of the demonstration in relation to its effectiveness (i.e., cost per successful outcome) will be assessed. Additionally, findings from an outcome and cost analysis conducted independently by the Washington State Institute for Public Policy (WISPP) will be summarized in the final report.

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

### Data Collection

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

### Evaluation Findings

Below is a summary of evaluation findings reported in the Interim Evaluation Report and progress reports submitted through January 2018.

#### Process Evaluation Findings

- CPS staff have responded to 43,234 families with a “screened-in” CPS intake. A total of 19,922 families have been assigned to the FAR pathway (46.1 percent). Of those assigned, 5.3 percent were transferred to investigations due to a safety or risk concern or the family declining to participate (3.7 percent and 1.5 percent, respectively).
- As of January 2018, 471 key informant interviews have been conducted throughout the demonstration period. Key informants included caseworkers from both FAR and investigative pathways, supervisors, administrators, and community service providers. Respondents noted the following regarding implementation:
  - Reported in the Interim Evaluation Report, caseworkers could voluntarily transfer from investigative casework to FAR. Therefore, most caseworkers providing services to families in the FAR pathway had chosen to be included in the program. This voluntary assignment likely benefitted implementation as caseworker “buy-in” to the model was an important feature of success. Overall

- ratings of preparedness for implementation were high, falling between “somewhat prepared” and “mostly prepared” (2.7 out of 4.0 scale).
- Reported in the Interim Evaluation Report, the requirement that families sign a FAR agreement and the 45-day time limit for most FAR cases were cited as barriers to implementing successfully. In October 2017 legislation was passed and implemented, eliminating the need for families to sign an agreement prior to participating in CPS-FAR. FAR caseworkers interviewed in Spring 2017 seemed encouraged about the October 2017 legislation removing the requirement that families sign a FAR agreement.
  - As of June 2017, caseworkers interviewed consistently reported the 45-day period was too short for most services needed by families, and some were unaware of the ability to extend cases to 90 days. Additionally, the 45-day period limited the ability to use evidence-based practices (EBPs) because by the time a family was referred and began services, there was not enough time to complete the service. In January 2018 legislation was passed to extend the timeframe for CPS-FAR cases from a maximum of 90 days to 120. This takes effect July 1, 2018.
  - Reported in the Interim Evaluation Report, despite implementation challenges during the first 2-program years, most respondents across offices reported FAR had led to a relatively high degree of positive change (e.g., FAR caseworkers’ ability to provide community services to meet family needs; and caseworkers are more familiar with community services and better able to work with families to meet their needs after FAR implementation).
- Parent allies (parents with previous CPS involvement who now work as family advocates) assisted with surveying FAR families about their views of processes and outcomes. Family perceptions reported in the Interim Evaluation Report include the following:
    - Eighty-eight percent ( $n = 231$ ) of respondents reported being actively engaged in the case process “always” or “almost always.”
    - Seventy percent ( $n = 228$ ) of respondents thought their caseworker helped “very much” or “a little” to identify things the family needed. Sixty-seven percent reported the caseworker “always or almost always” listened to their opinions about whether the family needed services.
  - Telephone interviews were conducted with families who agreed to be contacted by the evaluation team when they signed the initial FAR agreement. To assess the degree to which FAR can create a culture of working together with families and establishing a relationship less adversarial than traditional CPS investigations, families were asked to report the degree to which they were satisfied with the services received and the perceptions of changes in the family’s well-being. Findings reported in the Interim Evaluation Report include the following:

## Washington

- Ninety percent of respondents ( $n = 228$ ) were either “very satisfied” or “mostly satisfied” with the way they and their families were treated by their FAR caseworkers. Additionally, more than half of the respondents reported their families were doing either “much better” (38 percent) or “somewhat better” (23 percent) because of their FAR participation.
- Seventy-nine percent of respondents reported they were either “very satisfied” or “mostly satisfied” with the services they received or were offered through their participation in FAR.
- Sixty-three percent of respondents who had had a previous child welfare experience reported the experience with CPS through FAR was “much better” than their previous child welfare experiences.

