REPORT | March 2021

Profiles of the Title IV-E Child Welfare Waiver Demonstrations Approved in Federal Fiscal Years 2012–2014

REPORT | March 2021

Profiles of the Title IV-E Child Welfare Waiver Demonstrations Approved in Federal Fiscal Years 2012–2014

Submitted to

Liliana Hernandez, M.S.W., M.P.P., Project Officer
Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services
Contract Number: HHSP233201500133I

Prepared by

James Bell Associates
3033 Wilson Boulevard, Suite 650
Arlington, VA 22201
(703) 528-3230
www.jbassoc.com

Elliott Graham, Ph.D.
Project Director

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: James Bell Associates. (2021). *Profiles of the title IV-E child welfare waiver demonstrations approved in federal fiscal years 2012–2014*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Children's Bureau, the Administration for Children and Families, or the U.S. Department of Health and Human Services. This report and other reports sponsored by the Children's Bureau are available at https://www.acf.hhs.gov/cb.

Table of Contents

1 : Arizona ... 1
2 : Arkansas ... 7
3 : California ... 14
4 : Colorado ... 20
5 : District of Columbia ... 26
6 : Florida ... 32
7 : Hawaii ... 39
8 : Illinois (AODA) ... 46
9 : Illinois (IB3) ... 50
10 : Illinois (Immersion Site) ... 56
11 : Indiana ... 62
12 : Kentucky ... 68
13 : Maine ... 75
14 : Maryland ... 81
15 : Massachusetts ... 89
16 : Michigan ... 95
17 : Nebraska ... 100
18 : Nevada ... 108
19 : New York ... 114
20 : Ohio ... 120
21 : Oklahoma ... 126
22 : Oregon ... 131
23 : Pennsylvania ... 137
24 : Port Gamble S'Klallam Tribe ... 144
25: Tennessee ... 151
26: Utah ... 157
27: Washington ... 164
28: West Virginia ... 169
29: Wisconsin ... 175

Profiles of the Title IV-E Child Welfare Waiver Demonstrations
Approved in Federal Fiscal Years 2012–2014

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 allowed flexibility in the use of federal funds for alternative services and supports that promoted 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 expired at the end of federal fiscal year (FFY) 2019 (September 30, 2019), when all waiver demonstrations ended.

NOTE: Information contained in the following profiles of Child Welfare Waiver Demonstrations has been abstracted from information submitted by the jurisdictions as of December 2020. 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

Final Evaluation Report: May 6, 2020

Target Population

Regardless of title IV-E eligibility, the Arizona waiver demonstration targeted all children birth to 18 who were in a congregate care setting at the start of the waiver demonstration or entered a congregate care setting during the demonstration and were 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 and rolled out in phased implementation stages to 15 offices.[2]

Intervention

The waiver demonstration (known as Fostering Sustainable Connections or FSC) addressed the goals detailed in the DCS agency-wide Strategic Plan. The goals specifically aimed 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 implemented to address these goals consisted 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 created noncase carrying Family Engagement Specialist (FES) positions and contracted with a community agency for additional FES positions. The positions were trained to provide the family/fictive kin search and engagement activities. Children in congregate care settings were selected for the intervention based on case-related data, including the age of the child and type

[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.

[2] Only select units within each office implemented the intervention.

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

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

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

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The process evaluation included interim and final analyses that described how the demonstration was implemented; and identified how demonstration services differed from those available prior to implementation of the demonstration or available to children and families not designated to receive them. The research design for the outcome evaluation varied across outcome domains, but overall consisted of a longitudinal, comparison group approach to examine changes in safety, permanency, and well-being outcomes.

The evaluation also included a substudy on the assessment of child well-being. The substudy addressed 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 final evaluation report are provided below.

Process Evaluation

- A total of 576 children and youth and their family/fictive kin were served during the demonstration period.
- Interview and survey respondents noted the following regarding their Family Engagement Specialist (FES):
    - Overall, children and caregivers reported high levels of engagement with their FES. Children rated understanding their FES as the highest, reporting they felt respected and understood by their FES who took the time to get to know them.

    - Caregivers reported high levels of buy-in and advocacy and indicated they believed their children's lives would get better because of their involvement with the FES, working with their FES had given them more hope, and their FES advocated for them. Additionally, both children and caregivers reported they could trust their FES.

- Observation and interview participants noted the following regarding Fostering Sustainable Connections (FSC):
    - Reported strengths included collaborative discussions with DCS and FES to identify needs and services for children and families and ways to increase family involvement; site-based team meetings provided opportunities to discuss the children in detail and make referrals to FSC; and focus was given to connections for the child, rather than just on their living arrangement.
    - Reported challenges included that FES and DCS specialist communication was sometimes delayed and did not occur when the FES was assigned a child; not all DCS specialists attended the site-based team meetings, curtailing the ability to discuss the child's needs and family efforts; and the referred children were not always appropriate for the intervention (i.e., close to aging out).

Outcome Evaluation

Legal Permanency

- Approximately 29 percent of the intervention group and 32 percent of the comparison group achieved permanency by February 2, 2020. The differences between the groups were not statistically significant.
- The evaluators examined the relationship between specialized meetings and permanency for the intervention group only. Findings indicated children who had a Blended Perspective Meeting (BPM) and/or a Life Long Connections Team Decision Making (LLC TDM) meeting had a higher percentage of permanency achievement. However, the difference was not statistically significant. Approximately 34 percent of children who had a specialized BPM or LLC TDM meeting achieved permanency, compared to 21 percent of those who did not have these specialized meetings.

Safety

- Overall, about 16 percent of children who achieved permanency reentered out-of-home care. There was no statistically significant difference between the intervention and comparison groups in the proportion of children reentering out of home care within 12 months post permanency.

Stability

- The average number of living arrangements prior to achieving permanency varied between intervention and comparison groups; however, the difference controlling for length of time between start date and permanency was not statistically significant.

Children in the intervention group had an average of just over two different living arrangements compared to almost three for the comparison group. The comparison group had a larger variation, ranging from 1 to 14 living arrangements compared to 1 to 6 for the other.

- The length of time in out-of-home care[3] for children was counted for those who entered out-of-home care for the first time after the start of the demonstration (July 1, 2016) until the children exited care or to February 2, 2020, if the children had not exited care.
    - On average, children in the comparison group spent 856.02 days in care, which was slightly lower than the average for children in FSC (944.73 days). However, this difference was not statistically significant.

Social-Emotional Well-Being

- Sixty-seven percent of children rated themselves as Average or Above Average in Interpersonal Strength compared to 52 percent of caregivers. In that same subscale, 17 percent of children rated themselves as Below Average or Poor, compared to 41 percent of caregivers.
- Children rated themselves similarly at Time 1 and Time 2 with no significant differences found on the Behavioral and Emotional Rating Scale (BERS-2), Youth Rating Scale (YRS) subscales, BERS-2 Strength Index, or Youth Quality of Life Instrument-Short Form (YQoL-SF) Composite Score. However, two BERS-2 YRS subscales, Family Involvement and School Functioning, did approach significance (i.e., *p*-values were close to 0.05). On average, children reported increased family involvement from Time 1 to Time 2 and decreased school functioning.
- Children in the intervention group reported decreases in their well-being from Time 1 to Time 2 as indicated by the negative change score on the BERS-2 Strength Index and YQoL-SF composite score. Conversely, children in the comparison group reported increases in well-being. These differences, however, were not statistically significant.

Restrictiveness of Living Environment

- Restrictiveness of out-of-home care setting[4] was based on the children's living arrangement using a modification of the Children's Restrictiveness of Living Environment Instrument (CRLE). Youth were then classified as having had no change in care setting restrictiveness, an increase in restrictiveness, or a decrease in restrictiveness.
- There was no statistically significant difference in restrictiveness change for either the intervention or comparison group. Most children/youth experienced a decrease in

[3] Totals for the sample for this measure are intervention *n* = 30 and comparison *n* = 44.
[4] Totals for the sample for this measure are intervention *n* = 86 and comparison *n* = 84.

restrictiveness of living environment, 67.44 percent for the intervention and 66.67 percent for the comparison group.

- Of those that achieved permanency, 83 percent had a prior decrease in restrictiveness, whereas only 16.9 percent of those achieving permanency had no change or an increase in restrictiveness prior to exiting to care.

Cost Evaluation

Change in Placement Cost

- Decreases in placement restrictiveness were associated with decreases in cost, regardless of placement cost over time. The decrease in placement cost ranged from $80 to $200 per day, with a move from a shelter placement to an unlicensed kin placement being associated with the greatest decrease.
- Increases in placement restrictiveness were associated with increases in cost, regardless of placement cost over time. The increase in placement cost per day ranged from $88 to $326, with the move from a kinship care setting to a specialized group home being associated with the greatest increase.

Placement Cost Over Time

- Overall, children in the comparison group had a higher average placement cost over time than in the intervention group. However, this difference was not statistically significant.
- In year 2 of the demonstration, the difference in average cost between the comparison group and the intervention group was just under $9,000, not a statistically significant difference. However, in year 3, the comparison group had a higher average cost than the intervention group with a difference in cost just under $15,000, a statistically significant difference ($p < 0.05$).

Substudy

Youth conceptualization of social emotional well-being. Seven subthemes were identified through interviews: ability to cope with adversity, achieving academic success, maintaining hope in the future, learning to be happy during difficult times, managing emotional and behavioral expression, cultivating and maintaining relationships, dependency on adult perceptions, and establishing normalcy. Below is a summary of two of the subthemes.

- *Ability to cope with adversity.* Youth indicated a need to receive additional support from adults outside of the traditional family system. Upon entering an out-of-home care setting, youth reported a loss of support and a desire to experience family-like closeness and support from out-of-home care providers. Youth also noted a lack of caregiver support within their contextual environmental setting impacts their ability to cope and thrive during chaotic and difficult times.

- *Dependency on adult perceptions.* Many youth noted that being redirected regularly by their adult caregivers helped them conceptualize their social-emotional well-being. This redirection was identified as an important component to gain insight into their actions and recognize when they were not doing well. Alternatively, youth noted that positive reinforcement by caregivers was an indication of encouragement and resulted in feelings of pride for their accomplishments and reinforced parenting relationships between youth and caregivers.

Caregiver conceptualization of youth social emotional well-being. Six subthemes were identified: youth becoming part of the group home family, being torn between two worlds, achieving academic success, managing emotional and behavioral expression, maintaining hope for the future, and identifying how they felt about themselves. Below are examples of the findings from these subthemes.

- Caregivers noted that an important indicator of social and emotional well-being was the extent to which youth perceived a sense of belonging and support through well-functioning and close relationships with their biological/adoptive families while in a congregate care placement.
- Kin indicated normalcy in a congregate care setting. This perception was that the youth had improved social and emotional well-being. When they were able to participate in extracurricular activities, were active in their communities, or felt connected to their schools, kin perceived they felt in control of their experiences and had hope for the future outside of the child welfare system.

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[5]

Final Evaluation Report Date: June 30, 2019

Target Population

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

Jurisdiction

The demonstration was implemented statewide. However, specific interventions were rolled out in phased implementation stages across selected counties or service areas.

Intervention

Arkansas adopted, expanded, or developed and implemented several different programs, services, and practices.

- **Differential Response (DR)** was implemented prior to the waiver demonstration and in August 2013 expanded statewide. The DR initiative targeted 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 Arkansas Division of Children and Family Services (DCFS) goal was to provide services and supports to families for a period of 30 days with two 15-day extensions available, for a maximum of 60 days. If more time was needed beyond that timeframe, then the DR case was closed, and a supportive services case was 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 was being implemented with foster care cases and the FAST with in-home cases. Initial

[5] Arkansas received an extension from the Children's Bureau to continue implementation through September 2019. The evaluation period ended July 30, 2018, as planned.

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 implemented statewide the *Nurturing Program for Adult Parents and Their School-Age Children 5 to 18* curriculum, referred to as *Nurturing the Families of Arkansas (NFA*). The target population included parents/caregivers with at least one child between the ages of 5 and 18 and engaged in in-home cases where there was no court involvement.
- **Targeted Foster Family Recruitment** aimed 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 service areas within which the concurrent Diligent Recruitment (DR) program did not exist. Although the two programs were very similar, each focused on different target populations. DR service areas employed 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 utilized similar strategies to recruit resource families for children aged 11 and older and specific groups identified as being most in need (e.g., sibling groups, children of color, 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 was 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 were held within 48 hours of a protection plan being put in place.

Intervention Changes

Arkansas was originally approved to implement Permanency Roundtables (PRTs). The state discontinued this initiative in April 2018 after preliminary findings revealed inconsistent implementation and a lack of positive outcomes.[6]

- Case reviews indicated PRTs were inconsistently implemented across the state with four counties accounting for 40 percent during the first 18 months.
- Interviews with staff revealed implementation challenges, including the time-consuming nature of preparing and conducting PRTs which added responsibility and burden for existing staff; traveling to participate; scheduling challenges to include the State PRT

[6] The discontinuation of this initiative did not alter the overall evaluation design for the demonstration or outcomes assessed. As a result of the limited implementation timeframe, propensity score matching was not used to assess preliminary outcomes.

Coordinator; often having minimal follow-up or accountability to carry out the action plan by stakeholders; and having gaps in time between training and using the skills learned.

- Most youth who received a PRT were still in care 6 and 12 months following the PRT. The most common reason youth were discharged from foster care at both 6 and 12 months was due to aging out followed by adoption.

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. Except for Permanency Round Tables, propensity score matching was used to select the comparison groups. The analysis assessed the cost of services received by treatment group children/families during the demonstration compared with the comparison groups.

Evaluation Findings

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

Process Evaluation[7]

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 were perceived to have implemented the program with fidelity, including explaining the purpose of the visit (94 percent) and talking with all the family members during the visit (87 percent).
  - Families largely reported positively to questions of satisfaction and engagement to include receiving the needed services (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 aligned with what should be done to meet the child/adolescent's specific needs and whether progress was made on these services. Across both CANS assessment age groups (CANS 0 to 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 to 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 aged 5 and older. For the FAST assessment (*n*

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

= 165), slightly more than three-quarters of the families received offered services 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 the NFA program. Of those, 316 successfully graduated by February 2018. Overall parents agreed they learned valuable skills to improve parenting and parent-child relationships and 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 families agreed they planned to continue being foster parents. Seventy-six percent of respondents reported the foster 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 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.

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.
- 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[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.

[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.

- 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 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 youth in the treatment group in both age groups than in the comparison groups.
- Overall, a lower percentage of families with a FAST assessment were removed within 12 months compared to 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 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, and enabling the 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 versus 3 percent) and 12 months (5 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, than 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 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 Evaluation[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 the comparison group ($522.78).[17]

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

- In general, for those receiving a CANS, the average cost 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 to 4 and $10,733.52 versus $12,602.21 for 5+, respectively).

---

[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.

- 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 to 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 the comparison group ($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 the comparison group ($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]

The final evaluation report is available online. For questions regarding the Arkansas demonstration contact Lindsay McCoy at Lindsay.McCoy@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

Final Evaluation Report: December 24, 2020

Target Population

The California waiver demonstration targeted all title IV-E eligible and non-IV-E eligible children aged 0 to 17, inclusive, who were in out-of-home placement or at risk of entering or reentering foster care.

