Profiles of the Title IV-E Child Welfare Waiver Demonstrations

Approved in Federal Fiscal Years 2012–2014

Prepared for:

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

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August 2019

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Beginning in 1994 with the passage of Public Law 103–432, which established Section 1130 of the Social Security Act (SSA), the Children's Bureau (CB), Administration for Children and Families, U.S. Department of Health and Human Services, has overseen the implementation of title IV-E child welfare waiver demonstrations. The waivers allow flexibility in the use of federal funds for alternative services and supports that promote safety, permanency, and well-being for children in the child protection and foster care systems. The Adoption and Safe Families Act of 1997 extended and expanded the waiver authority, after which it continued with some brief lapses until March 31, 2006. The Child and Family Services Improvement and Innovation Act (Public Law 112–34), signed into law on September 30, 2011, reinstated the authority to approve new demonstrations. This authority expires at the end of Federal Fiscal Year (FFY) 2019 (September 30, 2019), when all current waiver demonstrations must end.

Throughout FFY 2019, waiver jurisdictions and their third-party evaluators have been preparing for the expiration of the demonstrations, completing data collection, conducting analyses, and writing and submitting their final evaluation reports. Depending on their implementation progress to date, the most complete evaluation findings from the jurisdictions have either been reported through their interim evaluation reports or final evaluation reports.

To provide the most comprehensive picture of the evaluation findings from the waiver demonstrations, the following profiles either include a summary of findings from each recently submitted final jurisdiction evaluation report (if submitted) or the findings from its interim evaluation report with a note regarding the upcoming due date for the final report. In some instances, significant analyses and findings have been reported outside of these two reports (e.g., in semiannual progress reports), in which case they are included in the profiles.

NOTE. Information contained in the following profiles of Child Welfare Waiver Demonstrations has been abstracted from information submitted by the jurisdictions as of July 2019. 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"[1] the current congregate care component of the state child welfare system.

Implementation Date: July 1, 2016

Completion Date: September 30, 2019

Interim Evaluation Report: June 17, 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 a 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, foster home, therapeutic foster home, Division of Developmental Disabilities group home, 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 the Team Decision Making (TDM) process to the targeted population
- Enhancing the availability of in-home reunification services with placement stabilization or other needed services
- Introducing techniques of the Family Finding model

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

[1] Right-sizing is a comprehensive approach ensuring children and youth receive the highest level of treatment and care needed in the least restrictive setting.

child, type of placement, and length of placement. Once selected, there are two points of entry for children into the targeted TDM process.

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

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

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation includes interim and final process analyses that describe how the demonstration was implemented; and identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families not designated to receive demonstration services. The process evaluation also addresses the implementation of the demonstration project within the context of 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 (aged 12 and older) conceptualize their own well-being?
- What are the content and face validity and sensitivity of select standardized measures of child well-being among children and adolescents living in congregate care?

Evaluation Findings

A summary of process, outcome, and substudy findings from the interim evaluation report are provided below.

Process Evaluation

- The results from the fidelity tool analysis in year 1 identify that the length of Family Engagement Service (FES) was intended to be 120 days. However, the results from the fidelity tool analysis indicated on average, the length of time a single child's case was open for FES services was 161 days. This number of days varied considerably from a minimum of 34 to a maximum of 369.

- Examination of 30 cases from the year 1 fidelity tool indicated that completing the activities on Fostering Sustainable Connections (FSC) cases were taking longer than planned. In response, the FES caseload size was reduced from 15 to 12 children.

Outcome Evaluation

The outcome study includes the two initial implementation offices, Tempe and Avondale, with Glendale and Peoria as comparison offices. A summary of key findings is provided below.

Legal Permanency

- Three hundred and forty-six children, who experienced at least one congregate care placement through the intervention offices during the demonstration period, achieved legal permanency by December 31, 2017: 269 (77.7 percent) through reunification, 23 (6.6 percent) through guardianship, and 54 (15.6 percent) through adoption.

- In the comparison offices, 412 children achieved legal permanency during this same time period: 343 (83.2 percent) through reunification, 25 (6.1 percent) through guardianship, and 44 (10.7 percent) through adoption.

- There was no significant association between achieving permanency and the type of office (intervention or comparison).

Safety

Safety is operationalized as the absence of a report of child abuse and/or neglect that occurred within the 12-month period following the end date of the child's last congregate care placement, plus 1 week. Safety is reported separately for those children achieving legal permanency, and those who moved from congregate care to a family-like setting such as foster care or living with a relative, absent of legal permanency. Reports to the Hotline were counted if they were made on the 8th day following the transition from congregate care, as earlier reports may relate to incidents from the most recent placement in congregate care.

- There was no statistically significant difference between intervention and comparison groups in the number of children with child abuse or neglect reports within 1 year post permanency. For children in the intervention offices (n = 346) 94 percent had no reports, 5.7 percent had one report, and 0.3 percent had 2 reports. For children in the comparison offices (n = 412), 96 percent had no reports and 4 had 1 report.

- There was a slight difference in the number of reports to the Hotline within 1 year post transition from congregate care to placement in a family-like setting between the intervention and comparison offices. The difference, however, was not statistically significant. For children in intervention offices (*n* = 399), 99.5 percent had no reports and 0.5 percent had one report. For comparison offices (*n* = 426), 98 percent had no reports and 2 percent had one report.

Stability

For the purpose of this analysis, stability was defined as the absence of a subsequent placement date indicating a removal within 12 months of the removal end date associated with permanency.

- There was a statistically significant difference in reentry into care within 12 months post legal permanency between groups with 22 percent of children from the intervention offices having reentered care within 12 months, compared to 12 percent from the comparison offices.

Days in Congregate Care

The analysis does not consider previous placement history for either group of children. The analysis revealed that for legacy children achieving permanency by December 31, 2017, there was not a statistically significant difference in placement duration by intervention and comparison office.

- The mean number of days in care, considering the most recent removal, for the children in the comparison group was 618. This was lower than the average number of days in care for children associated with the intervention offices, which was 684 days.

- For children who entered congregate care after the intervention began (i.e., new entries), the average number of days in care for the most recent removal was 115 for the comparison offices. For children from intervention offices the average was 137 days, a statistically significant difference.

- There were no statistically significant differences by intervention or comparison office in the number of days in care prior to children transitioning to family-like settings for legacy children[2] or new entries.[3] For legacy children, the average number of days prior to transition was 312.2 for the comparison group and 314.4 for the intervention group. For new entries, the average number of days in care prior to transition was 47.5 for the intervention group and 50.7 for the comparison group.

[2] Children birth through 17 years placed in congregate care settings at the implementation of the demonstration.
[3] Children birth through 17 years, who enter congregate care during the demonstration.

Social-Emotional Well-Being

- The year 1 (July 1, 2016–June 30, 2017) cohort included 54 children (27 matched pairs) who were interviewed for the child well-being substudy. Youth and caregiver scores were compared on each of the Behavioral and Emotional Rating Scale-2 subscales and the overall strengths index. On each of the subscales, the youth scored themselves more positively than the caregivers did. There was a statistically significant difference in the overall strengths index scores for youth versus caregivers. Differences were also statistically significant for all subscales but one, affective strength.

- The Year 2 (July 1, 2017–June 30, 2018) cohort included 66 children (33 matched pairs). Additionally, 50 of the 57 year 1 cohort children were reinterviewed in year 2 (28 intervention and 22 comparison group children). The response rate was higher in the intervention than comparison group for the follow-up of cohort 1 (93 percent and 81 percent, respectively).

Restrictiveness of Living Environment

A change in placement restrictiveness score was calculated for each youth dependent on his or her initial placement at the first interview in year 1 and placement at the time of second interview in year 2. Based on these scores, youth were then classified as having had no change in placement restrictiveness (*n* = 25, 50 percent), an increase in placement restrictiveness (*n* = 8, 16 percent), or a decrease in placement restrictiveness (*n* = 17, 34 percent).

- The gain score for the youth overall Strength Index score was significantly higher for those who moved into a less restrictive placement, compared to youth who had no change in placement restrictiveness. There was not a statistically significant difference in terms of the gain scores for total Strength Index for youth who experienced a move into a more restrictive placement setting.

- The gain score for the Interpersonal Strength subscale was significantly higher for youth who experienced a move to a less restrictive placement, compared to the youth who did not experience a change in placement restrictiveness. This was a statistically significant difference. For the Affective Strength subscale, the gain score was significantly higher for youth who experienced a move to a less restrictive placement compared to youth who did not experience a change. This was a statistically significant difference. The gain score for the Affective Strength subscale for youth who experienced a move to a more restrictive placement was lower compared to youth who did not experience a change. This was a statistically significant difference.

Substudy

The substudy is focused on well-being and seeks to answer the question, “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?”

The sample included 10 engagement/satisfaction qualitative interviews with children and 4 interviews with adult caregivers (year 1) and 10 qualitative interviews with children and 15 with adult caregivers (year 2). The key findings listed below emerged from the youth interviews.

- Youth felt assured that while residing in congregate care their basic needs would be met. However, they lacked a feeling of community, familiarity, and connection that they once experienced prior to out-of-home placement. Youth expressed frustration, feeling as if their voices were not heard when decisions were being made for them.

- Youth reflected that building relationships with peers in their out-of-home care settings was important for coping, as friends from school and the larger community had difficulty relating to the complexity of living in a congregate care setting under the constraints of the child welfare system.

- Youth articulated a strong desire to maintain prior relationships with adults and other youth, while simultaneously recognizing that building and sustaining new relationships with peers and caregivers was important to their well-being.

- Most youth identified holding on to hope and dreams for the future as an important component of their social emotional well-being.

- All the youth described that they relied heavily on the opinion of adults, specifically on the congregate care staff and child welfare case managers, to identify instances in which they were doing well.

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

2: Arkansas

Demonstration Basics

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

Implementation Date: July 31, 2013

Completion Date: September 30, 2019[4]

Final Evaluation Report Date: June 30, 2019

Target Population

The Arkansas waiver demonstration targets all children, regardless of IV-E eligibility, 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 were 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.[5]

- **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 family strengths and meet their needs. The worker utilizes the Family Strengths and Needs Assessment tool to assess strengths and needs and identify needed services and supports. The Arkansas Division of Children and Family Services (DCFS) goal is to provide services and supports to families for a period of 30 days with two 15-day extensions available. If more time is needed beyond that timeframe, then the DR case is closed, and a supportive services case is opened.
- **Child and Adolescent Needs and Strengths/Family Advocacy Support Tool (CANS/FAST)** are evidence-based functional assessments implemented to measure improvements in children's and their family'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

[4] Arkansas has received an extension from the Children's Bureau to continue implementation through September 2019.
[5] Arkansas was originally approved to implement Permanency Roundtables, but this initiative was removed from the demonstration in April 2018. Preliminary findings can be found in the final evaluation report.

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.

- **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*) statewide. The program target population includes parents/caregivers with at least one child between the ages of 5 and 18 engaged in in-home cases where there is no court involvement.
- **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) was implemented in those service areas within which the concurrent Diligent Recruitment program is not. Although the two programs are very similar, each focuses 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. In 2015, the TDM policy was revised to add Prenatal Substance Exposed Infants, also referred to as Garrett's Law, as a trigger. TDM had a phased implementation and was implemented in 30 of 75 counties. TDM meetings are held within 48 hours of a protection plan being put in place.

Evaluation Design

The evaluation included process and outcome components and a cost analysis. Each of the five selected demonstration interventions used a matched-case comparison design. Propensity score matching was used to select the comparison groups. The cost analysis assessed the cost of services received by treatment group children/families during the demonstration compared with the cost of services received by comparison groups.

Evaluation Findings

Key process and outcome findings for each intervention are summarized below and reflect information reported by the state in the final evaluation report submitted in June 2019.

Process Evaluation Findings[6]

Differential Response (DR)

- A total of 21,531 referrals (including 31,985 children) were received. Among these referrals, the most common allegation type was environmental neglect (33 percent) followed by inadequate supervision (31 percent), educational neglect (21 percent), and inadequate food (18 percent).

- Key findings from surveys with DR families are provided below (*n* = 301).
  - DR workers are perceived to have implemented the program with fidelity including explaining the purpose of the visit (94 percent) and talking with all of the family members during the visit (87 percent).
  - Families largely reported positively to questions of satisfaction and engagement to include receiving the services they needed (81 percent), feeling more confident in managing their needs (90 percent), and having a more stable home life (89 percent).

Child and Adolescent Needs and Strengths/Family Advocacy Support Tool (CANS/FAST)

- Cases were 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* = 99 cases; and 5+, *n* = 112 cases), 87 percent of the services offered aligned with the case plan. For children in the 0–4 age group, 94 percent of the services were completed or in progress 6 months after referral and 86 percent were completed or in progress 6 months after referral for youth 5 and older. For the FAST assessment (*n* = 165), slightly more than three-quarters of the families received services offered that aligned with the case plan, and 86 percent of the services were either in progress or received within 6 months of the referral.

Nurturing Parenting Program/Nurturing the Families of Arkansas (NFA)

- A total of 549 families (including 1,478 children) participated in in the NFA program. Of those, 316 successfully graduated by February 2018. Overall parents agreed they learned valuable skills to improve their parenting and parent-child relationships. Families reported good communication with the Parent Educator. The Parent Educator treated the families with respect and modeled good parenting behaviors (*n* = 262).

Arkansas Creating Connections for Children (ARCCC) - Targeted Recruitment

- There were 2,787 foster families recruited from the ARCCC Targeted Recruitment areas.

- Of the 338 surveys completed, 90 percent of the families agreed they plan to continue their roles as foster parents. Survey results also showed 76 percent reported the foster

[6] Findings are included through July 30, 2018, unless noted otherwise.

parent training to be either "helpful" or "extremely helpful," and 85 percent indicated the training adequately prepared them to become a resource family. Only 57 percent of respondents reported their caseworkers communicated clearly with them regarding the status of their children's DCFS case, indicating a need for better communication between caseworkers and resource families.

- The average length of time required for resource families to get from inquiry to approval was 6.93 months, compared to 8.06 prior to the implementation of ARCCC.[7]

Team Decision Making (TDM)

- There were 1,850 TDM meetings involving 3,993 children. A review of case record data[8] showed that 80 percent of the meetings were held within 48 hours.

- Staff generally rated the TDM training positively, with nearly two-thirds (62 percent) rating the training process as a seven or higher on a ten-point Likert scale.

- Family/caregiver survey data suggests families responded positively to the TDM meetings: 97 percent of families reporting satisfaction with the outcome of the meetings, and 99 percent reporting their comments, ideas, and questions were taken seriously by the workers and others present. Total number of respondents was 1,315; although on average 1,286 families responded to each question.

Outcome Evaluation Findings[9]

Differential Response (DR)[10]

- The average DR case was open 11 days fewer than those in the comparison group (28 compared to 39 days, respectively).

- Families receiving DR were significantly less likely to have a subsequent Child Protective Services (CPS) case open within 3, 6, and 12 months than comparison group families.

- Families receiving DR were significantly less likely to have children removed than comparison group families at the 3, 6, and 12-month measurements.

- Overall, fewer children who were enrolled in DR (2.7 percent) entered out-of-home care within a year of the case closing compared to the comparison group children (6.0 percent). These differences were not statistically significant. Children involved in DR

[7] The statistical significance of this change was not reported.
[8] Case records for approximately 50 cases in each 6-month cohort were randomly selected.
[9] Findings are included through July 30, 2018, unless noted otherwise. Significance level is p <.05 unless otherwise noted.
[10] Analyses included cases served through January 2018 (i.e., cohorts 1-9), unless otherwise noted.

who were removed were significantly less likely to be returned to their homes at 3, 6, and 12 months after removal than comparison group children.[11]

Child and Adolescent Needs and Strengths/Family Advocacy Support Tool (CANS/FAST)

- Across all treatment cohorts with a CANS assessment, a significantly higher percentage of children were reunified/placed with relatives for both age groups (i.e., 0 to 4 and 5+) within 3 and 6 months as compared to the comparison group. For both age groups, a statistically significant higher percentage of children were adopted within 3, 6, and 12 months as compared to the comparison group.

- Overall, placement stability[12] within 3, 6, and 12 months of the initial CANS assessment was significantly better for treatment group youth in both age groups than for youth in the comparison group.

- Overall, a lower percentage of families with a FAST assessment were removed within 12 months compared to those in the comparison group (5.9 compared to 7.4 percent).[13] These results are not significant.

- In general for youth entering care after a FAST assessment, a slightly lower percentage were reunified with their families within 3 (19.3 versus 23 percent) and 6 months (27.7 versus 31.9 percent), while a slightly higher percentage of youth were reunified after 12 months compared to those in the comparison group (46.5 versus 45.8 percent). These results are not significant.

Nurturing Parenting Program/Nurturing the Families of Arkansas (NFA)

- Analyses of the Comprehensive Parenting Inventory (CPI) assessments for participants who graduated[14] revealed statistically significant increases in reported parenting skills from baseline to graduation on a variety of topics including empathizing with their children, having appropriate expectations with their children, and enabling their children to have power and independence.

- Overall, families that graduated NFA had slightly lower rates of child removal than the comparison groups at 6 (2 percent versus 3 percent) and 12 months (5 percent versus 7 percent) but not 3 months (both groups 2 percent). However, these differences were not statistically significant.

[11] Analyses include only cohorts 1 to 7 due to lack of sufficient time to conduct follow-up analyses on cohorts 8 to 10.
[12] Only one placement change made during the time periods.
[13] The CANS and FAST tools replaced the Family Strengths, Needs, and Risk Assessment (FSNRA).
[14] This includes 343 families out of 363 who had graduated and completed all three assessments.

- Overall, families that graduated from NFA were slightly less likely to have a verified maltreatment report than the comparison group within 3, 6, and 12 months. However, these differences were not statistically significant.

Arkansas Creating Connections for Children program (ARCCC)

- Children in the treatment group placed in approved homes between February and July 2016 showed a lower percentage of placement changes within 6 and 12 months and equally as likely to have stability within 3 months, when compared to the children in the comparison group. However, these are not statistically significant differences.

- The number of newly opened relative and provisional homes increased dramatically between 2015 and 2017. Although the number of approved homes declined significantly over the final project year, the total number of approved homes recruited during the final 6-month reporting period (*n* = 858) represents an improvement over the first reporting period (*n* = 618).

- Between July 2015 and July 2018, the statewide bed-to-child ratio improved from 0.78 to 0.83, meaning there is less than one bed available statewide for youth in care.

Team Decision Making (TDM)

- Families with a TDM have similar percentages of youth removed from the home as the comparison group at 3, 6, and 12 months. Those youth removed from the home are slightly less likely to be returned within 3 or 6 months (19 percent and 27 percent, respectively) and slightly more likely to be returned within 12 months (46 percent) than in the comparison group (28, 31, and 44 percent at 3, 6, and 12 months, respectively).

Cost Study Findings[15]

Differential Response (DR)

- In general, the average cost per family is cheaper by nearly $150 for DR families ($328.24) than comparison group families ($470.88). The cost savings are primarily due to shorter lengths of stay in out-of-home care for treatment versus comparison group youth.[16]

- The cost per successful referral was lower for treatment group children ($352.28) than comparison group children ($522.78).[17]

[15] Findings are included through July 30, 2018, unless noted otherwise.
[16] Analyses include only cohorts 1 to 8 due to lack of sufficient time to conduct follow up analyses on cohorts 9 and 10.
[17] Success is defined as children who remained in the home for 12 months or who did not incur a new report of maltreatment within 12 months after the intervention.

Child and Adolescent Needs and Strengths/Family Advocacy Support Tool (CANS/FAST)

- In general, for those receiving a CANS, the average cost per child was nearly $500 less per child under 5 years and nearly $2,000 for a child 5 years or older than comparison group children ($4,039.77 versus $4,506.11 for 0–4 and $10,733.52 versus $12,602.21 for 5+, respectively).
- In total for those receiving a CANS, the cost per successful child was lower for both age groups than comparison children ($8,540.73 versus $10,937.17 for 0–4 and $23,486.92 versus $33.968.23 for 5+, respectively).[18]
- In general, for those receiving a FAST, the average cost per child was approximately $94 less than a comparison group child ($621.24 versus $715.70, respectively).
- In total for those receiving a FAST, the cost per successful case/family was lower for treatment than comparison group ($660.19 versus $772.90, respectively).[19]

Nurturing Parenting Program/Nurturing the Families of Arkansas (NFA)

- In general, the average cost per family was cheaper by nearly $800 for NFA families than comparison group families ($514.08 versus $14,301.95, respectively).
- In total, the cost per successful NFA case ($561.12) was lower than a successful comparison group case ($1,523.77).[20]

Arkansas Creating Connections for Children program (ARCCC)

- In general, the average cost per child was cheaper by nearly $400 for *ARCCC* youth than comparison group children ($4,440.91 versus $4,837.56, respectively).
- In total, the cost per successful child was similar in the treatment ($10,115.98) and comparison ($10,425.77) groups.[21]

Team Decision Making (TDM)

- Overall, the average cost per family is approximately $375 more for treatment than comparison group families ($2,052.79 versus $1,788.48).
- Overall, the cost for a family who achieves success by participating in TDM ($2,512.08) was higher than successful comparison group families ($2,169.07).[22]

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

[18] Success is defined as children who achieved permanency within 12 months of the intervention.
[19] Success is defined as families keeping all children in the home within 12 months of initial FAST completion.
[20] Success is defined as cases in which children remained in the home for 12 months following graduation from the program or for whom no new maltreatment report was received within 12 months of the intervention.
[21] Success is defined as children who achieved placement stability (i.e., no more than one placement change) within 12 months of being placed in an approved home.
[22] Success is defined as children who remained in the home for 12 months after the intervention.

3: California

Demonstration Basics

Demonstration Focus: Flexible Funding – Phase II

Implementation Date: October 1, 2014[23]

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 all title IV-E eligible and non-IV-E eligible children aged 0 to 17, inclusive, who are currently in out-of-home placement or 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 expanded implementation in the following seven counties: Butte, Lake, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma (cohort 2).[24]

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 integrating practices with the 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 to contribute to the improvement of safety, permanency, and well-being outcomes for children, youth, and families. The SOP/CPM intervention is organized into foundational skills and core

[23] 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.
[24] Effective June 30, 2017, Butte County exited the waiver demonstration, and Lake County exited the demonstration effective September 30, 2017.

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 that put 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 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 examines the implementation process of each county and will identify how demonstration services differ from those available prior to implementation or from those 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 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 are being 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 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

- 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

The cost analysis is examining the aggregate costs of services received by children and families in demonstration counties prior to implementation and during the current demonstration period as data allow. The analysis involves 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 demonstration period.

The evaluation also includes an outcome substudy on permanency services in Sacramento County Child Welfare and on an enhanced progressive visitation program in San Francisco County Child Welfare. A cost substudy is being completed in Alameda County.

Evaluation Findings

A summary of outcome and cost findings from the semiannual reporting period of October 1, 2018, through March 31, 2019, are provided below.

Outcome Evaluation

Child Welfare. An outcomes analysis was conducted for reinvestigation rates, resubstantiation rates, and placement within 30 days of a referral for calendar years 2010–2019. This was completed using an interrupted time series (ITS) design, which determined the effect of the waiver on several outcomes over time. An ITS analysis has not yet been completed for the effect of the waiver on permanency, but these results will be shared in future reports. A summary of key findings is listed below.

Alameda County

- Between 2010 and 2019, there was a downward trend in reinvestigation rates that is close to statistical significance.

- Alameda had a reduction in resubstantiation rates that was statistically significant.

- After this phase of the waiver demonstration was implemented, there was a downward trend in out-of-home placement rates within 30 days of an investigation. This trend is close to statistical significance.

Los Angeles County

- Between 2010 and 2019, reinvestigations rates declined. This decline is not statistically significant.

- There is no clear trend in resubstantiations within 1 year of investigation or the rate of children placed out of the home within 30 days of an investigation.

Sacramento County

- There were no clear changes in reinvestigation rates between the pre-waiver and the waiver period.

- There was a sharp downward trend in resubstantiation rates after the waiver started, but further model development is needed to demonstrate statistical significance.

- There was a strong downward trend in the rate of children placed out of the home within 30 days of an investigation. However, more work is needed to demonstrate statistical significance.

San Diego County

- There were no clear changes from the pre-waiver period to the waiver period in reinvestigation rates.

- Resubstantiations within 1 year sharply declined during the waiver period, but the model needs additional development before the evaluators can determine statistical significance.

- There was a strong decline in the rate of children placed out of the home within 30 days of an investigation after waiver implementation. Additional work is needed on the model to determine statistical significance.

San Francisco County

- Reinvestigation rates had a statistically significant decline after implementation.

- There were no changes in resubstantiation rates or the rate of children placed out of the home within 30 days of an investigation after implementation.

Santa Clara County

- There were no statistically significant changes in reinvestigation rates from the pre-waiver to the waiver period.

- Resubstantiations rates declined in the waiver period at a rate that is almost statistically significant.

- There is no clear change in the rate of children placed out of home within 30 days of an investigation after implementation.

Sonoma County

- Reinvestigations increased at a rate that was statistically significant during the waiver period when compared to the pre-waiver period.

- There were no meaningful changes in resubstantiation or the rate of children placed out of home within 30 days of an investigation.

Wraparound. California is not yet able to share results on the effect of Wraparound for youth in juvenile probation. The state implemented new laws that sealed most juvenile probation records and the process of unsealing records has added time and burden for demonstration counties. Wraparound findings will be provided in the final evaluation report.

Cost Study

Preliminary data analysis was conducted for cost analysis research question 1 (demonstration versus pre-demonstration service costs). Reported key findings are listed below.

- Among waiver counties, expenditures for foster care placement are mostly constant and have not changed significantly over time. On the other hand, non-waiver counties have spent more and more on monthly foster care assistance.

- Evaluators examined caseworker costs for out-of-home placement units among waiver counties (Emergency Response, Family Maintenance, Family Reunification, and Permanent Planning). Statewide, family maintenance and permanent placement units have similar costs, while family reunification is higher. The cost of emergency response is highest and has steadily increased over time, largely due to Los Angeles County.

- When comparing waiver and non-waiver counties, quarterly out-of-home placement unit costs are relatively similar. Emergency response costs have increased faster in waiver counties than in non-waiver. Family reunification uses a higher proportion of caseworker costs in non-waiver counties.