### Outcome Evaluation Findings

- Analysis conducted on a random sample of FAR intakes through June 2017<sup>54</sup> ( $n = 16,086$ ; 8,043 FAR intakes and 8,043 matched comparison cases) found the following outcomes:
  - FAR increases the probability of FAR-eligible rereferrals (an outcome inconsistent with program goals), but FAR reduces the probability of non-FAR eligible investigative rereferrals. Since the seriousness of the allegation is a major driver of FAR eligibility, these results suggest FAR reduces the seriousness of subsequent intakes. This pattern—a higher probability of FAR eligible rereferrals but lower probability of non-FAR-eligible investigative rereferrals—is statistically significant at 3, 6, and 12-months after initial intake ( $p < .05$  level). The evaluation reports a potential contributing factor is the concern expressed by caseworkers that FAR services (i.e., a maximum 90 days) are not currently long enough to make meaningful changes.
  - FAR families have lower removal rates than matched-comparison group families at 3, 6, and 12 months following the initial intake ( $p < .05$  level).

[Information and reports for the Washington demonstration are available online.](#) Inquiries regarding the Washington demonstration may be directed to Stephanie Frazier at [stephanie.frazier@dshs.wa.gov](mailto:stephanie.frazier@dshs.wa.gov).

---

<sup>54</sup> Beginning with Cohort 3 (January to June 2015), a random sample of FAR families was used for comparative analysis. As more offices implemented FAR, the comparison pool of families in non-FAR offices became too small to draw a comparison group that was the same size as the full FAR group.

## 27: 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 Received:** May 31, 2018

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

### Target Population

The demonstration targets youth aged 12 to 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 was implemented statewide, using a structured, phased approach to expansion. Counties were selected for initial implementation based on levels of need and readiness. The counties in Region III have many children in congregate care and lack services; in contrast, the counties in Region II have extensive partnerships and services with the ability to provide necessary supports to enrolled children. In the second phase of expansion, starting August 1, 2016, the demonstration was implemented in 24 additional counties in Regions I, III, and IV. The demonstration was fully implemented statewide in April 2017.

### Intervention

West Virginia is implementing a wraparound service model as the core component of *Safe at Home West Virginia*. Based on the National Wraparound Initiative (NWI) Model, the demonstration incorporates evidence-based, evidence-informed, and promising practices to coordinate services for eligible youth and their families. The *Safe at Home* wraparound intervention is a high-fidelity wraparound and has four phases: Engagement and Planning (first 90 days), Implementation (3 to 6 months), Maintenance (6 to 9 months), and Transition (9 months to 1 year).

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

which includes the development of the wraparound plan and specialized resources prior to the youth's discharge from congregate care.

A trauma-informed assessment instrument, the West Virginia Child and Adolescent Needs and Strengths 2.0 (CANS)<sup>55</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 CANS. The assessed strengths and needs indicated by the CANS guide the development of an individualized service plan for each family and inform the development of a full array of interventions to meet the needs of youth within their communities.

Every youth/family referred for wraparound services is referred to a Local Coordinating Agency (LCA) 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 CANS and repeating it every 90 days
- Contacting the family and team members' weekly
- Developing an initial wraparound plan at the first 30-day meeting along with proactive and reactive crisis plans
- Convening wraparound team meetings every 30 days and more often as needed

### Evaluation Design

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

The outcome evaluation involves a retrospective matched case design that compares key outcomes in the areas of safety, placement prevention, and well-being among youth involved with the child welfare system prior to the demonstration with those same outcomes among similar youth who are offered the demonstration interventions. 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.

---

<sup>55</sup> The West Virginia CANS has been updated most recently in 2015 to fully incorporate the National Child Traumatic Stress Network Trauma CANS modules.



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

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

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

### Data Collection

The evaluation utilizes data from multiple sources, including the West Virginia statewide automated child welfare information system (FACTS), document and case record reviews, staff and stakeholder interviews, CANS assessments, and a supervisor and caseworker survey.

### Sample

Through March 31, 2018, 1,544<sup>56</sup> youth have been referred to *Safe at Home* and remained in the program for at least 3 days. The historical comparison group is drawn from state fiscal years 2011 through 2015.

### Evaluation Findings

Interim process and outcome evaluation findings from the Interim Evaluation Report (May 2018) are summarized below.