Jurisdiction

Under phase II of the demonstration, the state continued implementation in Alameda and Los Angeles County Child Welfare and Probation Departments (cohort 1). The state expanded implementation to 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 received a capped amount of title IV-E funds and distributed annual allocations to participating counties. The allocations expanded and strengthened child welfare practices, programs, and system improvements. The demonstration included two core interventions.

- **Safety Organized Practice/Core Practice Model (SOP/CPM)** was implemented by child welfare departments in participating counties. CPM is a framework for integrating practices with child welfare and mental health service providers and with community/tribal partners working with youth and families. SOP/CPM was 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 components. The foundational skills, which are common throughout all participating counties, includes 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

[23] The California 5-year waiver demonstration was originally implemented on July 1, 2007. In September 2014 the state received an extension of another 5 years effective from October 1, 2014, through September 30, 2019.
[24] Effective June 30, 2017, Butte County exited the waiver demonstration. Lake County exited the demonstration, effective September 30, 2017.

based on family need.

- **Wraparound** services were provided by probation departments in participating counties to youth exhibiting delinquency risk factors putting them at risk of being removed from their homes and placed in foster care. The Wraparound model is a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for the youth and family. Specific elements of the 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 implemented up to two child welfare and up to two probation interventions at local discretion. These county-specific service interventions included but were not limited to Kinship Support Services, Triple-P, Enhanced Prevention and Aftercare, Functional Family Therapy, and Multi-Systemic Therapy.

Evaluation Design

The evaluation consisted of process and outcome evaluations and a cost analysis. The process evaluation examined individual county implementation by identifying how demonstration services differed from those available prior to implementation or from those available to children and families not designated to receive demonstration services. The outcome evaluation utilized an interrupted time series design to track changes in key safety, permanency, and juvenile justice system involvement outcomes. For the two core interventions of SOP/CPM and Wraparound, the analysis used case-level data to isolate the impact of these interventions from the effects of demographic, programmatic, and other external factors. The analysis examined the aggregate costs of services received by children and families in demonstration counties prior to implementation and during the current demonstration period as data allowed. The evaluation also included 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 was completed in Alameda County.

Evaluation Findings

A summary of several key process, outcome, cost, and substudy findings from the final evaluation report are noted below.

Process Evaluation

- Probation departments served the following number of youth and families during the demonstration period:
    - *Alameda County.* A total of 733 youth participated in waiver services.
    - *Los Angeles County.* A total of 5,782 youth participated in waiver services. Only 102 youth (1.8 percent) participated in all three demonstration programs (Functional Family Therapy, Functional Family Probation, and Wraparound). A total of 5,018 youth (86.8 percent) only participated in one of the three programs, and 2,820 (48.8 percent) youth in the Wraparound program only.

- *Sacramento County.* A total of 219 (49.9 percent) youth participated in Wraparound only, 122 (27.8 percent) youth in FFT only, and 95 (21.6 percent) youth in multisystemic therapy only.
- *Santa Clara County.* A total of 462 youth participated in waiver services.
- *San Diego County.* A total of 223 youth were served over the waiver period. Wraparound Probation was able to serve 70 youth in 2016 and over 80 youth in 2017 and in 2018.
- *San Francisco County.* A total of 223 youth received waiver services (Wraparound and Program C[25]).
- *Sonoma County.* A total of 73 youth participated in Wraparound and 127 youth in Intensive Case Management services.

Outcome Evaluation

Child Welfare. An outcomes analysis was conducted using an interrupted time series (ITS) design, which determined the effect of the demonstration on several outcomes over time. The following provides a summary of a few key findings.

Safety

Follow-Up Substantiations Within 1 Year

- In San Francisco County, follow-up substantiation rates were higher after waiver implementation. The pre- to postwaiver change in monthly rates was not statistically significant.
- After waiver implementation the follow-up substantiation rate decreased in San Diego County. This result is a statistically significant trend ($p \leq .0001$).

Removal Within 30 Days

- Monthly removal rates for children aged 6 to 10 and 11 to 15 in San Diego County declined upon waiver implementation. This result is a statistically significant trend ($p < 0.01$).
- In Santa Clara County the trend in removal rates for children aged 1 to 2 began to decrease after waiver implementation, a statistically significant change ($p < 0.01$). A similar statistically significant change was observed for youth aged 16 to 17.

Permanency

Foster Care Exits

- In Alameda County the decline in timeliness and frequency of exits to adoptions was significant; and while there were improvements in exits to guardianship and reunification, neither change was statistically significant.

---

[25] Program C is a parent mentoring program that includes both support group activities led by social service professionals and individual coaching and peer mentoring by professional parent partners.

- Reunification in Sonoma County was higher for children who entered care during the waiver period compared with those who entered before. The increase in reunification frequency and timeliness was statistically significant.

Reunification Within 1 Year

- There was an overall decrease in reunification rates for children aged 1 to 10 years in Los Angeles County. This result is a statistically significant change ($p < 0.01$).
- In San Francisco County, the monthly rate of reunification for children aged 11 to 15 was decreasing prior to waiver implementation but began to increase over time upon implementation. This result is a statistically significant change ($p < 0.01$).

Permanency Within 1 Year

- Monthly permanency rates in Alameda County were slowly increasing before the waiver and began to increase at a faster velocity once it was fully implemented. Though the permanency rate was increasing, the change in the trend from the pre- to post full waiver period was not statistically significant.
- Full waiver implementation in San Diego County did not relate to a statistically significant change in the monthly permanency rate within 1 year.

Foster Care Reentry

- The rate of reentry in Alameda County continued to decrease after full waiver implementation but continued the trend that predated waiver implementation rather than being a statistically significant change.
- The San Francisco County rate of reentry fell during the waiver implementation period. This result is a statistically significant change ($p < 0.01$).
- In Sacramento, San Diego, and Santa Clara Counties the rate of reentry increased over the waiver period but continued a trend that predated waiver implementation rather than being a statistically significant change.

Probation[26] [27]

Recidivism Within 12 Months

- In Alameda County[28] an analysis of variance (ANOVA) was conducted among three groups (general population, comparison, and waiver services groups) and found there were statistically significant differences ($p < 0.01$) in recidivism among them. However, there was no statistically significant difference in recidivism between the waiver services and comparison groups.

---

[26] The report notes that due to data limitations this analysis was not conducted for the City and County of San Francisco.
[27] Propensity score matching models were generated to create statistically equivalent groups to examine recidivism-related outcomes between justice-involved youth who participated in waiver services and similar youth who did not.
[28] Alameda County Probation submitted a letter of rebuttal to the evaluation findings. The letter noted a limitation regarding the analysis and that propensity score matching was limited by not being able to match youth with specialized needs such as mental health needs.

- Youth receiving provider Functional Family Therapy (FFT) in Los Angeles were more than twice as likely to have a new sustained offense than the comparison group. Additionally, youth in the general population were 35 percent less likely to recidivate than the combined matched comparison group (FFT, Functional Family Probation and Parole [FFP], and Wraparound), a statistically significant finding ($p < .01$).
- In Sacramento County an analysis of variance (ANOVA) was conducted among general population, comparison, and waiver services groups and found no statistically significant differences in recidivism among them. However, youth in the general population were 1.7 times more likely to have a new sustained offense than those in the matched comparison group. These results indicate a statistically significant difference ($p < .01$).
- Youth in the general population in San Diego were approximately half as likely as the matched comparison group to have a new sustained offense. These results are statistically significant result ($p < .01$)
- In Santa Clara County youth in the general population were approximately 40 percent less likely to recidivate than the matched comparison group, and youth in Wraparound were 1.4 times more likely to recidivate. These results are statistically significant ($p < .01$).
- In Sonoma County there was no effect on the likelihood that youth who participated in Wraparound and the general population would have a new offense.

Cost Study

Across the seven demonstration counties, from October 2014 through September 2019, waiver costs totaled the following:

- SOP/CPM case management was 32.2 percent ($2,050,616,704) of the total cost.
- Probation Wraparound was 2 percent ($128,442,376) of the total cost.
- Optional interventions (both child welfare and probation) were 2.5 percent ($156,640,096) of the total cost.
- All other administrative waiver costs were 63.3 percent ($4,030,595,084) of the total cost.

Substudy

Sacramento County

- The focus of the substudy was to assess the impact of permanency services[29], specifically, the likelihood of attaining legal permanency for children and youth in placement from Provider A.[30] The study used a retrospective design including all cases receiving Program A services through Provider A as the intervention group and similar

[29] Permanency services included family finding, assessments, sibling/family visitation, etc.
[30] Program names were kept anonymous in the final evaluation report.

cases from all types of out-of-home care (e.g., Foster Family Agency Homes, Guardian Homes) served by Sacramento County child welfare as the comparison group. Children who received Program A services had significantly fewer placement moves per 1,000 days, were more likely to exit to adoption, and exited to legal permanency more quickly.

Alameda County

- The substudy examined changes in expenditures associated with county implementation of Safety Organized Practice (SOP) and Wraparound (SOP+). A pre- to postimplementation design was used to assess the pre- to post-SOP+ agency labor hours and costs of SOP+ training and coaching, Team Decision Making (TDM) meetings, and Child and Family Team (CFT) meetings. Costs for the period of April 2015 through September 2019 are stated below.
    - The largest proportion of SOP+ implementation costs was for training $850,494 (47 percent). Sixty-nine percent of costs $590,293 were for contracts with outside organizations for training, and 31 percent $260,201 for staff costs associated with time spent in training.
    - When the total costs of implementing the SOP+ were compared to those of training and casework, the costs of implementing SOP+ totaled 1.1 percent ($1,826,745). Then DCFS training totaled 41 percent ($70,420,334), and DCFS case management 59 percent ($102,491,653).

San Francisco

- The focus of the substudy was on a visitation decision-making tool and whether its use helped frontline staff select the most appropriate level of supervision for family visits and resulted in quicker reunification. A Progressive Visitation Step-Down tool was developed and incorporated SOP language. It starts with four stages of supervised visitation (Clinically Supervised Visitation, Therapeutic Visitation, One-on-One or Enhanced Visitation, and Monitored Visits) and progresses to unsupervised visits (Facilitated Exchange, Unsupervised Visitation, and Overnight Visit). The report noted the substudy identified several benefits of using the visitation tool with promising results. However, specific findings were not provided in the report.

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[31]

Final Evaluation Report: December 28, 2018

Target Population

The target population for the Colorado waiver demonstration included 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 targeted 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 used title IV-E funds flexibly to integrate systemic child welfare reform efforts already underway in the state with innovative practices that increase family engagement and address the assessment and treatment of childhood trauma. The state selected five primary service interventions.

- **Facilitated Family Engagement (FFE)** guidelines and processes were introduced to the child welfare case practice through a combination of training, coaching, and peer mentoring.
- **Permanency Roundtables (PRTs)** were conducted to develop a Permanency Action Plan for each eligible child.
- **Kinship Supports** were 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.

[31] The 5-year demonstration was originally scheduled to end on June 30, 2018. The state received approval to continue the programmatic elements through September 30, 2019. The evaluation period ended in June 2018 as planned.

- **Trauma-Focused Behavioral Health Treatments** that have been effective with children who have experienced trauma were used with increased frequency by counties and behavioral health organizations.[32]

Evaluation Design

The evaluation consisted of process and outcome evaluations, a cost study, and a substudy of the Seven-County Child Welfare Resiliency Center (CWRC). The outcome evaluation included 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 examined 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 original outcome evaluation plan was revised because interventions were rolled out across the state sooner and more extensively than originally anticipated. The original evaluation design was to examine changes in outcomes for children receiving interventions at the beginning of, or early in, the demonstration compared to similar children in counties that implemented these interventions later in the demonstration. Instead, the comparison pool of children was drawn from those involved in child welfare prior to the start of the waiver demonstration.

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

- 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

[32] 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.

a designated staff person at the state level who provided support, technical assistance, and training to counties throughout the demonstration.

- The numbers and percentages of eligible children and youth served by the demonstration interventions are listed below.[33]
  - FFE (out-of-home cases): 14,442 (84 percent)
  - FFE (in-home cases): 12,417 (69 percent)
  - PRTs (16+ with Other Planned Permanent Living Arrangement 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. 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. Mean index scores across the counties for all years indicated interventions were implemented at a moderate or high level every year. Smaller agencies generally demonstrated lower levels of implementation, and the ten large counties demonstrated higher levels of implementation.
- County stakeholders reported that relationships with community partners and the courts had been strengthened and enhanced 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 decrease financial stress. But they were satisfied with the financial support they received as a kin caregiver.

---

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

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 of the demonstration, the percentage of noncertified and certified kinship care days increased from 19 percent in the prewaiver 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 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 prewaiver 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 overall in out-of-home placement rates 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.

Permanency

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

Reentry

- The probability of reentering care within 1 year (3 years prewaiver compared to waiver years) went down slightly from the 3 years prior to the waiver to the waiver period, from 16 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[34] (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)[35]

Permanency Round Tables (PRTs)

- Youth with a goal of Other Planned Permanent Living Arrangement 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[36] (n = 158)—
  - Were more likely to spend the majority of out-of-home placement days in kinship care (treatment group = 66 percent; comparison group = 41 percent; not statistically significant; ES = 1.55)

---

[34] Subsequent child welfare involvement was specifically defined as "founded or inconclusive rereport of abuse and/or neglect with case open."
[35] Statistical significance and ES not reported.
[36] 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 Evaluation

- 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.[37]
- 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 SFYs 2013 and 2018. Four of the ten largest counties saw a decrease of 17 percent or greater from SFYs 2013 to 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[38] 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.[39] 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

[37] Tests of statistical significance were not reported.
[38] Noncertified kinship days refer to days in placement with unlicensed foster parents.
[39] 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[40]

Final Evaluation Report: October 1, 2019

Target Population

The target population for the District of Columbia (District) waiver demonstration included all title IV-E eligible and noneligible children and families involved with the District 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 was 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 was implemented districtwide.

Intervention

Under the waiver demonstration, the District 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. It 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 District implemented 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 population for this intervention included families with children in out-of-home care for 6 to 12 months with the goal of reunification or families who have achieved reunification to prevent reentry, and

[40] The demonstration was originally scheduled to end on April 24, 2019. The District received approval to continue implementation through September 2019.

substance affected families involved with the CFSA In-home Services Administration who are experiencing chronic neglect.[41]

- **Mobile Crisis Stabilization (MSS) and Parent Education and Support Project (PESP).** MSS delivers comprehensive crisis management services through community-based crisis teams. 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.

Intervention Changes

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.

The District had also initially began expanding eligibility for existing prevention programs to serve families receiving in-home services or who were involved with CFSA through Family Assessment. Expanded programs were home visiting, including programs focused on father-child attachment, Parent and Adolescent Support Services, and Parent Education and Support Project.[42] However, these were discontinued during the demonstration period.

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The process evaluation included interim and final analyses describing how the demonstration was implemented. The District's outcome evaluation consisted 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

[41] 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.

[42] While PESP was no longer a component of the evaluation, eligible families were referred to PESP through MSS.

families who participated in programs were compared to outcomes for a predemonstration comparison group. The predemonstration comparison group was matched to the demonstration annual treatment cohorts on key demographic variables and the individual program eligibility criteria but excluded youth and families who previously received one of the expanded programs under the demonstration (e.g., PASS, PESP). The outcome evaluation focused on safety, permanency, and well-being outcomes.