Information and reports for the California demonstration are available online. Inquiries regarding the California waiver demonstration may be directed to Daniel Wilson at IV-EWaiver@dss.ca.gov

4: Colorado

Demonstration Basics

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

Implementation Date: July 31, 2013

Completion Date: September 30, 2019[25]

Final Evaluation Report: December 28, 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. Certain interventions target a more limited population, as noted below.

Jurisdiction

The demonstration was implemented in 53 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 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 existing assessment processes and instruments.

[25] The 5-year demonstration was originally scheduled to end on July 31, 2018. The state received approval to continue the demonstration through September 30, 2019.

- **Trauma-Focused Behavioral Health Treatments** that have been effective with children who have experienced trauma are being used with increased frequency by counties and behavioral health organizations.[26]

Evaluation Design

The evaluation consists of a process evaluation, outcome evaluation, cost study, and a substudy of the Seven-County Child Welfare Resiliency Center (CWRC). The outcome evaluation includes an interrupted time series analysis and a matched case comparison design. The interrupted time series utilizes child-level longitudinal data from the Colorado child welfare administrative data system (known as Trails). These data were aggregated to the county level to explore statewide changes in key child welfare outcomes over time. The matched case comparisons examine the impact of the individual waiver interventions on child and youth outcomes for children receiving one or more interventions compared to similar children involved in the child welfare system prior to the start of the waiver.

The CWRC substudy was designed to examine the impact of the CWRC model for trauma-focused screening and assessment on child and youth well-being and child welfare outcomes using a quasi-experimental comparison group design. Well-being was assessed with the Treatment Outcome Package (TOP) in six counties and the Child Adolescent Needs and Strengths (CANS) assessment in one county.

Evaluation Findings

The section below summarizes key findings reported in the final evaluation report submitted in December 2018.

Process Evaluation Findings

- To allocate waiver intervention funds to the counties, the state used an annual application process and memorandums of understanding with counties. Oversight of the waiver was primarily managed by the Colorado Department of Human Services Division of Child Welfare Title IV-E Waiver Administrator and the Colorado Department of Human Services Division of Child Welfare Associate Director of Operations as well as several committees composed of county and state representatives formed for the waiver. Each intervention had a designated staff person at the state level who provided support, technical assistance, and training to counties throughout the demonstration.
- The following numbers of eligible children and youth were served by the demonstration interventions:[27]
  - FFE (out-of-home cases): 14,442 (84 percent)
  - FFE (in-home cases): 12,417 (69 percent)

[26] 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.

[27] Data collection challenges impeded ability to report on the total number of children/youth eligible for or receiving trauma-informed screening, assessments, and treatment.

  - PRTs (16+ with Other Planned Permanent Living Arragnement Goal): 480 (76 percent)
  - PRTs (12+ months in out-of-home care): 1,356 (30 percent)
  - Kinship Supports: 10,114 (83 percent)
  - Trauma-Informed Screening: 7,784 (37 percent)
  - Trauma-Informed Assessments: 780 (unknown percent)
  - Trauma-Focused Treatment: 630 (70 percent)

- The County Implementation Index was a survey administered to child welfare directors in all 64 counties in the state. It assessed the degree to which counties were implementing the core components of the interventions and program activities to support the interventions. Results of the annual index showed variance in implementation based on intervention, waiver year, county size, and implementation domain (i.e., target population, staffing and roles, training, tools, and policies and procedures). Variation was expected since counties added interventions at different time points throughout the waiver. Mean index scores across the counties for all years indicated that interventions were implemented at a moderate or high level every year of the waiver. Smaller agencies generally demonstrated lower levels of implementation, and the ten large counties demonstrated higher levels of implementation. Smaller counties had the lowest mean implementation scores, particularly for PRTs and Kinship Supports. Across interventions and counties, policies and procedures remained the least implemented area, suggesting challenges across agencies with implementing formalized, solidified, and documented referral and service policies.
- County stakeholders reported strengthened and enhanced relationships with community partners and the courts as a result of all waiver interventions. Broad and intentional efforts were made to collaborate with these partners (e.g., meetings with individual judges and agency-sponsored trainings). Each of the interventions impacted organizational structures and capacity, allowing counties to expand their workforces (e.g., hiring staff specifically designated to support kin placements), service arrays, and ability to provide more support or smaller caseloads for caseworkers.
- Kin Caregivers who had completed at least one Needs Assessment were recruited to participate in the Kin Caregiver Survey. Out of 750 caregivers invited to complete the survey, 232 did resulting in a response rate of 31 percent. Results indicated the most common concerns of these caregivers in raising kin children were related to finances (26 percent) and the kin child's emotional health (23 percent). Kin caregivers generally agreed the Needs Assessment was clearly explained. It helped identify needs related to providing care, and they were able to identify their needs at the time of the initial assessment. There was less agreement from the caregivers that kinship services and supports helped them decrease financial stress and that they were satisfied with the financial support they received as a kin caregiver.

Outcome Evaluation Findings

Selected Results from Interrupted Time Series Analysis

Out-of-Home Placement

- Comparing the 5 years immediately preceding the waiver to the 5 years of the demonstration, the percentage of noncertified and certified kinship care days increased from 19 percent in the pre-waiver years to 33 percent during the waiver years ($p < .05$). A child or youth entering care for the first time in the 3 years prior to the waiver had a 36 percent chance of initially entering a kinship placement and during the waiver this likelihood increased to 44 percent. The likelihood of first placement being with kin rose in the few years prior to the waiver and this trend continued into the waiver years.
- The percentage of foster and congregate removal care days decreased from 72 percent in the pre-waiver years to 62 percent in the waiver years. A child or youth entering care for the first time in the 3 years prior to the waiver had a 17 percent chance of initially entering a congregate care placement and during the waiver this likelihood decreased to 13 percent ($p < .05$). Like the kinship placement trends, the reduction in congregate care usage began prior to the waiver and continued during the waiver period.
- There were no differences in out-of-home placement rates overall during the years of the waiver, with some of the ten largest counties experiencing an increase in out-of-home placements and others experiencing no significant change over the years.

Permanency

- The probability of exiting care within 6 months declined from the 3 years prior to the waiver to the waiver period, from 53 percent to 47 percent. The probability of exiting care within 12 months also declined from 70 percent to 65 percent ($p < .05$), suggesting longer placement lengths during the waiver period.

Reentry

- The probability of reentering care within 1 year (3 years pre-waiver compared to waiver years) went down slightly from the 3 years prior to the waiver to the waiver period, form 16 percent to 15 percent. This change was not statistically significant.

Selected Results from Matched Case Studies of Waiver Interventions

Facilitated Family Engagement (FFE)

- Compared to matched children and youth whose families did not receive FFE meetings (n = 13,998), children and youth who were placed out-of-home and whose families received the intervention (n = 14,442)—
    - Had shorter case lengths (treatment group median number of days = 439; comparison group = 466 days; $p < .01$; effect size [ES] = .03)
    - Were more likely to be placed with kin initially (treatment group = 43 percent; comparison group = 33 percent; $p < .01$; odds ratio [OR] = 1.56) and remain with kin during their cases (treatment group = 52 percent; comparison group = 43 percent; $p < .01$; OR = 1.55)

- Were less likely to experience subsequent child welfare involvement due to a subsequent substantiated report of abuse and/or neglect[28] (treatment group = 7 percent; comparison group = 11 percent; not statistically significant; OR = 1.05)

Kinship Supports

- Compared to matched children and youth whose kin caregivers did not receive Kinship Supports (*n* = 8,779), children and youth whose kin caregivers received the intervention (*n* = 10,114)—
  - Had longer stays in kinship care (treatment group kinship placements were about 1 month longer on average than comparison group kinship placements; $p < .01$; ES = .10)
  - Were more likely to spend all or most out-of-home days in kinship care (treatment group = 88 percent; comparison group = 85 percent; $p < .01$; OR = 1.30)
  - Were more likely to achieve permanency (i.e., living with kin, guardians, or adoptive parents) at case close (treatment group = 47 percent; comparison group = 43 percent; not statistically significant; OR = 1.15). Within this outcome of achieving permanency, individual rates of kinship placements, guardianship, or adoption were higher for the treatment group than the comparison group, but the rate of returning home to parents was lower for the treatment group (treatment group = 31 percent; comparison group = 42 percent)[29]

Permanency Round Tables (PRTs)

- Youth with an Other Planned Permanent Living Arrangement goal who received PRTs had more permanent connections after they received the intervention (*n* = 480). The mean number of permanent connections for these youth increased from 1.6 at the start of the intervention to 3.0 by the end of their removal or the end of the observation period ($t = 18.04$, $p < .01$). Children and youth in care 12 months or longer who received PRTs (*n* = 1,356) also had more permanent connections after they received the intervention, with the mean number of connections increasing from 1.58 at the start of the intervention to 2.34 by the end of their removal or the end of the observation period ($t = 19.60$, $p < .01$).

Trauma-Informed Screening, Assessment, and Treatment

- Compared to matched children and youth who did not receive trauma-informed screening, assessment, and treatment (*n* = 158), children and youth who received the interventions[30] (*n* = 158)—
  - Were more likely to spend the majority of their out-of-home placement days in kinship care (treatment group = 66 percent; comparison group = 41 percent; not statistically significant; ES = 1.55)

[28] Subsequent child welfare involvement was specifically defined as "founded or inconclusive rereport of abuse and/or neglect with case open."
[29] Statistical significance and ES not reported.
[30] These summary findings exclude those who received CWRC Assessment.

- Were more likely to have no more than one placement disruption (treatment group = 65 percent; comparison group = 56; not statistically significant; OR = 1.90)
- Were more likely to achieve permanency with parents, nonadoptive kin, or nonkin guardians (all combined) (treatment group = 97 percent; comparison group = 91 percent; not statistically significant; OR = 1.81)
- Were less likely to reenter out-of-home care after their cases closed (treatment group = 13 percent; comparison group = 35 percent; not statistically significant; OR = 3.13).

Cost Study Findings

- Controlling for inflation, total child welfare expenditures increased by 8 percent from State Fiscal Year (SFY) 2013 to SFY 2018 across demonstration counties and out-of-home care board and maintenance expenditures decreased by 5 percent.[31]

- The category of spending that increased the most (by 18 percent over the course of the waiver demonstration) was Direct County spending. This reflected a statewide effort to explore and encourage services and supports for families beyond out-of-home placements and county choices to primarily invest in county staff to deliver those services rather than purchasing them from contracted providers.

- During the waiver, demonstration counties overall experienced a reduction in the average daily unit cost of out-of-home care board and maintenance by 8 percent between SFY 2013 and SFY 2018. Four of the ten largest counties saw a decrease of 17 percent or greater from SFY 2013 to SFY 2018. The decrease in average daily unit cost was a likely source of savings, estimated at $69.8 million over the course of the waiver. This was likely due to the shift in placement types from more restrictive (and costly) to less restrictive placements, primarily by continuing to decrease congregate care days and increasing the use of noncertified kinship days over the course of the waiver.

Seven-County Child Welfare Resiliency Center (CWRC) Substudy

- Child welfare outcomes were compared for youth that received CWRC trauma screening and assessment (*n* = 450) to those eligible for but who had never received a trauma screen or assessment.[32] No differences were found between groups on any of the outcomes.

The final evaluation report is posted online. Inquiries regarding the demonstration may be directed to Tyler Allen, IV-E Waiver Administrator at tyler.allen@state.co.us

[31] Tests of statistical significance were not reported.
[32] Number of children/youth in the comparison group was not reported.

5: District of Columbia

Demonstration Basics

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

Implementation Date: April 25, 2014

Completion Date: April 24, 2019[33]

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.** 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 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 been returned and to prevent reentry into foster care. The priority target populations for this intervention are families with children in out-of-home

[33] District of Columbia has received an extension from the Children's Bureau to continue implementation through September 2019.

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.[34]

- **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 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 referral and case management services to link children/adolescents and their families with other providers who can assist maintaining maximum functioning and stability. When a family has been stabilized through MSS, it is referred to a PESP specialist and contracted providers that offer a range of services to include 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, 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 its 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's 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

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

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

Safety

- Decreased new reports of maltreatment
- Decreased rereports 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

Evaluation Findings

The following provides a summary of evaluation findings for the period of March 1, 2018, through July 30, 2018. HOMEBUILDERS® was discontinued in July 2017 and MSS began implementation. Some of the combined program findings are included below.

Process Evaluation Findings

- A total of 331 families have been enrolled from April 25, 2014–July 30, 2018 (implementation period). HOMEBUILDERS®/MSS has served 205 families; 63 percent of the expected goal of 323 families. Project Connect has enrolled 126 families; 51 percent of the expected goal of 248 families.

- During the reporting period, a total of 72 families were referred to the demonstration.
    - Sixty-five families were referred to MSS, but of those 42 (65 percent) referrals were withdrawn, 21 (32 percent) were approved by CFSA, and 2 (3 percent) were pending approval. Of the 21 families approved, all were enrolled in services.

    - Seven families were referred to Project Connect, and all 7 (100 percent) were approved by CFSA. Of the 7 approved, none were enrolled in services. The most cited reason for an accepted family to not enroll is parent refusal of services.

Outcome Evaluation Findings

MSS

Data is for the period of May 2017 through July 2018. Eight of the 18 MSS families were able to be matched to a pre-waiver sample for this report. Due to the short implementation period, the sample size is small; the results should be interpreted broadly.

- Seventy-five percent (*n* = 6) of matched families had more substantiated Child Protective Services (CPS) reports within 12 months of program enrollment compared to 60 percent (*n* =3) of successfully[35] discharged and 100 percent (*n* = 2) of unsuccessfully discharged waiver families that had a 12-month follow-up period. Seventy-five percent (*n* = 6) of matched families had a substantiated CPS report during matched service dates compared to 27 percent (*n* = 3) of successfully discharged waiver families and 29 percent (*n* = 2) of unsuccessfully discharged waiver families.

- Twenty-five percent (*n* = 2) of matched families had a substantiated CPS report within 12 months following discharge compared to 50 percent (*n* = 2) of successfully discharged and 100 percent (*n* = 1) of the unsuccessfully discharged waiver family.

- Time from opening and substantiating a CPS report was an average of 30 days, for the six-pre-waiver matched families. This was longer than both successfully discharged (*m* = 8 days) and unsuccessfully discharged waiver families (*m* = 23 days).

- The MSS benchmark of at least 70 percent of children referred for MSS will not have an out-of-home placement 6 months following closure of services was met. The CFSA benchmark of 90 percent of families will not have an entry into out-of-home care within 12 months of initiation of waiver services was also met.

Project Connect

Data is for the period of April 2014 through July 2018. Thirty-one of the 111 Project Connect families were able to be matched to a pre-waiver sample for the reporting period.

- Nineteen percent (*n* = 7) of successfully discharged waiver families had a substantiated CPS report within 12 months of program enrollment compared to 28 percent (*n* = 19) of unsuccessfully discharged waiver families and 46 percent (*n* = 25) of matched families. Sixteen percent (*n* = 6) of successfully discharged waiver families had a substantiated CPS report during matched service dates compared to 21 percent (*n* = 15) of unsuccessfully discharged families and 46 percent (*n* = 25) of matched families.

- Fourteen percent (*n* = 4) of successfully discharged waiver families had a substantiated CPS report within 12 months following discharge compared to 27 percent (*n* =16) of unsuccessfully discharged waiver families and 3 percent (*n* = 1) of matched families.

[35] "Successfully discharged" is defined as cases in which family goals were addressed and no further services were needed, the family withdrew after requested services were received, or the family transitioned into aftercare. "Unsuccessfully discharged" is defined as cases in which the family withdrew from services, the family was unresponsive after requested services were received, or the case was dismissed due to safety concerns.

- When compared to the pre-waiver matched sample (118 days), enrollment in services appears to increase the amount of time before a substantiated CPS report regardless of discharge outcome (584 and 329 average days respectively).

- Twenty-three percent (*n* = 9) of successfully discharged waiver families had a foster care exit during service compared to 12 percent (*n* = 9) of unsuccessfully discharged waiver families and 37 percent (*n* = 11) of matched families.

- Four percent (*n* = 1) of successfully discharged waiver families had a foster care entry within 12 months following a discharge date compared to 14 percent (*n* = 8) of unsuccessfully discharged waiver families and 10 percent (*n* = 3) of matched families.

- None of the successfully discharged families or the matched families had a foster care exit within 6 months of a matched discharge date compared to 4 percent (*n* = 3) of unsuccessfully discharged waiver families.

No cost study findings have been reported to date but will be included in the upcoming final evaluation report.

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

6: Florida

Demonstration Basics

Demonstration Focus: Enhanced Service Array

Implementation Date: October 1, 2013[36]

Completion Date: September 30, 2019[37]

Final Evaluation Report: March 29, 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, 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 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, administration and oversight of psychotropic medications for children in foster care, and administration of the Florida Pediatric Psychiatry Consult Hotline. Additionally, four

[36] 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.
[37] The Florida demonstration was scheduled to end on September 30, 2018. The state received an extension from the Children's Bureau to continue implementation through September 2019.

regions, including 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 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 service systems to ensure that foster families receive the support they need to provide high-quality care to children.
- **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. 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.

The process evaluation is comprised of two research components: (1) An Implementation Analysis focused on processes such as staff, training, role of the courts, and several contextual factors; and (2) Services and Practice Analysis which assesses available services and practices under the extended demonstration with those available prior to the extension to examine progress in expanding the array of community-based services and supports 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 outcome evaluation assessed changes in safety, permanency, and resource family outcomes. Child and family well-being were assessed based on applicable Child and Family Services Reviews (CFSR) outcomes and performance items. The cost analysis compared the costs of services received by children and families under the waiver extension with the costs of services available prior to the extension. The cost analysis also assessed 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.

Substudy

The state conducted two substudies. Substudy One examined trends in service use and costs for youth served by the child welfare system and other state systems. A cohort analysis was conducted to follow youth who entered the child welfare system at different time points to examine how services, costs, and outcomes in other public-sector systems varied depending on whether the youth entered the child welfare system before or after implementation of the demonstration extension. Substudy Two involved 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 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 2012, 2012 to 2013), in which children remained home and families were offered voluntary prevention services. Families in the intervention group were matched with families served during the pre-waiver period using propensity score matching.

Evaluation Findings

Key process, outcome, and cost findings are summarized below and reflect information reported by the state in the final evaluation report submitted in March 2019.

Process Evaluation Findings

Evidence-Based Practice (EBP) Assessment. Findings from the survey identified a variety of EBPs being implemented throughout the state. Based on use across multiple regions, the evaluation team and state selected Wraparound and the Nurturing Parenting Program for a more in-depth assessment of their implementation, utilization, and practice fidelity. Key findings are listed below:

- *Wraparound*
  - Eleven lead agencies reported using the program for a variety of purposes with family support service being the most frequently reported (72.7 percent).
  - Six of the agencies characterized their status as moderate to full implementation, with the remaining five reporting being in earlier stages of implementation.
  - Eligibility criteria varied depending on how the program was used.
  - Sixty-three percent of the agencies that used Wraparound reported they or their contracted providers measured fidelity to the model.
  - The fidelity tool most commonly used was the Team Observation Measure (TOM), an instrument available through the National Wraparound Initiative that is completed during family team meetings.
  - While it was found that the fidelity tools used across agencies were consistent, the extent to which fidelity data were readily available and being analyzed varied considerably. Most agencies indicated they received fidelity reports from their providers, but typically they focused on established performance measures and did not require providers to compile aggregated fidelity data.

- *Nurturing Parenting Program (NPP)*
  - Twelve lead agencies reported using NPP for multiple purposes with the most frequently reported being family support service (75 percent) and treatment service (66.7 percent).
  - While use of NPP has grown throughout the state, few agencies reported having protocols in place to measure fidelity and most expressed this was due to a lack of fidelity tools available through the model developer.
  - Only two agencies reported assessing fidelity but had developed their own tools for this purpose. The fidelity tool combines components of NPP criteria along with agency-established performance measures and a case file review process.

Outcome Evaluation Findings

Analyses were conducted to address research questions related to outcomes for permanency, safety, and resource families. Key findings include the following:[38]

- The proportion of children exiting out-of-home care to permanency[39] regardless of the reason for discharge within 12 months of the latest removal decreased from 50.4 percent for the SFY 2011–2012 cohort to 35.8 percent for the SFY 2016–2017 cohort. A statistically significant decrease.

- The proportion of children reunified with original caregiver within 12 months of the latest removal decrease from 34.3 percent for the SFY 2011–2012 cohort to 29.9 percent for the SFY 2016–2017 cohort. A small but significant decline over time.

- The proportion of children with finalized adoption[40] within 24 months of latest removal decreased from 43.0 percent in SFY 2011–2012 cohort to 42.4 percent for SFY 2015–2016 cohort. No statistically significant change.

- The rate of verified maltreatment as a proportion of the state child population decreased from 13.5 percent in SFY 2011–2012 to 10.9 percent in SFY 2014–2015. A statistically significant decrease.

- Proportion of children who did not experience verified maltreatment within 6 months of service termination increased from 95.9 percent for SFY 2011–2012 cohort to 96.5 percent for SFY 2015–2016 cohort. No statistically significant change.

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[38] Data abstracts are from the Florida Safe Families Network (FSFN) for SFYs 2011–2012, 2012–2013, 2013–2014, 2014–2015, 2015–2016, and 16–17 for children involved with the child welfare system during the demonstration extension and during the last two SFYs (2011-2012 and 2012-2013) of the originally approved waiver.

[39] Exited into permanency is defined as an exit status involving any of the following reasons for discharge: (a) reunification with parents or original caregivers, (b) permanent guardianship (i.e., long-term custody, guardianship) with a relative or nonrelative, (c) adoption finalized, and (d) dismissed by the court.

[40] Finalized adoption is defined as children adopted within 24 months of their latest removal based on entry cohort.

- Overall, the proportion of licensed foster families statewide that were active after 12 months slightly decreased over time form 74.7 percent in SFY 2014–2015 to 72.8 percent in SFY 2017–2018.

- The proportion of newly recruited foster families ranged from 2.5 to 9.1 percent in SFY 2014–2015; from 1.7 to 13.8 percent in SFY 2015–2016, and from 2.1 to 9.1 percent in SFY 2016–2017.

Cost Study Findings

- Costs for front-end prevention services (family support services) increased from $16.8 million in the pre-demonstration year (SFY 2004-2005 through SFY 2005-2006) to $39.6 million during the initial demonstration (SFY 2006-2007 through 2012-2013), and $52.3 million during the extension (SFY 2013-2014 through SFY 2015-2016).

- The ratio of expenditures for licensed foster care to expenditures for front-end prevention services has trended downward over time. For the pre-demonstration period (SFY 2004-2005 and 2005-2006), expenditures for licensed care were 9 to 10 times larger than for prevention services. The ratio declined with the implementation and reached 4.0 in SFY 2007-2008 and remained near 3.0 since SFY 2012-2013.

- The change in the proportion of children and youth in foster care who were abused was positive among circuits that had an increase in the out-of-home share of expenditures but tended to be negative in circuits that had a decline in the out-of-home proportion of expenditures.

Substudy Findings

Substudy One: Cross-System Services and Costs

Section 1. Medicaid and Substance Abuse and Mental Health (SAMH) service use among children receiving out-of-home child welfare services

- There were 45,879 removals from SFY 2011-2012 through SFY 2013-2014, with 42,851 (93.4 percent) having Medicaid enrollment in the 12 months after removal.

- The use of most services increased in the year after removal.
  - Expenditures for physical health services (e.g., crisis care/emergency room) and physical health outpatient services increased from $12.9 million in the year before removal to $34.0 million the year after removal.
  - Expenditures for behavioral health service increased the most in the year after children entered out-of-home care with assessment services increasing from $.3 to $20.5 million, and outpatient services from $2.9 to $21.7 million.

Section 2. Medicaid and SAMH service use among children receiving in-home child welfare services

- The median expenditures were $61 per month prior to the start of in-home services and $87 per month during in-home services.

- Less than 3 percent of children that received in-home child welfare services used SAMH-funded services. The Medicaid program appears to provide most behavioral health services to children receiving in-home child welfare services.

Section 3. Health care service utilization among children and youth in the child welfare system

- Total expenditures were a function of extremely severe behavioral problems ($6,658), mental health diagnoses ($2,254), congenital anomalies ($6,140), and diagnoses indicative of maltreatment ($1,235). The presence of sexual abuse ($1,028), physical abuse ($452), and medical neglect ($3,169) were also associated with higher total expenditures in the year after removal.

- Overall, permanency was less likely with physical health inpatient stays in either the year before or after removal. Behavioral health outpatient use in both periods was associated with a lower likelihood of permanency. Behavioral health inpatient and outpatient service use were associated with a longer time to achieve permanency. Physical health service use was not associated with the time to achieve permanency.

- The average number of placements for all children and youth was 2.48 (*SD* = 3.10). Except for sexual abuse, child maltreatment was not associated with the number of placements. The presence of a mental health disorder and a physical health problem were significantly associated with an increased number of placements. However, the effect for physical health problems was much smaller than mental health disorders

Substudy Two: Services and Outcomes for 'Safe but High Risk' Families

Service and practice analysis

- A sample of nine randomly selected case records were included in the analysis. All showed evidence that family needs and the identification of services to address those needs were discussed during case staffings.

- Services provided to families varied depending on their needs. These included services such as individual and/or family counseling, parenting and life skills education, psychoeducation regarding children's mental/behavioral health needs, and assistance with basic needs such as daycare and affordable housing.

- All nine cases included referrals to formal services, which generally matched the identified family needs. However, fewer cases incorporated the use of informal supports

(e.g., referring a caregiver to a local parent support group, engaging local relatives in the family care plan).

- For most cases (*n* = 7), most or all the identified family needs appeared to be addressed by the services provided.

- All nine cases indicated that the families cooperated with services, and case closure was based on family progress and observed behavior changes for all but one case, which was discharged because the family moved to a different county.

Outcome analysis

- A total of 2,859 cases met the study criteria and were included in the intervention group. The matched comparison group consisted of 2,632 cases.

- A larger proportion of children in the intervention group (33.1 percent) experienced a subsequent child maltreatment report compared to 13.5 percent of children in the comparison group; a statistically significant difference.

- A significantly lower proportion of children in the intervention group (1.2 percent) had a recurrence of maltreatment[41] than children in the comparison group (4.2 percent).