#### Process Evaluation Findings

- Data for the process evaluation includes annual surveys and interviews with child welfare and LCA staff, youth and their caregivers, and biennial interviews with judges. Over 500

---

<sup>56</sup> The numbers of youth reported by evaluation team and the state differ slightly because the state utilizes weekly tracking logs (i.e., real-time data) to count the number of youth in the program and the evaluation relies on quarterly FACTS extracts for data (i.e., slightly delayed data).

interviews have been conducted since the start of the evaluation. A case review tool—created to assist in assessing program fidelity and measure well-being—was used to collect data for 80 cases to date. Key findings from interviews, surveys, and case reviews include the following:

- Most staff reported regular communication between child welfare caseworkers and wraparound facilitators. Frequency of communication was dependent on the needs of each particular case. In some cases, wraparound facilitators and caseworkers reported daily contact, in others a couple of times a week; some reported weekly contact.
- Community providers, direct service staff, and regional and central office staff agree that judges hold a powerful position in deciding placement for youth. Most stakeholders reported a number of judges are strong supporters of the program, but a few are highly resistant. Overall, interviewees reported there has been an increase in buy-in of judges since the beginning of the demonstration.
- Initial wraparound and crisis safety plans are to be completed within 30 days of program referral. On average, LCAs completed initial wraparound plans within 45 days of referral, falling short of the time requirement by 15 days.
- Wraparound and crisis safety plans are to be updated and refined as necessary; on average, they were revised every 50 days. The plans and the CANS are updated as goals are met, and the needs of the youth and family change. The 10 most common services included in wraparound plans were individual therapy, tutoring, school advocacy, family therapy, life skills, youth coaching, medication management, community outings, mentoring, and parenting classes.
- Caseworkers, youth, and parents reported in most cases wraparound facilitators were successful in getting youth to make active decisions in ongoing planning activities. In the few cases where youth were not active in planning, caseworkers reported facilitators made substantial efforts to engage youth in service planning. Engagement was a challenge due to parental issues, lack of motivation or interest from the youth, and youth's serious mental health issues.
- As part of the fidelity case reviews, evaluation team members reviewed the initial and most recent wraparound plans and crisis plans and rated the content for the extent to which required items were included. Scores generally improved when the most recent wraparound and crisis plans are compared to the initial ones. LCAs were better able to conform to the requirements of the *Safe at Home* model as they learned more about the youth and their families and built a rapport with team members.
- Stakeholders who participated in the fidelity case reviews reported not all youth have been able to receive all the services which were planned and needed. Caseworkers and facilitators cite two barriers to accessing services—the lack of follow-through on the

part of youth/families and a lack of services, including placements for teenagers with mental health needs, mentoring programs, medication management, adolescent psychiatry, and services for youth with special needs.

### Outcome Evaluation Findings

Data from FACTS were used to measure safety and permanency outcomes for youth and families in the demonstration as of September 30, 2017 ( $n = 1,087$ ), and to compare those outcomes to the historical comparison group ( $n = 1,087$ ). The following are key interim outcome findings:

- Youth referred to *Safe at Home* are typically between the ages of 14 and 16 (73 percent), male (59 percent), and White (85 percent). The initial placement setting is predominately in the youth's home (67 percent).
- An examination of placement changes of youth at 6 and 12 months following referral for the treatment and comparison groups indicates at 6 months post referral, a significantly ( $p < .001$ ) higher percentage of youth in the treatment group are at home and a lower percentage are in congregate care facilities. This trend reverses at 12 months, where a significantly ( $p < 0.05$ ) higher percentage of *Safe at Home* youth are placed in congregate care compared to the comparison group.
- There were no statistically significant differences in the rates of congregate care reentry between the treatment and comparison group.
- Youth in the treatment group spent fewer days in congregate care within 6 and 12 months of referral than youth from the comparison group. The differences between groups were statistically significant ( $p < .01$ ).
- The foster care reentry rate is higher for the treatment group than for the comparison group at both 6 and 12 months post referral; this outcome is statistically significant ( $p < .05$ ) for the difference between groups at 6 months.
- Fewer youth in the treatment group had a maltreatment referral or an investigation after referral to the demonstration than did youth in the comparison group at 6 and 12 months from referral to the program ( $p < .01$ ).
- To gain a better understanding of which populations *Safe at Home* best serves, the evaluation team performed stepwise regression analyses to test the relationship between variables such as gender, race, age, Axis 1 psychiatric diagnosis, and juvenile justice involvement and outcome measures. Youth with an Axis 1 diagnosis are at higher risk of not achieving favorable outcomes than youth without a diagnosis. Conversely, *Safe at Home* appears to be working well for youth with juvenile justice involvement and youth who receive formal services. Additionally, *Safe at Home* youth referred while placed in