Evaluation Findings

The following provides a summary of evaluation findings presented in the final evaluation report.

Process Evaluation

- Project Connect received 244 referrals of which 209 (86 percent) were approved. CFSA processed 168 referrals for MSS of which 146 (87 percent) were approved. HOMEBUILDERS® had a total of 321 referrals of which 206 (64 percent) were approved. Referrals were not approved or withdrawn for the following reasons: family not meeting service requirements, child's removal not imminent, the child no longer in the home, or administrative discharge due to services no longer being needed.
- Once approved, approximately 43 percent of MSS families, 86 percent of HOMEBUILDERS® families, and 88 percent of Project Connect families were enrolled. The most frequently cited reasons for an accepted participant to not be enrolled was that a parent refused services or could not be contacted for first intake meeting.

Outcome Evaluation

Mobile Crisis Stabilization (MSS)

- A total of 54 families were discharged (i.e., "completed" or "closed early") from MSS between May 2017 and December 2018. There were 33 prewaiver families matched to the 54 waiver MSS sample families (61 percent).
- A total of 31.8 percent (n = 7) of successfully discharged families and 41.7 percent (n = 5) of unsuccessfully discharged families had a substantiated report within 12 months of program initiation compared to 78.8 percent (n = 26) of the matched sample. The CFSA benchmark, 90 percent of families will not have a substantiated report within 12 months of initiation of waiver services, was not met.
- Twenty-one percent (n = 8) of successfully discharged families and 25 percent (n = 4) of unsuccessfully discharged families had a substantiated child protective services (CPS) report during program services compared to 64 percent (n = 21) of matched families. The MSS benchmark, 75 percent of families will not have a substantiated report during services, was met.

- Thirty-six percent (*n* = 5) of successful discharges and 25 percent (*n* = 2) of unsuccessful discharges had a substantiated CPS report within 12 months following discharge compared to 21 percent (*n* = 7) of matched families.
- The CFSA benchmark, 90 percent of families will not have an entry into out-of-home care within 12 months of initiation of services, was met. Zero percent (*n* = 0) of successful and unsuccessful discharges had any foster care placements within 12 months of program initiation.
- The MSS benchmark, 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. No enrolled families had placement during service or after discharge.[43]
- The average time from a matched program enrollment and a foster care entry was 934.3 days (32 prewaiver matched families). The average time from a matched program enrollment and a foster care entry within 6 months of discharge was 165.8 days (11 prewaiver matched families). There were no enrolled families (successful or unsuccessful) with any entries into foster care during service or within 6 months of discharge.

Project Connect

- A total of 117 families with dates of service from October 1, 2014, through December 31, 2018, were discharged from Project Connect. Of those 117 families, 43 (37 percent) had successful discharges[44] and 74 (63 percent) had unsuccessful discharges.
- A total of 18.6 percent (*n* = 8) of successfully discharged families and 32.9 percent (*n* = 24) unsuccessfully discharged had a substantiated CPS report within 12 months of the matched date for program enrollment compared to 71.9 percent (*n* = 23) of matched families. The CFSA benchmark, 90 percent of families will not have a substantiated report within 12 months of initiation of waiver services, was not met (81 percent of successfully discharged families and 67 percent of unsuccessfully discharged did not have a substantiated report within 12 months).
- The average number of days between opening a CPS report and a substantiated report during Project Connect services was 28 days for the 32 prewaiver matched families. This was considerably less time compared to successfully discharged waiver families which averaged 169 days (*n* = 6) and unsuccessfully discharged which averaged 128 days (*n* = 16). The average number of days from opening a CPS report and a substantiated report within 12 months of discharge was 118 days but was only calculated for one matched

[43] The report notes that while foster care indicators were analyzed, the small sample size was a limitation. There were few eligible matched families for this indicator as few families had the required follow-up time and no enrolled families had placement during service or after discharge.

[44] "Successful discharges" for Project Connect were 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. "Unsuccessful discharges" were defined as cases in which the family withdrew from services, was unresponsive after requested services were received, or the case was dismissed due to safety concerns.

family. The average number of days for successfully discharged families was 606 days (*n* = 5) which was more than the unsuccessfully discharged families which was 309 days (*n* = 17).

- A total of 16.7 percent *(n = 2)* successfully discharged families and 10 percent (*n* = 1) unsuccessfully discharged had a reentry into care during their involvement with Project Connect with less placements during service compared to 36.7 percent (*n* = 11) of the matched sample. The CFSA benchmark, 90 percent of families who achieved reunification during their involvement would not have a reentry, was not met as 83 percent of successfully discharged families did not have a reentry during service.
- A total of 2.8 percent (*n* = 1) of successfully discharged families and 11.8 percent (*n* = 8) of unsuccessfully discharged had a subsequent foster care entry within 12 months after program discharge compared to 3.3 percent (*n* = 1) of matched families.
- A total of 2.3 percent (*n* = 1) of successfully discharged families and 5.5 percent (*n* = 4) of unsuccessfully discharged families had a foster care exit or reunification within 6 months following a discharge date compared to 10 percent (*n* = 3) of the matched families.
- The time between opening a CPS report and permanency was calculated by taking the difference of the program enrollment date and foster care exit date. The average number of days for successfully discharged families was 542 which was similar to unsuccessfully discharged families (545). The report notes the sample size for the time analysis was very small and results should not be generalized due to this limitation. Additionally, there were several outliers regarding time in care at multiple years.

HOMEBUILDERS®

- Ninety-nine of the enrolled 146 families were discharged as "completed" between September 16, 2014, through May 2017. Based on the match criteria, the evaluation team matched 84 prewaiver families of the 161 HOMEBUILDERS® sample families (52 percent).
- A total of 55.8 percent (*n* = 53) of successfully discharged families and 62.0 percent (*n* = 31) of unsuccessfully discharged families had a substantiated report within 12 months of service initiation compared to 21.4 percent (*n* = 18) of the matched sample. The CFSA benchmark, 90 percent of families would not have a substantiated report within 12 months of initiation of waiver services, was not met.
- A total of 22.2 percent (*n* = 22) of successful discharges and 1.8 percent (*n* = 1) of unsuccessful discharges had a substantiated CPS report during services compared to 3.6 percent (*n* = 3) of the matched sample. The HOMEBUILDERS® benchmark, 75 percent of families would not have a substantiated report during intervention, was met (77.8 percent) for the successful discharges.
- A total of 16.8 percent (*n* = 16) of successful discharges and 40 percent (*n* = 20) of unsuccessful discharges had an entry into out-of-home care within 12 months of

program enrollment compared to 19 percent (*n* = 16) of the matched sample. The CFSA benchmark, 90 percent of families would not have an entry into out-of-home care within 12 months of initiation of waiver services, was not met.

- The HOMEBUILDERS® benchmark, 70 percent of children referred for the program would not have an out-of-home placement 6 months following discharge, was met for successfully discharged families (87.9 percent) and unsuccessful discharges (30.4 percent).
- The average number of days from opening a CPS report and a substantiated CPS report was 25 days (calculated for three prewaiver matched families). This was high compared to successfully discharged families that averaged 17.7 days (*n* = 99) and unsuccessfully discharged that averaged 4 days (*n* = 56). The average number of days from opening a CPS report and a substantiated CPS report within 12 months of discharge was 57.8 (calculated for 15 prewaiver matched families). This was less than the number for successfully discharged families which averaged 138.8 days (*n* = 92) and for unsuccessfully discharged which averaged 107.7 (*n* = 30).

Cost Evaluation

- The total calculated cost for the 3 fiscal year period[45] was $9,705,632.42. The highest portion of costs came from salary and administrative time and the lowest portion from additional youth and family resources.
- Based on the 3-year total, the annual cost of the program was $3,235,210.81. During this time, Project Connect was able to serve 81 families, which averaged to an annual cost of $85,137.13 per family.

Information and reports for the District of Columbia waiver demonstration can be found online. Inquiries regarding the demonstration may be directed to Natalie Carver at natalie.carver@dc.gov

[45] The three fiscal years included 2017, 2018 and 2019.

6: Florida

Demonstration Basics

Demonstration Focus: Enhanced Service Array

Implementation Date: October 1, 2013

Completion Date: September 30, 2019

Final Evaluation Report Received: March 29, 2019

Background

The Florida 5-year waiver demonstration was originally implemented October 1, 2006, and it was scheduled to end on December 31, 2012. In January 2014 the state received an extension of an additional 5 years effective retroactively from October 1, 2013, through September 30, 2018. While the demonstration was scheduled to end on September 30, 2018, the state received an extension to continue implementation through September 2019.

Since initial implementation in 2006, the demonstration remained focused on utilizing title IV-E funds to support a wide variety of community-based services and activities. However, with the approval of a 5-year extension in 2014 the state added several components to the intervention and added substudies to its evaluation (see specifics below).

Target Population

The demonstration targeted (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.

Jurisdiction

The waiver demonstration was implemented statewide.

Intervention

The demonstration included five components.

- **Improved Array of Community-Based Services.** The State Department of Children and Families (DCF) and partnering Community-Based Care (CBC) Lead Agencies used title IV-E funds to expand the array of community-based child welfare services and programs available in Florida. Examples of these interventions included intensive early intervention services; one-time payments for goods and services to 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 were implemented and included 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 regions, including seven CBCs, were involved in piloting projects called the Family Intensive Treatment Team (FITT) model.
- **Child Welfare and Physical Health Assessments.** Title IV-E funds were used to improve services identified through comprehensive health care assessments for all children/adolescents who received both in-home and out-of-home services. The state also provided ongoing health care assessments following the Child Health Check-Up periodicity schedule.
- **Quality Parenting Initiative.** The Quality Parenting Initiative (QPI) integrated practices across service systems to ensure foster families received the support they need to provide high-quality care to children.
- **Trauma-Informed Care.** Integrated trauma-informed care screening practices helped identify, assess, and refer parents and children in need of specialized treatment. A variety of strategies were 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 included process and outcome components and a cost analysis. The state implemented a longitudinal research design that analyzed historical changes in key child welfare outcomes and expenditures. Changes were 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 incorporated the use of inferential statistical methods to assess and control for factors that may be related to variations in observed outcomes

The process evaluation was 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 assessed 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

assessments were based on applicable Child and Family Services Reviews (CFSR) outcomes and performance items. The 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. It 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 prewaiver 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 reported being in earlier stages of implementation.
- Eligibility criteria varied depending on how the program was used.
- Sixty-three percent of the agencies using Wraparound reported they or their contracted providers measured fidelity to the model.

- The fidelity tool most commonly used and completed during family team meetings was the Team Observation Measure (TOM), an instrument available through the National Wraparound Initiative.
- While fidelity tools used across agencies were consistent, the extent to which fidelity data were readily available and being analyzed varied considerably. Most agencies 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; family support service (75 percent) and treatment service (66.7 percent) were reported as the most frequently used.
- While use of NPP has grown throughout the state, few agencies reported having protocols in place to measure fidelity. Most expressed this was due to fidelity tools not being available through the model developer.
- Only two agencies reported assessing fidelity. They 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:[46]

- The proportion of children exiting out-of-home care to permanency[47] regardless of the reason for discharge within 12 months of the latest removal decreased from 50.4 percent for the state fiscal year (SFY) 2011 to 2012 cohort to 35.8 percent for the SFY 201 to 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 to 2012 cohort to 29.9 percent for the SFY 2016 to 2017 cohort. A small but significant decline over time.
- The proportion of children with finalized adoption[48] within 24 months of latest removal decreased from 43.0 percent in SFY 2011 to 2012 cohort to 42.4 percent for SFY 2015 to 2016 cohort. No statistically significant change.

---

[46] Data abstracts are from the Florida Safe Families Network (FSFN) for SFYs 2011 to 2012, 2012 to 2013, 2013 to 2014, 2014 to 2015, 2015 to 2016, and 2016 to 2017 for children involved with the child welfare system during the demonstration extension and the last two SFYs (2011 to 2012 and 2012 to 2013) of the originally approved waiver.

[47] 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.

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

- The rate of verified maltreatment as a proportion of the state child population decreased from 13.5 percent in SFY 2011 to 2012 to 10.9 percent in SFY 2014 to 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 to 2012 cohort to 96.5 percent for SFY 2015 to 2016 cohort. No statistically significant change.
- 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 to 2015 to 72.8 percent in SFY 2017 to 2018.
- The proportion of newly recruited foster families ranged from 2.5 to 9.1 percent in SFY 2014 to 2015; from 1.7 to 13.8 percent in SFY 2015 to 2016, and from 2.1 to 9.1 percent in SFY 2016 to 2017.

Cost Study Findings

- Costs for front-end prevention services (family support services) increased from $16.8 million in the predemonstration year (SFY 2004 to 2005 through SFY 2005 to 2006) to $39.6 million during the initial demonstration (SFY 2006 to 2007 through 2012 to 2013), and $52.3 million during the extension (SFY 2013 to 2014 through SFY 2015 to 2016).
- The ratio of expenditures for licensed foster care to expenditures for front-end prevention services has trended downward over time. For the predemonstration period (SFY 2004 to 2005 and 2005 to 2006), expenditures for licensed care were 9 to 10 times larger than for prevention services. The ratio declined during the implementation and reached 4.0 in SFY 2007 to 2008 and remained near 3.0 since SFY 2012 to 2013.
- The change in the proportion of abused children and youth in foster care was positive among circuits that had an increase in the out-of-home share of expenditures but tended to be negative in circuits with 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 to 2012 through SFY 2013 to 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. Assessment services increased from $300,000 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 provides 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 length of 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 of the identified family needs appeared to be addressed by the services provided.
- Caseworkers for all nine cases indicated the families cooperated with services. Case closure decisions were 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[49] 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 intervention group (5.1 percent) than for the comparison group (22 percent), a statistically significant difference.
- Only 0.3 percent of children in the intervention group reentered out-of-home care after discharge compared to 1.6 percent in the comparison group, a statistically significant difference.

Information and reports for the Florida waiver demonstration are available online. Inquiries regarding the demonstration may be directed to Samantha Wass de Czege at Samantha.WassdeCzege@myflfamilies.com

[49] 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

Final Evaluation Report: April 16, 2020

Target Population

The target populations for the Hawaii demonstration included—

- **Short Stayers.** Children who came 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 had been in foster care for 9 months or longer.

Jurisdiction

The demonstration was implemented on the islands of Oʻahu and Hawaiʻi (Big Island).

Intervention

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

The primary interventions for Short Stayers are described below.

- **Crisis Response Team (CRT)** staffed by trained social workers who were 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 assessed family safety/risk factors using the Child Safety Assessment (CSA). Depending on the results of the assessment, the family was either referred to the new Intensive Home-Based Services (IHBS) program or Differential Response Services or the case was closed or assigned to a traditional child welfare assessment worker. The CRT worker continued to work with families assigned to IHBS for up to 60 days and was responsible for case management during family involvement with the IHBS program.
- **Intensive Home-based Services (IHBS)** were provided following a family referral to IHBS from the CRT. Contracted staff responded in-person within 24 hours of the referral. Services provided under this intervention included, but were 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 worked

with each family during the 4 to 6-week intervention period. In consultation with the CRT worker, the therapist connected the family to needed resources and services for support following case closure. IHBS therapist responded to postintervention family requests for assistance for up to 6 months.

The primary interventions for Long Stayers are described below.