- The proportion of children who entered out-of-home care within 12 months was lower for the the intervention group (5.1 percent) than for the comparison group (22 percent); a statistically significant difference.

- There were 0.3 percent of children in the intervention group compared to 1.6 percent of children in the comparison group who reentered out-of-home care after discharge; a statistically significant difference.

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.

[41] Recurrence of maltreatment was defined as a second incident of verified maltreatment within 6 months of a child's first verified maltreatment incident. Only children with "verified" maltreatment (i.e., when the protective investigation resulted in a verified finding of abuse, neglect, or threatened harm) were included in the analysis.

7: Hawaii

Demonstration Basics

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

Implementation Date: January 1, 2015

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 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.

- **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 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 possibly 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 family involvement with the IHBS program.

- **Intensive Home-based Services (IHBS)** are provided following a family referral to IHBS from the CRT. At this point, 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 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 postintervention family requests for assistance for up to 6 months. Two booster sessions are also offered to the family.

The primary interventions for Long Stayers are described below.

- **Safety, Permanency, and Well-Being Meetings (SPAW)** is 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. Although families are not directly involved in this process, the SPAW includes service providers, professionals involved with the child and family, consultants (e.g., cultural, medical, mental health), 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 one may be scheduled. General criterion for service termination is to establish a clear pathway to realistically achievable permanency, achieved permanency (adoption, legal guardianship, or on rare occasions, 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.
- **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 communities. 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 (“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 substudies 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 substudies 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 3 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 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 specific intervention 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 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 outcome findings from data analysis on cases served through waiver interventions in 2015 and 2016 and reported in the interim evaluation report.

Cost findings as reported for the semiannual reporting period of July 1, 2018, through December 31, 2018.

Outcome Evaluation Findings[42]

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.

[42] Data analyses are from the period of January 1, 2015, through December 31, 2016.

IHBS

- A total of 110 children were referred to IHBS services on O'ahu, 22 in East Hawaii, and only 1 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.

- 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 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 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). 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 (15 percent of Hawai'i Island Wrap participants and 25 percent of reunified children) exited child welfare services altogether. Three reunified with their families in the same month as their first Wrap meeting. The mean length of time to reunification overall was 2 months.

Cost Study

Three years of state fiscal year (SFY) data prior to implementation (2012–2014) were compared to the first 3 years after implementation (2015–2017)[43] to understand how the waiver may impact spending trends. CWS spending is categorized in three major program areas: Child Protective Services (CPS), CPS payments (i.e., contracted services), and a portion of general support. Key findings are listed below.

- Total spending has increased slightly each year since 2012. However, proportionally the amounts spent on each of the three program areas has remained constant with CPS representing 51–54 percent of spending, CPS payments accounting for 43–47 percent, and general support consisting of 1–2 percent of actual expenditures. Total CWS expenditures in 2012 was $111,828,199 and in 2017 was $129,842,883.

- Most CWS expenditures can be categorized as direct services or out-of-home placement costs (e.g. room and board), and the portion spent on out-of-home placements has been increasing since 2012. The evaluators note that board rates increased in SFY 2015, which may have contributed to the increase in out of home payments beginning in 2015.

- Complete expenditures data for contracted waiver services were available for SFY 2015–2017. Services were identified in expenditure data using a contract code connected to the demonstration and include Comprehensive Counseling and Support Services (CCSS), Voluntary Case Management Services (VCM), Intensive Home-Based Services (IHBS), Post-Permanency Services (PPS), Family Wrap, and Homebuilders training and consultation. Contracted waiver services have totaled over $8 million each year, with a $5 million contract for CCSS/VCM/IHBS on O'ahu accounting for most of this spending. Homebuilders training costs were incurred in 2016, and Family Wrap spending began in 2016 and increased substantially in 2017.

Information and reports for the Hawai'i demonstration are available online. Inquiries regarding the Hawaii demonstration may be directed to Rosaline Tupou at Rtupou@dhs.hawaii.gov

[43] Several questions remain about the 2018 fiscal data that DHS has not been able to answer at the time of the report; therefore, these analyses exclude SFY 2018.

8: Illinois (AODA)

Demonstration Basics

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

Implementation Date: October 1, 2013[44]

Completion Date: September 30, 2019

Interim Evaluation Report: December 5, 2017

Final Evaluation Report: Pending[45]

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.[46]

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 parent 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

[44] 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.

[45] A draft final evaluation report was received in December 2018. The Children's Bureau is awaiting a revised final evaluation report.

[46] 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[47] that have been identified as low risk.[48] 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, their families, and caseworkers. Judges understand the benefits of achieving those goals. Using three established risk assessment and treatment progress instruments (Recovery Matrix, Child Risk and Endangerment Protocol, 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. The 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

[47] Initial implementation of these services is limited to Cook County but may be expanded to Madison and St. Clair Counties.
[48] 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.

are eligible for enhanced RCP services are invited and encouraged to participate in the Be Strong Families activities.

Evaluation Design

The evaluation 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).

Sample

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

Madison County
The state uses a 3:2 assignment ratio, assigning approximately three eligible cases to the experimental group for every two cases assigned to the control group over the course of the demonstration. 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 listed below. Findings cover the period of April 2000 through February 2017, unless otherwise noted.[49]

Process Evaluation Findings

Cook County[50]

- 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 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 more days to adoption (1,682) compared to the control group (1,599). 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 groups did not significantly differ for the rates of subsequent maltreatment (24 percent versus 25 percent, respectively) or 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.

Reports can be found on the Illinois DCFS website and the evaluator's website. Inquiries regarding the IL-AODA demonstration may be directed to Sam Gillespie at sam.gillespie@illinois.gov

[49] Treatment participation totals are reported for the period of April 2000 through February 2017 with safety and permanency data reported through June 2017.

[50] The interim evaluation report only includes data for Cook County because St. Clair County was 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.

9: Illinois (IB3)

Demonstration Basics

Demonstration Focus: Parenting Education and Support Services

Implementation Date: July 1, 2013

Expected Completion Date: September 30, 2019[51]

Final Evaluation Report: 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 contributing to abusive parenting behaviors and to enhance parent skills in supporting attachments, nurturing, and general parenting. NPP also includes individual/home

[51] The Illinois (IB3) parenting education and support demonstration constitutes the state's fourth title IV-E waiver demonstration. An earlier demonstration focusing 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, which originally was to be completed on June 30, 2018. Illinois received an extension from the Children's Bureau to continue implementation through September 2019.

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 included process and outcome components, a cost analysis, and a substudy. The outcome evaluation involved a randomized controlled trial with interventions compared to services as usual. Illinois Department of Children and Family Services (DCFS) offices and voluntary agencies were first randomized to treatment or comparison clusters, after which children were assigned to clusters using the DCFS existing rotational case assignment system.

The cost analysis compared the costs of services received by children and families assigned to the intervention group with the costs of services for children and families receiving services as usual. The analysis examined cost neutrality and savings due to timelier family reunification or expedited permanency arrangements compared to services as usual.

The substudy tested the impact of having multiple caseworkers assigned to a given child welfare case on rates of family unification.

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in the final evaluation report submitted in December 2018.

Process Evaluation Findings[52]

- Eighty-seven percent of the 1,889 children assigned to IB3 were assessed for trauma and other functional impairments.

- The distribution of risk levels was balanced across the intervention and comparison groups, although higher than expected proportions of children screened as high risk (56 percent overall).

- As of October 2018, program staff reported referring 292 high-risk children to Child Parent Psychotherapy (CPP). Based on data through March 31, 2018, for children with high or moderate risk status, 24 percent of caregivers and children referred to CPP completed the program (*n* = 67).

- As of October 2018, there were 943 referrals to Nurturing Parenting Program for parents (NPP-PV) and 396 referrals to the Nurturing Parenting Program for foster parents (NPP-CV). Thirty-eight percent of birth parents of children in the intervention group successfully completed NPP-PV and 44 percent of foster caregivers of children in the intervention group successfully completed NPP-CV. Completion percentages of NPP-PV varied by fiscal year, with an overall completion rate of 38 percent across the 4 years (28 percent in Fiscal Year [FY]2014; 43.7 percent in FY 2015; 38.2 percent in FY 2016; and 44.6 percent in FY 2017).

- Of caregivers in the intervention group who completed NPP or CPP, 65 percent of those surveyed (*n* = 51) found the NPP program to be very or extremely helpful and 67 percent found the CPP program to be very or extremely helpful.

- Key findings from two focus groups conducted with caregivers who participated in NPP-CV are noted below (*n* = 9).
  - Caregivers expressed reluctance when first referred for NPP-CV; however, their overall experiences with the program were overwhelmingly positive.
  - Caregivers specifically liked the support from other caregivers in the class and the facilitators during NPP-CV sessions.
  - Most of the caregivers demonstrated awareness of trauma and its impact and were able to discuss how their parenting changed because of NPP-CV.
  - Caregivers recommended expanding NPP-CV to more audiences, providing more times and locations when the class could be taken, and refreshers on the NPP-CV concepts taught.

- Major implementation challenges over the life of the demonstration included—
  - Logistics and communication issues, which were the primary barriers to the engagement and participation of parents and caregivers

[52] Findings are included through March 30, 2018, unless noted otherwise.

- Lack of knowledge of the IB3 program/services among caseworkers

- A waitlist for CPP due to a higher need for CPP than anticipated and lack of availability of services (primarily due to a combination of provider staff turnover and training and certifying staff) (Also, there were reimbursement challenges for implementing agencies in the first years of the demonstration resulting in a change to the contract structure for CPP providers from fee-for-service to actual costs.)

- An Implementation Support Team provided support for implementation of CPP and NPP services. The Implementation Support Team had direct interaction with agency administrators, supervisors, and caseworkers of the IB3 intervention agencies, providing monthly on-site coaching to IB3 intervention agency staff. As part of field coaching, IB3 implementation staff provided caseworkers and supervisors with monthly data reports that included information on family status and progress. The Implementation Support Team was described as instrumental in addressing implementation challenges, promoting engagement and participation in the two interventions, and achieving positive outcomes.

Outcome Evaluation Findings[53]

- An examination of pre- and posttest differences in scores on the Adult-Adolescent Parenting Inventory-2 for parents and caregivers who completed the NPP program (n = 367) indicated slight to moderate improvement in parenting competencies among program participants in all five areas assessed by the Adult-Adolescent Parenting Inventory-2 (expectations, empathy, punishment, roles, and power). There were moderate[54] improvements in the empathy scale across all NPP participants. Birth fathers had moderate improvements in four out of the five areas. Birth mothers and foster caregivers experienced improvements in all areas, but empathy was the only scale for which the pre- and posttest difference could be classified as moderate in magnitude.

- The odds of family unification (reunification with a parent or kinship guardianship) were 46 percent higher for children in the intervention group than for children in the comparison group ($p < .01$). When analysis was restricted to children first removed from home when they were older than 6 months, the odds of family unification were 57 percent higher for children in the intervention group than for children in the comparison group.[55]

[53] Outcome findings are based on 894 children in the intervention group and 995 in the comparison group, unless otherwise specified.
[54] Effect sizes greater than .5 are considered moderate changes, and those greater than .8 are considered large changes.
[55] Statistical significance was not reported.

- The odds of reunification with birth parents were 36 percent higher for children in the intervention group than for those in the comparison group ($p < .001$).

- The odds of family unification were 20 percent higher for children with a caregiver that completed the NPP than for those whose parents participated in NPP but did not complete the program.[56]

- The odds of adoption were 24 percent lower for children in the intervention group than those in the comparison group ($p < .05$).

- There was a marginally significant difference ($p = .06$) between the intervention and comparison groups with respect to enrollment in special education programs. Telephone surveys with birth and foster parents ($n = 428$) indicated at the time of the survey, a larger proportion of children in the comparison group were reported by their caregivers as being enrolled in a special education program (75 percent) than were reported by caregivers of children in the intervention group (67 percent). Among those families that were told their children had a learning disability, equal proportions in the intervention and comparison groups were receiving special education services.

- A multilevel growth curve approach was used to investigate change trajectories in children's scores on the Devereux Early Childhood Assessment for Infants and Toddlers (DECA). Three DECA scales were examined: attachment, initiative, and self-regulation. These were measured repeatedly at four consecutive screenings (*n s*creening 1 = 1,702; *n s*creening 2 = 916; *n s*creening 3 = 395; *n s*creening 4 = 148). Overall, changes in the DECA scores for the intervention group are characterized by an upward growth trajectory. However, the trajectory between the first and second screenings differs from their counterparts in the comparison group. Within the intervention group, an initial upward change was only significant ($p < .05$) for the attachment and self-regulation scores, while the comparison group experienced statistically significant initial rates of change on all three outcomes. The comparison group's faster initial trajectory was temporary because the group also experienced more statistically significant declines in the long-term (third and fourth screenings) compared to the intervention group. None of the subsequent long-term decelerations in DECA scores within the intervention group was statistically significant. To the contrary, the comparison group experienced statistically significant long-term downward trends in their attachment and initiative scores ($p < .01$). Overall, the results suggest that over time, offering trauma-informed parenting programs may improve the social and emotional well-being of children in foster care who have experienced one or more traumas more than offering no services or services as usual.

[56] Statistical significance was not reported.

Cost Study Findings

- The cumulative costs savings (maintenance and administration) for IB3 through the June 30, 2018, quarter amounted to $432,568. Thus, the demonstration was able to fund the extra costs of delivering evidence-supported services within the pre-established cost-neutrality limits.

Substudy Findings

- Children in the demonstration project experienced several changes in caseworker assignment. Data on caseworkers from April 30, 2017, showed that 17 percent of the sample had one worker assigned to their cases, 15 percent had two workers, and 68 percent had three or more workers assigned over the duration of time in care.

- When controlling for the number of caseworker changes a child had, children assigned to the intervention group had a 20 percent higher rate of unifying with a family member than children assigned to the comparison group (p <.05). For each change in worker, the likelihood of reunifying decreased by 8 percent.

- Children assigned to a worker with a Master of Social Work (MSW) degree were compared to children assigned to a worker without. Children who had a worker with an MSW assigned to them at any point during their time in care had a 24-percent lower rate of achieving family unification than children who did not have one assigned to them. This difference was not statistically significant.

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

10: Illinois (Immersion Site)

Demonstration Basics

Demonstration Focus: Core Practice Model, Service Array Development[57], Qualitative Case Reviews and Administrative Process Changes

Implementation Date: January 1, 2017

Completion Date: September 30, 2019[58]

Final Evaluation Report: December 28, 2018

Target Population

The Illinois Immersion Site demonstration targets all youth in care aged 0 to 17 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 targets 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 intervention was expanded to a private agency and to DCFS staff in the southern region.

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 service plans. The FTS model is 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 the FTS practice model is consistently implemented. The third element of the Core Practice Model is the

[57] 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 which 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.

[58] The Illinois demonstration was originally scheduled to be completed by June 30, 2018, but received an extension from the Children's Bureau to continue implementation through September 2019.

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.

- **Service Array Development and Flexible Funding** was conducted to build the capacity of community services and supports within the geographic areas of the Immersion Sites (see Process Evaluation section).
- **Quality Reviews (QSR as the current applied tool) and Quality Assurance** were 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 were used for the examination of the Core Practice Model. Quality review involves a continuous review process whereby a sample of cases will be reviewed monthly in each Immersion Site.
- **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
  - 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 for 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 included process and outcome components and a cost analysis. The process evaluation focused on describing how the demonstration was implemented and how services differed from services available prior to implementation.

The outcome evaluation tested the hypothesis that legal spells[59] for children exposed to the Immersion Site interventions will experience more positive permanency and safety outcomes than legal spells for children not exposed to the Immersion Site interventions over the same period of time.

[59] A legal spell was defined by the period in which the Illinois DCFS had legal responsibility over a child and other criteria (i.e., with a valid legal status), as indicated by using Illinois DCFS administrative data.

Specifically, the evaluation compared the intervention and comparison groups to answer the following research question:

- Was implementing Immersion Sites associated with –
  - Decreased permanency goal of independence (proximal outcome 1)
  - Increased placement stability in family-based care (proximal outcome 2)
  - Decreased placement moves (intermediate outcome 1)
  - Decreased investigations in care (intermediate outcome 2)
  - Increased likelihood of permanent exit (distal outcome 1)
  - Decreased time-to-permanent exit (distal outcome 2)
  - Decreased likelihood of re-entry (distal outcome 3)

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in the final evaluation report submitted in December 2018.

Process Evaluation Findings

Findings are included for the period of August 1, 2016, through June 30, 2018, unless noted otherwise. Implementation of the Immersion Sites intervention began August 1, 2016.

- Of the 867 staff who carried a case during the reporting period, 262 (30.2 percent) completed the FTS training.[60]

- Of the 443 supervisors assigned to staff who carried a case, 122 (27.5 percent) completed the FTS training and 43 (9.7 percent) completed the MoSP training.[61]

- Among legal spells classified as unexposed to the Immersion Site intervention, there were 1.43 supervised visits per 30 days in care pre-implementation[62] and 2.42 supervised visits per 30 days in care post-implementation. Among legal spells classified as partially exposed[63] to the intervention, there were 1.38 supervised visits per 30 days in care pre-implementation and 2.20 supervised visits per 30 days in care post-implementation. The difference between the odds ratios for unexposed and partially exposed was statistically significant and negative (i.e., the frequency of supervised visits per 30 days in care had a statistically significant increase from pre- to post-implementation in legal spells classified as unexposed than it did among legal spells classified as partially exposed).

[60] The report notes this total may be an underestimate due to staff who were not retained or who may have been newly hired and not yet had an opportunity to be trained.
[61] The report notes this may be an underestimate due to supervisors who were not retained or who may have been newly hired and not yet had an opportunity to be trained. In addition, MoSP training was implemented later than initially planned.
[62] The pre-implementation period is prior to August 1, 2016 and the post-implementation period is after August 1, 2016.
[63] A legal spell was classified as "partially exposed" if it was neither unexposed nor fully exposed to all Immersion Site intervention components. No cases were classified as "fully exposed" since none of the Immersion Sites had implemented all the Immersion Site interventions by the time the final report was completed.

- Among legal spells classified as unexposed to the intervention, there were 0.26 unsupervised visits per 30 days in care pre-implementation and 0.23 unsupervised visits per 30 days in care post-implementation. Among legal spells classified as partially exposed to the intervention, there were 0.27 unsupervised visits per 30 days in care pre-implementation and 0.36 unsupervised visits per 30 days in care post-implementation. The difference between odds ratios for the unexposed and partially exposed was statistically significant and positive (i.e., the frequency of unsupervised visits per 30 days in care pre- and post-implementation among children with legal spells who were partially exposed to the intervention increased at a statistically significant level, whereas unsupervised visits per 30 days pre- and post-implementation among children with legal spells who were unexposed decreased at a statistically significant level).

- Of the 867 staff who carried a case during the reporting period, 211 (24.3 percent) were approved as facilitators of the new CFTM model.

- Of the 443 supervisors assigned to staff who carried a case during the reporting period, 78 (17.6 percent) were approved as facilitators of the new CFTM model.

- Among legal spells classified as unexposed to the intervention, there were 0.07 CFTMs per 30 days in care pre-implementation and 0.05 CFTMs per 30 days in care post-implementation. Among legal spells classified as partially exposed to the intervention, there were 0.08 CFTMs per 30 days in care pre-implementation and 0.05 CFTMs per 30 days in care post-implementation. The frequency of CFTMs per 30 days in care decreased from pre- to post-implementation among legal spells classified as unexposed and among legal spells classified as partially exposed. The difference between the odds ratios for the unexposed legal spells and partially exposed legal spells was not statistically significant (i.e., the magnitude of the decrease was similar for both types of spells).

- A total of 75 cases were reviewed using the new qualitative case review tool and process (QSR).
    - Of the 75 cases reviewed, 3 (4 percent) were rated as “optimal,” 20 (26.7 percent) were rated as “maintenance,” 51 (68 percent) were rated as “refinement,” and 1 (1.3 percent) was rated as “improvement” on the overall child and family status indicator.
    - Regarding overall system/practice performance scores, of the 75 cases reviewed, 0 (0 percent) were rated as “optimal,” 3 (4 percent) were rated as “maintenance,” 61 (81.3 percent) were rated as “refinement,” and 11 (14.7 percent) were rated as “improvement.”

- Evaluators documented 30 administrative process changes. Examples include, but are not limited to, the following:
    - 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
  - 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 for 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

- Newly purchased services were received for a total of 237 cases.

- Enhanced services are services and supports developed or expanded for Immersion Sites and 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

Outcome Evaluation Findings[64]

The unit of analysis for the outcome evaluation was a legal spell. Spells were categorized as unexposed (*n* = 36,780) or partially exposed (*n* = 1,079). There were no fully exposed legal spells at the time of the final report since full implementation of the demonstration had not yet occurred.

- Proximal Outcomes. Partially exposed legal spells had 23-percent lower odds of having an initial permanency goal of independence (Proximal Outcome 1.1) and 15-percent higher odds of having a most recent permanency goal of independence (Proximal Outcome 1.2) than did unexposed legal spells. These differences were not statistically

[64] The final evaluation report provides both adjusted and unadjusted analyses. Included below are findings only from the adjusted analyses because it is more methodologically robust. In the adjusted analysis, the three effects—counties (i.e., Immersion Site counties versus non-Immersion Site counties), time (pre- versus post-Immersion Sites implementation), and the interaction of counties by time (to test the difference in different changes in outcomes from pre- to post-Immersion Sites implementation between the two county groups)—were examined, while controlling for age, gender, ethnicity, length of stay in care, and case status (open or closed). It is the site-by-time interaction that estimates the effects of Immersion Sites on the outcomes of interest.

significant. While not statistically significant, the analysis suggests that there is some evidence of movement in a positive direction in these proximal outcomes.

- Intermediate Outcomes. The site-by-time interaction was not statistically significant for any of the intermediate outcomes. None of the outcomes examined for site-by-time interactions moved in the hypothesized direction.

- Distal outcomes. Partially exposed legal spells had a shorter time to permanency and lower odds of reentry within 12 months compared with the unexposed. These findings were not statistically significantly. The report notes more time is needed to accumulate legal spells and events among legal spells beginning post-August 2016.

Cost Study Findings

- From the pre-implementation period (before August 1, 2016) to post-implementation period (after August 1, 2016), non-Cook County/non-Immersion Site counties experienced a 6.58 percent decrease in actual costs.
    - Pre-implementation period. The actual cost associated with non-Cook County/non-Immersion Site counties was $1,249,060,752.31. This was five times greater than the actual cost associated with Immersion Site counties in the same period, which was $249,096,858.21. The evaluators note that the difference was expected considering the larger number of spells associated with non-Cook County/non-Immersion Site counties.
    - Post-implementation period. The actual cost associated with non-Cook County/non-Immersion Site counties was $82,207,000.55. This was four and a half times greater than the actual cost associated with Immersion Site counties in the same period which was $18,287,311.70.

- The report notes the cost study findings were consistent with expectations due to the additional, fixed costs of the demonstration interventions, which totaled $4,744,323.53. Using projected calculations (based on an analysis of types of service costs), the Immersion Site interventions overall saved the state $2,851,334.94, which amounted to roughly 60 percent of the fixed costs ($4,744,323.53). These savings were inadequate to cover the total projected cost of implementation.

The final evaluation report is posted online. Inquiries about the Illinois Immersion Site initiative may be directed to Jeremy Harvey at Jeremy.Harvey@illinois.gov

11: Indiana

Demonstration Basics

Demonstration Focus: Flexible Funding – Phase III

Implementation Date: July 1, 2012[65]

Completion Date: September 30, 2019

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 efforts to increase Department of Child Services (DCS) staff's understanding of and capacity to implement demonstration interventions statewide[66] 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.
- **Child Parent Psychotherapy (CPP)** is an intervention for children aged birth to 5 who have experienced at least one traumatic event.

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[65]Indiana has operated a waiver demonstration through a series of extensions. The second long-term 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 shot-term extension through September 30, 2019.

[66] 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.

- **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 when 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 by 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–June 2009 and July 2009–June 2011. The QSR process involves the review of a representative sample of cases from each region once every 2 years.

Evaluation Findings

Findings from the final evaluation report are summarized below. The state is continuing evaluation activities through the extension period and will report additional findings after the demonstration is completed on September 30, 2019.

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 FY 2017 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 and also provides information about service gaps.

- **Concrete Services**
  - Spending on concrete services was examined through the state 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 are listed below.

  - **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).
  - **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).
  - **Court Survey.** Respondents included 478 CASA/GAL, 87 probation staff, 39 prosecutors, and 31 judges. The reported five top services most frequently recommended and ordered for children and their families were home-based, substance abuse, mental health, 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 FFY 2011 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 nonrelative 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-waiver 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 group. Safety and well-being indicators significantly increased from pre- to post-wavier, but permanency significantly declined. An analysis for QSRs findings were included for child indicators and biological parents, caregivers, and system performance indicators. Key changes in QSR rating scores in key child outcomes from pre- to post-waiver periods are listed below.

- *Safety*. Child safety increased significantly by 0.27 ($p < .0001$) and behavioral risk[67] increased by 0.34 ($p < .0001$).
- *Permanency*. Stability[68] 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 parental 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 increases in the number of children entering care and the opioid epidemic 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 Family Centered Treatment (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 listed below.

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[67] 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 others at risk of harm – measured for past 30 days for aged 3 and older.
[68] 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.

- *Safety*
  - Children who participated in FCT were significantly more likely to remain in-home throughout the treatment period than those who did not participate (55.61 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 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). This difference was not statistically significant.
  - Children who participated had a higher rate of reentry (56.42 percent) compared to children who did not participate (50 percent). This was not a statistically significant difference.

- *Permanency*
  - Children who participated in FCT were involved with DCS for fewer days (331) on average than children who did not participate (344). This was not statistically significant. Children who participated had a fewer number 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 (99.07 percent 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 (75.40 percent 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).

A copy of the final evaluation report can be found online. Inquiries regarding the Indiana demonstration may be directed to Eric Miller at 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.