congregate care show more favorable outcomes than comparison group youth referred while in such a setting.

- A total of 720 *Safe at Home* youth had at least two CANS assessments completed (i.e., an initial CANS and at least one subsequent CANS). Initial CANS assessments for youth were compared to those at 6 and 12 months post referral to determine progress while in the program. For youth with a 6-month CANS follow-up, findings indicated over half with at least one actionable item on the initial CANS had improved. Furthermore, for youth with a 12-month CANS follow-up, three-fourths showed improvement from the initial CANS. This was true in the Child Behavioral/Emotional Needs, Child Risk Behaviors, Life Domain Functioning, and Trauma Stress Symptoms domains. The exception is in the School Functioning domain, where improvement has not been as substantial. A quarter of *Safe at Home* youth showed improvement in school achievement, attendance, and general behavior at school after 6 months. The proportion was less than 10 percent at 12 months. Little impact was demonstrated for school violence in either timeframe.

#### Cost Study Findings

- Daily rates of room and board expenditures were used to develop average costs spent in each out-of-home placement per youth in treatment and comparison groups. Results suggest the demonstration has generated a cost savings of nearly \$7,000 per child in foster care in room and board costs and a savings of nearly \$750 receiving fee-for-services for *Safe at Home* youth referred in year 1.5 of implementation. The most significant portion of these savings can be attributed to the reduced time youth spend in congregate care facilities.
- Costs to contract with wraparound service providers averages \$42,346 per youth. While the overall cost for treatment youth are greater than those in the comparison group, some of the additional costs could be offset by child welfare caseworkers spending less time on cases, which has yet to be examined.

Further information can be found on the [Safe at Home West Virginia Website](#). Inquiries about the West Virginia demonstration may be directed to Amy Booth at [Amy.L.Booth@wv.gov](mailto:Amy.L.Booth@wv.gov).

## 28: 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<sup>57</sup>

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

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

### Target Population

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

### Jurisdiction

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

In July 2017, counties began monitoring their practice requirement completion rates to determine if they are meeting an 80 percent goal or have increased their score by 10 percent on CANS and Initial Case Plan benchmarks. Counties that have not reached these goals participate in monthly fidelity consultation meetings with the Wisconsin Department of Children and Families (DCF).

### Intervention

Through its demonstration, Wisconsin is providing post-reunification case management services to children and families for 12 months following reunification. During this time in collaboration

---

<sup>57</sup> Wisconsin has received an extension from the Children's Bureau to continue implementation through September 2019.

with the family, child welfare case managers develop and implement an individualized service plan that reflects the family's unique needs and facilitates a successful transition home. The service plan leverages formal and informal services that were accessed during the family's child welfare system involvement as well as the child and family's community and natural support system. Individualized services include, as appropriate and locally available, trauma-informed evidence-based practices such as Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. Case managers and clinical staff working with P.S. Program enrolled families are also currently being trained in Motivational Interviewing, an evidence-based approach to bolstering engagement and helping individuals realize behavior change. Additional services may include substance abuse and mental health services for parents, specialized medical services, respite care, parenting support and assistance, and transportation. Children are referred to the P.S. Program through a three-step process in which caseworkers (1) identify children the agency plans to reunify, (2) check the RPM score for those children in the state Pre-Enrollment Report, and (3) submit eligible referrals to DCF for enrollment in the P.S. Program.