- **Safety, Permanency, and Well-Being Meetings (SPAW)** was a case staffing system—based on the Casey Family Programs Permanency Roundtable model—aimed at breaking down systemic barriers to permanency, while ensuring high levels of safety and well-being. Children and youth who had been in care for 9 months or longer and were unlikely to be reunified with their families were eligible. Although families were not directly involved in this process, the SPAW included service providers and professionals who worked to develop individualized action plans for participating children and youth. General criterion for service termination was to establish a clear pathway to permanency, achieve permanency (adoption, legal guardianship, or on rare occasions, reunification), or emancipation from foster care.
- **Wrap Services** incorporated a family-driven model that brought together representatives from multiple service agencies to find creative solutions and supports to keep youth in the home or in their communities. Family Wrap Hawaiʻi (Wrap Services) were offered to children and youth who had been in foster care for 9 months or longer, continued to have a permanency goal of reunification with family participation in services, and had multiple and complex needs (e.g., academic, mental health, developmental delays, risk of running away).

Evaluation Design

The evaluation included process and outcome components and a cost analysis. It included interim and final process analyses that described how the demonstration was implemented and identified how services differed from those available prior to implementation. The outcome evaluation consisted of separate substudies of each of the core demonstration interventions: CRT, IHBS, SPAW, and Wrap services. The outcomes of interventions on Oahu were analyzed separately from those on Hawaiʻi Island.[50]

Evaluation Findings

Process Evaluation

A survey in the final year was conducted to obtain reflections from DHS staff and private providers on the overall successes and challenges of the waiver demonstration. The following are some key findings:

- DHS staff and administrators reported that the CRT intervention was successful and effective in preventing unnecessary removals.

[50] Outcomes were not able to be compared across the islands due to significant differences between their socioeconomic conditions and service array. Additionally, there was an unknown number of children who were participants in demonstration interventions but not included in the evaluation due to incomplete or missing case data.

- Survey respondents noted they believed IHBS had prevented the removal of high-risk children.
- Some respondents reported that working together with parents was a practice change they noted with IHBS and helped to improve engagement with parents.
- Many respondents reported new ways of thinking within CWS and a commitment to trying new innovations.
- Lack of effective leadership was a reported barrier to success, and “there were not enough champions to drive the changes.”
- Many respondents noted the implementation of the CANS was one of the biggest challenges. There was a poor buy-in from supervisors which then translated to the staff who also noted it was time consuming to complete.
- Lack of buy-in at the various CWS levels was the most significant reported challenge.
- Respondents noted the updates on the evaluation data were beneficial. The “one-pager” reports with brief outcome data were also helpful in summarizing the impacts of the services.
- Most respondents indicated they would have liked to have had continuous and regularly scheduled trainings and updates with new information.

Outcome Evaluation

Crisis Response Teams (CRT)

Entries into Foster Care[51]

- On Oʻahu, 1,745 children were seen by the CRT. Of those, 60 percent were not removed on the same day or next day after a CRT response. Removal rates varied by the source of the report: 55 percent of children were reported to intake by law enforcement, 27 percent by schools, and 26 percent by hospitals were removed on the same or next day.
- On Hawaiʻi Island 418 children were seen by CRT, of which 56 percent were not removed. Removal rates varied by the source of the report: 60 percent of children reported by law enforcement were most likely to have a same or next day removal; about one-fourth by schools were removed the same or next day as the report; and 43 percent by hospitals were removed the same or next day.
- On Oʻahu, when children were seen within the 2-hour response window by the CRT, 55 percent were removed on the same or next day. The report notes children with a higher perceived risk by CRT had a higher rate of placement.

[51] For the rates of entry into foster care, the evaluation only counted those placements in which the child was removed the same or next day after the intake report. Because some children were recorded in administrative data as removed and returned home on the same day, the evaluation only counted those removals where the child was out-of-home at least overnight.

- There was no relationship between child placement and meeting the two-hour response time on Hawaiʻi Island.

Short Stays in Foster Care

- Short stays are defined as 30 days or less in foster care. Those with the shortest stay of 1 to 5 days accounted for 72 percent of cases reported by law enforcement on Oʻahu and 93 percent of cases reported by schools on Hawaiʻi Island.

Placement With Relatives

- On Oʻahu, 22 percent of children were placed with relatives (in a paid first placement). Only 9 percent of children on Hawaiʻi Island were placed with relatives (in a paid placement) initially upon removal.
- On Oʻahu, children reported by hospitals were the most likely to be placed with relatives in a paid placement upon removal and those reported by law enforcement were the least likely to be initially placed with relatives in a paid placement. Law enforcement-reported children and those reported by schools were especially likely to be initially placed in an emergency foster home.
- On Hawaiʻi Island, only 9 percent of all children removed on the same or next day of the CRT response were placed with relatives in a paid placement.

Intensive Home-Based Services (IHBS)

Foster Care Entries

- IHBS was provided to 24 children after they had first been placed into care following CRT (5 children on Oʻahu and 19 on Hawaiʻi Island). These were all short stayers and were returned home prior to the start of IHBS services.
- On Oʻahu, only 14 children were placed into foster care after completing IHBS. Five (from the same family) were short stayers following removal.
- No children on Hawaiʻi Island went into placement after completing IHBS.

New Reports of Maltreatment

- On Oʻahu, 15 children (10 percent) in 4 families had a new report of maltreatment within 6 months following the completion of IHBS. Five children (3 percent) in one family had a new report of maltreatment while receiving IHBS.
- On Hawaiʻi Island, no children or families had a new report of maltreatment within 6 months following the completion of IHBS. One child (2 percent) had a new report of maltreatment while receiving IHBS.

New Reports to CWS

- On Oʻahu, nine children (6 percent) in three families had a new referral for investigation (case opening) following IHBS.
- On Hawaiʻi Island there were no children and families who received a new referral for investigation (case opening) following IHBS.

Family Functioning

- In the Family Safety domain, only 7 percent of families on Oʻahu were assessed at onset of IHBS services as adequate compared to 87 percent that were assessed at or above adequate in this domain at case closure. Similarly, for the Family Interactions domain, 33 percent of families were assessed as being at or above adequate at onset of IHBS services compared to 81 percent at case closure. The Physical Environment domain showed the least improvement, although families were generally assessed to be adequate or above at the onset of services.
- For the Family Safety domain, on Hawaiʻi Island, 11 percent of families were assessed as adequate or above at case onset compared to 62 percent at case closure. After services, about 55 percent of families were assessed to be adequate or above in their Physical Environment at case closure, which was the same proportion at service onset.

Family Wrap

Length of Stay in Foster Care

Wrap was provided to fewer than 10 percent of long stayers. The report notes that due to the low penetration rates for the Wrap service, the overall lengths of stay on Oʻahu and Hawaiʻi Island could not be attributed to the provision of Wrap services.

Reunification and Other Permanency Rates

- On Oʻahu, 73 percent of children and youth participating in Wrap reunited with their birth families, 8 percent achieved guardianship, and 5 percent were adopted. Only 12 percent were still in care at the end of the demonstration, and 2 percent had aged out of care without a permanency outcome. The average length of time to reunification was approximately 5 months after the first Wrap meeting.
- On Hawaiʻi Island, 69 percent of children and youth participated in Wrap were reunified with their families, one child was adopted and one achieved guardianship. About one-fifth of those served were still in care at the end of the demonstration. The mean length of time to reunification for those reunified was approximately 4 months.

Foster Care Reentry

- On Oʻahu, 21 percent of children who had achieved reunification or other permanency had a subsequent reentry to foster care. The average length of time to reentry was 12 months.
- On Hawaiʻi Island, 10 percent (*n* = 2) had a subsequent reentry into foster care. The average length of time to reentry was about 2.5 years; however, this average was for two children.

Placement in Institutional Settings

No children served by Wrap were in institutional care at the start of services, and none were placed into institutional care after beginning services.

Well-Being
Only 6 of 109 final CANS were completed on Oʻahu (6 percent completion rate), and 5 of 26 final CANS were completed on Hawaiʻi Island (19 percent completion rate). Due to these small numbers, the final CANS data were insufficient for an analysis of change in child well-being.

Comparison Group
Comparison groups[52] of long stayers who had been in care at least 9 months but did not receive Wrap were matched to children who received Wrap based on their foster care histories. On Oʻahu, children who received Wrap were more likely to achieve reunification (73 percent) than the matched comparison group (20 percent). And on Hawaiʻi Island, children who received Wrap also received reunification at a higher rate (67 percent) than the matched group (17 percent). Both findings are statistically significant ($p < .01$).

Safety, Permanency, and Well-Being (SPAW)

Length of Stay in Foster Care

- SPAW was provided to less than 15 percent of long stayers. Due to the low penetration rate, the overall length of stay on Oʻahu and Hawaiʻi Island cannot be attributed to the provision of the SPAW service during the demonstration.

Permanency

- On Oʻahu, 22 percent of youth were reunified with their families, 24 percent achieved guardianship, and 10 percent were adopted. Almost one-fourth served by SPAW aged out of care before finding permanency. The average time to permanency from the first SPAW meeting was 8 months for those who were reunified, 1.5 years for those achieving guardianship, and about 1 year for those who exited to an adoptive family.
- On Hawaiʻi Island, 6 percent of youth were reunified with family, 23 percent achieved guardianship, and 10 percent adopted. Over one-third of children served by SPAW were still in care at the end of the demonstration. The average time from the first SPAW meeting to permanency was 1.5 years for those who were reunified and those who achieved guardianship and almost 2 years for those who exited to an adoptive family.

Placement in Institutional Settings. Six children on Oʻahu and seven on Hawaiʻi Island were in institutional care at the time of their SPAW meeting. On Oʻahu, two of the six were still in residential care as of June 2019. On Hawaiʻi Island, one of the seven were still in residential care as of June 2019. Two of the six on Oʻahu and three of the seven on Hawaiʻi Island aged out of care.

Well-Being. There were no significant differences in domain scores between children's initial and final CANS on Hawaiʻi Island and too few completed final CANS on Oʻahu to conduct an analysis of change.

[52] Comparison groups were developed using propensity score matching.

Comparison Groups. Comparison groups of children who were long stayers during the demonstration period and did not receive SPAW were matched with children who received SPAW based on their foster care histories. On O'ahu more were likely to leave care by achieving reunification or guardianship than their matched counterparts. However, the difference was not statistically significant. Children who received SPAW on Hawai'i Island were more likely to leave care by achieving guardianship (29 percent) than the matched comparison (12 percent), a statistically significant difference ($p < .05$).

Cost Study

Cost of Waiver Interventions

- The cost to staff CRT annually was approximately $876,450 on O'ahu and $286,875 on Hawai'i Island. The program was estimated to be fully staffed on O'ahu for 4 years and Hawai'i Island for 3.5 years. The gross cost of CRT was approximately $4.51 million.
- The total cost for IHBS services was estimated to have been $4.44 million over the entire demonstration period.
- The estimated expenditures were calculated for the Wrap[53] intervention by state fiscal year (SFY). In 2016 the total was $521,820 and increased slightly each year with a high of $527,420 in 2019. The total cost for the IHBS was $2,176,096.
- The estimated expenditures for the SPAW intervention by SFY was $59,682 in 2015 and increased to a high of $480,156 in 2017. The total was $1,642,736.

Cost Per Child

- Program expenditures were combined with the number of children served to determine the cost of each intervention per child:
  - IHBS: $10,521 per child on Hawai'i Island and $7,071 per child on O'ahu
  - Wrap: $12,434 per child
  - SPAW: $8,338 per child

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

[53] SPAW and Wrap services were contracted from private agencies, and the contracts were structured in a way that disaggregating cost data by island was not possible.

8: Illinois (AODA)

Demonstration Basics

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

Implementation Date: October 1, 2013[54]

Completion Date: September 30, 2019

Final Evaluation Report: December 11, 2019

Target Population

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

Jurisdiction

Phase III was implemented in the original demonstration site of Cook County and extended to the counties of Madison and St. Clair in southwestern Illinois.[55]

Intervention

Phase III, referred to as the **Enhanced Recovery Coach Program (RCP),** continued 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, to ensure expedited AODA engagement and follow up through a variety of methods, the clinical assessment and identification process for phase III were expanded by implementing a mobile unit for both research groups in Cook County.

---

[54] This was the second long-term waiver extension for Illinois. The original state waiver demonstration (phase I) which was implemented in April 2000 was followed by another one (phase II) from January 2007 to October 2013. In January 2017 the AODA demonstration was consolidated into one Illinois demonstration that included a parenting support intervention (IB3) and the Immersion Site intervention. This terminated operation of the separate AODA demonstration as of December 31, 2016. Illinois received an extension from the Children's Bureau to continue implementation through September 2019.
[55] As of January 2017, Illinois continued to implement AODA in St. Clair County but did not include it in the AODA evaluation due to the small number of enrollees and concurrent implementation of the Immersion Site model.

- The Program Coordinator electronically tracked all temporary custody cases coming specifically into Cook County and forwarded the investigator's contact information twice a week to the Juvenile Court Assessment Program (JCAP) mobile unit.
- For parents who failed to show up for the Temporary Custody Hearing, the JCAP Outreach Worker contacted the child protection worker within 2 to 3 days of receiving the list from the Program Coordinator. If substance misuse or abuse was apparent or suspected, an appointment was 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 followed up and conducted the AODA assessment in the field (e.g., the parent's home) instead of waiting several months for the next Juvenile Court date or at the child welfare agency.
- The mobile JCAP assessor coordinated with the Recovery Coach Liaison to facilitate the in-home AODA assessment and introduce the Recovery Coach services for demonstration group parents.

Additionally, new services were available through this phase for families in Cook County[56] that had been identified as low risk.[57] There were three enhanced services.

- **Benchmarking and Bench Cards**. A set of casework practices and procedures established clear treatment goals for parents and helping parents, their families, and caseworkers. 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 help advocate for visitation upgrades and goal changes as appropriate.
- **Recovery and Reunification Plan**. Custodial parents worked 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 included specific milestones for which families are held accountable.
- **Strengthening Families™.** This research-based strategy focused 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 worked to engage parents and fully embed the Strengthening Families™ Protective Factors framework in the child welfare system. Parents in the experimental group who were eligible for enhanced RCP services were invited and encouraged to participate in the Be Strong Families activities.

[56] Implementation of these services was limited to Cook County.
[57] Families considered "low risk" included those at intake who reported substance abuse and parenting skills deficits but did not report mental health, housing, or domestic violence problems.

Evaluation Design

The evaluation included process, outcome, and cost analysis components. An experimental research design was used in all participating counties. Illinois utilized a two-stage random assignment process in which (1) Department of Children and Family Services casework teams and private child welfare agencies were stratified by size and randomly assigned to an experimental or control group; and (2) parents were randomly assigned to agencies or casework teams in those groups. Parents underwent 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 received standard substance abuse referral and treatment services, while those assigned to the experimental group received standard services in addition to enhanced RCP services.

The outcome evaluation compared 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

Evaluation Findings

The following provides a summary of findings from the final evaluation report.

Process Evaluation Findings

- In Cook County, a total of 1,749 families (67 percent) were assigned to the demonstration group and 860 (33 percent) to the control group.

- In the Metro East, a total of 344 families (64 percent) were assigned to the demonstration group and 193 (36 percent) to the control group.