Implementation Date: October 1, 2015

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, regardless of IV-E eligibility, 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 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 five anticipated START Waiver sites (i.e., Jefferson, Kenton, Fayette, Boyd, and Daviess Counties. Expansion at additional counties will be based on a needs assessment and available resources. The KSTEP program was implemented in July 1, 2017, and piloted in four counties located in the northeastern service region (i.e., Carter, Greenup, Mason, and Rowan Counties). An additional four counties in the Northeastern Service Region (i.e. Bath, Montgomery, Fleming, and Lewis Counties) were implemented on July 1, 2019.

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 does not exceed 10 days from the time the report was received.
  - 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—
  - Cognitive-Behavioral Therapy
  - Motivational Interviewing
  - Child-Adult Relationship Enhancement (CARE) skills
  - Parent-Child Interaction Therapy (PCIT)

- All EBPs/PPs used are based on family needs and as determined through assessments (e.g., North Carolina Family Assessment Scale, Addiction Severity Index, Parenting Stress Index, 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, 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:

- 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[69] 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, other adoption or guardianship)
- Placement type whereby youth requiring out-of-home placement are placed in the least-restrictive placement
- Increased family functioning and child and adult wellbeing

Evaluation Findings

The section below summarizes key findings from the Interim Evaluation Report submitted in May 2018. [70]

- As of March 2019, a total of 388 families have been served by START in the waiver demonstration sites, including 220 families in Jefferson County, 55 in Fayette County, 67 in Kenton County, 37 in Boyd County, and 9 in Daviess County.

- As of March 2019, 194 families, including 370 children, have been accepted into KSTEP. This represents 94 percent of referrals made to KSTEP services (13 referrals were not accepted as they did not meet criteria).

Process Evaluation Findings

- 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"; 87.5 percent "Strongly Agreed" or

[69] Out-of-home placement is defined as removal from the child's primary caregiver(s), regardless of duration.
[70] An analysis of fidelity to the START model was conducted in October 2018 and submitted as supplemental to the Interim Evaluation Report. Numbers served are provided as of the most recent semiannual report submitted in March 2019.

"Somewhat Agreed" with the statement, "I will be able to apply what I learned during this session on the job."

- Key findings from START model fidelity assessment are noted below.
  - Overall, START sites are receiving referrals quickly, well within the desired 10 days of intake. Boyd County received referrals on an average of 1.3 days of intake, Kenton County 3.7 days, Fayette County 3.8 days, and Jefferson County 5.1 days.

  - START aims to complete a family's first Family Team Meeting (FTM) within 3 business days of receiving the referral. As of October 2018, Boyd and Kenton County START sites managed to complete the first FTMs within 2.0 and 2.3 days of referral on average, respectively. Fayette County START has shown improvement going from an average of 10.6 days in 2017 (the first year of implementation) to 3.8 in 2018. In Jefferson County, the average days from referral to the first FTM is 6.6.[71]

  - START seeks to rapidly engage adults with addiction treatment providers. Thus, one of the fidelity markers is the number of days between first face-to-face contact with adults and the adult assessment by the addiction treatment provider. As of October 2018, Boyd County's average number of days was 2 days, Kenton County 4.4, and Fayette County 6.1 on average from first face-to-face contact to assessment by provider.[72]

Outcome Evaluation Findings[73]

- Rates of subsequent 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.[74]

- Rates of entry into state custody did not differ substantially between focal children[75] 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

[71] In Jefferson County where the RCT is conducted, the START supervisors must be sure a family appears to meet criteria for START before randomizing. This process likely contributed to delays in the time to the first FTM.
[72] Due to problems with data entered by the Jefferson County treatment provider, 2018 averages could not be assessed at the time of the report.
[73] START outcome analyses includes families referred to START in Jefferson County between October 1, 2015, and April 1, 2017.
[74] Individual case record reviews conducted in August 2018 revealed several of the substantiated subsequent reports among START families were actually second entries for the same report. The report was incorrectly assigned a unique record number and flagged as subsequent when in fact no new maltreatment had occurred. All instances of subsequent maltreatment are being reviewed and verified prior to analysis for the final report.
[75] If multiple children under 5 years old were in a family, the focal child was the one closest to age 3.

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 START. 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 Jennifer Thornhill at Jennifer.Thornhill@ky.gov

13: Maine

Demonstration Basics

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

Implementation Date: April 1, 2016

Completion Date: December 31, 2018[76]

Interim Evaluation Report Date: November 29, 2018

Final Evaluation Report Expected: March 31, 2020

Target Population

The target population included all parents involved with the child welfare system who received in-home or 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 was implemented in region 1 (southern), region 2 (central), and region 3 (northern and eastern).

Intervention

Through the demonstration, the state sought 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 received 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

[76] The demonstration was scheduled to end September 30, 2019, but the state terminated the waiver retroactive to December 31, 2018.

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 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 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 geared toward families at risk of child maltreatment and covers anger management and behavior management techniques.

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The process evaluation included 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 used both a pre-post and a longitudinal, matched comparison group design. The pre- and post-analysis 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 repeated maltreatment
- Child and family well-being

Evaluation Findings

A summary of evaluation findings from the interim evaluation report received in November 2018 are noted below.

Process Evaluation

Fidelity Assessment. The assessment examined the administration of Matrix IOP and Triple P by assessing implementation in specific areas. Some of the key findings are presented below.

- Service completion and attendance. Initially, overall program status (i.e., the designation as to whether someone has completed the program to fidelity or not) was left to the discretion of the clinician. Fidelity determination (by tracking independent components rather than clinician-assigned status) was changed and implemented in year 3. Only participants who have satisfied all requirements are counted as having completed the model to fidelity. Of the 67 participants (total across cohorts 1 through 4) who graduated, 37 percent completed the program to fidelity.

- Duration and frequency of the service
  - Attendance data over the demonstration period shows most clients progress through MEPP at a slower rate than intended (i.e., three sessions per week for 16 weeks for a total of 48 Matrix sessions). However, challenges such as illness, issues with childcare, transportation, inclement weather, and lack of engagement have impacted the rate of program completion. Overall, 87 percent of the clients who graduated and 92 percent who completed MEPP to fidelity did so in more than 16 weeks.

  - Triple P Initiation. The clinical recommendation was for participants to start Triple P approximately 4 weeks after Matrix, which would allow participants an opportunity to engage in IOP and have time to focus on recovery.
    - Analyses indicate a slight difference between participants who completed MEPP (87 percent) versus those who did not complete MEPP (79 percent) when they started Triple P within the first 8 weeks.
    - Fifty-six percent of participants who completed the program started Triple P within the first 3 weeks of MEPP.

- Regression Analysis. Fidelity data was assessed to determine which combination of presenting client characteristics and service utilization are correlated with higher levels of fidelity to the MEPP model. Some key findings are listed below.
  - Clients who received other parenting supports besides Triple P were more likely to spend more weeks in MEPP, attend more Matrix sessions, and attend more Triple P sessions. Clients receiving counseling services during MEPP were more likely to complete MEPP to fidelity.

  - Parents with a higher Parent and Family Adjustment Scales (PAFAS) parenting score (i.e., parents show fewer positive parenting practices) were more likely to attend more Triple P topics. Parents with higher PAFAS family scores (i.e., parents show fewer positive family practices) were more likely to complete MEPP to fidelity. Parents with a higher Depression Anxiety and Stress Scales (DASS) stress score (i.e., client shows more stress symptoms) were less likely to attend more Matrix and Triple P sessions than parents with lower scores. Parents with a higher DASS depression score were less likely to spend more weeks in MEPP.

  - Clients with older children and children removed prior to initiation of MEPP were less likely to complete the program to fidelity.

Outcome Evaluation

Cohorts are defined as parents that enrolled in MEPP in a given 6-month period beginning on April 1, 2016. Outcomes are reported for cohorts 1, 2, 3, and 4 where possible.[77] A combined cohort of all MEPP participants from cohorts 1 through 4 for 6-month outcomes and cohorts 1 through 3 for 12-month outcomes are reported to determine overall effectiveness of the program. Where possible, outcomes for each of the cohorts are compared with those of a matched comparison group. Data were extracted from MACWIS through September 30, 2018. The sample includes a total (combined for all cohorts) of 205 treatment group participants and 205 comparison group participants.

- *Reduction in repeat maltreatment*
  - 6 months. Overall, the treatment group had a slightly lower percentage of cases without a new appropriate report at 6 months (77 percent) than the comparison group (79 percent). Results are not statistically significant.

  - 12 months. The treatment group had a slightly higher percentage of cases without appropriate reports (66 percent) than the comparison group (61 percent). The difference is not statistically significant.

- *Increase in the number of children who remain safely at home*[78]
  - 6 months. Overall, among MEPP families with children aged 0 to 5 in the home, slightly over half (52 percent) had children who remained in the home without any new appropriate reports within 6 months of enrollment. However, except for cohort 1, all other comparison groups were more likely to keep a child safely in the home than treatment group cases. The differences were not statistically significant.

  - 12 months. Across cohorts, families in the treatment group were less likely (41 percent) to have children aged 0 to 5 remaining safely in the home than comparison group families (49 percent). Additionally, the percentage of children in treatment group families remaining safely in the home has decreased in each consecutive cohort from 50 percent in cohort 1, to 38 percent in cohort 2, and 35 percent in cohort 3.

- *Increased rates of reunification*[79]
  - 6 months. Only a small percentage of children aged of 0 to 5 in the treatment or comparison groups were reunified (less than 10 percent in both groups). For

[77] Not enough time had elapsed at the time of the interim report to report results for cohort 5 (i.e., a full 6 months may not have passed since the participants' program enrollment).
[78] As of May 2018, agency policy no longer allows safety plan removals, which allowed the child to be removed from the parents' home and placed with a relative while the parents retained custody of the child. The report notes this change will most likely increase the number of removals reported for cohorts whose outcome timeframe is during or after this event (i.e., cohort 3 and later).
[79] Reunification is defined as children aged 0 to 5 for whom parental rights were reinstated or custody was dismissed to the parent.

children in cohort 3, the difference in rate of reunification between the treatment and comparison group was statistically significant in favor of the comparison group, with one child reunified in the treatment group (out of 41) and six in the comparison group (out of 37).

- 12 months. An increase in the percentage of children reunified at 12 months increased for the treatment group (22 percent) and the comparison group (21 percent). Treatment groups for cohorts 1 and 2 had a higher percentage of children reunified within 12 months. However, cohort 3 had a higher percentage of comparison group children (30 percent) reunified than treatment group children (24 percent). None of these differences are statistically significant.

- *Decrease in time to reunification.*[80] Overall, the average number of days to reunification was significantly longer (256 days) for the treatment group than for the comparison group (193 days). The greatest difference between the two groups is for cohort 3 where the average time to reunification for children in the treatment group was 294 days compared to 163 for children in the comparison group.

- *Improvement in well-being and functioning of children.*[81]
  - The CANS domains which displayed the largest improvement were adjustment to trauma (from 17 to 1 actionable items), abuse and neglect (from 19 to 6), and family (from 9 to 4). Conversely, the domains which showed the largest decrease in behavior were labor/delivery (from 4 to 9 actionable items) and maternal availability (from 18 to 19).

  - Differences in children's health and health care, mental/behavioral issues, or education in the treatment and comparison groups for cohorts 1, 2, and 3 were minimal and the differences were not statistically significant. A larger proportion of treatment group cases in cohorts 1 and 2 had children with improvements in mental health and education. The report notes that very few cases reported on children's educational performance, due to the age of the children in the family.

- *Improvement in functioning and well-being of family members.*
  - Parenting skills. Among the 82 participants (across all four cohorts) with initial and follow-up surveys, average domain scores were lower on follow-up assessments in all domains except parental teamwork, indicating some risk behaviors were reduced while the participant was enrolled. In the parenting practice and parent adjustment domains, scores decreased significantly from initial to follow-up, indicating surveyed MEPP participants reported increasing their use of positive parenting practices.

[80] The evaluation team calculated the average number of days to reunification among cases with a child age zero to five who was reunified within one year of the enrollment or removal date.
[81] Data are available only for cohorts 1, 2, and 3.

  - Parental Mental Health. Initial and follow-up DASS assessments were completed by 81 MEPP participants. Based on client self-reports, symptoms of depression, anxiety, and stress decreased while involved in MEPP. Across all matched participants, the depression domain had the largest percentage point improvement, with 74 percent reporting in the normal range at follow-up compared to 52 percent at initial assessment. Improvements were also experienced in the anxiety domain (51 percent initially reported in the normal range and 70 percent at follow-up) and the stress domain (63 percent initially reported in the normal range and 83 at follow-up).

- *Improved parental perceptions of child welfare services.* Of the 24 respondents, 79 percent strongly agreed their OCFS caseworkers treated them with respect, and 71 percent strongly agreed the service providers did not talk to them in ways that seemed accusatory or blaming. Seventy-four percent strongly agreed the caseworkers understand what the parents needed and tried to help address their needs.

Cost Evaluation

- Average costs per case (both children and parents) were almost double for treatment groups in all cohorts than the comparison group. Of the 135 cases used for the analysis, total costs per case were $14,540.27 for the treatment group and $7,265.38 for the comparison group.

- Costs for services for children include childcare expenditures (the highest single expense for all groups), transportation, legal services, and education. Services to parents include drug and alcohol testing, medication, and other goods and services. Overall costs for services were slightly lower for the treatment group with a total of $309,661.38 versus $360,405.89 for the comparison group.

- The report notes the higher costs for the treatment group were driven largely by MEPP contract costs, which totaled $1,176,542.15. The total contract costs for each cohort vary slightly and totaled $268,167.09 (cohort 1), $368,294.80 (cohort 2), and $540,080.26 (cohort 3).

Information requests for the Maine waiver demonstration may be directed to Bobbi Johnson at Bobbi.Johnson@maine.gov

14: Maryland

Demonstration Basics

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

Implementation Date: July 1, 2015

Completion Date: September 30, 2019

Interim Evaluation Report: April 6, 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 7,810 caregivers and 12,080 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-F, is 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 Services 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 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 those 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 post-design, where a historical cohort (e.g., families who received in-home services prior to the treatment roll-out) is compared to a treatment cohort (e.g., families who have been assessed with the CANS-F). Because of the individualized nature of the new and expanded EBPs/PPs implementation, the evaluation includes individualized approaches for each EBPs/PPs. The third-party evaluator worked with each local site to determine the most rigorous research design feasible and appropriate for each EBP/PP. 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 semiannual report for the period of July 1, 2018, through December 31, 2018.

Process Evaluation

- Between April 1, 2018, and September 30, 2018 (Fiscal Year 2018/Quarter 4 and Fiscal Year 2019/Quarter 1), 4,037 families completed at least one Child and Adolescent Needs and Strengths (CANS)-F Assessment. The 4,037 families included 5,658 caregivers and 8,600 youth.

- Overall, statewide CANS-F compliance was 79 percent for the most recent quarter (July 2018–September 2018) and remained relatively consistent from each of the previous six quarters. During this reporting period, 66 percent (16 of 24 jurisdictions) of the jurisdictions in Maryland are "meeting expectations" of the compliance threshold of 80 percent or higher, while 29 percent (7 of 24 jurisdictions) of the jurisdictions in Maryland are "getting closer to meeting expectations" and only 1 jurisdiction was "not meeting expectations."

- An analysis of the CANS-F Needs and Strengths showed the percentage of assessments with at least one need or one strength has decreased since the beginning of implementation in July 2015 through Fiscal Year 2019/Quarter 1. Only 46 percent of all assessments have identified at least one actionable need, and 44 percent have one or more useful strengths.

- During the reporting period, over 900 families and children received an evidence-based intervention.

Outcome Evaluation

Preliminary outcome analyses were conducted for most of the demonstration interventions. A summary of key findings is presented below.

Nurturing Parenting Program (NPP) – Harford County

- Statistically significant small-to-medium improvements were made in parenting attitudes on the Adult Adolescent Parenting Inventory-2 (AAPI-2) (Use of Corporal Punishment and Power and Independence subscales).

- Statistically significant improvement in parenting knowledge was made with scores improving 15 percent during NPP participation.

- The rates of child welfare investigations following NPP participation are low (13 percent).

- Those who graduated from NPP have fewer maltreatment investigations (11 percent) compared to those who did not graduate from NPP (18 percent).

Incredible Years (IY) – Allegany and Garrett Counties

- For participants who completed both the cohort-based and individual programs, there were statistically significant pre- and post-decreases in child problem behaviors for both the Intensive and Problem subscales on the Eyberg Child Behavior Inventory.

- For participants who completed both the cohort-based and individual programs there were statistically significant pre- and post-decreases in the Difficult Child (DC)[82] and Parent-Child Dysfunctional Interaction (PCDI)[83] subscales and the Total Stress score on the Parenting Stress Index – Short Form (PSI–SF).

- IY participants have not experienced subsequent child welfare investigations for maltreatment following IY enrollment.

Strengthening Ties and Empowering Families (STEPS) – Washington County

- Statistically significant improvement was made on the Social Emotional Competence scale and the Protective Factors Index (total score) by large and medium effect sizes, respectively, on the Parents' Assessment of Protective Factors (PAPF).

- Caregivers, children, and families all experienced decreases in needs and increases in strengths from intake to 6 months with the greatest drop in needs at the family-level and the greatest increase in strengths at the child-level on the Family Advocacy and Support Tool (FAST).

- Prior to STEPS enrollment, caregivers from both subsamples[84] experienced CPS investigations (26 percent and 21 percent, respectively) and substantiated investigations (19 percent and 12 percent, respectively). Following enrollment, there were no subsequent investigations observed in the 6- or 12-month subsamples.

[82] Measures the influence of child behavioral characteristics on the parent-child relationship.
[83] Assesses parent perception of interactions with the child as not reinforcing her/his parenting role.
[84] Sample includes those admitted by March 31, 2018 (*n* = 57), and those admitted by September 30, 2017 (*n* = 33).

Parent-Child Interaction Therapy (PCIT) – Anne Arundel County.

- On average, scores on the Eyberg Child Behavior Inventory continually decreased across PCIT sessions, indicating improvement (at intake, children were above the clinical cutoff score for problem behaviors).

- Prior to PCIT admission, half of the children in the sample[85] had a CPS investigation and less than one third had a substantiated investigation. Following admission, the majority did not have subsequent CPS reports (either through investigative or alternative response) in the 6- or 12-month post-admission.

Functional Family Therapy (FFT) – Anne Arundel, Carroll, Harford, and Howard Counties

- Caregiver ratings of mental and behavioral health symptoms significantly decreased for all subscales and the total score (from 96.6 at pretest to 67.0 at posttest) on the Youth Outcome Questionnaire from intake to discharge.

- Youth self-ratings of mental and behavioral health symptoms significantly decreased on Youth Outcome Questionnaire–Self-Report by a medium effect size on intrapersonal distress and the total sum score (from 82.3 at pretest to 60.1 at posttest).

- Approximately half of youth in both samples[86] had a CPS investigation prior to admission. After admission, a majority did not have investigations within 6 (18 percent) or 12 months (28 percent).

- Most youth in both samples were not placed out-of-home before or during FFT admission. Among those not in OOHP at the time of admission, 14 percent experienced a new placement within 6 months and 23 percent within 12 months of admission. All youth with a new OOHP after admission had not been previously placed.

Cognitive Behavior Therapy +/Partnering for Success (PfS) – Baltimore County

- Child- and caregiver-reported post-traumatic stress (PTS) decreased significantly by an average of 3 and 2 percent per month, respectively, based on growth curve analysis.

- Child-reported PTS significantly decreased by an average of 5 percent during the first month with the rate decreasing by approximately 0.2 monthly.

- Child-reported depression symptoms significantly decreased by an average of 10 percent during the first month and continued to decrease by an average of 1.5 a month between months 1 and 12.

[85] Sample includes those admitted by March 31, 2018 (*n* = 14), and those admitted by September 30, 2017 (*n* = 10).
[86] Sample includes those admitted by March 31, 2018 (*n* = 39), and those admitted by September 30, 2017 (*n* = 32).

- Child and caregiver reported anxiety symptoms decreased significantly by an average of 2 percent per month based on growth curve analysis.

- Disruptive behavior significantly decreased by an average of 5 percent per month for the first 7 months and did not significantly change during months 7–12.

- While more than half of the youth had CPS investigations prior to CBT+, very few had an investigation within 12 months (6 percent) and none had substantiated investigations within 12 months.

Trauma Systems Therapy (TST) – Washington County.

- Scores on the UCLA PTSD Reaction Index (PTSD-RI) suggest that trauma stressors should be the focus of clinical intervention for these youth (average total PTSD-RI score was 33.4 with the highest PTSD symptoms in the Negative Cognitions/Moods domain).

- No placement changes were seen for youth in the year following TST admission.

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 Services at rena.mohamed@maryland.gov.

15: Massachusetts

Demonstration Basics

Demonstration Focus: Enhanced Residential and Community-Based Services

Implementation Date: January 1, 2014

Completion Date: June 30, 2018.[87]

Final Evaluation Report: June 30, 2019

Target Population

The Massachusetts demonstration targeted title IV-E eligible and non-IV-E eligible children of all ages in state custody who were in residential placement and could return to a family setting, were preparing for independence, or were at risk of residential placement.

Children in state custody at the time the demonstration began and those who entered or were at risk of entering state custody following implementation were 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 were excluded from participating, specifically those who (1) were currently served in settings designed for the significantly cognitively impaired; (2) had multiple disabilities requiring specialized care and supervision; or (3) had pervasive developmental delays accompanied by behaviors that made them a danger to themselves or others, and when community risk management strategies were deemed to be insufficient.

Jurisdiction

The demonstration was implemented statewide.

Intervention

The demonstration, titled Caring Together, was 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 aimed 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 designed a systemic response that involved practice changes at the program, management, and systems level.

[87] The original completion date for the demonstration was December 31, 2018. The demonstration was terminated retroactive to June 30, 2018.

The programs implemented as part of Caring Together (CT) are described below.

- **Redesigned Congregate Care with an Integrative Services Approach**. Congregate care services for youth aged 18 and younger were re-procured with a new set of service standards. Integrative Services included 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 were administered by treatment teams that coordinated care and remained the same across residential and community placements for any given youth and family.

- **Follow Along Services**. Intensive home-based family interventions and supports were 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 was 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 provided Follow Along services to maintain continuity of relationships built during the placement episode.

- **Stepping Out Services**. Services were provided for young adults aged 17 and older that were transitioning to living independently after receiving pre-independent living and independent living group home services. Stepping Out services provided 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 provided 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 were provided to children aged 18 and younger at risk of congregate care placement and whose families were identified as able to care for the child at home with intensive supports. The continuum service team was 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

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 CT 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 used a statewide retrospective matched-case design. Service utilization and outcomes for the cohort of children that entered or exited congregate care during the 3 years prior to the waiver demonstration were compared with service utilization and outcomes for similar children who entered or exited congregate from January 2015 through December 2017.

Evaluation Findings

Below is a summary of key evaluation findings reported in the final evaluation report submitted in June 2019.

Process Evaluation Findings

Service Utilization

- **Congregate care.** Enrollment increased by 38 percent during Caring Together, with the sharpest increase (16 percent) in 2014, a continued increase for 2015 and 2016, and then leveling off in 2017 and 2018. DCF youth stayed in congregate settings far longer than at the beginning of Caring Together, with average lengths of stay among youth exiting Residential Schools increasing by 70 percent. From January 2016 to June 2018, there were significant differences among regions in the frequency of congregate care placement changes, with Boston youth having the greatest stability (as determined by moves per 1,000 placement days) and youth in the Northern and Southern regions having the least stability, with as many as 20 moves per 1,000 placement days.

- **Continuum**. Enrollment was nearly 75 percent higher than projected in the first full year. Enrollment remained steady over most of the demonstration years and increased gradually in the first half of 2018. Average length of stay fluctuated throughout the demonstration period but increased overall.

- **Follow Along.** Enrollment was much lower than anticipated. By June 2018, average length of stay for Follow Along youth in Residential Schools had increased 74 percent from 2015, while average length of stay for Follow Along youth in Group Homes increased 44 percent.

- **Stepping Out.** In Caring Together's first full year, the number served in Stepping Out was less than one-quarter of projected enrollment, with slight increases in the next 2 years. Overall enrollment remained much lower than anticipated. Average length of stay in Group Homes for Stepping Out youth increased 220 percent from 2015 to 2018.

- **Family Partners.** From July 2015 to December 2017, 216 DCF families received Family Partner services.

Service Quality, Access, and Joint Management

- **Comprehensive treatment plans.** State staff and providers reported on surveys and in focus groups that treatment plans became more comprehensive and standardized during Caring Together, though perhaps less individualized and more "cookie cutter." In 2017, DCF staff (80 percent), DMH staff (85 percent), Caring Together Clinical Support team staff (75 percent), and providers (94 percent) agreed that treatment plans were comprehensive and overall this measure showed improvement from 2014.

- **Stable treatment teams.** Stability of treatment teams, as measured by continuity of care between congregate care and the community, was generally high according to record review and survey data, particularly for community-based services. In the 2017 survey, DCF staff (84 percent), DMH staff (91 percent), Caring Together Clinical Support staff (100 percent), and providers (97 percent) agreed there was consistency in treatment team staff for Caring Together community-based services, and all groups showed improvements from 2014.

- **Alternatives to physical restraint.** Providers and DCF staff reported they were better trained in alternatives to physical restraint in 2017 than 2014. In the 2017 survey, 89 percent of providers thought they had sufficient training in alternatives to physical restraint, compared with 66 percent of DMH staff and 47 percent of DCF staff. In both Fiscal Year (FY) 2015 and 2016, more than 90 percent of organizations surveyed reported using restraint data to improve practice. In FY 2017, all agencies reported using other tools or methods to substitute for the use of restraint.

- **Network management.** Provider and state agency concerns about appropriateness of referrals and access to services persisted throughout Caring Together (CT). On the 2017 survey, providers reported that one-third of the referrals they received were not appropriate for the program and level of care, while 29 percent of providers, 28 percent of DMH staff, and 38 percent of DCF staff reported that youth in or at risk of out-of-home placement did not have sufficient access to CT services. Focus group participants reported ongoing access challenges and often referenced a need for more beds at higher levels of care. In 2017 and 2018, DCF credited CT with increasing access to certain services (e.g., Continuum and some residential services) that had been beneficial for families and were not previously available to them.