The RPM was developed to help the state target children most at risk for reentry into care. In year 1, the RPM was based on four statistically significant variables that correlated with reentry in a 2012 data cohort of Wisconsin families (e.g., caretaker status at the time of removal; number of prior service reports; clinical diagnosis of child during their time in care, or if the agency learns of a past diagnosis; and the number of days in care). Retooling of the statistical model occurred prior to year 2 using more complete data for a cohort of 1,629 children who were reunified in fiscal year (FY) 2013. RPM 2.0 is based on five weighted factors that statistically predicted reentry among this cohort of children (e.g., prior out-of-home placement, parent incarceration documented as a reason for the child's removal, single parent/caregiver, child's most recent episode did not include placement in a treatment foster home, and child had a higher number of actionable items marked 2 or 3 on his/her most recent Child Adolescent Needs and Strengths—CANS life functioning domain).

### Evaluation Design

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

The process evaluation includes interim and final analyses that describe how the demonstration was implemented and how demonstration services differ from services available prior to implementation. The outcome evaluation will address changes in key child welfare outcomes for all children across the domains of safety and permanency, including reduced recurrence of maltreatment and reduced foster care reentry within 12 months of reunification. The state will

also measure changes in the following child well-being outcomes, as data are available and developmentally appropriate:

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

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

#### Data Collection

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

#### Evaluation Findings

The below summarizes key findings reported in the Interim Evaluation Report and semiannual progress reports submitted through March 2018.

#### Process Evaluation Findings

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

- Several counties implementing the P.S. Program noted a lack of availability and long waiting lists for mental health services and alcohol and drug abuse services. Other service gaps included in-home parent support services and financial literacy programs.
- DCF gave counties considerable latitude about how to administer and use flexible funds, and counties decide on rules and procedures for its use. Any funding used must be tied to the case plan and to sustaining the reunification. One common use of flexible funds was to pay for rent and other basic family needs such as utilities, gasoline, and daycare. When funds are used for rent or basic family needs, the case worker must have a sustainability plan in place for the family. Funds were also used to pay for a range of services otherwise not available, either because of waiting lists or because clients' BadgerCare (Medicaid) would not pay for the service. Some sites used flexible funds to promote family bonding and well-being through recreational and other family activities. Flexible funding could also be used to provide rewards for children doing their part to meet the goals of the case plan.
- County staff described several barriers to high-fidelity P.S. Program practice including caseworker workload; most caseworkers did not think they had the time to adequately do what the P.S. Program required, particularly the written case plan, the CANS assessments, and the entry of the Monthly Family Service Report data. Despite these barriers, interview respondents did not feel defeated and remained committed to helping families in the P.S. Program.

#### Outcome Evaluation Findings

- As of December 31, 2017, 641 families have been enrolled in the P.S. Program and are included in the evaluation's treatment group.
- Propensity score matching (PSM) is done annually and has been completed for families enrolled through 2017. The most recent matching procedure for 180 families enrolled in 2017 comprised a many-to-one match with .05 caliper. All 180 families were matched under these parameters, and most differences between the families in the P.S. Program and their matched comparisons were resolved through the matching. Four categories remained significantly different between the two groups: alleged perpetrator someone other than parent (less common among the non-P.S. Program cases), abuse as one of the reasons for removal (less common among non-P.S. Program cases), average number of CANS items marked 2 or 3 in the life functioning scale (lower among non-P.S. Program cases), and average number of items in the permanent resource strengths and needs scale of the CANS (lower among non-P.S. Program cases).
- At the time of the Interim Evaluation Report, only child welfare administrative data were available for analysis. No significant differences have been found between families enrolled in the P.S. Program and matched comparison families in the rate of



maltreatment recurrence or reentry into out-of-home care.<sup>58</sup> Specific findings include the following:

- Families in the treatment group (12.5 percent) had re-reports of maltreatment within 12 months of reunification, compared to 13.4 percent of families in the comparison group.
- Families in the treatment group (1.8 percent) had a substantiated re-report of maltreatment within 12 months, compared to 3.6 percent of families in the comparison group.
- Families in the treatment group (19.6 percent) had a child reentering care within 12 months of reunification, compared to 23.2 percent of families in the comparison group.

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

---

<sup>58</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 year 1 of the demonstration only (between February 1 and December 31, 2014).