Outcome Evaluation Findings

Cook County

- Children in the demonstration group were more likely to exit to reunification at 12 months compared to the control group (6 versus 5.6 percent). This is a statistically significant difference. This trend remained for those that exited to reunification at 24 months with 10 percent in the demonstration group compared to 7.9 percent in the control group.

- Children in the demonstration group were reunified in less time (827 days) compared to the control group (946 days). This is a statistically significant difference. The time to

adoption for children in the demonstration group was 1,730 days compared to 1,757 days for those in the control group.

- Children in the demonstration group had only a slightly lower rate of adoption (39.9 percent) compared to the control group (42.6 percent).

- Only a slightly smaller percentage of children in the demonstration group experienced subsequent maltreatment (16.6 percent) than the control group (17 percent). Similarly, a smaller percentage in the demonstration group reentered foster care than the control group (10 versus 12.7 percent, respectively).

Metro East

- There were no differences between the two study groups for exits to reunification across any period. At 12 months of removal, 26.2 percent of the demonstration group exited to reunification compared to 23.6 percent of the control group. At 24 months of removal, 37 percent of the demonstration group and 37.9 percent of the control group exited to reunification.

- A slightly larger percentage of children in the control group exited to adoption (39 percent) compared to the demonstration group (33.9 percent).

- Children in the demonstration group were reunified in slightly less time (409 days) compared to the control group (443 days). However, the time to adoption for children in the demonstration group was slightly longer at 1,219 days as compared to 1,169 days for those in the control group.

- Only a slightly smaller percentage of children in the demonstration group experienced subsequent maltreatment (21.4 percent) than the control group (23 percent). However, a smaller percentage in the control group reentered foster care than did the demonstration group (9.7 versus 11.1 percent, respectively).

Cost Analysis Findings

- As of September 30, 2018, cumulative demonstration cost savings totaled $10,860,407.

Reports can be found on the Illinois DCFS website and the evaluator's website. Inquiries regarding the demonstration may be directed to Juliana.Harms@illinois.gov

9: Illinois (IB3)

Demonstration Basics

Demonstration Focus: Parenting Education and Support Services

Implementation Date: July 1, 2013

Completion Date: September 30, 2019

Final Evaluation Report: December 31, 2018

Background

Illinois implemented an early title IV-E waiver demonstration focused on enhanced child welfare staff training which ended June 2005. Another one focusing on subsidized guardianship ended October 2009 with the establishment of a statewide Guardianship Assistance Program. A third 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 one waiver demonstration that included IB3, AODA, and an Immersion Site intervention (originally was to be completed on June 30, 2018). The state received approval to continue the programmatic elements through September 30, 2019. The evaluation period ended June 30, 2018 as planned.

Target Population

The Illinois parenting support demonstration, titled *Illinois Birth to Three (IB3),* targeted caregivers and their children aged 0 to 3 who entered 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 were the focus of the demonstration.

Jurisdiction

The demonstration was implemented in Cook County, Illinois.

Intervention

The title IV-E funds provided 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/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 coaching. The state implemented 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 used 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 was determined by an enhanced developmental screening protocol implemented through the Integrated Assessment or Early Childhood Program. The enhanced screening protocol included the Devereux Early Childhood Assessment for Infants and Toddlers, the Infant Toddler Symptom Checklist, and the Parenting Stress Inventory. These protocols supplemented those used prior to the demonstration. The screening protocols included 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 was 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 were referred to CPP, and moderate- and low-risk cases were referred to NPP. Based on a variety of factors, such as the mental health status of the biological parent(s) and whether children were exhibiting symptoms, certain children assessed as high risk were referred immediately to CPP and others were 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. Additional data for the outcome evaluation was originally intended to come from two waves of the Illinois National Survey of Child and Adolescent Well-Being (ILSCAW) survey, but substantial delays in the contracting process prevented collection of this data.

The cost analysis compared the costs of services received by children and families assigned to the intervention group with those 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[58]

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

- Although higher than expected proportions of children screened as high risk (56 percent overall), the distribution of risk levels was balanced across the intervention and comparison groups.
- As of October 2018, 292 high-risk children were referred 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 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. The percentages of NPP-PV completed varied by fiscal year (FY), with an overall rate of 38 percent across the 4 years (28 percent in FY 2014; 43.7 in FY 2015; 38.2 in FY 2016; and 44.6 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; however, their overall experiences were overwhelmingly positive.
    - During NPP-CV sessions caregivers expressed specifically liking the support from other caregivers and the facilitators.
    - 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 classes could be taken, and refreshers on the NPP-CV concepts taught.

---

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

- 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
  - Lack of knowledge of the IB3 program/services among caseworkers
  - A waitlist 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 team had direct interaction with agency administrators, supervisors, and caseworkers of the IB3 intervention agencies, providing monthly on-site coaching to their 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 team was described as instrumental in addressing implementation challenges, promoting engagement and participation in the two interventions, and achieving positive outcomes.

Outcome Evaluation[59]

- 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[60] improvements in the empathy scale across all NPP participants. Birth fathers had moderate improvements in four 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 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 in the comparison group.[61]
- The odds of reunification with birth parents were 36 percent higher for children in the intervention group than for the comparison group ($p < .001$).

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

- 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.[62]
- The odds of adoption were 24 percent lower for children in the intervention group than 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 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 screening* 1 = 1,702; *n screening* 2 = 916; *n screening* 3 = 395; *n screening* 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 its 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.

Cost Evaluation

- 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 preestablished cost-neutrality limits.

---

[62] Statistical significance was not reported.

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, and 68 percent had three or more assigned over the duration of time in care.
- When controlling for the number of caseworker changes, children assigned to the intervention group had a 20 percent higher rate of unifying with a family member than the comparison group ($p < .05$). For each change in worker, the likelihood of reunifying decreased by 8 percent.

The final report is available online. Inquiries regarding the demonstration may be directed to Kimberly Mann, DCFS Deputy Director of Research and Child Well-Being at Kimberly.mann@illinois.gov

10: Illinois (Immersion Site)

Demonstration Basics

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

Implementation Date: January 1, 2017

Completion Date: September 30, 2019

Final Evaluation Report: December 28, 2018

Background

Illinois implemented an early title IV-E waiver demonstration that focused on enhanced child welfare staff training. It ended in June 2005. Another demonstration on subsidized guardianship 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 one Illinois demonstration that included a parenting support intervention (Birth to 3) and the 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.

Target Population

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

Jurisdiction

The 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) included Lake County; Rock Island (Henry, Mercer and Whiteside Counties); East St. Louis (Saint Clair County); and Mt. Vernon (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 included four components.

- **Core Practice Model** had three distinct elements. The first was 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 was supported and sustained by the second element of the Core Practice Model, the Model of Supervisory Practice (MoSP). MoSP trained 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 was the Child and Family Team Meeting (CFTM), which served 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 needed 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 involved a continuous review process whereby a sample of cases will be reviewed monthly in each Immersion Site.
- **Administrative Process Changes** varied across Immersion Sites but were focused in two areas: (1) changes designed to reduce administrative burdens; and (2) changes designed to specifically increase placement exit outcomes. Examples included but were 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 for testing
    - Offering supervisors the ability to waive portions of the investigations which are time consuming and 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 those available prior to implementation. The outcome evaluation tested

the hypothesis that legal spells[63] for children exposed to the Immersion Site interventions would experience more positive permanency and safety outcomes than children not exposed to the Immersion Site interventions over the same period. 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 reentry (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. The implementation period was August 1, 2016, through June 30, 2018. Additionally, as of the end of data collection for the final evaluation report (June 30, 2018), full implementation of the intervention had not been completed in any of the Immersion Sites.

Process Evaluation Findings

Findings listed below are included for the period of August 1, 2016, through June 30, 2018, unless noted otherwise.

- Of the 867 staff who carried a case during the reporting period, 262 (30.2 percent) completed the FTS training.[64]
- 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.[65]
- Among legal spells classified as unexposed to the Immersion Site intervention, there were 1.43 supervised visits per 30 days in care pre-implementation[66] and 2.42 supervised visits per 30 days in care post-implementation. Among legal spells classified as partially exposed[67] to the intervention, there were 1.38 supervised visits per 30 days in care in pre-implementation and 2.20 in post-implementation. The difference between

[63] 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.

[64] The report notes this total may be underestimated due to staff who were not retained or who may have been newly hired and not yet had an opportunity to be trained.

[65] The report notes this may be underestimated due to supervisors who were not retained or who may have been newly hired and did not have an opportunity to be trained. In addition, MoSP training was implemented later than initially planned.

[66] The pre-implementation period is prior to August 1, 2016, and the post-implementation period is after August 1, 2016.

[67] 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 had implemented all the Immersion Site interventions by the time the final report was completed.

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 those classified as partially exposed).

- 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 in pre-implementation and 0.36 in 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 in pre-implementation and 0.05 CFTMs in post-implementation. Among legal spells classified as partially exposed to the intervention, there were 0.08 CFTMs per 30 days in care in pre-implementation and 0.05 CFTMs in 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 those classified as partially exposed. The difference between the odds ratios for the unexposed legal spells and partially exposed 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 testing parents rather than having them travel long distances for testing
- Offering supervisors the ability to waive portions of the investigations which are time consuming and 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[68]

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

[68] 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.

- Intermediate Outcomes. The site-by-time interaction was not statistically significant for any of the intermediate outcomes. None 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 noted 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.

11: Indiana

Demonstration Basics

Demonstration Focus: Flexible Funding-Phase III

Implementation Date: July 1, 2012[69]

Completion Date: September 30, 2019

Final Evaluation Report: January 3, 2018

Target Population

The target population for the Indiana phase III demonstration included 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 were eligible to receive demonstration services were not capped.

Jurisdiction

The phase III waiver demonstration was implemented across all 92 counties.

Intervention

Under its waiver extension, Indiana continued efforts to increase the understanding of the Department of Child Services (DCS) staff and the capacity to implement demonstration interventions statewide.[70] It also emphasized increasing the array, accessibility, and intensity of evidence-based/informed services available to children and families. In addition, more concrete goods and services were 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 more innovative child welfare services were offered to include community-based wraparound services and home-based alternatives to out-of-home placement. Six programs and initiatives were 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.

---

[69]The original (phase I) demonstration was implemented in January 1998, followed by a long-term extension (phase II) that began July 1, 2005. The state received another extension through September 30, 2019.

[70] For its first 5-year (phase II) waiver extension, Indiana continued its flexible use of title IV-E funds to improve on the process and outcome findings reported for its original waiver demonstration. Considering the original demonstration finding that only 25 of 90 participating counties made significant use of flexible IV-E funds, the state focused on promoting the utilization of waiver dollars by a greater number of counties.

- **Sobriety Treatment and Recovery Teams (START) Program** serves caregivers with substance use disorders who have 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 services to the family who is in or at risk of crisis because of the severe mental, behavioral health, or developmental disability needs of the child.
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** is an evidence-based model that utilizes service mapping and the Child and Adolescent Needs and Strengths (CANS) Assessment to identify families to participate.

Evaluation Design

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

Evaluation Findings

Findings from the final evaluation report are summarized below.

Process Evaluation Findings

- **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 included dental services, summer school, medical expenses, and transportation of parent and/or child.
- **Community Surveys.** Three community surveys were distributed during the demonstration period. A summary of findings for each survey is 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 frequently provided. In contrast, services less likely provided included First Steps[71] (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 noted below (all findings are from baseline through federal fiscal years (FFYs) 2011 to 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 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 to 6.9 percent in FFY 2016. An increase was also found within 12 months from 5.8 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 to 0.3 percent. A slight decrease was found within 12 months from 0.6 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 to 1.1 percent. A slight decrease was also found within 12 months from 3.0 to 2.4 percent.

---

[71] First Steps is an early intervention program.

- *Placemen*t. The average number of placements for children residing in out-of-home care decreased only slightly from 2.8 to 2.0 percent.

Permanency

- The number of children who exited out-of-home placement to permanency increased for reunification (65.9 to 66.7 percent) but decreased for adoption (12.9 to 5.2 percent) and guardianship (8.2 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 placed with a nonrelative decreased from 63.0 to 47.9 percent. The percentage placed in their home county decreased from 74.9 to 67.5 percent.

Quality Service Reviews (QSRs). The QSRs for a prewaiver period (July 2007 through June 2012) was 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 prewaiver group and 1,294 in the post 2012 group. Safety and well-being indicators significantly increased from pre- to postwaiver, 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 postwaiver periods are listed below.

- *Safety*. Child safety increased significantly by 0.27 ($p < .0001$) and behavioral risk[72] increased by 0.34 ($p < .0001$).
- *Permanency*. Stability[73] 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 by 0.35 ($p < .0001$), emotional status by 0.37 ($p < .0001$), and learning and development by 0.33 ($p < .0001$).

Cost Analysis Findings

- From June 2013 through June 2017, the total number of DCS cases 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. Total spending also increased significantly.
- 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

---

[72] Defined as the degree to which the child/youth consistently avoided self-endangerment situations and refrained from using behaviors that may put him/her or others at risk of harm–measured for past 30 days for aged 3 and older.

[73] Defined as the degree to which the child's daily living, learning, and work arrangements were stable and free from risk of disruption; the child's daily settings, routines, and relationships were consistent; and known risks were managed to achieve stability and reduce the probability of future disruption—measured for past 12 months and the following 6 months.

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 Family Centered Treatment (FCT) on child safety, permanency, well-being, and service costs in comparison with other types of comprehensive home-based services.

Safety

- Children who participated in FCT were significantly more likely to remain in-home throughout the treatment period than those who did not (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 those who did not (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 (4.35 percent). This difference was not statistically significant.
- Children who participated had a higher rate of reentry (56.42 percent) compared to those who did not (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 those who did not (344). This was not statistically significant. On average, children who participated achieved reunification more quickly (341 days) than those who did not (417 days), a statistically significant difference ($p < .05$).
- Children who participated in FCT were more likely to have reunification as a goal than those who did not (99.07 versus 95.83 percent), while children who did not participate in FCT had a higher rate of being a child in need of services (CHINS) than those who participated (75.40 versus 69.52 percent). However, neither of these differences were statistically significant.

Cost

- The average total cost of the case was higher for children who participated in FCT than those who did not ($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).

Evaluation Extension Findings

The state continued evaluation activities through an approved extension period. During this period, the evaluation investigated four of the major final report findings including reentries, relative placements, substance use, and concrete service use. Additional findings were reported after the demonstration was completed on September 30, 2019. The following provides a summary of findings from the extension period.

- An analysis was conducted of case characteristics and demographics associated with reentry within 360 days. Findings indicated reentry was more likely with an older child at case entry; more time in out-of-home placement; removal reasons of neglect, physical abuse, inability to cope, and incarcerated parent; greater number of removal reasons; and a service recommendation of intensive treatment versus no treatment. Reentry was less likely when the child had a disability or was in an adoptive home.
- When the goal was reunification, placement with a licensed versus nonlicensed relative was associated with a lower number of placements and a higher likelihood of a caregiver being able to manage a child's stress and having more significant social/system supports.
- Analysis was conducted on the impact of outcomes for youth with a caregiver with a history of substance use. Results of a subsample of older youth aged 10 to 19 (n = 623), of which 41.9 percent had a parent with substance use, indicated parent substance use did not impact safety or permanency but did impact well-being. For youth who had a parent with substance use, maintaining positive relationships with family members impacted well-being (p = .000).
- The use of concrete services (e.g., transportation, medical care) by families was associated with a statistically significant decrease in permanency rates. Additional analyses found permanency decreased for youth with low instability (fewer placements) but those with high instability saw increases in permanency.