- **Joint management.** State staff and providers expressed concerns about joint management during surveys, focus groups, and interviews. DCF staff noted a lack of interagency collaboration and were frustrated with the added layer of the Caring Together Clinical Support teams. DMH staff reported the agencies did not agree on their approaches to risk, residential treatment, or permanency planning, which posed challenges to working together. Providers commented on the divisions between the agencies and wanted greater communication and collaboration. Challenges were exacerbated by multiple changes in Caring Together leadership at both DMH and DCF.

Outcome Evaluation Findings

Most outcome analyses compared Caring Together (CT) youth served in congregate care with similar youth served historically, using propensity weights to adjust the historical group so it appeared similar in baseline characteristics to CT youth. Several additional analyses focused on CT youth, with no comparison population, to explore whether the CT community-based services influenced key outcomes.

- **Use of restraints on youth**. Fewer CT youth were restrained within 6 months of congregate care entry (33 percent) compared to historical youth served in traditional congregate care prior to the waiver (39 percent) (p = .002).

- **Placement stability in congregate care**[88]. Descriptive analyses showed a slight but statistically significant reduction in experiences of hospitalization for CT youth (9 percent of CT youth and 11 percent of comparison youth were hospitalized within 6 months of congregate care placement) (p = .043). Contrary to expectations, there was no statistically significant difference in step-up moves, and there was a statistically significant increase in lateral moves during the first 6 months of congregate care for CT youth (6 percent of CT youth and 4 percent of comparison youth had lateral moves within 6 months) (p < .0005).

- **Risk behaviors.** Within 3 months of congregate care entry, 48 percent of Caring Together youth had critical incidents[89] compared to 53 percent of historical comparison youth. The reduction in critical incidents for the CT youth was statistically significant (p = .004)

- **Length of stay in congregate care**. Length of time in congregate care was measured as the time from entry into congregate care until a "stable return to the community" (defined as exiting to the community, whether home, foster home or independent living, and without reentering into congregate care within 6 months). Contrary to expectations, it took longer for CT youth to have a stable return to the community than comparison youth (p < .0001). It took 19 months for half of CT youth to achieve a stable return to community, whereas it took 14 months for half of historical youth to achieve this outcome.

- **Permanence**. "Stable permanence" rates (measured by exit to reunification, kin or guardianship, or adoption without reentering within 6 months) were similar for CT and historical youth, with no statistically significant differences between groups.

[88] Placement stability was measured as the percentage of youth experiencing hospitalization, step-ups to a higher level of care, and lateral moves within 3 and 6 months of congregate care placement.
[89] Critical incidents include unauthorized leave, psychiatric emergency, assault, attempted assault, self-harm, substance use or possession, weapons possession, property damage, fire setting, sexual activity, restraint, and physical escort incidents that occurred with youth while in congregate care.

- **Placement stability after exiting congregate care.** The percentage of youth who experienced placement stability during the first 6 months after exiting congregate care to foster care, defined as having less than two placements within 6 months after exiting congregate care, was not statistically significantly different for CT youth and historical youth. The majority of youth in foster care remained stable in the foster care placement during these 6 months (80 percent of CT youth; 75 percent of comparison group youth).

- **Transitional crisis.** Transitional crisis reactions, measured by hospitalizations after returning to the community, appeared to be slightly lower for CT youth, though the difference between groups was not statistically significant.

- **Tenure in the community**. Measured by rates of reentry to congregate care was similar for CT and historical youth, with no statistically significant differences. After just over a year, 25 percent of youth from both groups reentered congregate care.

- **Community-based services**. Among CT youth who entered congregate care, youth receiving Continuum Wrap appeared to exit congregate care moderately faster than youth without community-based services. For example, within 12 months of entry, 52 percent of youth with Wrap services exited congregate care, whereas 45 percent of youth without services exited congregate care (p = .055). However, when compared to youth not receiving CT services, youth receiving Continuum Wrap were more likely reenter congregate care, to be hospitalized, and to have subsequent maltreatment reports. Youth exiting congregate care who received Follow Along services had similar outcomes to those who did not receive Follow Along or other community-based services.

Cost Study Findings

- During Caring Together, more youth were served in congregate care and stayed in care longer. Accordingly, the total cost of services and costs per youth increased.
- The number of youth served during Caring Together grew by nearly 30 percent over the demonstration period.
- Cost per youth served increased by 52 percent during Caring Together, with over 30 percent of this increase occurring from FY 2013 to FY 2015.
- Residential costs per unit increased 15 percent during Caring Together, followed by a 13 percent increase in Group Home costs per unit. This is in line with state approved annual rate increases for services.
- Costs for the Caring Together community-based services were generally stable over time.

The Final 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/Co-Director of Caring Together.

16: Michigan

Demonstration Basics

Demonstration Focus: Intensive Early Intervention Case Management and Services

Implementation Date: August 1, 2013

Completion Date: September 30, 2018

Final Evaluation Report Date: January 31, 2019

Target Population

The target population of the waiver demonstration included families with young children aged 0 to 5 that were determined by child protective services (CPS) to be at high and intensive risk (category II or IV)[90] for future maltreatment and resided in a participating county, regardless of title IV-E eligibility.

Jurisdiction

The demonstration was implemented in Kalamazoo, Macomb, and Muskegon Counties.

Intervention

Through its demonstration—called Protect MiFamily—Michigan expanded secondary and tertiary prevention services to improve outcomes for children and families, including safety and well-being; and to strengthen parental capacity. The state contracted with Samaritas and Catholic Charities of West Michigan who over a 15-month period identified participating family strengths and needs, coordinated timely referrals to community providers, provided clinical and evidence-based interventions, and directly engaged families in their own homes to build strengths and reduce risk. Protect MiFamily's components are included below.

- **Family Psychosocial Screen** was administered by private agency contractors with appropriate training within 7 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 were made.

- **Trauma Screening Checklist** was administered to all households with children aged 0 to 5 years. When eligible and appropriate, these households were linked to trauma-focused, evidence-based mental health interventions, such as Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, or other evidence-based interventions deemed appropriate, including Nurse-Family Partnership, Early Head Start, or Healthy Families America. In addition, children aged 3 to 5 years with a

[90] 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.

positive history of trauma were screened using the Trauma Symptom Checklist for Young Children and were also referred for these mental health interventions.

- **Strengthening Families**, a protective factors framework, was integrated into the approach through which contracted agencies were responsible for establishing a link to resources 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** was 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** occurred throughout the 15-month intervention to identify and address issues related to child safety.

- **Long-term Family Engagement and Support** provided an array of services and supports and included 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 included process and outcome components and a cost analysis. The outcome evaluation involved an experimental research design with random assignment to experimental and control groups. Eligible families were randomly assigned to the experimental and control groups using a 2:1 sampling ratio. Families in the experimental group received Protect MiFamily services, while families in the control group received "services as usual."[91]

The cost analysis compared 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.

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in the final evaluation report submitted in January 2019.

Process Evaluation Findings[92]

- A total of 332 families, including 544 children, completed the Protect MiFamily Program (42 percent of all program participants).

[91] 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.
[92] Findings are included through June 30, 2018, unless noted otherwise.

- Caregiver level of satisfaction remained high for Protect MiFamily services overall and increased slightly from the Interim Evaluation Report with a final score of 4.48 out of 5, compared with 4.45 at the time of the Interim Report (*n* = 1,130 usable satisfaction surveys).

- Participating county's quarterly scores on the Model Fidelity Checklist were generally high and remained relatively stable throughout the demonstration at or near 80 percent (*n* = 960 checklist records of 588 unique treatment group cases). Kalamazoo achieved this score in the first quarter of year 1, Muskegon in the second quarter of year 2, and Macomb in the third quarter of year 2. The Macomb score fell below 80 percent in the first quarter of year 4 but increased again the following quarter. Kalamazoo achieved the highest fidelity score of 94 percent in year 3.

- Key findings from analyses addressed whether family characteristics observed at baseline predicted model fidelity scores as noted below (*n* = 524 families included in 720 Fidelity Checklist records).
  - A higher fidelity score was associated with a higher maximum child trauma score on the Trauma Checklist Screening ($p > 0.5$).
  - Lower-need/risk cases as determined by no presence of Family Psychosocial Screening risk items (*n* = 112) were more likely to have lower fidelity scores near the start of Protect MiFamily services. But after nearly a year of services, fidelity scores were similar across all levels of case need (statistical significance not reported).

- The top three services provided to Protect MiFamily families across all three demonstration sites, and consistent throughout the demonstration, were "protective factors" (ranging from 56 percent to 94 percent of families), "concrete assistance" (ranging from 54 percent to 89 percent of families), and "parent skills development" (ranging from 49 percent to 75 percent of families). Data consistently indicated fewer services overall were provided to Macomb families or may not have been documented as fully for Macomb as the other two sites.

- Key findings from interviews and focus groups conducted with Protect MiFamily partner agency workers, supervisors, and directors; CPS workers and supervisors; and service providers are noted below:[93]
  - CPS and Protect MiFamily staff indicated a longer prevention program is an important and needed addition to the array of prevention services. However, both also expressed perceptions that a 9- or 12-month program would meet the needs of most families (full Protect MiFamily Program is 15 months).
  - The working relationship between CPS and Protect MiFamily private agency staff, on the agency and staff levels, was both a facilitator and a barrier throughout the project. Staff reported good teamwork between workers often led to better

[93] Total number of interviews conducted was not specified.

outcomes for the family. In contrast, lack of communication between the Protect MiFamily and CPS ongoing worker often led to conflicting priorities and confusion for the family as to what it needed to do.

Outcome Evaluation Findings[94]

- Risk Assessment. A total of 84 percent of families in the control and treatment groups rated as high risk at baseline (*n* = 372 control and 568 treatment) were reassessed at a lower level of risk (60 percent at low and 24 percent at moderate risk). Seventy eight percent of families in the control group initially rated as intensive risk (*n* = 50) were reassessed at either low or moderate level (40 percent and 38 percent, respectively), compared to 74 percent of intensive risk families in the treatment group (*n* = 101; 40 percent reassessed at low and 34 percent reassessed at moderate). Differences were not statistically significant between treatment and control group families.

- Protective Factors.[95] Overall, families completing the Protect MiFamily program showed statistically significant improvement in Family Function ($p < .0001$); Parent Social Emotional Support ($p < .0001$); Parent Concrete Support ($p < .0001$); Nurturing and Attachment ($p < .0194$); and Knowledge of Parenting/Child Development items 12–16 (*p* values ranging from $p < .0001$ to $p < .0191$) (*n* = 310).

- Well-Being.[96] Thirty-six percent of children (*n* = 510) demonstrated statistically significant improvement from pre- to post Devereux Early Childhood Assessment—DECA ($p < .05$). Eighty-five percent demonstrated statistically significant improvement or no changed in score between pre- to post DECA assessment ($p < .05$). Fifteen percent demonstrated statistically significant worsening from pre- to post DECA assessment ($p < .05$).

Maltreatment Recurrence

- Treatment group families had a significantly higher rate of child maltreatment recurrence than the control group (37 percent versus 31 percent; $p = 0.04$). Treatment groups in each county also experienced a higher percentage of maltreatment recurrence, although this was only a statistically significant difference in Macomb County (30 percent of the treatment group versus 20 percent of the control, $p = 0.03$).

- Treatment group families experienced recurrence more quickly than those in the control group (434 days versus 492 days), however this difference was not statistically significant. There were also no statistically significant differences in how quickly recurrence occurred between treatment and control group families within each county.

[94] Outcome findings are based on 825 families in the experimental group and 581 in the comparison group, unless otherwise specified.
[95] The data for this outcome includes less than 40 percent of all families who completed services.
[96] This analysis is limited to treatment group children who completed Protect MiFamily services and who had completed DECA pre- and postassessments and represents 41 percent of the children served by the Protect MiFamily program.

Removal from the Biological Family Home

- Families in the treatment group had a higher rate of removal compared to the control group (18 percent versus 15 percent). This difference is not statistically significant. Differences between the treatment and control groups in Kalamazoo and Muskegon counties were small and not statistically significant. However, the treatment group in Macomb County experienced removals nearly twice as frequently as the control group (11 percent versus 5 percent; $p = 0.05$).

- Families completing the full 15-month Protect MiFamily treatment ($n = 316$) and families completing partial treatment ($n = 353$) were less likely to experience a child removal compared with families in the control group (6 and 8 percent, respectively).[97]

- On average, treatment group families experienced removals more quickly than those in the control group (290 days compared to 332 days, respectively). However, overall estimated probabilities of experiencing removal at a given time point were not statistically different.

Subgroup Analyses Related to Maltreatment Recurrence and Removal Outcomes

- Subgroup analyses examined treatment group families who completed both the Family Psychosocial Screening (FPS) and initial Protective Factors Survey surveys ($n = 781$) to determine if baseline survey responses were related to subsequent administrative outcomes.
  - The domestic violence item on the FPS was associated with a 10 percent increase in the probability of maltreatment recurrence, although the confidence interval around this estimate was reported to be wide.[98]
  - Being served in Macomb County was associated with a roughly 15 percent decrease in the likelihood of maltreatment recurrence.[99]
  - The depression item on the FPS was associated with a roughly 7 percent increase in the probability of removal, although the confidence interval around this estimate was reported to be wide (specific confidence interval not reported).

Information and reports for the Michigan waiver demonstration are available online. Inquiries regarding the demonstration may be directed to Jessica Kincaid at KincaidJ@michigan.gov

[97] Statistical significance was not reported.
[98] specific confidence interval not reported
[99] Macomb County showed large differences in recurrence between study groups, but the overall prevalence of this outcome was lower than what was observed in the remaining counties.

17: Nebraska

Demonstration Basics

Demonstration Focus: Alternative Response and Provider Performance Improvement

Implementation Date: July 1, 2014

Completion Date: September 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 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 family needs, regardless of title IV-E eligibility.

While service providers are the direct participants in the Provider Performance Improvement (PPI) initiative (formerly called Results Based Accountability—RBA), the actual target population is the families of 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 began implementation statewide, with initial pilot of the AR initiative in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties. Expansion of AR began in 2016 and was implemented statewide as of October 2018. Statewide implementation of RBA began in July 2014 and was modified in April 2016 to become PPI (see discussion below).

Intervention

Nebraska has selected two primary interventions for its demonstration.

- **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 family needs. AR includes a comprehensive assessment of child safety and well-being and involves working with the family to identify barriers to keeping its child safely at home. The family is connected with community supports and voluntary services enabling it 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, with 50 percent of eligible families assigned to Traditional Response (TR) and the other 50 percent assigned to AR. 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, linking AR families to an array of programs and services that enhance parental protective factors and promote family stability and preservation (e.g., types of services include family preservation services, parenting education and supports, domestic violence, substance use treatment, mental health, among others)

AR eligibility is based on 22 exclusionary criteria and 8 Review, Evaluate, and Decide (RED) Team[100] 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.

- **Results-Based Accountability/Provider Performance Improvement**. RBA was implemented as part of a system reform of the state 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 was renamed Provider Performance Improvement (PPI). The two primary reasons for modifying RBA to become PPI included challenges with relying on external RBA "scorecard" database technicians and linking RBA data to the Statewide Child Welfare Information System (N-FOCUS); and a desire to better align the initiative and its performance measures with the 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 Supported 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 provider performance
  - Enter service data into a centralized database platform (i.e., Salesforce) by providers on a monthly basis

[100] The RED team reviews and analyzes any accepted intake that does not meet the AR Exclusionary Criteria but where one or more of the eight RED Team criteria are present (includes criteria based on age of child[ren], alleged parental mental health status, currently open AR cases, etc.).

- 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 agency performance and determine its strengths and areas in need of improvement

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

Evaluation Design

The state is using an experimental design with random assignment to evaluate AR. For AR, the outcome evaluation addresses the differences between the experimental and control groups in 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 reassigned to a traditional maltreatment investigation due to an allegation of maltreatment that warrants heightened concern regarding the safety of one or more children. In addition, the evaluation of AR tracks longitudinal changes in organizational outcomes (e.g., worker job satisfaction; strengthened partnerships between agency, providers, and community stakeholders; improved staff retention).

A longitudinal time series design was planned to evaluate RBA. Findings associated with the initial state implementation of RBA and transition to PPI will be addressed in the Final Evaluation Report. Due to the timing of implementation of PPI, the evaluation of this component of the state demonstration consists of a process evaluation only.

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.

Evaluation Findings

The following summarizes key evaluation findings for Alternative Response[101] from the interim evaluation report submitted to the Children's Bureau in March 2017 and covering the time period of July 1, 2014, through October 31, 2016.

Process Evaluation Findings

Primary data sources for the process evaluation include surveys of AR stakeholders, workers, and families meeting observations; and reviews of documents and archival records.

- Surveyed stakeholders (including statewide external stakeholders, internal workgroup and subgroups, and local implementation teams) generally feel positive about AR implementation. However, significant differences were observed between groups on six items relating to core AR program elements.
  - Local implementation team members were significantly less likely to agree that AR families should not be placed on the Central Registry ($p = 0.01$).
  - Local implementation teams were significantly less likely to agree that law enforcement should be involved in AR cases ($p = 0.001$).
  - Statewide and local stakeholders were significantly less likely to agree with the need to contact parents prior to interviewing children in AR ($p = 0.04$).
  - All three groups generally agreed that the Nebraska AR model is designed to serve families with less severe allegations; however, statewide and local groups are significantly less likely to agree that AR serves families with less severe allegations ($p = 0.01$).
  - Statewide and local stakeholders were significantly less likely to agree that AR will lead to better outcomes and quicker resolution for families as a result of more frequent contact with a caseworker ($p = 0.01$).
  - Statewide external group members were significantly less likely to agree that concrete supports will be better addressed through AR as compared to TR ($p = 0.002$).

- Front-line staff participating in the AR primer training demonstrated significant knowledge gains based on differences in scores on the pre- and posttest ($p = .00$).

- To examine the use of AR exclusionary and RED team criteria over time, all intakes for the initial five pilot counties were examined. The most frequently selected exclusionary criteria were those related to use of controlled substances, prior substantiations, and domestic violence. An exclusionary criterion in at least one of these categories was selected in nearly three quarters of the intakes.

[101] As noted, several components of the RBA evaluation were put on hold during the transition from RBA to PPI.

- AR workers reported a greater degree of match between family service needs and the services received than did TR workers. AR families were also more likely to report that the support and services received was the kind of help they needed. The most common needs were related to parenting skills, child's emotional/behavioral adjustment, and the mental health of a child.

Outcome Evaluation Findings

At the time the interim evaluation report was submitted, insufficient data had been collected to examine repeated reports and substantiations or placement in out-of-home care. Preliminary findings regarding family engagement, safety and risk levels, and child well-being were reported. Primary data sources for the outcome evaluation include AR worker and family surveys; administrative data (i.e., N-FOCUS); and the Protective Factors and Well-Being Questionnaire (PFWQ).

- AR families reported significantly higher overall satisfaction (p = .034) and were significantly more likely to report they were better off because of their involvement with DCFS (p = .025) compared to AR-eligible TR families (n = 108–113 AR families and n = 108–113 TR families depending on the subscale).

- AR children showed improvements in three domains of well-being on the PFWQ (e.g., emotional symptoms, hyperactivity, conduct problems) from the beginning to end of the case. AR children exhibited higher well-being in two domains (hyperactivity and prosocial behavior) at case closure than did TR children. These analyses were statistically significant (hyperactivity and prosocial behavior, respectively with p = .013 and p < .001).

- Opposite of the evaluation's hypothesized direction, parental resilience ratings were significantly lower from pre- to post-measure, indicating a decrease in parental resilience from the beginning to the end of the case (p = .036).

- A chi-square analysis showed that the relationship between risk level (lower versus higher) and track assignment to either AR or TR was significant (p = 0.00), meaning that differences in outcomes may be due to influences other than track assignment (n = 544 AR and n = 604 TR). No significant differences were observed between AR and TR families in terms of the safety decision on safety assessments (safe, conditionally safe, or unsafe), meaning that AR children were found to be as safe as TR children (n = 674 AR and n = 622 TR).

Cost Evaluation Findings

The primary data sources for the cost evaluation include administrative data (e.g., N-FOCUS), time surveys, and supplemental cost data collected from providers.

Costs related to worker and administrative time and services were analyzed for AR and TR cases that closed in each quarter between October 1, 2014, and October 31, 2016. With regard to worker time and services, the intent was to see if costs for AR cases were different from those for TR cases.

- The average total time spent by workers with AR families was significantly greater than the average total time spent by workers with TR families, roughly 18 hours for AR cases compared to 9.9 for TR cases (p = 0.00). Across quarters, average time associated with AR families rose from 11.4 to 22.2 hours while time associated with TR families remained relatively stable.

- The average amount of direct time spent by workers with AR families was significantly greater than the average amount of direct time spent by workers with TR families, roughly 10 hours per AR compared to 4.9 for TR (p = 0.00). Across quarters, time associated with AR families rose from 5.9 to 12.8 hours while time associated with TR families remained relatively stable.

- The average worker cost per case was significantly greater for AR families than for TR families, roughly $613 per AR case compared to $430 per TR case ($p$ = 0.00).

- Among families that received services, the average cost and number of services was similar for both AR and TR families. On average, AR families had $4,917 in service costs while TR families had $4,352. The difference in average service costs between the groups was not statistically different. AR and TR families each received, on average, about 2.3 types of services.

Additional findings are pending the completion of the waiver demonstration and submission of the final evaluation report due December 30, 2019.

The Interim Evaluation Report for the Nebraska demonstration is available online. Inquiries regarding the demonstration may be directed to Mikayla Wicks at Mikayla.Wicks@nebraska.gov.

18: Nevada

Demonstration Basics

Demonstration Focus: Safety Management Services Model

Implementation Date: July 1, 2015

Completion Date: September 30, 2019

Interim Evaluation Report: 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 the 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 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). It is enhanced through the waiver demonstration and focuses on family assessment and safety intervention services to prevent removal or safely reunify children with their families. Under SIPS in-home safety plans, informed by 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 families who receive demonstration services, the length of time it takes to secure in-home safety services, and the number of hours of safety services delivered to families
- Fidelity to the SIPS model regarding the design of in-home safety plans and the extent to which safety plans are based on the NIA and SPD
- Staff awareness of and support for new services, policies, and practices introduced under the waiver demonstration and barriers and challenges to the implementation of in-home safety plans

- Family satisfaction and experiences with caseworkers, safety managers, and safety services

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

- Number of families with new substantiated investigations of maltreatment
- Number of families experiencing a new child removal
- Parental protective capacity
- Impending danger

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 are reunified 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), safety service invoices, surveys with families receiving services, and interviews with DFS workers and safety service providers.

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 reporting period of January 1, 2019, through March 31, 2019 are summarized below.

Process Evaluation Findings

<u>Enrollment</u>

- There have been 733 families enrolled in the treatment group and 245 families in the comparison group.

Safety Plan

- The goal of a safety plan completed within 45 days of the Safety Plan Determination being approved and signed was exceeded. The average number of days is 9.4 and 3.5 days for the treatment and comparison groups, respectively. The goal is being met for 97.2 percent of treatment families and 97.9 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 1.2 and 1 for the treatment and comparison groups, respectively. The goal is being met for 82.1 percent of treatment families and 92.3 percent of comparison families.

Safety Services

- The measurement of the goal that the number of contracted in-home safety services hours will decrease after 12 months of the implementation of in-home safety services is still in progress. To date, families receive on average 14.0 in-home service hours in the 1st month and 13.3 hours in the 12th month.

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.

- A larger percentage of families receiving contracted in-home safety services experienced a new substantiated investigation of maltreatment as compared to the comparison group at 90 and 180 days after the implementation of in-home safety services. At these time points, the goal is currently not being met and in the opposite direction than hypothesized.
  - For treatment families, 4.3 percent (*n* = 25), 6.9 percent (*n* = 22), 1.6 percent (*n* = 3), and 3.9 percent (*n* = 5) experienced a new investigation at 90, 180, 270, and 360 days, respectively.
  - For comparison families, 0.0 percent (*n* = 0), 3.1 percent (*n* = 4), 4.9 percent (*n* = 3), and 5.1 percent (*n* = 2) experienced a new investigation at 90, 180, 270, and 360 days, respectively.

- A larger percentage of families receiving contracted in-home safety services experienced a removal from the home as compared to the comparison group at 90, 180, and 270 days after the implementation of in-home safety services. At these time points, the goal is currently not being met and in the opposite direction than hypothesized.
  - For treatment families, 12.4 percent (*n* = 72), 10.4 percent (*n* = 33), 4.7 percent (*n* = 9), and 3.9 percent (*n* = 5) experienced a removal at 90, 180, 270, and 360 days, respectively.
  - For comparison families, 2.8 percent (*n* = 6), 6.2 percent (*n* = 8), 3.3 percent (*n* = 2), and 5.1 percent (*n* = 2) experienced a removal at 90, 180, 270, and 360 days, respectively.

- For families who are no longer receiving contracted in-home services and 6 months after contracted in-home safety services ended (*n* = 600), 6.7 percent of these families experienced a new substantiated investigation of maltreatment and 11.7 percent a new removal of a child. For 478 families whose contracted in-home safety services ended at least 12 months prior, 6.3 percent have experienced a new substantiated investigation of maltreatment and 6.5 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.

- A larger percentage of families receiving contracted in-home safety services experienced a new substantiated investigation at 12 and 24 months as compared to the comparison group. For treatment group families, 9.8 percent (*n* = 36), 3.0 percent (n = 8), and 5.3 percent (n = 7) experienced a new substantiated investigation at 12, 18, and 24 months after case closure. For comparison families, 5.5 percent (*n* = 11) experienced a new substantiated investigation at 12 months, 3.5 percent (*n* = 6) at 18 months, and 1.3 percent (*n* = 2) 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. Findings will be included in the upcoming final evaluation report.

Inquiries regarding the Nevada waiver demonstration may be directed to Brenda Barnes at MartinBV@ClarkCountyNV.gov

19: New York

Demonstration Basics

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

Implementation Date: January 1, 2014

Completion Date: September 30, 2019

Final Evaluation Report: July 1, 2019

Target Population

The demonstration target population includes all title IV-E eligible and noneligible children and youth aged 0 to 21 placed in regular family foster care in New York City (NYC) and their parents and caregivers.[102]

Jurisdiction

The New York demonstration, called Strong Families New York City (SFNYC), is being implemented in the five boroughs of NYC through a partnership between the state Office of Child and Family Services, Administration for Children's Services in NYC, and 17 contracted foster care agencies operating in the boroughs.

Intervention

The demonstration consists of core programs, services, and casework practices listed below.

- **Caseload and Supervisory Ratio Reductions**. Participating foster care agencies reduced caseloads to no greater than 12 cases per case planner (prior caseloads were typically 18 to 22 cases per worker). In addition, supervisory ratios were reduced to four case planners per supervisor from a previous average of five to six case planners per supervisor. Reduced caseloads allow case planners to provide more intensive, higher-quality services and conduct more thorough assessments. Reducing supervisory ratios allow supervisors to provide greater support to case planners while ensuring evidence-based practices are thoroughly integrated into case planning. These caseload and supervisory ratio reductions were introduced in January 2014.
- **Child and Adolescent Needs and Strengths–New York Version (CANS-NY)**. Introduced in October 2014, this trauma-informed version of the CANS is used with the caregivers of all children in regular family foster care to support service planning and measure well-being. The tool is designed to communicate the results of the case screening and assessment process and to promote a shared vision of the strengths and needs of each child and family.

[102] 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.

- **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 caregiver ability to respond to the child's emotional and behavioral cues; and encouraging supportive and nurturing bonds with the child. The rollout of ABC began in the last quarter of 2015.

- **Partnering for Success (PFS).** This workforce development model developed by the National Center for Evidence-Based Practice in Child Welfare seeks to strengthen 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. Training in PFS began in the second half of 2015 and continued through the spring of 2016.

Evaluation Design

The evaluation of Strong Families New York City (SFNYC) included process and outcomes studies and a cost analysis. It incorporated a Continuous Quality Improvement Evaluation Framework that utilized state-of-the-art research methods while acknowledging the need to provide meaningful feedback to stakeholders working with children and families. The implementation study involved a range of qualitative and quantitative methods (including interviews, focus groups, and online surveys) and analyses of administrative data to monitor the development and implementation of the demonstration. Specific research questions explored by the implementation study included the following:

- To what extent are SFNYC strategies implemented with adherence to original waiver-specific strategic plans?
- To what extent are Waiver strategies implemented with fidelity (following model protocols)?
- What associations exist between (a) staff attitudes about child welfare work, their jobs, and SFNYC strategies; (b) adherence to SFNYC plans; (c) implementation fidelity; and (d) worker time use?

The outcomes study involved a multilevel, discrete time hazard model to detect intervention effects. Comparison groups were both historical (comparing agencies/cohorts against their own historical performance) and contemporary (comparing cohorts to each other and to city-wide trends) and were developed using agency-specific data files that recorded the time each child spent with a specific agency. Each person was associated with a series of flags indicating whether key events occurred for that person within certain time periods (e.g., 3 months, 6 months). For example, key events could be—exposure to an evidence-based intervention, discharge from the agency, and exit to permanency. Specific research questions explored by the outcomes study included the following:

- What is the impact of SFNYC on the average number of care days used (both for children who enter placement after the implementation of SFNYC as well as children in care at the time SFNYC was implemented)?
- What is the impact of SFNYC on the likelihood that children experience a permanent exit within set periods of time?
- What is the impact of SFNYC on the likelihood that children experience foster care reentry?

The cost study compared financial data across multiple fiscal years and within specific expenditure categories, including direct city administrative costs, purchased out-of-home services, guardianship and adoption, and purchased in-home services. Trends in expenditures over time were explored within these categories, and additional analysis were conducted to understand spending patterns and trends specifically within the purchased out-of-home services categories. Specific questions explored by the cost study included the following:

- What effect does SFNYC have on child welfare expenditures in NYC?
- What are the costs of SFNYC services received by children and families?

Evaluation Findings

Key process, outcome, and cost findings are summarized below and reflect information reported by the state in its final evaluation report submitted in July 2019.

Process Evaluation Findings

- Within 9 months of initiating the caseload reduction strategy, almost all Strong Families New York City (SFNYC) agencies were following the new caseload requirements. By 2015, most agencies had lowered their caseloads to a range of 10 to 13 cases per worker. For the most part, the SFNYC agencies have sustained the reduced caseloads over time.

- Despite documented caseload reductions, case planners reported more negative perceptions of supervision over the course of the demonstration. For example, they were less likely in 2019 than in 2017 to hold favorable views of their supervisor as educators, administrative champions, and emotional supports. Case planners also reported increased feelings of being overwhelmed, while supervisors reported higher levels of "burnout." The state evaluation team cautions that the response rate to the survey in which case planners and supervisors addressed these issues was low, with less than half of the workforce participating.

- Since the introduction of the Child and Adolescent Needs and Strengths–New York Version (CANS-NY), approximately two-thirds of children (65 percent) admitted to an SFNYC agency and placed in regular family foster care have had at least one CANS-NY completed. Almost all children who were eligible for a CANS-NY reassessment have had one completed on their behalf. A fair amount of variation was observed in completion rates both across placement groups (already in placement versus new admissions) and

across agencies. In general, agencies were more successful at completing a CANS-NY for children who were already in care at the time the CANS-NY went live in October 2014 versus children who were admitted into care on or after this date.

- Most of the time, caseworkers assessing children using the CANS-NY did not identify actionable problems in any of the instrument's major domains. The Behavioral Health module was the most likely to be triggered (34 percent of children for whom at least one CANS-NY was available), while the Substance Use module was the least likely to be triggered (5 percent of children with at least one available CANS-NY).

- Focus groups with case planners and supervisors revealed a number of issues that may have dampened the potential benefits of the CANS-NY. In particular, caseworkers were uncertain about the rationale behind the instrument, and both case planners and supervisors expressed frustration with persistent challenges in becoming certified CANS-NY users. Respondents also questioned the sequence of the CANS-NY in the actual flow of casework. They noted the instrument is often completed for compliance purposes and in many cases a child's case plan has already been developed by the time the initial instrument is completed. Case planners also described a lack confidence in their ability to complete several key CANS-NY items related to children's behavioral and mental health.

- As of June 30, 2018, approximately 22 percent of Attachment and Biobehavioral Catch-up (ABC)-eligible children had been referred to ABC; of those referred by that date, approximately 65 percent had either completed ABC (about 500 children) or were in progress (about 116 children). At the agency level, referral rates varied from 11 percent of eligible children to 42 percent. Thirty-five percent of referrals were not successful because services were either declined or were discontinued shortly after enrollment. Infants (children less than a year old) represented the largest referral group at 30 percent of all ABC-eligible children.

- In general, the implementation of Partnering for Success (PSF) fell short of original expectations. As an approach, PSF hinges on a partnership between child welfare caseworkers and mental health practitioners. However, it proved more difficult than expected to engage mental health practitioners in PSF training. As of March 2019, 42 mental health practitioners had fully completed the training compared to 163 child welfare staff members. In addition, fewer case planners have been entering information into a dedicated automated data tracking system in a reliable and systemic way. At the time the final report was submitted, treatment decisions were being tracked in the database for less than half of all eligible children.

- Results from case planner time use surveys administered in 2015 and 2019 showed few shifts in the amount of time spent on core casework activities (e.g., developing service plans, case maintenance, case reviews, legal activities). There were two notable exceptions: the time case planners reported spending on development of an initial

service plan and time spent in direct contact with children and families during a typical month. Case planners reported spending less time on the initial service plan in 2019 than in 2015 (31.5 versus 37 hours). However, they reported spending considerably more time in direct contact with children and families during a typical month (an average of 5 more hours per case in 2019 than in 2015). This increase aligns with the demonstration's theory of change that caseload reduction would result in increased direct child and family contact.

Outcome Evaluation Findings

- Parenting/caregiver skills. Based on results of paired sample t-tests conducted with data from the Observational Record of the Caregiving Environment, caregivers who participated in Attachment and Biobehavioral Catch-Up (ABC) exhibited significant improvements in ABC-relevant skills such as "following the lead" of the child ($p < .001$) and recognizing intrusive behaviors that may be troubling to a child in their care ($p < .001$). In addition, results paired t-test conducted with data the Brief Infant-Toddler Socioemotional Assessment suggest that caregivers who participated were better able to assess a child's development ($p < .01$) and behavioral problems ($p < .001$).

- Placement stability. For children who entered care as babies or toddlers (0 to 5 years old) and, to a lesser extent, children who entered as teens, the likelihood of an initial move within the first 6 months of care went up slightly during the period of Strong Families New York City (SFNYC) implementation. However, for babies and toddlers the likelihood of an initial placement move in the second 6-month interval declined over time.

- Permanency. Caseload reduction, as an intervention, was found to have a statistically significant positive effect on permanency outcomes. Specifically, exit rates increased by 9 percent during the period after caseload reductions were implemented over the period prior to the caseload reduction ($p < .001$). An intent-to-treat (ITT) analysis of the effects of the ABC intervention found that permanency outcomes were significantly better over the period of time during which ABC was implemented. However, the results of the treatment-on-the treatment (TOT) analysis showed no impact on permanency, and in fact, permanency rates were higher for children who either did not participate or did not complete the program. The positive effect observed from the ITT analysis, which includes all ABC eligible children regardless of participation, may be due to the general effects of SFNYC and the changes induced by reduced caseloads.

- Placement duration. Again looking at the caseload reduction strategy, median length of stay for children admitted to care *after* the caseload reduction was 475 days compared to *before* caseload reduction with 525 days (a difference of about 9 percent). Looking across all five SFNYC entry cohorts, the *total* number of care days used by each cohort is markedly lower than the number of care days used by a historical comparison group. In

addition, children admitted in 2015, 2016, and 2017 used fewer care days, on average, than children in the historical comparison group.

- Foster care reentry. Some evidence emerged that reentry rates for babies declined during the period of the demonstration. Despite year-to-year variability the overall trend was in the desired direction. For example, 16 percent of children less than 1 year old who initially exited care in 2013 reentered care within 3 months, compared with only 7 percent of children less than 1 year old who initially exited care in 2018.

Cost Evaluation Findings

- Despite a reduction in out-of-home board and maintenance expenditures, total child welfare expenditures increased during the SFNYC demonstration largely due to increased funding for preventive and in-home services. Controlling for inflation, total child welfare expenditures increased by 7 percent over the course of the demonstration from about $1.73 billion in Fiscal Year (FY) 2013 to $1.85 billion in FY 2018, while purchased out-of-home care expenditures decreased by 11 percent from $515 million to $459 million during this same period. Netting out this decrease out-of-home care board and maintenance expenditures, all other child welfare expenditures increased by 14 percent.

- The average daily out-of-home unit cost rose during the demonstration period, largely due to the rising costs of residential care. Overall, average daily unit cost for all placements in NYC rose by 22 percent during the demonstration from $107.92 in FY 2013 to $137.98 in FY 2018, while average daily residential placement costs rose by 23 percent during this period from about $350 per day in FY 2013 to over $400 per day in FY 2018. However, NYC reduced overall out-of-home expenditures during the demonstration, primarily by reducing the quantity of care provided. Specifically, care day utilization dropped by about 30 percent from 4.7 million care days in FY 2013 to 3.3 million care days in FY 2018.

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.

20: Ohio

Demonstration Basics

Demonstration Focus: Flexible Funding - Phase IV

Implementation Date: October 1, 2016[103]

Completion Date: September 30, 2019

Final Evaluation Report Expected: March 31, 2020[104]

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. 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, extended family) to jointly plan for and make crucial decisions regarding children in open and ongoing cases.

- **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 intervention contains a set of core

[103] 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.

[104] A final evaluation report presenting data through September 2015 was received on March 16, 2016.

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. The workshops are in the kinship and FTM manuals titled, *Practice Manual for Kinship Supports Intervention* and *ProtectOHIO Family Team Meetings (FTM): Engaging Parents in the Process* for all demonstration counties. The outcome of each training 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. The design includes the 15 ProtectOHIO counties comprising the experimental group and the 16 nonparticipating comparison counties (from phases II and III) comprising 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, 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
    - 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 combination—on key child welfare outcomes

Evaluation Findings

The following presents findings from the first, second, and third final evaluation reports. Comprehensive findings for the current demonstration will be presented in final evaluation report for the fourth waiver period, due March 2020.

Process Evaluation

First Waiver Period (1997–2002)

Fourteen counties volunteered to join the waiver demonstration, and each initially undertook 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 in comparison to Ohio comparison counties—

- Demonstration counties were more focused on prevention activities.
- Demonstration counties more often targeted initiatives to noted areas of insufficiency and to particular populations.
- Demonstration counties gave more attention to outcome data and used it in management decisions.
- Demonstration counties were more likely to adopt joint funding mechanisms with community partners.

Second Waiver Period (2004–2009)

The second Ohio waiver featured a major shift in focus. Demonstration counties would focus on two or more specific interventions, each opting to implement a Family Team Meeting intervention and at least one of four others, including Enhanced Mental Health and Substance Abuse Treatments, Managed Care, Enhanced Kinship Supports, and Enhanced Supervised Visitation. Four additional demonstration counties joined, and three additional comparison counties were selected. Process study findings are listed below.

- Many comparison counties implemented similar interventions with considerable variation in practices. Interventions in demonstration counties were more targeted.
- Demonstration county PCSAs and juvenile courts communicated better than their counterparts in comparison counites. Demonstration sites also had a larger variety of program and staffing options to serve unruly/delinquent youth.

- Demonstration county administrators reported that waiver flexibility had a significant, positive impact on case management, placements, and permanency.

Third Waiver Period (2010–2015)

Demonstration counties further narrowed their focus to two core interventions: FTM and Kinship Supports. They further defined each of these models through the development of detailed practice manuals and in-person and web-based trainings for all child welfare staff. Process findings included the following:

- 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 that flexible IV-E funds were critical to meet local needs and influenced their ability to provide intervention services to deal with local crises; to make staffing changes, lower caseloads, and improve client-caseworker relationships; to implement new or ongoing cost-sharing agreements; and to improve community perception (thereby increasing the likelihood of local levees being renewed).

Process findings for the fourth Ohio waiver period will be presented in the upcoming final evaluation report.

Outcome Evaluation

First Waiver Period (1997–2002)

- Demonstration county children remained in initial placements for significantly fewer days than 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.

Second Waiver Period (2004–2009)

- Compared to comparison counties, children in demonstration counties experienced—
  - Significantly shorter case-episodes (an average of 329 versus 366 days)
  - Were significantly less likely to be placed (15 percent versus 17 percent)
  - For those who were placed, were significantly more likely to be placed with kin (47 percent versus 40 percent)

  - Were significantly less likely to have a subsequent case opening within a year of case closure (11 percent versus 12 percent)

- Compared to first-waiver conditions—
  - There was a slight increase in reunifications.
  - A significant increase in exits to custody to kin.
  - A 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.

Third Waiver Period (2010–2015)

The FTM outcome study found that compared to similar children in comparison counties—

- 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 (3.0 percent versus 11.0 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 versus 290 days).

The Kinship Supports outcome study found that 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 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).

The Kinship Supports outcome study also found that 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[105] versus 325 days).

Outcome findings for the fourth Ohio waiver period will be presented in the upcoming final evaluation report.

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

[105] 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

Implementation Date: July 22, 2015

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- and post-ISS outcome change. SAU participants will not receive ISS services even if the assigned district begins ISS while the SAU case is still open; thus, "cross-over" families (those assigned to SAU but later receiving ISS) are not anticipated. The outcome evaluation addresses the following outcomes:

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

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

Evaluation Findings

Key evaluation findings provided below are based on the Interim Evaluation Report submitted in March 2018 and semiannual progress reports submitted through February 2019.[106]

- As of January 22, 2019, a total of 3104 families were randomized to either the Intensive Safety Services (ISS) or services as usual (SAU) study conditions. Among 1,257 assigned to ISS, 422 received ISS, and another 835 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 1,847 referrals.

Process Evaluation Findings

- Nonexclusionary reasons for why ISS-assigned cases do not receive ISS included court intervention (*n* = 563), no safety monitors identified (*n* = 74), clients refused services (*n* = 61), child welfare deemed services unnecessary (*n* = 65), client was withdrawn due to severe safety concerns (*n* = 65), client was not available for ISS (*n* = 28; e.g., person responsible for child was incarcerated or inpatient at time of PREM-ISS run), immediate change in guardianship (*n* = 13), and other reasons (*n* = 26; e.g., services retracted due to system delays).

- Through assessment of ISS model fidelity and analysis of interview data with a purposive sample of 93 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, 3, and 5, implementation strengths and barriers were identified. They are listed below.
    - *Implementation strengths*
        - Workers and supervisors reported positive organizational changes as including reduction of paperwork for the ISS program, adding additional leadership positions within the program, standardizing training, giving ISS workers more autonomy, increasing family engagement at the Child Safety Meeting (CSM), lowering caseloads to improve family outcomes, and beginning the stepdown to Comprehensive Home Based Services (CHBS) more quickly.
        - Child protective service (CPS) workers perceive the intensity of ISS services to be a strength, as well as ISS services being put into place quickly and eligibility notifications sent quickly.
        - FCS workers perceive being supported by ISS workers, including ISS workers attending the CSM, connecting families to resources, dedicating time to the family, and providing a professional experience.
        - ISS supervisors perceive a primary strength to be support from administration.

[106] The state has routinely updated and reported on analyses conducted for the Interim Evaluation Report in subsequent semiannual reports.

  - Other strengths include having good collaboration, dedication from the administrative team, having clinicians and providers that can offer transportation, and the program being overall financially viable.

- *Implementation barriers*
  - CPS and FCS workers report concerns about selecting the appropriate families for ISS services and the program not being available to all families.
  - Workers have concerns on the length of ISS (6 weeks is not long enough).
  - There are some gaps in training and a need for more staffings with all workers present (CPS, FCS, and ISS).
  - Following CPS investigation, FCS involvement can be delayed.
  - ISS workers are not always present at the CSM.
  - DHS is unable to provide a concrete timeline for reunification.
  - There are some inconsistencies between FCS units and how they engage in the program.
  - ISS supervisors reported a need for additional education on child welfare protocol for ISS workers.
  - DHS administrators' concerns are not having adequate feedback from the field; the PREM-ISS model is not capturing all important aspects needed; the program is not being financially viable in rural locations; there are issues with rolling out implementation in several regions simultaneously and difficulties getting referrals; expansion of model criteria allows increased family risk to enter the program; and there is fear that a critical incident could jeopardize the future of the program.
  - Administrators also reported need for more staff at the administrative level.

Outcome Evaluation Findings

A total of 66 percent of clients assigned to Intensive Safety Services (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 services as usual—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.

- ISS Received families had a greater reduction in number of safety threats at both step down and the 6-month measurement compared to ISS Not Workable and SAU groups (both significant at $p < .05$).

- ISS assigned families had a greater increase in the number of protective capacities at stepdown as compared to SAU ($p = 0.001$). Among those families who actually received ISS (ISS Received), there was a significantly greater increase in the number of protective capacities at stepdown as compared to SAU ($p < 0.001$) and ISS Not Workable ($p < 0.001$ conditions) and also at the 6-month measurement ($p = 0.040$).

- The ISS Received group has demonstrated improvements in parental depression and distress symptoms, with the cumulative frequency of those reported as showing mild to moderate levels of distress decreasing from 73 percent at baseline to 66.5 percent at stepdown to Comprehensive Home Based Services (CHBS) and to 32 percent at the 6-month measurement. (Note. Depression and distress assessments are only gathered from ISS recipients.)

- ISS Received clients were shown to significantly reduce in concerning parenting behaviors during the CHBS stepdown service period and at the 6-month measurement ($p < 0.05$). Specifically, in the behavioral subscales on the Conflict Tactics Scale 2-Short Form of *Injury*, *Negotiation*, *Psychological Aggression*, and *Physical Assault*. (*Note.* Parenting subscale assessments are only gathered from ISS recipients.)

- ISS Received clients showed improvements in all but one construct of parenting skills and knowledge (measured by change in average Child Well-Being Scale scores) under both ISS (Baseline to Stepdown) and CHBS (Stepdown to 6 months), often showing significant improvements ($p < 0.05$). *Development/Education* and *Discipline* showed consistently significant improvement across the entire 6 months. The one exception was parental cooperation with the program that was significantly worsening under both ISS and CHBS.

- Among children in families who received the ISS services, 20 percent experienced removal from the home. Among those who do not receive ISS, 60 percent were removed. When evaluating ITT, there was still a 10 percent advantage of random assignment to ISS over SAU (50 percent versus 60 percent removal rate). Both differences were statistically significant ($p < .0001$).

- Once a child has been removed, the three groups showed no significant differences in rates of reunification: 24 percent of ISS Received children reunified, 28 percent of ISS Not Workable children were reunified, and 25 of SAU children were reunified. When evaluating the ITT, children in the SAU group were roughly 9 percent more likely to be reunified than those assigned to ISS, though this difference was not significant.

- ISS Received families had approximately the same likelihood of subsequent referrals (23 percent), compared to ISS not workable (23 percent) and SAU (21 percent). When evaluating the ITT, the ISS-assigned clients were approximately equally likely to receive an additional referral compared to the SAU assigned clients (23 percent versus 21

percent). Neither of these differences were statistically significant. It was noted by evaluators that if this gap becomes significant in the future (for example, as the sample size and power increase), it would not necessarily reflect a failure of the ISS curriculum. It could reflect that more ISS children remain in the home, and therefore have more exposure to subsequent referrals.

- Regarding the count of subsequent removals (i.e., removals unrelated to the initial referral that triggers a group assignment), the three groups showed no significant differences. Among the ISS Received group, 5.4 percent experienced a future removal compared to 5.1 percent in the ISS Not Workable group, and 5.8 percent receiving SAU. When evaluating the ITT, the differences between groups was not significant (5.4 among ISS versus 5.8 among SAU).

Inquiries regarding the Oklahoma waiver demonstration may be directed to Keitha Wilson at Keitha.Wilson@okdhs.org.

22: Oregon

Demonstration Basics

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

Implementation Date: July 1, 2015

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 is targeting its waiver demonstration interventions at title IV-E eligible and non-IV-E eligible children and youth who are more likely to remain in foster care for 3 or more years. Oregon Department of Human Services designed a predictive analytic model to identify the target population. The model is based on characteristics of children who were in foster care 3 or more years (2010–2013) at the time the model was being developed, 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 having an extended foster care stay. The target population includes children and their families who receive a score of 13[107] or higher. 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 Child and Adolescent Needs and Strengths (CANS) assessments and abuse assessments, and level of disproportionate representation of children of color in foster care.

Intervention

The waiver demonstration 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 them. 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

[107] The cutoff score was 12 until February 2016 when it was raised to 13.

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 services rest on four essential values (strengths-based, trauma-informed, cultural responsiveness, and family/youth voice) practiced within four key components as described below.

- **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 are led by specially trained facilitators (Family Engagement 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.
- **Team Collaboration** involves regular communication between all parties, coordination of efforts, premeeting preparation, clarification of roles, regular review of case progress and status, team accountability, and monitoring of the level, quality, and effectiveness of services provided to the youth and family.

Evaluation Design

The evaluation includes process and outcome components and a cost analysis. The process evaluation proceeded in three phases: developmental, formative, and model implementation and fidelity measurement. The goal of the developmental phase (year 1) was to collect information that could be provided rapidly to the Oregon Department of Human Services and community partners to inform implementation and program development and refinement. The goal of the formative phase (year 2) was to modify the interventions as needed and develop data collection instruments. Data collected and analyzed during this phase helped 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 (year 3) focused on a structured assessment of model fidelity.

Phase 4 focuses on the mixed-methods outcome evaluation, which 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. The specific methodology for identifying a comparison group of cases from nondemonstration 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 evaluation includes a substudy on families of color designed to understand the experiences of families of color in LIFE services. The substudy involves observations of CPM meetings and interviews with families and Family Engagement Facilitators.

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 and semiannual progress reports covering the demonstration through December 2018.

Process Evaluation Findings

Service Delivery

- As of June 2018, it was determined that 468 cases met LIFE eligibility criteria. Of these 468 cases, 48 percent have had their LIFE services closed. Based on a review of the reasons for LIFE services closure, most cases closed (80 percent) because a permanency plan was in place. The remaining were determined eligible for LIFE services, but then were closed because LIFE services were not needed or appropriate (e.g., a Wraparound case already having regular family meetings, children returned home before LIFE services started). As of June 2018, 302 cases had at least one parent referred for Parent Mentor services. Of the cases with a PM referral, 93 percent (281 out of 302) had at least one parent accept services.

- Characteristics of the children identified for LIFE services have remained stable since the beginning of the demonstration. The most common risk factors are *history of IV-E eligibility* (43 percent); *child removed from home due to behavioral problems* (18 percent); and *family stressor, heavy childcare responsibility* (20 percent). Forty-one percent of LIFE children were categorized as people of color, 55 percent were female, and on average were 10 years old.

Phase 1 – Developmental Evaluation

LIFE services were fully implemented in all intervention districts using a 12-month staggered implementation plan. Data collected during the first year indicated the values-based practices and challenges stated below.

- **Strengths-based, trauma-informed**. There was consistent evidence of LIFE Teams practicing these values during Case Planning Meetings (CPMs), when interacting with families outside of meetings, and encouraging caseworkers and other service providers to practice these values during CPMs.
- **Parent voice**. There was consistent evidence that LIFE Teams strive to balance parent voice with potentially competing practices (e.g., transparency around agency concerns and bottom lines).
- **Youth voice**. There was less consistent evidence that youth are involved in planning and determining who will attend meetings, and participating in CPMs.
- **Culturally responsive**. There were some clear examples of culturally responsive practices, but these were perhaps more difficult to observe during CPMs or to articulate during interviews.

Phase 2 – Formative Evaluation

- Case studies provided early evidence that CPMs foster progress on case plans in a variety of ways: problem solving, clear expectations and parent understanding, accountability, communication, and parent/youth voice. There was also preliminary evidence of parent engagement (and reengagement after a setback) in services and case planning.

- Collaboration between all LIFE Team members, including the caseworker, is central to the LIFE Model. Structural aspects of collaboration are sharing information, establishing a common understanding, role clarity, consistent communication, and holding meetings (with notes) to promote accountability. Parent Mentors find the information shared at pre-CPM meetings (which include Family Engagement Facilitators, Caseworkers, and Parent Mentors) very useful in their efforts to adequately prepare parents for CPMs. Adhering to the structures can be challenging, but they do not guarantee collaboration. Another dimension of collaboration involves team building, collegial interactions, cohesion, and relatedness, which emerges over time and guides future interactions.