Substudy Findings

- Youth who did not participate in Family Centered Treatment (FCT) were provided 42 different types of services (total of 13,475 instances), while FCT youth had slightly fewer instances of a service being provided to them and/or their families (13,093). The average cost of services provided to non-FCT youth was $210.40, while the average cost provided to FCT youth was $270.46. FCT youth had significantly higher average service costs than non-FCT youth ($p < .001$).
- FCT youth had higher average CANS score at the beginning of their cases compared to the non-FCT youth and had lower CANS scores than the non-FCT at the end of their cases. Neither of these differences was statistically significant.
- Non-FCT youth trended steadily upward in their CANS scores (i.e., more needs over time), while FCT youth trended slightly downward. However, neither of these trends was statistically significant.
- Family functioning for FCT youth climbed at a higher rate than non-FCT youth over time, whereas non-FCT youth scores climbed at a slower rate (a statistically significant finding, $p < .01$).

A copy of the final evaluation report can be found online. Inquiries regarding the demonstration may be directed to Heather Kestian at Heather.Kestian@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

Final Evaluation Report: April 28, 2020

Target Population

The overall target population for the Kentucky waiver demonstration was families with children under 10 years of age, regardless of IV-E eligibility, who were at moderate or imminent risk of entering out-of-home care and whose parents have risk factors of substance use. This population was served through two interventions.

- Sobriety Treatment and Recovery Teams (START) targeted families with at least one young child (birth up to age 6) who entered the child welfare system with parental substance use as a primary risk factor.
- Kentucky Strengthening Ties and Empowering Parents (KSTEP) served families with children under 10 years of age who were moderate to imminent risk of being removed from the home after a confirmed abuse or neglect allegation and where parental substance use is a primary factor to child maltreatment.

Jurisdiction

The START IV-E Waiver expansion began in Jefferson County and expanded to five sites (i.e., Jefferson, Kenton, Fayette, Boyd, and Daviess Counties). The KSTEP program was piloted in four counties located in the northeastern service region (i.e., Carter, Greenup, Mason, and Rowan Counties) and expanded to an additional four counties in the Northeastern Service Region (i.e., Bath, Montgomery, Fleming, and Lewis Counties).

Intervention

The two primary interventions are described below.

- **The START program**, an intensive child welfare intervention model for substance-using parents and families involved in the child welfare system, was an existing program that was expanded. START integrated substance use disorder (SUD) services, family preservation, community partnerships, and best practices in child welfare and substance use disorder treatment. Families received quick access to holistic behavioral health assessments and treatment and were engaged in the decision-making process through family team meetings. Family Mentors provided peer-to-peer recovery coaching and helped to navigate the child protective services (CPS) system. Flexible funding was also

available for meeting basic needs such as housing, utility assistance, transportation, and childcare.

- **The KSTEP program,** a voluntary in-home services program, expanded the in-home services array. KSTEP included case coordination services, partnership with the family, and rapid access and provision of clinical services including substance use treatment. Utilizing Solution-Based Casework, KSTEP facilitated family engagement and involvement in the assessment and case planning processes, which would lead to the empowerment of families and a reduction in high-risk behaviors. Selected evidence-based programs included Cognitive-Behavioral Therapy, Motivational Interviewing, Child-Adult Relationship Enhancement (CARE) skills, and Parent-Child Interaction Therapy (PCIT).

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The process evaluation included interim and final analyses describing implementation and identified how services differed from those available prior to implementation. The key objective of the outcome evaluation was to assess the impact of increasing services available to families with co-occurring child maltreatment and substance use.

- **START** consisted of two separate evaluation designs sharing common elements. The evaluation of the first START expansion site (Jefferson County) utilized a randomized controlled trial (RCT). However, the state determined that an RCT was not feasible in the expansion sites (Fayette, Boyd, Kenton Counties). A quasi-experimental design utilizing propensity score matching (PSM) was employed. The START evaluation tracked 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 was collected from both the experimental and control groups in the RCT and from START clients only in the other START sites.
- **KSTEP** evaluation consisted of a quasi-experimental, comparison group design utilizing PSM. The tracked outcomes included recurrence of maltreatment; rates of entry/reentry into out-of-home placement[74] while receiving services (whether KSTEP or usual services); rates of out-of-home placement for both KSTEP and comparison groups 6 months after services 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; and increased family functioning and child and adult well-being.

[74] Out-of-home placement was defined as removal from the child's primary caregiver(s), regardless of duration.

The evaluation also included a substudy focused on retention and turnover and had three aims:

- Establish turnover for START supervisors, workers, and mentors in Kentucky
- Learn more about factors that may influence turnover among START teams
- Identify possible intervention targets at organizational, team, and individual levels

Evaluation Findings

The section below summarizes key findings from the final evaluation report.

Process Evaluation

- As of September 30, 2019, 622 families were accepted and served by START.
- A total of 1,667 cases were referred to KSTEP. By the end of the demonstration period, 952 (57 percent) of these cases were successfully completed. The remaining cases were closed for various other reasons, the most frequent being "Family Unable to Meet Program Requirements" (17 percent, n = 284); "Assessment Only" (8 percent, n = 129); and "Family Choice to Leave Services Prior to Completion" (6 percent, n = 101).

Outcome Evaluation

Sobriety Treatment and Recovery Teams (START)

<u>Safety, Removals, and Permanency</u>

Substantiated reports within 12 months of referral to START

- Across demonstration counties, there were no statistically significant differences in substantiated reports of maltreatment between families receiving START and the matched comparison group in Jefferson (17.2 percent START families versus 13.8 percent comparison), Fayette (16.2 percent START versus 14.7 percent comparison), or Kenton (16.4 percent START versus 6.6 percent comparison). In Boyd County, children in families served were less likely to experience subsequent maltreatment (2.6 percent, n = 1) than the matched comparison group (15.4 percent, n = 6). This is a statistically significant difference. However, the numbers for this outcome were small.

Children placed in state custody within 12 months of START

- Families served by START were less likely to have a child placed in state custody within 12 months of START (18.0 percent) than the matched comparison group (36.0 percent) in Kenton County. This is a statistically significant difference ($p < .05$). There were no significant differences found between the two groups in Jefferson (24.8 percent START versus 31.7 percent comparison), Boyd (43.6 percent START versus 23.1 percent comparison), and Fayette (32.5 percent START versus 25.5 percent comparison).

Of children removed, those reunified at case closure

- For Jefferson County, 60.5 percent of children in families that were served by START were reunified with their families compared to 37.2 percent from the matched comparison group. This is a statistically significant difference ($p < .05$). There were no statistically significant differences between the two groups in Boyd (42.9 percent START,

50 percent comparison), Fayette (33.3 percent START, 25 percent comparison), or Kenton County (37.5 percent START, 20.0 percent comparison).

Well-Being

- There were no comparison groups for the North Carolina Family Assessment Scale (NCFAS). Baseline and final NCFAS were completed and improvements were made in all eight domains for families served by START. The largest improvements were in the Family Safety domain (21 to 63 percent), and the Child Well-being domain (33 to 93 percent).[75] In Jefferson County—which had the majority of the START population—the Family Safety domain improved from 19 to 60 percent and Child Well-Being domain improved from 17 to 96 percent.

Kentucky Strengthening Ties and Empowering Parents (KSTEP)

Pre-Post Analysis

Safety

- Improved safety was operationalized as increased scores in specific domains of the NCFAS and PSI and decreased scores on the ASI.
    - Significant improvements were indicated on the NCFAS in the Environmental, Parental Capabilities, and Family Safety domains from before to after 8 months of receiving services (n = 231). Results of the paired-samples t-test suggested the mean scores in the Environmental domain differed significantly before and after 8 months of receiving services (t = -7.94; p < .001). On average, the Environmental scores were about 0.83 points higher after participation. Likewise, regarding the Parental Capabilities domain, the mean scores differed significantly before and after receiving services (t = -14.38; p < .001), showing an average increase of 1.32 points. Pre- and post-mean scores on the Family Safety domain scores were also higher after receiving services, with an average increase of 1.20 points (t = -12.34; p < .01).
    - Data from the child domains of Distractibility, Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood, and Acceptability and from the parent domains of Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse/Parenting Partner Relationship of the PSI were also analyzed to assess safety (n = 85). There were slight to medium increases in average scores across the majority of the domains from pre- to posttest, with the exception of the child domains of Distractibility and Adaptability and parent domains of Depression and Spouse/Parenting Partner relationship, which showed decreases over time.[76]

[75] Scores for all demonstration sites were combined.
[76] No tests of statistical significance were reported for PSI scores.

  - Participants also showed significant improvement (indicated as a significant decrease in scores) on three of the seven ASI domains of Drug Use ($t = 4.76$; $p < .01$), Family/Social Status ($t = 4.03$; $p < .01$), and Psychiatric Status ($t = 3.64$; $p < .01$) ($n = 78$[77]) from pretest to posttest. Participant scores in the four other domains (Medical, Employment, Alcohol Use, and Legal) also decreased, but the differences over time were not statistically significant.

Child Well-Being

- Child well-being was operationalized as improved scores on the Child Well-Being domain of the NCFAS. Results of the paired-samples *t*-test suggested there was a significant improvement of 0.96 points in the Child Well-Being mean scores before (and after the program ($t = -9.81$; $p < .001$) ($n = 228$).

Adult Well-Being

- Improved adult well-being was operationalized as increased scores in specific domains of the NCFAS and PSI and decreased scores on the ASI.
  - Improvements in the NCFAS domains of Environment, Parental Capabilities, Family Interactions, and Family Safety domains were deemed as an improvement in adult well-being. Significant improvements were indicated on the Environmental, Parental Capabilities, and Family Safety domains from before KSTEP to after 8 months of receiving services ($n = 231$), as noted above in the section on safety. For the Family Interaction domain, significant differences also appeared in the mean scores before and after the program ($t = -8.71$; $p < .001$), with an average improvement of 0.86 points.
  - Improvements on the PSI parent domains of competence, isolation, attachment, health, role restriction, depression, and spouse/parenting partner relationship were deemed as an improvement in adult well-being. There were slight increases in average scores across most of the domains from pre- to posttest, except for the domains of Depression and Spouse/Parenting Partner relationship, which showed decreases over time ($n = 85$). The combined total parent domain score was essentially the same from pre- to posttest ($M = 51.76$ and 51.80, respectively).[78]
  - A reduction in addiction severity, as evidenced by decreased scores on the ASI, was deemed as an improvement in adult well-being. As noted above in the section on safety, participants showed significant improvement (indicated as a significant decrease in scores) on three of the seven ASI domains of Drug Use, Family/Social Status, and Psychiatric Status ($n = 78$; $p < .05$) from pretest to posttest.

---

[77] 326 caregivers enrolled in KSTEP received the intake ASI interviews, but only 78 were interviewed at least twice.
[78] No tests of statistical significance were reported for PSI scores.

Matched Case Comparison

Safety and Permanency

- Rates of repeated case referrals during the 2017 to 2019 period differed significantly for the intervention and comparison groups ($t = 6.48$; $p < .001$). Findings indicated a positive association between the KSTEP condition and the status of receiving repeated referrals for some clients (Odds Ratio = 1.183). KSTEP families were 18.3 percent more likely to receive repeated referrals than those in the comparison group. This may be due to the targeted service objectives and concentrated resource allocation of the program, compared to other sources of child welfare services.
- The program appears to have yielded slightly better permanency results in terms of out-of-home placements than the non-KSTEP programs. The proportion of out-of-home placements at the end of service during the 2017 to 2019 period differs between the intervention and comparison groups ($t = -2.30$; $p < .05$). Findings suggest a negative association between the KSTEP condition and the probability of closing the case with an out-of-home placement (Odds Ratio = .971). Families in the comparison group were 2.9 percent more likely to have out-of-home placements than in the intervention group.

Substudy

A point-in-time survey was conducted with current START supervisors, workers, mentors, and START-affiliated treatment providers. Of the 57 START employees as of August 31, 2018, 49 completed the survey. Key findings are summarized below.

- Overall, employees ranked their coworker support, team cohesion, and job satisfaction positively. However, the evaluators noted the START workforce at the time of the survey had not been on the job for very long. One-third of the respondents had been working for 6 months or less, and approximately 66 percent had been working for 2 years or less.
- Compared to other sites, Kenton County respondents reported the lowest scores on the secondary traumatic stress and intent to leave measures. The highest scores were reported for the team cohesion measure, and a relatively high score on the coworker support and job satisfaction measures.
- Respondents from Fayette County reported lower job satisfaction and team cohesion and higher intent to leave.
- Twenty-three (47 percent) of respondents reported secondary traumatic stress scores suggesting they may have met the clinical criteria for Post-Traumatic Stress Disorder due to secondary traumatic stress. Compared to the other job roles, workers reported the highest levels of secondary traumatic stress.

Cost Evaluation

START

- Two types of cases were constructed to compare the average costs per case for the intervention and the control (RCT) and comparison (PSM) groups.[79] The average cost for Type 1 START intervention cases totaled $9,760.14 versus the control/comparison cases which had an average total of $7,676.77. Type 2 cases resulted in slight differences with START intervention cases with a total average cost of $2,093.98 and control/comparison with a total average cost of $2,259.88. The average cost per case is the average over the entire sample and is not weighted to account for differences in the proportion of cases for each type.

KSTEP

- Of the children who were removed from their homes during the demonstration period, the average cost of out-of-home care per child was much higher for the comparison group ($26,373) than for the intervention group ($8,004). These out-of-home care costs are summed from the date of the initial report to no more than 365 days after that date. The average cost per case for the whole sample is the average over the entire sample and is not weighted according to the number of cases from each county.

Information and reports for the Kentucky demonstration are available online. Inquiries regarding the demonstration may be directed to Jennifer Toppings at jennifer.topping@ky.gov

[79] Type 1 cases included average costs for out-of-home care plus average administrative costs. Type 2 cases included average administrative costs only.

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

Final Evaluation Report: December 16, 2019

Background

The 5-year demonstration period was scheduled to end on September 30, 2019. Due to political and economic factors incurred by the Maine Office of Child and Family Services (OCFS) in 2017 and 2018, OCFS leadership requested in March 2019 to terminate the waiver demonstration early, retroactive to December 31, 2018.

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, colocated 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 met the treatment criteria included individual, group, or family counseling services; educational groups, including the involvement of others affected; and planning/referral for additional treatment, if needed. Services must be provided under the supervision of a licensed

physician or psychologist and delivered by qualified staff. Participants attend treatment at least 3 hours per day for 3 days per week, up to 16 weeks depending on level of need.

- **Triple P Positive Parenting Program** is an evidence-based parenting program delivered by trained providers in an individual or group setting. 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 how services differed from those available prior to implementation or from those available to children and families that were not designated to receive them. The outcome evaluation used both a pre-post and a longitudinal, matched comparison group design. The pre- and postanalysis was used to examine child and family well-being measures. The longitudinal, matched comparison group design was used to track safety and permanency measures. Propensity score matching was used to assign families from a historical cohort to the comparison group. The outcome evaluation addressed 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

Process Evaluation

- 344 parents received MEPP services, representing 310 families and 439 children aged 0 to 5.
- Fidelity data was assessed, and a stepwise linear regression analysis was conducted to determine which combination of presenting client characteristics and service utilization are correlated with higher levels of fidelity to the MEPP model. The report noted that available sample sizes were large enough to make causal claims for factors on the outcomes at a power of 95 percent. The key findings are stated below.