The re-specification of the LIFE Model included the following adjustments:

- Required family finding enhancement practices were specified.
- Meeting preparation practices were expanded and specified, especially concerning cultural responsiveness, youth involvement, family private time, and required pre-CPM staffing meetings.
- Expected time to first meeting was increased from 14 to 30 days.
- Meeting facilitation practices were specified to reinforce the commitment to values-based practices.

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.

- **Family Finding.** Two out of three cases involved additional search activities beyond diligent relative search (business as usual), including paper case file mining, electronic case file mining, and/or database searches. Practice varies widely across branches. Reasons for these variations include differences in understanding of the enhanced family finding process across LIFE teams; rising caseloads; and differences in perceived purpose and value of enhanced family finding.

- **Meeting Preparation.** Parent/caregiver voice (e.g., deciding agenda items, being asked about preferences/concerns) is evident in preparation for the majority of meetings. Based on meeting preparation checklists collected for 388 cases, the most consistent preparation practices for Family Engagement Facilitators were related to reviewing safety concerns with caseworkers (88 percent), discussing roles and division of tasks with caseworkers (88 percent), and involving parents in deciding who would attend CPMs (80 percent). Youth voice is less evident in CPMs, but they also attend meetings less often.

- **Meeting Number and Frequency**. So far, the number of CPMs per family ranges from 1 to 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. Parent Mentors attend 81 percent of meetings to which they are invited. Youth are present at 28 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 (the fidelity benchmark). After the initial CPM, on average subsequent meetings are held every 7 weeks. Caseload and staff turnover affect the timing of initial meetings and subsequent meeting frequency. Family private time occurs rarely (in just 2 percent of CPMs).

- **Meeting Facilitation.** CPM observations suggest a high degree of consistency in meeting facilitation practices that are related to meeting structure, collaboration with team members, and meeting facilitation skills (e.g., providing an agenda, asking for clarification/specifics, providing opportunities for families to generate ideas, needs, requests, questions). Possible areas for improvement include consistently identifying, reviewing, and summarizing action items, and more regular culturally responsive and trauma-informed practices.

- **Parent Mentor (PM).** PMs help parents prepare for, attend, and follow through on action items generated during CPMs with at least half of the parents on their caseloads on a regular basis. From July 2017–December 2018, PMs reported spending an average of 2.6 hours with each parent each month (range is 0–11 hours). Of the parents who accepted PM services and had monthly service data for the past year, 86 percent (*n* = 273) had PMs participating in pre-CPMs with the Family Engagement Facilitator and child welfare caseworker on a regular basis. The most frequent PM navigation services include child

welfare meetings, transportation, child welfare-related court proceedings, connecting with alcohol and drug treatment, and finding permanent housing.

- **Team Collaboration.** Pre-CPM collaboration is most consistent between the Family Engagement Facilitator and caseworker (93 percent); PMs are less often included in premeeting preparation (48 percent). Meeting participants largely reported that their LIFE Teams work together, make progress, and understand each other's point of view (at least 80 percent agreed or strongly agreed to these items).

Outcome Evaluation Findings

Phase 4 (outcome evaluation) is in process, and long-term outcome findings are pending completion of the final evaluation report due in March 2020. Below is a summary of findings on short-term outcomes of parent and youth engagement.

- **Parent Engagement**. Parent engagement, needs fulfillment, and motivation are being assessed with Parent Outcome Surveys. Sixty-nine parent outcome surveys were received to date, representing approximately one-fourth of parents who were sent surveys. Preliminary analysis of the parent outcome survey data indicates that on average, 86 percent of parents agreed that their motivational needs were being met during LIFE meetings. They were particularly satisfied with the informational, progress-focused nature of the meetings (89–93 percent). Survey results also suggest a high degree of parent motivation and engagement (87 percent), especially in terms of desire to make change, participating in services, and feeling able to make progress on their case (89–98 percent). Given the low response rate to the survey (23 percent), findings may be skewed toward more actively involved parents.

- **Youth Engagement**. Preliminary youth outcome survey findings suggest that youth are engaged with LIFE in terms of feeling prepared for meetings, their LIFE Team cares about them, and they can share their ideas. Youth *strongly agreed* that they can share their ideas at CPMs if they want to (91 percent), their LIFE Team cares about them (74 percent), and they have supportive people in their lives because of LIFE (74 percent). Youth engagement is more challenging when it comes to feeling understood and helping make decisions. Youth *strongly agreed* that they help make choices about the services they get (44 percent), they help decide whom to invite to meetings (38 percent), and they help decide what to talk about at their CPMs (19 percent).

Cost Study Findings

The cost study findings are pending completion of the final evaluation report.

The Interim Evaluation Report and other information regarding the Oregon waiver demonstration can be found online. Inquiries about the demonstration may be directed to Jennifer Holman at Jennifer.Holman@dhsoha.state.or.us

23: Pennsylvania

Demonstration Basics

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

Implementation Date: July 1, 2013

Completion Date: September 30, 2019[108]

Final Evaluation Report Date: January 29, 2019

Target Population

The target population for the Pennsylvania child welfare demonstration project (CWPD) 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. Philadelphia County chose not to participate in the extension periods negotiated after June 30, 2018.

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, Family Team Conferences, Family Group Conferencing, Teaming Meetings, Family Team Meetings, and High Fidelity Wraparound. All participating counties have identified core family engagement principles for the purposes of standardization and assisting with the evaluation.

[108] The 5-year waiver demonstration was originally scheduled to end on June 30, 2018. The state received two short-term extensions thereafter and in March 2019 received an extension of an additional 6 months through September 30, 2019. Philadelphia County exited the waiver demonstration effective June 30, 2018.

- **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. The EBPs implemented in various counties were Parent-Child Interaction Therapy, Multi-Systemic Therapy, Trauma-Focused Cognitive Behavioral Therapy, Homebuilders, SafeCare, Family Functional Therapy, Family Behavior Therapy, Parents as Teachers, and Triple P.

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The overarching outcome evaluation approach involves an interrupted time series design in which changes in key child welfare outcomes were tracked over time using aggregated data from the county child welfare information systems. In addition, the evaluation team conducted a substudy of Parent-Child Interaction Therapy and Triple P. The substudy included a process evaluation and pre- and posttest design.

Evaluation Findings

Below is a summary of key evaluation findings from the final evaluation report submitted in January 2019.

Process Evaluation

- Multiple important statewide and county-specific policy and organizational changes occurred during the Child Welfare Demonstration Project (CWDP). These included changes in leadership at the state and county levels, amendments to the Child Protective Services Law, and numerous county-level CWDP staff changes. These contextual factors impacted the implementation of the CWDP and its evaluation. New leadership needed to be oriented to the project and the evaluation; changes at mid-level management resulted in continual training and retraining. Substantial changes in laws for reporting child maltreatment diverted attention from CWDP activities.

- Although many communications and leadership activities occurred early in the development and installation of the CWDP, two groups stood out as having gaps in their understanding of the project: direct service staff (e.g., child welfare supervisors and caseworkers) and legal staff and juvenile protection officers.

- Many workers struggled with how to utilize the CANS/FAST assessments in practice, namely, how to have conversations with families in a manner congruent with the assessment process. This continued to be an ongoing challenge. Implementation of the

CANS, FAST, ASQ and ASQ:SE varied across the counties, and an inability to provide the assessments within the prescribed time frames led to changes in policies in several counties. However, over the 5 years, the volume of assessments increased in all but one county.

- Samples of FAST and CANS assessments examined in comparison to corresponding service plans from the second year of the demonstration through 2018 using the Service Process Adherence to Needs and Strengths tool indicated that evidence of strengths from the FAST and CANS was rarely included in the plans. This did not change during the waiver period. Results indicated the needs assessment did inform service plans, but which "high needs" are addressed by the service plan seem to be prioritized by the caseworker. Scores on the Service Process Adherence to Needs and Strengths tool indicated differences between counties—some counties had well-developed plans which corresponded to the assessments and others had plans with little congruence to assessments and little variation across cases.

- The following trends in the volume of family engagement meetings over the duration of the CWDP were evident:[109]
  - The volume of meetings increased substantially in Crawford County, almost doubling in volume each year of the waiver (from 66 in Fiscal Year [FY] 2014 to 233 in FY2017).
  - Venango County also had an increase in the number of meetings over time from 146 in FY 2013 to 188 in FY 2017.
  - The volume of meetings in Lackawanna remained stable throughout most years of the CWDP but declined by almost half in FY 2017 compared to FY 2016.
  - The volume of meetings in Dauphin County fluctuated over the years with a decrease in the first 3 years followed by a large increase in the last 2 years (from 46 in FY 2016 to 83 in FY 2017).

- Key challenges to family engagement are—
  - Lack of time or resources to implement the respective models with fidelity
  - Difficulty engaging families who are resistant or uncooperative, particularly for subsequent meetings
  - Coordinating and scheduling meetings in short time periods and working around different schedules
  - Conflicts between the child welfare agency and family expectations, especially when balancing court orders, nonnegotiables, and family outcomes

[109] Trends for Allegheny and Philadelphia were not included in the final report because they submitted data for a sample of families served.

- Key challenges to standardized assessment are—
  - The process of training and certifying staff to conduct CANS assessments took longer than anticipated and was complicated by turnover of casework staff, which resulted in continually retraining caseworkers on the CANS and FAST.
  - Child welfare staff had mixed opinions about the utilization of the CANS, with some preferring to use their professional judgement in service planning rather than assessment scores.
  - Completing assessments according to policy time frames was difficult.

- Key challenges to implementing/expanding EBPs are—
  - Funding the programs, communicating with the funders, finding competent providers, engaging families, and managing issues such as transportation to appointments for families were difficult.
  - The roll-out of EBPs occurred more slowly than counties initially anticipated and uptake of those EBPs was also slower than expected.
  - Some caseworkers reported not always understanding or seeing the benefit of particular EBPs and consequently rarely made referrals.
  - Some counties felt their identification and selection of EBPs for the CWDP ended up not being a good fit for their populations, whether from a cultural perspective or simply not meeting the needs of their families.

- The family engagement intervention was implemented as intended. Since there is no data on the penetration rate or frequency and timeliness of follow-up assessments, it is unknown whether the standard assessments were implemented as intended. Some process findings suggest that there was room for improvement in terms of implementing the assessments (i.e., lack of congruence in some counties between CANS/FAST assessments and service plans; caseworker reports of struggling with how to utilize the CANS/FAST assessments in practice). As noted above, EBPs were not implemented as intended because fewer families were referred to EBPs by child welfare staff than anticipated.

Outcome Evaluation

Outcome findings were generally mixed, with some counties demonstrating positive changes over the waiver period and other counties demonstrating negative changes (i.e., changes in an unexpected direction) on certain outcomes. Key findings are described below.

- Safety - Maltreatment recurrence within 6 months of substantiation. All four counties with available data experienced increases in recurrence of maltreatment within 6 months of a first substantiation of maltreatment. The increase ranged from 1.2 percent in Allegheny to 7 percent in Crawford. The increase in rates of maltreatment recurrence was statistically significant ($p < .05$) for Allegheny (Odds Ratio [*OR*] = 1.47), Crawford (*OR* = 3.34), and Philadelphia (*OR* = 1.61) and not significant (NS) for Lackawanna.

- Safety - Placement within 6 months of first substantiation of maltreatment. All counties had small shifts in the likelihood of placement within 6 months of a first substantiated report of maltreatment. Likelihood of placement either increased slightly (Allegheny and Lackawanna) or decreased slightly (about 2 percent for Crawford and Philadelphia). The difference in likelihood of placement within 6 months was statistically significant ($p <$ .05) for Crawford (*OR* = .67) and Philadelphia (*OR* = .86) but NS for Allegheny and Lackawanna.

- Least restrictive placement - Likelihood of a first admission being kinship care placement. The likelihood of entering a kinship placement as a first placement increased for all waiver counties with available data, ranging from a 4 percent increase in Dauphin to a 20 percent increase in Lackawanna. The increase was statistically significant ($p <$ .05) for Allegheny (*OR* = 1.86), Lackawanna (*OR* = 1.86), and Philadelphia (*OR* = 1.42); NS for Crawford and Dauphin.

- Least restrictive placement - Likelihood of a first admission being congregate care placement. The likelihood of entering congregate care as a first placement decreased for all counties with available data except Dauphin. Dauphin increased the use of congregate care by 7 percent ($p < .05$; *OR* = 2.04). The decreased likelihood of an initial placement in congregate care was statistically significant ($p < .05$) in Allegheny and Philadelphia (*OR* = .50 and .59, respectively) and NS for Crawford and Lackawanna.

- Stability - Moving within 6 months of a first placement. There was a reduction of movement within 6 months of a first placement for all counties with available data. The likelihood of moving within 6 months was significantly reduced ($p < .05$) in Dauphin (*OR* = .58), Allegheny (*OR* = .77), and Philadelphia (*OR* =.85) and was reduced but NS for Crawford and Lackawanna.

- Permanency - Exiting within 6 and 12 months of first placement. Two counties (Dauphin and Lackawanna) had higher percentages of children exiting placement during the first 6 months, and three counties (Allegheny, Crawford, and Philadelphia) reported lower percentages exiting placement within 6 months. Odds of leaving within 6 months significantly increased for Dauphin (*OR* = 1.58; $p < .05$) but significantly decreased for Allegheny and Philadelphia (*OR* = .076 and .091, respectively). The same pattern was observed for exiting placement within 12 months. There was a significant decrease in the odds of exiting care within 12 months in Allegheny, Crawford, and Philadelphia.

- Permanency - Reentering care within 1 year of exit from first admission. Allegheny and Philadelphia experienced no or very slight changes in reentry within a year. Lackawanna had approximately a 5 percent decrease. Crawford and Dauphin had increases (5 and 13 percent, respectively). The change in reentry was only statistically significant for Dauphin (*OR* = 32.52; $p < .05$).

- Permanency - Rate of out-of-home placement (per 1,000 children in the county's general population). Dauphin and Philadelphia had higher overall placement rates during the waiver period compared to the pre-waiver period. The increases in placement rates were statistically significant ($p < .05$). Placement rates were not significantly different for Allegheny, Crawford, or Lackawanna. The magnitude of placement rate changes differed by age of child and by county.

Cost Study

- All demonstration counties had an increase in total expenditures during the waiver. Even when controlling for inflation, counties increased total expenditures by 2 to 23 percent.

- All counties had an increase in *"All Other Child Welfare Expenses"* (child welfare expenditures for everything the county does for children and families beyond board and maintenance and subsidy payments)—from 9 percent in Philadelphia to 37 percent in Crawford County—suggesting all counties invested in greater prevention capacity and/or new interventions during the waiver.

- Trends in out-of-home placement costs varied by county. In the three demonstration counties where the number of placement days increased by a large amount (a 43 percent increase in Philadelphia, 47 percent in Venango, and 59 percent in Dauphin), total out-of-home placement costs increased as well. However, the proportion of out-of-home placement costs relative to total child welfare expenditures increased in only two counties (Dauphin and Venango). Allegheny, Crawford, and Lackawanna had a reduction in the total and proportion of out-of-home placement costs when comparing the last observable fiscal year to the one immediately prior to the waiver.

- All counties except for Venango had a reduction in their average daily out-of-home placement unit cost (ranging from a 9 percent reduction in Allegheny to a 28 percent reduction in Philadelphia). This decline in average daily unit cost likely stems in part from a shift in placement mix from more expensive care types (congregate care) to less costly placement types (kinship care). The proportion of kinship care days increased for each demonstration county when comparing their baseline year to state FY 2018.

Parent-Child Interaction Therapy (PCIT) and Triple P Substudies

- Insufficient data were available to report on the dosage of PCIT or fidelity of its implementation. Families participating in Triple P for whom data was available ($n = 70$) had an average of nine home visits (range 0–24 visits), which lasted an average of 15 hours in total (range 3–49 hours) over an average of 13 weeks (range 2–31 weeks). A variety of family members participated in Triple P during this timeframe with 91 percent of the focus children/youth and 87 percent of female caregivers participating.

- Insufficient child-level data was available to report on the effectiveness of PCIT, but the effectiveness of Triple P was examined using pre- and posttests of parenting behaviors and child/youth functioning. Results of paired samples *t*-tests indicate that negative parenting behaviors (*inconsistent discipline* and *poor supervision*) decreased over the course of participation in Triple P ($r = .32$ and .42, respectively; $p < .05$). Unexpectedly, *positive parenting* behaviors also appeared to decrease over the course of participation ($r = .44$, $p < .05$). Paired samples tests for the pre- and post-Eyberg Child Behavior Inventory scores indicated that the severity and number of child behavior problems decreased significantly over the course of participation in Triple P ($r = .69$ and .71, respectively; $p < .001$).

Inquiries regarding the Pennsylvania demonstration may be directed to Gloria Gilligan at ggilligan@pa.gov

24: Port Gamble S'Klallam Tribe

Demonstration Basics

Demonstration Focus: Parenting Education and Support and Enhanced Family Engagement

Implementation Date: January 21, 2016

Completion Date: September 30, 2019

Interim Evaluation Report Date: April 8, 2019

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 residence 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 Families** 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 and the Children's Bureau Child Welfare Capacity Building Center for States 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 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 one 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 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

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.

The evaluation also includes accessing and analyzing data on tribal dependency cases "before" and "after" the onset of the waiver project, and as of April 2019, gathering qualitative data (via interview assessments) from staff and stakeholders on how the system of services and supports for the program has changed over the waiver demonstration period.

Evaluation Findings

Below is a summary of key evaluation findings reported in the Interim Evaluation Report submitted in April 2019.

S'Klallam Strong Families

- As of March 2019, the tribe has carried out three different S'Klallam Strong Parent classes, each spanning over 8 weekly sessions with over 30 parents (involved in or at risk of involvement in dependency cases) participating. In addition, a fourth small group session was implemented with two parents working through the curriculum in a more intimate one-on-one setting.

- Parents who participated in the Strong Families workshops (*n* = 19) 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.

Family Group Decision Making (FGDM)

- As of March 2019, FDGM has been used with two families.

- FGDM participants (*n* = 15) reported understanding the underlying concern with the family that prompted the need for the meeting and its purpose at the start of the process. The meeting was carried out in a respectful manner; about 86 percent of FDGM participants strongly agree they would recommend the FGDM process to others in similar situations. A common theme expressed in open-ended comments noted the meeting provided a safe environment where the family could open-up on difficult issues.

Tribal dependency case analysis before and after the waiver demonstration

- A comparison between "old" cases (*n* = 36) opened between April 1, 2012, and December 31, 2015, and "new" cases (*n* = 17) opened between January 21, 2016, and July 31, 2017, to allow for 18 months of follow-up, revealed the following:
    - The percentage of youth who are reentries into the system is smaller among "new" cases, with over 30 percent of "old" youth being reentries compared to 17 percent of "new" youth.

    - The percentage of cases with some kind of resolution by 18 months was higher among "new" cases. Among which, over 47 percent had some kind of resolution and over 35 percent resulted in either a family reunification or guardianship arrangement. It is noted in the report that most of the resolved cases in the "old" sample were situations with in-home dependencies where the child never left the setting with parents.

    - The "old" sample cases closed, on average, about 9.5 months after starting compared to 10.6 months among "new" cases. It was noted again in the report that many of the "old" cases were in-home dependencies that often resolve quicker.

    - Those youth in the "old" sample had a higher average number of different placements and a higher percentage of them were with licensed providers compared to youth in the "new" sample.

Additional findings are pending the completion of the waiver demonstration and submission of the final evaluation report. Inquiries regarding the Port Gamble S'Klallam Tribe demonstration may be directed to Andrea Smith at 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).

Implementation Date: October 1, 2014

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 expands and enhances 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, 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 purpose of the FAST is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. The FAST is used to address the needs of families who are at risk of child welfare involvement by helping 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 March 2019, KEEP was implemented in eleven 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 2019, NPP was implemented in four pilot regions beginning in September 2017, and two additional pilot regions began implementation in October 2018.

All three interventions were supported by an enhanced casework strategy known as Reinforcing Efforts, Relationships, and Small Steps (R3). The casework strategy is an evidence-informed approach to improve family engagement and increase family participation in case planning and services. The strategy 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 process study describes implementation, including an assessment of fidelity, child welfare staff time use, and associations between child welfare staff attitudes about their work and adherence to waiver demonstration interventions. The outcome study is designed to determine the impact of the demonstration on key outcomes—by comparing outcomes for the demonstration group children to ones in a historical comparison group who reside in counties in which the demonstration interventions are implemented and were involved with the child welfare system prior to implementation. The cost study is examining the effect that the waiver demonstration has on statewide child welfare expenditures by comparing spending patterns before and during the waiver.

Evaluation Findings

Key process evaluation findings provided below are based on the interim evaluation report submitted in August 2017 and semiannual progress reports submitted through April 2019. Key outcome findings are only from the interim evaluation report.

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 2019, 454 foster parents have successfully completed Keeping Foster and Kinship Parents Supported and Trained (KEEP), resulting in a total of 319 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 2019, 126 families have completed the Nurturing Parenting Program since its implementation in September 2017.

Outcome Evaluation Findings

The interim evaluation report includes findings based on statewide data from TFACTS[110] 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.[111] The core outcomes of the

[110] Tennessee's Statewide Automated Child Welfare Information System.
[111] The comparison group differs for some outcome measures.

demonstration are safety, admission to foster care, placement stability, permanency, care day utilization, and foster care reentry. Preliminary findings are summarized below.

- Maltreatment recurrence is defined as the extent to which children who are the subject of a substantiated investigation are the subject of another one within 12 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[112] 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 (less than 1 year old) have historically taken the longest to leave care (FYs 2012 through 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 (FYs 2012 through 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). Children admitted in FY 2015 who were still in care at the beginning of FY 2016 (year 2) 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.

[112] Permanent exits are defined as reunification, adoption, and discharges to relatives.

- 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 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 FYs 2013 to 2014, right before the demonstration was initiated and appears to have leveled off from FYs 2015 to 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 FYs 2014 and 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 are appropriately absorbing costs for eligible children for eligible services. As such, the notable decrease in preventive spending from FYs 2015 to 2016 is not reflective of a decrease in services; rather, it reflects a shifting of costs from the state to Behavioral Health Organizations 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 FYs 2012 to 2016. While there was a decline in the number of care days across all types of placements between FYs 2012 and 2016, the use of more restrictive types of care days (i.e., more expensive) increased by 25 percent from FYs 2012 to 2016, while the use of less restrictive types of care days (i.e., less expensive) declined by 22 percent from FYs 2012 to 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 Shannon Patterson, Director of Health Advocacy, Office of Child Health, at at Shannon.M.Patterson@tn.gov

25: Utah

Demonstration Basics

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

Implementation Date: October 1, 2013

Completion Date: September 30, 2019[113]

Final Evaluation Report Date: June 30, 2019

Target Population

The waiver demonstration—called *HomeWorks*—targets children and families regardless of IV-E eligibility 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 was implemented in multiple phases. Initial implementation (phase 1) included the Strengthening Families Protective Factors (SFPF) framework and Utah Family and Children Engagement Tool (UFACET) assessment, first implemented 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 and then rolled out region by region until statewide. Community resources and evidence-based in-home service array efforts (e.g., Systematic Training for Effective Parenting–STEP, Families First) were also implemented in each of the five regions.

Phase 2 implementation included use of an updated SDM safety assessment, and training for safety assessment and safety planning.

Intervention

The demonstration includes three primary service interventions described below.

- **Child and Family Assessment** was 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** were developed and implemented to focus on trauma-informed practice and strengthening parents' protective and promotive factors.

[113] The demonstration was schedule to end September 30, 2018, but the state received an extension from the Children's Bureau to continue implementation through September 2019.

Specific interventions include the infusion of the Strengthening Families Protective Factors 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** were identified to understand the availability of services to address the most prevalent needs of children and families. Evidence-based programs were implemented through contracts to meet the needs of the target population; for example, Systematic Training for Effective Parenting, 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 included process and outcome components and a cost analysis. The outcome evaluation comprised a cohort research design that analyzed changes in key child welfare outcomes and expenditures by measuring the progress of successive cohorts of children entering the state child welfare system. Cohorts included pre-waiver, initial implementation, and full implementation groups. Due to the staged rollout, the analysis of changes in outcomes was assessed at both the regional and statewide levels. The evaluation included comparative analyses of outcomes between children and families that do and do not receive demonstration-funded services.

The process evaluation included four sub evaluations: (1) Implementation Evaluation, (2) Training Evaluation, (3) Community Services Evaluation, and (4) Saturation Assessment. The Implementation Evaluation identified and described differences in cultural and environmental factors, stakeholder involvement, oversight and monitoring, contextual and environmental factors, barriers to implementation, and lessons learned. It also included an examination of workforce culture and climate measures that have been demonstrated to predict implementation success. The Training Evaluation assessed whether the initial and ongoing training on the UFACET and caseworker skills, along with the practice support tools, led to knowledge and skill acquisition of evidence-based assessment techniques, available community-based services, and informed casework practice. The Community Services Evaluation included 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 was designed to quantify when performance implementation was 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 cost analysis assessed 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 was conducted to determine the relative costs per child of achieving various positive outcomes.

The evaluation also included 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 substudy employed the DME framework to identify factors influencing the removal decisions of CPS caseworkers in Utah.

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in the final evaluation report submitted in June 2019.

Implementation and Saturation Process Evaluation Findings[114]

- Key implementation findings from stakeholder[115] interviews are noted below.
  - Respondents agreed there was strong support and involvement from state leadership throughout the implementation process. There was somewhat less certainty as to the extent to which accountability was shared between leadership and frontline staff, with frontline staff continuing to feel a strong sense of liability.
  - Many respondents reported the roll out of waiver demonstration services (i.e., HomeWorks) was well-planned and well-executed. This was attributed to the development and active engagement of the Waiver Leadership Team, adherence to implementation science, and a quality training approach.
  - By the final rounds of stakeholder interviews, there appeared to be extensive buy-in to the vision and goals of the waiver, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners.
  - There was general agreement that the introduction of evidence-based assessment tools (e.g., the SDM, UFACET) had improved the quality and validity of assessments completed by caseworkers.
  - Improved family engagement was a commonly perceived strength, and HomeWorks encouraged greater engagement with families.
  - Important implementation issues included lack of stakeholder involvement in planning and decision-making processes; insufficient staff and resultant high caseloads; and a shortage of appropriate services needed to ensure child safety for in-home service cases.
- The degree to which the waiver demonstration services were incorporated into the everyday practice of caseworkers was measured using a process termed the Saturation Assessment. Achieving saturation meant at least 75 percent of caseworkers providing waiver services at a basic level of fidelity,[116] a proportion deemed sufficient enough for

[114] Findings are included through September 30, 2018, unless noted otherwise.
[115] Stakeholders interviews included leadership from the Office of the Attorney General, judges, GALs, state and regional DCFS leadership, caseworker supervisors, CPS caseworkers, in-home caseworkers, and peer parents. Respondents had worked in the field for a range of several months to 20 years.
[116] This includes that (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.

changes in child and family outcomes to be measurable. Several important findings should be noted regarding measurement of saturation—

- Reaching saturation was a challenging task for most regions.
- No region reached saturation on the first assessment.
- Every region reached saturation on the second assessment and the three regions that were evaluated for a third assessment successfully maintained saturation.
- HomeWorks was difficult but achievable with a sustained focus that employed many of the principles of implementation science.

Outcome Evaluation Findings[117]

Well-Being

- Data from the Protective Factors Survey (PSF)[118] were assessed for differences between the waiver group and comparison group posttest scores after accounting for their pretest scores. PSF respondents included primary caregivers from the pilot region (Northern) and two regions (Eastern and Western) scheduled to be the last to implement.[119] The assessment found small increases in pre- and posttest scores on the five subscales for the waiver group. Similar small increases in pre- and posttest scores were found for the comparison group except on the Concrete Supports and Parenting Knowledge subscales. Posttest means for the waiver group were higher than for the comparison group for each of the subscales. The analysis found a statistically significant difference in posttest scores between the groups on the Concrete Supports subscale (p = .03). The effect size was small (η^2 = .05), explaining 5 percent of the adjusted posttest score variance.

In-Home Case Start: New Foster Care Cases

- The results of the analysis were mixed. The Northern Region showed a statistically significant decrease in new foster care cases for both the startup period[120] and the saturation period compared to the baseline period. The results for the Southwest, Eastern, and Western Regions showed no statistically significant differences when comparing the startup period or saturation period to the baseline period. The Salt Lake Valley Region showed a statistically significant increase in new foster care cases for both the startup and saturation periods compared to the baseline period.

[117] Findings are included through September 30, 2018, unless noted otherwise. Timeframes include baseline period of 5 years prior to the waiver; startup period after implementation, but prior to saturation; the saturation period reached when 75 percent in-home cases are receiving interventions with a basic level of fidelity; and a 12-month follow-up period.
[118] The PSF includes five subscales: Family Functioning and Resiliency, Social Supports, Concrete Supports, Nurturing and Attachment, and Parenting Knowledge.
[119] Waiver: pretest n = 73, posttest n = 47; Comparison: pretest n = 49, posttest n = 32.
[120] The start-up period is the time after a region has started implementing the waiver but has not been determined to reached saturation. The saturation period is the time after an area has a minimum of 75 percent of in-home case receiving HomeWorks interventions with a basic level of fidelity.

In-Home Case Start: New Supported Cases

- The results of the analysis were mixed. The Southwest Region showed a statistically significant decrease in new supported cases in the startup and saturation periods compared to the baseline period, while the Western Region showed a statistically significant decrease in new supported cases in the startup period compared to the baseline period. The remaining regions showed no statistically significant differences in new supported cases between the comparison periods.

CPS Case Start: New Foster Care Cases

- All five regions showed a statistically significant increase in the percentage of children who enter foster care from CPS Case Start in the startup and saturation periods (were relevant due to the timeline of the evaluation) compared to the baseline period.

CPS Case Start: Supported Cases

- Results on the occurrence of new supported cases after CPS Case Start were mixed across regions. The Northern Region showed a statistically significant decrease in new supported cases in the startup period compared to the baseline period, but the finding was reversed in the saturation period. In the Salt Lake Valley Region, the findings were the opposite with the statistically significant increase occurring in the startup period and the statistically significant decrease occurring in the saturation period. The Southwest Region showed a statistically significant decrease in the startup compared to the baseline but no difference during the saturation period. The Eastern Region and Western Region in the startup period showed no statistically significant difference from the baseline.

Cost Evaluation Findings[121]

- A Bayesian approach was used to assess the cost effectiveness of the waiver demonstration in each of the five regions. Within each region, costs were analyzed for In-Home Cases and CPS Cases on the outcomes of placement into foster care or a new finding of abuse and/or neglect. Results suggested the waiver demonstration is cost-effective in the Northern Region (probability = 0.73), the Easter Region (probability = 0.80), and the Western Region (probability = 0.87).

[121]The cost study sampled from federal fiscal years (FFYs) 2014 and 2015 using overall DCFS title IV-E allowable and waiver-based demonstration project costs as included in part 3 of the CB-496 report.

Evaluation Substudy Findings[122]

Caseworker Characteristics and Decision-Making[123]

- Caseworker job tenure influences placement decisions. Caseworkers are more likely to place children in out-of-home care the longer they are on the job. However, caseworkers who have been on the job the longest are also less likely when compared with their less experienced colleagues to place a child. These findings appear contradictory. One explanation may be that when some caseworkers were hired the placement rate was either less or more than at other times. There was also significant variation by DCFS regions.

- Analysis indicated caseworker gender influences placement decisions. Females are more likely to place children in out-of-home care compared to their male colleagues. It was noted, gender may also interact with tenure. Female caseworkers included in the sample, tended to place fewer children as they gain more experience, whereas men place more children as they gain experience.

- Attitudes regarding placement, based on two measures, did not significantly correlate with placement decisions when case characteristics were controlled. However, perceptions of high workload were related to increased likelihood of placement. Self-assessed skill level was also related to a higher likelihood of placement, with higher rated skill associated with higher likelihood of placement.

- Based on a standard assessment of adverse childhood experiences (ACEs), caseworkers who had experienced more ACEs as a child were less likely to place children in out-of-home care.

The Influence of Role on Decision-Making[124]

- Attorneys general (AGs) and guardians ad litem (GALs) were found to be more oriented toward removal and child safety compare to DCFS caseworkers. GALs also tended toward greater concerns regarding child safety compared to their AG counterparts. AGs and GALs were found to view community services as inadequate compared to DCFS caseworkers.

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[122] Multiple analyses were conducted to explore the relationship between DCFS caseworker characteristics and experience and removal decisions. Data sources included a series of survey scales filled out by caseworkers, attorneys general, and guardians ad litem and DCFS databases for human resources and child welfare. Survey scales included the *Removal From Home of Children At Risk Scale* (Davidson-Arad & Benbenishty, 2010); *The Dalgleish Survey* (Fluke, 2016); *Workload and Resources Scale & Community Services Scales* (Dettlaff, Graham, Holzman, Baumann, & Fluke, 2015); *Supervision and Work Unit Scale* (Dettlaff et al., 2015); *Consensus Over Liability Scale and Caseworker Skills* (Dettlaff et al., 2015); and *Adverse Childhood Events Survey* (Centers for Disease Control and Prevention, 2010).

[123] The sample included all CPS cases investigated between October 1, 2008, and July 31, 2016, and corresponding caseworker data from Department of Human Services Human Resources. It should be noted that analyses are correlational and reflect associations of characteristics with placement decision rather than causes.

[124] Legal partners, guardians ad litem (GALs) and assistant attorneys general (AGs), were administered the Removal From Home of Children At-risk Scale and The Dalgleish Survey. 43 GALs and 39 AGs were recruited to take surveys.

Relationship Between Caseworker Placement Rates and Child Safety[125]

- The average rate of supported case findings that a worker has did not influence placement. That is, if Caseworker A finds maltreatment more often than Caseworker B, there is no difference in the chance that Caseworker A will place children more often when compared to Caseworker B. Analysis indicated that caseworkers with experience with in-home or foster care cases are not any more or less likely to place children.

- No significant relationship was found between the rate at which an assigned caseworker placed children on their caseload and the likelihood of a subsequent supported investigation. The average rate of placement for caseworkers was approximately 14 percent. The evaluators noted this finding implies that increasing or decreasing placement rates, within the limits of this study, has little bearing on child safety.

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.

[125] 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.

26: Washington

Demonstration Basics

Demonstration Focus: Differential Response

Implementation Date: January 1, 2014

Completion Date: September 30, 2019

Final Evaluation Report Date: July 1, 2019

Target Population

The target population for the Washington waiver demonstration includes title IV-E eligible and non-IV-E eligible 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 Children, Youth, and Families (DCYF) offices in Aberdeen, Lynnwood, and Spokane. As of June 1, 2017, DCYF implemented Family Assessment Response statewide.[126]

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 120-day period[127] 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
- 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

[126] Washington state temporarily withheld FAR funding during the 2015 legislative session. Evaluators report this pause had potential effects on the program and evaluation.
[127] On July 1, 2018, following Washington state legislative approval, the maximum FAR service period was extended from 90 days to 120 days.

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 included process and outcome components and a cost analysis. A matched case comparison design was implemented in which Family Assessment Response (FAR)-eligible families residing in geographic jurisdictions in which FAR services were offered (the treatment group) were matched with families who met FAR eligibility criteria and reside in jurisdictions in which FAR services were not yet available (comparison group). Comparison group participants were matched to FAR program participants using propensity score matching. The evaluation also included supplemental analysis[128] 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

The outcome evaluation also addressed the impact of the FAR pathway on disproportionality within the child welfare system.

The cost evaluation included an office-level study of the effect of FAR on the costs of operating regional offices, including all costs of serving families. A panel data structure was used to observe change in cost of servicing families as offices transitioned from pre- to post-FAR implementation, while controlling for office-specific time invariant characteristics.

Evaluation Findings

Key evaluation findings are summarized below and reflect information reported by the state in the final evaluation report submitted in July 2019.

Process Evaluation Findings[129]

- Child Protective Services (CPS) staff responded to a total of 185,121 families with a "screened-in" CPS intake. Among which, a total of 48,398 families were assigned to the Family Assessment Response (FAR) pathway. Of those assigned to FAR, 7.6 percent were transferred to investigations due to a safety or risk concern or the family declining to participate.

- Office Preparedness. Key informant interviews suggest strong agreement that offices, on average, were prepared for FAR implementation. Administrators tended to be prepared at slightly higher rates than FAR caseworkers. Investigative caseworkers were least likely to agree that they were prepared for implementation. Caseworkers generally

[128] A description and discussion of specific analyses are available in the Final Evaluation Report.
[129] Primary data sources for the process evaluation included key informant interviews, family surveys, and administrative casework data. A description and discussion of specific analyses are available in the Final Evaluation Report.

were able to find information and administrative support for their questions related to implementation.

- Effect on CPS Casework. On average, office staff reported only minor detrimental effects on CPS casework. Staff tended to agree with the FAR approach, with strongest support coming from administrators, second highest from FAR caseworkers, and investigative caseworkers showing lowest support. Families stated that their experiences with the Department of Children, Youth, and Families (DCYF) was improved or unchanged after FAR, relative to earlier experiences.

- Family Engagement. From the DCYF perspective, FAR increased the degree and quality of partnering with families. Families, likewise, report high levels of engagement and inclusion, noting that caseworkers tend to include family perspectives in casework.

- Family Satisfaction and Happiness with Services. Families indicated high levels of satisfaction with caseworkers. They expressed that they received helpful guidance, were respected, and found caseworker help both beneficial and satisfying. Caseworkers provided help in multiple forms, including services (community and DCYF-funded). Families who received some level of help indicated that help was overwhelmingly beneficial and sufficient.

- Service Delivery and Service Availability. DCYF personnel noted increases in DCYF-funded services, concrete goods, and community services. DCYF services were least affected; concrete goods were most affected. Based on averages across all offices, fewer than 10 percent of high-risk FAR families received an evidence-based program/practice (EBP) whereas nearly 39 percent of these same families received some form of in-home service.

- Implementation Fidelity. Offices exhibited widely varying levels of fidelity to the FAR model, though all offices tended to have lower levels of fidelity after the initial scoring year (2015). The annual fidelity score for the aggregate of all offices was highest (51 percent) in the first year of scoring (2015). This level declined sharply the following year (39 percent in 2016) and plateaued in the third year (41 percent in 2017).

- Replicability or Effectiveness of the Demonstration. Phased rollout permitted DCYF to address needs within the FAR model, including changes in training, delivery, and services. Greatest concerns are in the need to improve how services, especially EBPs, are provided to families. Evaluators reported the extension of FAR case length from a maximum of 90 days to 120 days in 2018 may both improve service delivery and improve fidelity.

Outcome Evaluation Findings[130]

- Foster Care Entry. According to the matched comparison analysis, Family Assessment Response (FAR) appears to reduce the probability of removal. The reduction was statistically significant for measures at 3, 6, 12, and 24 months after intake. Reduced likelihood of removals also occurred at 36 months. However, findings for the 36-month period were not statistically significant. The estimated reduction in the probability of removal at 12 months was approximately 17 percent.

- Subsequent Maltreatment. FAR appears to increase accepted rereferrals, which runs contrary to expected outcomes. However, these rereferrals disproportionately meet the FAR eligible criteria, reflecting lower levels of risk and indicating that FAR appears to limit the escalation of maltreatment. The findings are statistically significant for measures at 3, 6, 12, 24, and 36 months after intake. Qualitative discussions with caseworkers and administrators suggest possible contributing factors to increases in rereferrals include more willingness for mandatory reporters to report low-risk cases when FAR is available and FAR office outreach and engagement efforts may have heightened awareness of child abuse and neglect among community service providers.

- Well-Being. Evaluators developed an alternative method using proxy data when the original evaluation tool designed for measuring well-being was discontinued at the beginning of the evaluation. This new method showed little difference in well-being measures between the FAR and comparison families. These results suggest that FAR had little impact on well-being. They also suggest that FAR places no greater safety risk for families than non-FAR approaches.

- Disproportionality. Families identifying as "Native American" or "Washington State Tribe" disproportionally refused FAR participation. However, in the first cohort of 2018 and following the Washington Legislature's removal of the FAR Agreement,[131] the proportion of Native American or Washington State Tribe families refusing to participation dropped significantly. At the end of the evaluation period these family rates of decline were similar with average FAR decline rates for families of other races/ethnicities.

Cost Evaluation Findings[132]

- Analysis of DCYF-purchased goods and services for FAR and matched comparison families demonstrates a statistically significant decline in expenditures for FAR families.

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[130] The outcome evaluation sample included 8,043 FAR intakes through June 2017 and 8,043 matched comparison cases. Statistical significance is $p > .05$. A description and discussion of specific analyses are available in the Final Evaluation Report.
[131] Prior to October 2017, families were required to sign a "FAR Agreement" to participate. This was reported throughout the demonstration period to be a barrier for families and in particular families identifying as "Native American" or "Washington State Tribe."
[132] A description and discussion of specific analyses are available in the Final Evaluation Report.

This analysis excludes all costs that are not direct purchases (e.g., social worker labor costs).

- Office-level analysis of all costs related to serving families also shows a decrease in costs after implementing FAR, but these results are not statistically significant.

- FAR appears to increase expenditures on families initially but reduces expenditures over time. Analysis of matched FAR and comparison families shows an increase in expenditures on FAR families during the first 6 months after intake. But by 12 months, FAR families have lower total expenditures, and the estimated savings from FAR continues to increase at 24 and 36 months after intake. These results are statistically significant.

- Analysis of expenditures at the office level do not show any statistically significant change resulting from adoption of FAR, in either total costs, or any of the subcategories of cost we analyzed. Point estimates of total costs show a decline after FAR implementation. Specific subcategories such as caseworker or removal-related costs have either increases or decreases after FAR implementation. However, the small magnitude of the average change and underlying variability in office-level data do not allow for the conclusions that FAR resulted in cost increases or savings in any category.

Information and reports for the Washington demonstration are available online. Inquiries regarding the Washington demonstration may be directed to Tarassa Froberg at tarassa.froberg@dcyf.wa.gov.

27: West Virginia

Demonstration Basics

Demonstration Focus: Wraparound Services

Implementation Date: October 1, 2015

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 precommunity 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)[133] 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 process and outcome evaluations 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; organizational aspects; service delivery system, including procedures for determining eligibility, referral processes, the number of children/families served, and the type and duration of services provided; degree to which 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 to treatment group youth.

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

[133] The West Virginia CANS has been updated most recently in 2015 to fully incorporate the National Child Traumatic Stress Network Trauma CANS modules.

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

Evaluation Findings

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 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 are summarized below.

- Most staff reported regular communication between child welfare caseworkers and wraparound facilitators. Frequency of communication was dependent on the needs of each case. In some cases, wraparound facilitators and caseworkers reported daily contact, in others a couple of times a week, and some weekly.

- 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 several 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 for ongoing planning activities. In the few cases where youth were not active, caseworkers reported facilitators made substantial efforts to engage youth in service planning. Youth engagement was a challenge due to parental issues, lack of motivation or interest, and their serious mental health issues.

- As part of the fidelity case reviews, evaluation team members reviewed the initial and most recent wraparound 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 as of September 30, 2017 (*n* = 1,087), and to compare those outcomes to the historical comparison group (*n* = 1,087). Below 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 ($p < 0.01$) 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 ($p < 0.01$).

- 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 ($p < 0.05$) 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 ($p < 0.01$).

- 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 who receive formal services. Additionally, *Safe at Home* youth referred while placed in congregate care show more favorable outcomes than the comparison group 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 Hymes at Amy.L.Hymes@wv.gov

28: Wisconsin

Demonstration Basics

Demonstration Focus: Post-Reunification Case Management and Services

Implementation Date: October 1, 2013

Completion Date: September 30, 2019[134]

Final Evaluation Report Date: 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 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). The RPM was developed specifically for the demonstration. Having a child welfare or child protective services case 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 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 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 involvement with child welfare system. The service plan also considers the child's and family's community and natural support system. Individualized services include, as appropriate and

[134] Wisconsin has received an extension from the Children's Bureau to continue implementation through September 2019.

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 were also 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; 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, 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 design included process and outcome components, and a cost analysis. The outcome evaluation involved a matched case comparison group design. The experimental group was comprised of reunified children and their families who were enrolled in the P.S. Program, while the comparison group was comprised of reunified children and their families with similar demographic and case characteristics in counties that had not implemented the P.S. Program. Families in the intervention group were matched with comparison group children on a case-by-case basis using propensity score matching.

The cost analysis examined the costs of services received by children and families in the intervention group.

The evaluation also included 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 were 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) was compared.

Evaluation Findings

Key process and outcome findings are summarized below and reflect information reported by the state in the final evaluation report submitted in April 2019.

Process Evaluation Findings[135]

- There was a total of 815 enrollments in the P.S. Program for 775 unique families.[136]

- The average length of enrollment in the program was 306.4 days. The median enrollment time was 365 days, and about half of all enrollments lasted exactly that long (351 enrollments).

- Three-quarters of the families in the P.S. Program had an initial strengths and needs assessment at or soon after enrollment, and a slightly smaller percentage (66 percent) had an initial case plan completed during the required time frame.
    - Required updates of the CANS assessment at 6 months post-reunification and at case closure were less likely to be completed; they were present in 60 percent and 39 percent of P.S. Program cases, respectively (*n* = 548 families enrolled between February 1, 2014, and September 30, 2017). Caseworkers reported disliking the CANS assessments and did not find the instrument useful for case planning, which may have contributed to the moderate levels of compliance.

- Only 3.5 percent of families did not receive the minimum number of caseworker visits during any month of their enrollment (complete noncompliance); 21.9 percent received the minimum number of caseworker visits during every month they were enrolled (perfect compliance); and about three-quarters of the sample (73.7 percent) had a compliance rate of .5 or higher (the number of months that they received at least the minimum number of caseworker visits/the number of full months enrolled).

- On average, families received over 6 different services per month and 12 different services over the entire span of their enrollment in the P.S. Program. The most frequently provided services were home management (65 percent), economic support (56 percent), individual therapy (49 percent), parenting services (46 percent), transportation (44 percent), social support (38 percent), housing assistance (38 percent), and recreational services (32 percent).

- Families received an average of 86 percent of services they needed based on their case plan.

- Key findings from interviews conducted in 2014 and 2016 with P.S. Program county caseworkers and administrators are noted below (*n* = 54 in 2014 and 72 in 2016).

[135] Findings are included through December 31, 2018, unless noted otherwise.
[136] Seven hundred enrollments ended on December 31, 2018, or earlier, and these enrollments are used to calculate average enrollment length and other descriptive statistics, unless otherwise noted.

- Frontline caseworkers expressed a desire to receive communications directly from DCF, rather than being reliant on their supervisors to pass information on (Wisconsin has a county administered child welfare system).
- Training available early in the P.S. Program was not adequate for managing cases after children returned home.
- The external system that most heavily impacted the P.S. Program was the legal system, because most families enrolled in the P.S. Program were court-involved at least for a short time following reunification. Despite attempts to educate judges and attorneys about the P.S. Program, according to a few case managers and supervisors there was still a lack of understanding about the program.
- Availability of flexible funds created a noticeable change in workers' abilities to serve families. A common use of flexible funds was to pay for rent and other basic family needs such as utilities, gasoline, and day care.

Outcome Evaluation Findings[137]

- There were no statistically significant differences between groups on intermediate outcome indicators of parent stress *(p* =.91), parent coping,[138] or social support *(p* =.80), positive family functioning (*p* =.19), adequacy of family economic resources (*p* =.62), or rates of child behavior problems (*p* =.71) *(n* = 120-122 treatment/76-77 comparison).

- Children ages 5 to 17 enrolled in the P.S. Program (intervention group only) and who had a CANS assessment at all three time points (*n* = 253) improved significantly in the following areas over time: impulsivity/hyperactivity, depression, anxiety, oppositional, anger control, and affect dysregulation ($p < .0001$). However, the evaluators report a closer look at the amount of change in item scores over time (between 0.1 to 0.3) shows that the changes may not be clinically meaningful.

- Children enrolled in the P.S. Program (intervention group only) and who had a CANS assessment at all three time points (*n* = 253) experienced small but statistically significant changes in adjustment to trauma ($p < .0001$).

- There were no significant differences between groups on educational outcomes of school attendance (*p* = .99), rates of disciplinary reports (*p* value not reported), or student achievement in English Language Arts, Math, Science, and Social Studies (*p* values range from .51 to .96).[139]

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[137] Outcome findings are based on 554 families in the treatment group and 462 in the comparison group through December 31, 2017, unless otherwise specified.

[138] Similar mean scores were seen across all 28 coping strategies on the Brief COPE for the treatment and comparison groups and no statistically significant differences.

[139] Analysis conducted with Wisconsin Department of Public Instruction data for academic years 2013-2014 through 2017-2018; *n* = 1,519 children in families in the matched groups.

- In the intervention group, 48.2 percent of families had a child with at least one preventive dental visit during the 12-month post reunification period compared to 38.4 comparison group families ($p < .001$). However, the mean number of dental visits per family was not significantly different between the two groups.[140]

- In the intervention group families, 54.2 percent had a child that had at least one emergency department visit during the 12-month post reunification period compared to 42.2 percent of comparison group ($p < .0001$ level). The mean number of emergency department visits per family was not significantly different between the two groups.[141]

- There were no significant differences between groups on rates of CPS referrals. In the intervention group 11.6 percent of families experienced a CPS referral within 12-months post reunification compared to 11.5 percent among the comparison group ($p = .89$).

- There were no significant differences between groups on rates of substantiated maltreatment. In the intervention group, 3.4 percent of families experienced a substantiated maltreatment report within 12-months post reunification compared to 4.1 percent among the comparison group *(*$p = .51$).

- There were no significant differences between groups on rates of reentry into out-of-home care post reunification. In the intervention group 22 percent of families experienced a reentry within 12-months post reunification compared to 22.9 percent among the comparison group ($p = .66$).

- Key findings from the Interrupted Time Series Analysis (ITS) of the Permanency Support Program in Milwaukee County are summarized below.
    - There was a significant spike in child-level and family-level CPS referrals in January 2012 following the introduction of the program, by 25.3 percent ($p < 0.0001$) and 27.4 percent ($p < 0.0001$), respectively, followed by a decrease over time. A second ITS analysis examined CPS referral rates following reunification in four comparison counties showed the same increase in CPS referrals (at both the child and family levels) in January 2012.

    - There was a significant spike in child-level and family-level substantiated maltreatment in January 2012 following the introduction of the program, both by 3.6 percent ($p < 0.001$), followed by a decrease over time. The four comparison counties did not show the same increase in maltreatment following reunification (at the child or family levels).

[140] Analysis conducted with Department of Health Services data linked to demonstration families; $n = 598$ treatment families and 500 comparison families
[141] Ibid.

- There were no significant changes in child-level or family-level reentry rates immediately following the implementation of the program (p = 0.95 and p = .80, respectively) or in the quarter-to-quarter trend after services were implemented (p = 0.14 and p = .40, respectively). ITS analyses conducted for reentry rates in four comparison counties showed no significant change in child-level or family-level reentry rates after January 2012 (p = 0.66 and p =.67, respectively), nor was there a significant change in quarter-to-quarter trend at the child or family-level (p = 0.16 and p =.10, respectively).

Cost Study Findings[142]

- All reported spending totaled $7,969,967.49. Spending was considerably lower in 2014, during the initial implementation period when enrollment numbers were low. Spending in 2015, 2016, and 2017 was roughly equivalent (i.e., $748,530.29 in 2014, $2,335,794.04 in 2015, $2,573,961.92 in 2016, and $2,311,681.24 in 2017).

- The overall pattern of spending was one of great variance in total amounts spent for cases by counties. Among counties serving at least 20 cases, average spending on a case per child, per day varied from $13.78 to $45.02.
  - Case management services made up 40 percent of total spending. Financial support/direct assistance was the second largest category of spending, at 22.3 percent of total spending.
  - Total spending per case did not change over time but spending in three service categories did. Case management spending and spending on advocacy and personal supports significantly decreased over time. Financial support/direct assistance spending also significantly increased over time.

Information and reports for the Wisconsin demonstration are available online. Inquiries regarding the Wisconsin waiver demonstration may be directed to Angela Krueger at Angela.Krueger@wisconsin.gov.

[142] 3,096 family cost reports were included in the analysis, unless otherwise noted.