  - Clients who received other IOP supports besides Matrix were more likely to complete MEPP to fidelity. Also, those that 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.
  - Parents with a higher Parent and Family Adjustment Scales (PAFAS) parenting score (i.e., parents show fewer positive parenting practices) were slightly 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 weeks in MEPP than parents with lower scores. Parents with a higher DASS stress score were less likely to complete more Matrix sessions or to complete MEPP to fidelity.
  - Participants with children who were removed prior to the initiation of MEPP were significantly less likely to remain enrolled in MEPP for longer periods of time and slightly less likely to complete sessions of Matrix or Triple P.
  - Participants who were employed full time were more likely to complete MEPP to fidelity.
  - Parents who had a substantiated or unsubstantiated report prior to MEPP involvement were more likely to complete the program to fidelity.

Outcome Evaluation

Cohorts were defined as parents that enrolled in MEPP in each 6-month period beginning on April 1, 2016. Six-month outcomes are reported for cohorts 1 to 5[80] and 12-month outcomes are reported for cohorts 1 to 4. A combined cohort of MEPP participants from cohorts 1 to 5 (6 months) and cohorts 1 to 4 (12 months) is reported to determine overall effectiveness of the program.

Reduction in Repeat Maltreatment

- **6-month outcomes.** Overall, the combined treatment group had a slightly lower percentage of cases without a new appropriate report at 6 months of referral to MEPP (76 percent) than the combined comparison group (79 percent).
  - Treatment groups for cohorts 1, 2, and 3 had slightly higher percentage of cases without a new appropriate report (80, 85, and 87 percent, respectively) than the comparison groups (75, 74, and 82 percent, respectively). However, the trend reverses for cohort 4 (71 percent of the treatment group had a new appropriate report compared to 81 percent of the comparison group) and cohort 5 (65 percent for the treatment group and 80 percent for the comparison group). The

[80] Not enough time had elapsed to measure outcomes for cohort 6 (i.e., a full 6 months had not passed since the participants' program enrollment).

report notes that this drop in the percentage of cases without a new appropriate report may likely be due to the change in policy[81] around the handling of appropriate reports in this timeframe. Only the results for cohort 5 are statistically significant.

- **12-month outcomes.** Treatment groups for cohorts 1, 2, and 3 had a higher percentage of cases without a new appropriate report (68, 70, and 69 percent, respectively) than the comparison groups (61, 59, and 64 percent, respectively). Cohort 4 had a slightly lower percentage of treatment group cases without a new appropriate report (51 percent) than the comparison group (66 percent). There were no statistically significant differences between the groups.

Increase in the Number of Children Who Remain Safely at Home[82]

- **6-month outcomes.** Overall, among MEPP group families with children aged 0 to 5 in the home, slightly over half (54 percent) had children who remained in the home without any new appropriate reports within 6 months of enrollment. However, comparison groups were almost 15 percent more likely to keep a child safely in the home than treatment group cases (68 percent). These results in favor of the comparison group are statistically significant ($p < 0.01$).
  - When removals occurred after a new report, the treatment group was twice as likely (30 percent) to have a child removed than the comparison group (13 percent). This was a statistically significant difference ($p < 0.01$).
- **12-month outcomes**. Overall, families in the treatment group were significantly less likely to have children aged 0 to 5 remain safely in the home than the comparison group ($p < 0.05$).

Increased Rates of Reunification[83]

- **6-month outcomes**. Overall, only 5 percent of children in the treatment group and 8 percent in the comparison group between the ages of 0 to 5 were reunified. The difference between these groups was not statistically significant.
- **12-month outcomes.** Across both groups the 12-month outcomes increased with 19 percent of children in the treatment group and 22 percent in the comparison group being reunified. However, these results are not statistically significant.

---

[81] As of May 2018, policy now requires upon receipt of a third inappropriate report on a family, that report is then considered appropriate; new reports of abuse or neglect for the family are to be treated as unique reports rather than being incorporated into the case without a new report being created.
[82] As of May 2018, agency policy no longer allows safety plan removals, which allowed the child to be removed from the parent home and placed with a relative while the parent(s) 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).
[83] Reunification is defined as children aged 0 to 5 for whom parental rights were reinstated or custody was dismissed to the parent.

Decrease in Time to Reunification[84]

- Overall, the average number of days to reunification was significantly longer for the treatment group (243 days) than for the comparison group (197 days). This is a significant difference ($p < 0.01$). The greatest difference between the groups was for cohort 3 where the average time to reunification for children in the treatment group was 287 days compared to 163 days in the comparison group.

Improvement in well-being and functioning of children

- The CANS domains which displayed the strongest improvement[85] were regulatory (70 percent), child behavioral emotional needs (73 percent), and medical (75 percent). The only domain that showed a decline was risk factors (4 percent). There are seven items in the risk factors domain with a decline of four items and growth of three items. However, the item with the most improvement was abuse and neglect (65 percent).
- Overall, only a slightly higher percentage of children in the comparison group showed improvement in health (98 percent) than did the treatment group (96 percent). This was not a statistically significant difference.
- The percentage of children in the treatment group that showed improvement in mental health (73 percent) was more than in the comparison group (62 percent). The difference was not statistically significant.
- Educational improvement was also higher for the treatment group (74 percent) than the comparison group (69 percent), but not a statistically significant difference.

Improvement in functioning and well-being of family members

- Parenting skills. Among the 120 participants (across all six cohorts) with initial and follow-up PAFAS assessments, average domain scores were lower on follow-up in all domains except parental teamwork. Average domain scores decreased from initial to follow-up for parenting practices (9.6 to 7.0), parent adjustment (6.6 to 4.6), and family relationships (3.3 to 2.6). These decreases were statistically significant ($p < 0.05$).
- Parental mental health. Initial and follow up DASS assessments were completed by 120 MEPP participants. Across all matched participants, the anxiety domain had the largest percentage point improvement, with 71 percent reporting in the normal range at follow-up compared to 47 at initial assessment. Significant improvements were also experienced in the depression domain (53 percent initially reported in the normal range and 76 at follow-up) and the stress domain (61 percent initially reported in the normal range and 81 at follow-up). All three domain decreases were statistically significant ($p < 0.05$).

[84] The evaluators 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.
[85] The evaluators measured improvement by calculating the average percentage of change of all actional items within each domain from the initial CANS assessment to the follow-up.

Cost Evaluation

- Average total costs per case were higher for the treatment group, $34,691.76, than the comparison group, $14,835.45. The higher cost per treatment group case was attributed to the costs for contracted MEPP services. Total costs included room and board costs for placement providers, other maintenance payments (e.g., diapers, clothing), services (e.g., childcare, legal services, education), MaineCare payments, and MEPP contracted services.
- Costs for contracted services, not including MEPP and MaineCare, were higher for the treatment group and totaled $536,906.41 (for 401 parents and children in 178 cases) than the comparison group which totaled $527,467.53 (for 347 parents and children in 160 cases). Costs were greater for the treatment group for services related to drug and alcohol testing, maintenance, medical, and travel. Costs were greater for the comparison group for services related to basic needs, childcare, other services, therapy, and other parenting and substance abuse programs.
- The largest cost difference between the treatment and comparison groups was for parents that participated in MEPP who had costs that were approximately five times more than comparison group parents.
    - Total cost for children aged 0 to 5 was $1,456,249.31 for the treatment group and $1,070,693.38 for the comparison group.
    - Total cost for parents was $2,308,868.87 for the treatment group and $480,986.44 for the comparison group. The table below shows costs between the two groups by major service categories.

Evaluation Group	Drug/Alcohol Treatment (IOP)	Drug/Alcohol Treatment (non-other IOP)	Mental Health Counseling
Treatment	$351,590.98	$338,513.38	$577,507.33
Comparison	16,100.00	56,321.07	277,663.68

The final evaluation report is available online. Information requests for the 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

Final Evaluation Report: March 31, 2020

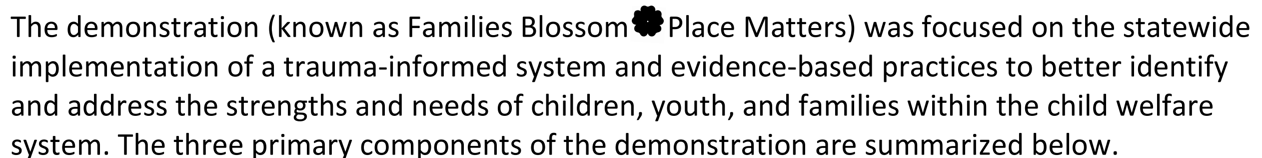
Target Population

The waiver demonstration targeted 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 who moved through child protective services (CPS) were considered at risk of entering out-of-home placement. Specific subpopulations for the implementation of evidence-based and promising practices varied based on needs identified by local jurisdictions.

Jurisdiction

The demonstration was implemented statewide; however, specific interventions were rolled out in phased implementation stages across selected counties or service areas. All in-home services cases were assessed with the Child and Adolescent Needs and Strengths-Family (CANS-F). Consolidated In-Home Services (CIHS) provided ongoing case management and services to families at risk of maltreatment and/or out-of-home placement.

Intervention



The demonstration (known as Families Blossom ✿ Place Matters) was 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 are summarized below.

- **Standardized trauma and trauma-informed assessments,** specifically the Child and Adolescent Needs and Strengths (CANS-F) assessment, was 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** were conducted related to the impact of trauma on children, families, and front-line staff. Workgroups were established by the Maryland Department of Human Services to develop a Trauma-Informed Strategic Plan. The strategic plan included 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 in the plan focused on policies, practices, and procedures; core competencies; youth and family peer support; and a statewide Learning Collaborative.

- **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 included process and outcome components and a cost analysis. The process evaluation included interim and final analyses that described how the demonstration was implemented and identified how services differed from those available prior to implementation. The key objectives of the outcome evaluation were to assess the impact of becoming a trauma-informed system and the implementation of EBPs and PPs on rates of entry and reentry. For statewide implementation efforts, the evaluation consisted 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) was compared to a treatment cohort (e.g., families who have been assessed with the CANS-F). Because of the individualized nature of new and expanded EBPs/PPs implementation, the evaluation included 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.

Evaluation Findings

The following summarizes key evaluation findings reported in the final evaluation report.

Process Evaluation

- Between July 1, 2015 to June 30, 2019, at least one Child and Adolescent Needs and Strengths (CANS-F) assessment was completed with 31,099 families.[86] There was a total of 41,425 caregivers and 63,833 children that received at least one CANS-F assessment

[86] The CANS-F is administered at a household level, comprising of a comprehensive family system assessment as well as individual caregiver and children assessment.

since July 1, 2015.[87]

Incredible Years (IY)-Allegany County

- A total of 78 caregivers were enrolled in IY, with 41 (53 percent) graduating from the program. A total of 86 children received IY, 38 through cohort-based IY and 48 through individual-based IY.

Nurturing Parenting Program (NPP)-Harford County

- For the Eastern Shore, a total of 184 caregivers were referred to NPP as of July 2018. Of the 184 caregivers, 79 (43 percent) graduated. Caregivers who graduated from NPP (n = 42) attended an average of 11.1 sessions, and 19 (45 percent) attended all 12 sessions. Caregivers who enrolled but did not graduate from NPP (*n* = 22) attended an average of 3.1 sessions.

Strengthening Ties and Empowering Families-Washington County

- From September 2016 through September 2019, 91 families received STEPS services. Of the 91 families served, 71 (78 percent) had discharged by September 2019, spending an average of 222 days in the program.

Partnering for Success-Cognitive Behavioral Therapy (CBT+)-Baltimore County

- A total of 126 children exited from CBT+ treatment; one third completed the full course of treatment. The majority of those who did not complete treatment dropped out or discontinued due to noncompliance. Children who completed CBT+ attended an average of 22 treatment sessions and were enrolled for an average of 273 days. Of the 84 who did not complete treatment, the average dosage of treatment was 12 sessions delivered over an average of 196 days.

Functional Family Therapy (FFT)-Anne Arundel, Carroll, Harford, and Howard Counties[88]

- From September 2016 through September 2017, there was a total of 207 youth referred to FFT, of which 121 (59 percent) were admitted into treatment (i.e., attended the first treatment session and signed the consent to treat). Eighty-eight youth were discharged from FFT with 52 percent completing the program. Common discharge reasons included quitting after attending one or more sessions (15 percent), being placed out of home (9 percent), and getting referred to other services (9 percent). Youth who completed FFT (*n* = 46) attended an average of 12 sessions and were enrolled in the program for an average of 137 days.

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

- During the demonstration, 123 families were referred to PCIT of which 68 (55 percent) were admitted into treatment (i.e., attended the first treatment session and signed the consent to treat) and one was pending admission at the end of the demonstration reporting period. For the 68 families served, it took an average of 20 weekdays from

[87] The total number of CANS-F assessments may include duplicate cases as families may have been involved with child welfare services multiple times during the demonstration.

[88] The evaluation included youth and families referred to and served by FFT through the end of September 2019 (demonstration completion).

referral to admittance to PCIT. A total of 25 families were discharged from PCIT with 40 percent completing treatment and meeting all graduation criteria. For the remaining families, common discharge reasons included noncompliance with attendance (32 percent) and program drop out (16 percent).

Trauma Systems Therapy (TST)-Washington County

- A total of 62 children were referred for TST, of whom 25 (40 percent) were served. There were 37 referrals to TST that did not start treatment. The most frequent reason for nonadmission was not meeting the diagnostic criteria for the program (i.e., the intake screening did not indicate severe enough trauma symptoms to warrant TST, 41 percent), followed by the child or caregiver not consenting to treatment (27 percent).

Outcome Evaluation[89]

Incredible Years (IY)-Allegany and Garrett Counties

- Fifty-four percent of caregivers had received a prior investigation, including 34 percent within 12 months and 30 percent within 6 months before admission to IY. In the 12 months following admission, only one caregiver (2 percent) had a new investigation. The proportions of caregivers investigated within 6 months (p = .001) and 12 months (p = .001) after admission were significantly lower compared to the 6 and 12 months before admission, respectively.
- Forty-three percent of caregivers had received an investigation that was substantiated for maltreatment, including 27 percent within 12 months and 25 percent within 6 months before starting IY. Only one caregiver (2 percent) had a new substantiation within 12 months after admission to IY. The proportions of caregivers receiving a new substantiated investigation significantly decreased from 6 months before to 6 months after admission (p = .002), and from 12 months before to 12 months after admission (p = .007).
- Of 53 caregivers,[90] five received an investigation across 1,069 total person-months observed, of which four were substantiated for maltreatment. If all 53 caregivers were observed for the full 3 years, an estimated seven (13 percent) would receive a substantiated report. However, this difference was not statistically significant.

Nurturing Parenting Program-Harford County

- Forty-three percent of parents received a substantiated investigation, including 26 percent within 12 months and 17 percent within 6 months before starting NPP. Only one parent (2 percent) had a new substantiation within 6 months and three (6 percent) had new substantiations within 12 months after admission. The proportions of caregivers receiving a substantiated investigation within 6 months (p = .020) and 12

[89] Noted findings are based on an assessment of Child Protective Services investigations for participants of Incredible Years, Nurturing Parenting Program, and Strengthening Ties and Empowering Families.
[90] The evaluators estimated the cumulative hazards of having any investigation and substantiated investigation during the 3 years following IY admission, including all caregivers who were admitted through June 2019 (N = 53).

months (p = .007) after admission were significantly lower compared to the 6 and 12 months before admission, respectively.

- Among 63 parents,[91] five had a substantiated investigation across 1,296 total person-months observed. If all 63 parents were observed for the full 3 years, an estimated nine (14 percent) would have a substantiated investigation. However, due to the small number of total substantiations observed (n = 5) this difference was not statistically significant, and the report notes it should be interpreted with caution.

Strengthening Ties and Empowering Families (STEPS)-Washington County

- Prior to admission, 24 percent of caregivers had received an investigation, including 7 percent within 12 months and 3 percent within 6 months before starting STEPS. After admission, three caregivers (6 percent) had a new investigation within 12 months and two (4 percent) received an investigation that was substantiated.

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

- Prior to PCIT admission, 35 percent of children were the subject of a CPS investigation, including 23 percent within a year before admission. In the year following admission, the investigation rate decreased to 15 percent. Fifteen percent of children did not have a substantiated report prior to admission, and only one child (4 percent) had a substantiated report within 12 months after admission.

- Two children were in out-of-home placement at the time of admission, of which one exited to guardianship within 6 months and the other remained in care at 12 months postadmission. Of those not in out-of-home placement at the time of admission (n = 24), none were placed out of home within 12 months.

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

- A subsample of youth admitted to FFT through June 2018 was selected to observe child welfare systems contact through 12 months follow-up (N = 43).[92]

- Approximately half of youth had a prior CPS investigation. After program admission, 16 percent of youth had an investigation within 6 months and 28 percent of youth had an investigation within 12 months. Twenty-six percent of youth did not have a substantiated report prior to admission and only two youth (5 percent) had a substantiated report within 12 months after admission.

- There were two youth in placement at the time of admission, one was reunified within 6 months and the other exited to guardianship within 12 months. Of those not in out-of-home placement at the time of admission (n = 41), 12 percent entered a new placement within 6 months, and 22 percent entered a new placement within 12 months.

- Seventy percent of youth were receiving in-home services at admission; most of these cases had no new child welfare involvement within the following year. Most youth who

---

[91] The evaluators estimated the cumulative hazards of having any investigation and substantiated investigation during the three years following NPP admission, which included all parents who were admitted through June 2019 (N = 63).

[92] A single-group longitudinal design was used, and descriptive analyses explored the frequencies of CPS reports, in-home services received, and out-of-home placement before and after admission to FFT.

were in out-of-home placement at 1-year postadmission were receiving IH services at the time of admission. Of the 11 percent who had experienced no CPS reports (investigative or alternative response), in-home services, or out-of-home placement at the time of admission, most continued to have no child welfare contact after 1 year.

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

- Changes in clinical target symptoms such as posttraumatic stress (PTS), depression, anxiety, and disruptive behavior were assessed through an online training and technical assistance tool used by clinicians from intake to 12 months post intake. Key findings include the following:[93]:
    - PTS. During the first month, child-reported PTS decreased significantly by an average of 9 percent ($p < .001$), then continued to drop significantly at a rate of 2 percent per month ($p < .001$). The rate of change in caregiver-reported PTS did not shift significantly over time.
    - Depression. During the first month, child-reported depression symptoms decreased significantly by an average of 9 percent ($p < .001$), then continued to decrease significantly at a rate of 2 percent per month ($p < .001$). Caregiver-reported depression did not change significantly over time.
    - Anxiety. Child-reported anxiety symptoms decreased significantly by an average of 3 percent per month for the first 6 months ($p < .001$) but did not change significantly during months 6 to 12. The rate of change in caregiver-reported anxiety symptoms did not significantly shift over time.
    - Disruptive behavior. Child disruptive behavior decreased significantly by an average of 5 percent per month for the first 6 months ($p < .001$) but did not significantly change during months 5 to 12.

Trauma Systems Therapy (TST)-Washington County

- A subsample of children admitted to FFT through June 2018 was selected to observe placement outcomes through 12 months follow-up (N = 22). Using a single-group longitudinal design, descriptive analyses explored the frequencies of placement changes and placement settings from 1 year before through 1 year after admission to TST.

- All 22 children served were placed out of home at the time of admission. On average, children were in placement for 12 months prior to TST admission. At 1 year postadmission, 19 children (86 percent) were still in placement. After adjusting for the total number of days placed within each respective year, on average children experienced 2.0 placement moves in the year before admission and 2.3 placement moves in the year following admission. Of the 20 children who experienced at least one placement change in the year after admission, the first move was to a less restrictive setting for 30 percent, a more restrictive for 35 percent, and an equally restrictive for 35 percent.

- Regular foster care was the most frequent placement setting at intake (46 percent), followed by treatment foster care and residential group home (14 percent each). At 1-

[93] All CBT+ cases in Maryland, regardless of waiver demonstration funding or child welfare involvement, were included.

year postadmission, greater proportions of children were in intermediate foster care (36 percent) and treatment foster care (23 percent). This finding indicates children moved into more treatment-focused placements following TST admission. Lastly, three children (14 percent) exited placement within the year following admission, including one reunification and two exits to guardianship.

State-Level Outcomes

The evaluation monitored state-level outcomes before and after implementation of the demonstration to identify changes in key child welfare outcomes. Several state-level outcomes were measured across a 7-year period, including 3 years prior to the demonstration (i.e., state fiscal years 2013 to 2015) and 4 years during the demonstration (i.e., SFYs 2016 to 19). Trends in the numbers of entries and reentries into care were reported semiannually statewide, and for the six original jurisdictions (Allegany, Anne Arundel, Baltimore City, Baltimore County, Harford, and Washington County) that implemented evidence-based practices (EBPs) as part of the demonstration.

Entries and Exits

- On average, the semiannual entry rate during the 3 years prior to the demonstration (1,183 per half-year) was slightly lower than during the 4 years during the demonstration (1,231 per half-year).
- During the 3 reporting years prior to the demonstration, there was an average of 1,472 exits per half year, compared to 1,246 during the 4 years during demonstration activities, reflecting the decreasing trend.
- For the subsample of EBP counties, the average semiannual entry rate for the 3 years prior to the demonstration (814 per half-year) was slightly lower than the 4 years during the demonstration (869 per half-year). Exits decreased across the 7-year reporting period, with an average of 1,048 exit per half-year before the demonstration and 881 per half-year during the demonstration. Since the six EBP jurisdictions comprised most of the placements in the state, entry and exit trends statewide and in the EBP jurisdictions were expected to be similar.

Reentries

- The average semiannual reentry rate, weighted by number of reunifications in each period, was similar among reunifications that occurred during SFY 2012 to 15, before the demonstration (16.9 percent) and SFY 2016 to 18 during the demonstration (17.7 percent).
- Reentry trends among the EBP jurisdictions were slightly higher than statewide. The average semiannual reentry rate, weighted by number of reunifications within each respective half-year period, was 17.9 percent for the 4 years prior to the demonstration and 19.9 percent during the demonstration.

Cost Evaluation

- Based on a statewide summary of waiver expenditures[94] for state fiscal years (SFYs) 2016 to 2019 there was a total of $15,430,559 spent during the demonstration period, with the largest proportion (30.8 percent) spent by Baltimore City, followed by Washington (14.2 percent), Montgomery (11.2 percent), Anne Arundel (7.6 percent), and Prince George's (7.6 percent) counties. The smallest amounts were spent by Dorchester (0.2 percent), Queen Anne's (0.4 percent), Kent (0.4 percent), Calvert (0.4 percent), and Cecil (0.5 percent) counties.
- Over the demonstration period, the largest proportion (39.0 percent) of waiver funds were spent on Family Support.[95] Ten counties spent between one-third and one-half of their waiver dollars on Family Support, and three other counties—Howard County (58.5 percent), Somerset County (82.4 percent), and Baltimore City (86.8 percent)—spent more than half of their total expenditures under this category. The second largest category of waiver expenditures (16.3 percent) was related to Behavioral/Mental Health.[96] More than half (57.6 percent) of Baltimore County expenditures fell under this category, and five other counties spent between one-quarter and one-half of their waiver dollars in this category—Anne Arundel (24.8 percent), Allegany (29.2 percent), Prince George's (29.2 percent), Calvert (45.1 percent), and Montgomery (47.5 percent).

Information for the Maryland demonstration is available online. Inquiries regarding the demonstration may be directed to Rena Mohamed, Director, Outcomes Improvement, Maryland Department of Human Services at rena.mohamed@maryland.gov

[94] Six categories were used to capture expenditures: family support, behavioral/mental health, EBPs and trauma-informed care, integrated practices, substance abuse programs, and parent training.
[95] Funds in the Family Support category could be used flexibly to provide services or activities for children and families, including prevention services, transportation, incentives, education, childcare, and housing assistance as well as support EBP implementation.
[96] Funds for the Behavioral/Mental Health category included prevention, early intervention, and/or treatment services, including EBPs such as Parent-Child Interaction Therapy, Partnering for Success/Cognitive Behavioral Therapy Plus (CBT+), and Functional Family Therapy.

15: Massachusetts

Demonstration Basics

Demonstration Focus: Enhanced Residential and Community-Based Services

Implementation Date: January 1, 2014

Completion Date: June 30, 2018

Final Evaluation Report: June 30, 2019

Background

The Massachusetts demonstration was originally scheduled to end on December 31, 2018, but the state requested to terminate the waiver retroactive to June 30, 2018, due to financial considerations.

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 foster family and youth engagement. It 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.

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 reprocured 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 support systems. 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 preindependent 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 and 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 was 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 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 from January 2015 through December 2017. There were no substantial changes to the original evaluation design, but minor methodological changes were made (e.g., statistical methods used for identifying matched cases and changes to the length of observation periods) to increase comparability between the intervention and comparison group.

Evaluation Findings

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

Process Evaluation

Service Utilization

- **Congregate Care.** Enrollment increased by 38 percent during Caring Together (CT), 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, 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 Services**. 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 the first full year of CT, 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), CT Clinical Support team staff (75 percent), and providers (94 percent) agreed that treatment plans were comprehensive. 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), CT Clinical Support staff (100 percent), and providers (97 percent) agreed there was consistency in treatment team staff for CT community-based services. 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.[97] 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 years (FYs) 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 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.
- **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 CT 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

[97] Specific training on alternatives to using physical restraint were not identified in the Final Evaluation Report. The report mentions that some agencies used "Six Core Strategies to Reduce Seclusion and Restraint Use," a summary of strategies for reducing the use of restraint developed by the National Association of State Mental Health Program Directors (https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf).

greater communication and collaboration. Challenges were exacerbated by multiple changes in CT leadership at both DMH and DCF.

Outcome Evaluation

Most outcome analyses compared 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. 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.**[98] 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 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 CT youth had critical incidents[99] 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.
- **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

[98] 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.
[99] 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.

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. 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 services were more likely to reenter congregate care, be hospitalized, and 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 Evaluation

- During CT, 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 CT grew by nearly 30 percent.
- Cost per youth served increased by 52 percent during CT with over 30 percent of this increase occurring from FYs 2013 to 2015.
- Residential costs per unit increased 15 percent during CT 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 CT community-based services were generally stable over time.

The Interim Evaluation Report for the Massachusetts waiver demonstration is available online.
For the Final Evaluation Report and other inquiries regarding the demonstration contact Andrea Cosgrove, Director of Program Operations/Co-Director of Caring Together at andrea.cosgrove@state.ma.us

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)[100] 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. 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

[100] 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), 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. Families in the experimental group received Protect MiFamily services, while families in the control group received "services as usual."[101] Targets were designed to keep the number of experimental cases about twice the number of control cases and the number of category IV cases at 10 percent of the total number assigned to either condition. Adjustments to the randomizer were made throughout the demonstration period and the final experimental to control group assignment ratio 1.7:1 with the proportion of category IV cases being approximately 16 percent.

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

Process Evaluation[102]

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

---

[101] 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.

[102] Primary data sources for the process evaluation included key stakeholder interviews, family surveys, Model Fidelity Checklist, and administrative data. 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 that were consistently provided to Protect MiFamily families across all three sites and throughout the demonstration were "protective factors" (ranging from 56 to 94 percent of families), "concrete assistance" (ranging from 54 to 89 percent of families), and "parent skills development" (ranging from 49 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.[103]
    - 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 concerns that most families experienced difficulty engaging in the full length of the program for 15 months. Staff noted a 9- or 12-month program would meet the needs of most families and more flexibility in phase

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

movement and contact requirements might have kept some families from leaving the program early (full Protect MiFamily Program is 15 months).

- On the agency and staff levels, the working relationship between CPS and Protect MiFamily private agency staff was both a facilitator and a barrier throughout the project. Staff reported good teamwork between workers often led to better 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[104]

- 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 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 and 38 percent, respectively), compared to 74 percent of intensive risk families in the treatment group (40 percent reassessed at low and 34 at moderate, *n* = 101). Differences were not statistically significant between treatment and control group families.

- Protective Factors.[105] 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 to 16 (*p* values ranging from $p < .0001$ to $p < .0191$) (*n* = 310).

- Well-Being.[106] Thirty-six percent of children (*n* = 510) demonstrated statistically significant improvement from pre- to post Devereux Early Childhood Assessment—DECA ($p < .05$). Forty-nine percent of the treatment group children had no statistically significant change from pre- to postassessment ($p < .05$). 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 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, $p = 0.03$).

[104] Findings are based on 825 families in the experimental group and 581 in the comparison group, unless otherwise specified.
[105] The data for this outcome includes less than 40 percent of all families who completed services.
[106] 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.

- 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.

Removal From the Biological Family Home

- Families in the treatment group had a higher rate of removal compared to the control group (18 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 versus 5 percent, $p = 0.05$).
- Families completing the full 15-month Protect MiFamily treatment ($n = 316$) and those 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).[107]
- 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 ($n = 781$) to determine if baseline survey responses were related to subsequent administrative outcomes.
  - Being served in Macomb County was associated with an approximate decrease of 15 percent in the likelihood of maltreatment recurrence.[108]
  - 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 (specific confidence interval not reported).
  - The depression item on the FPS was associated with an approximate decrease of 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).

The Final Evaluation Report for the Michigan waiver demonstration is available online. Inquiries regarding the demonstration may be directed to Jessica Kincaid at KincaidJ@michigan.gov

[107] Statistical significance was not reported.
[108] 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

Implementation Date: July 1, 2014

Completion Date: September 30, 2019[109]

Final Evaluation Report Date: December 30, 2019

Target Population

The target population for the Alternative Response (AR) initiative included children aged 0 to 18 who, following a call to the state hotline, were 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.

The service providers were the direct participants in the Provider Performance Improvement (PPI) initiative. Previously, in the Results Based Accountability (RBA) program, the actual target population for both efforts was the families of children aged 0 to 18 currently served by the Division of Children and Family Services (DCFS) who became eligible for RBA or PPI-monitored services during the demonstration, regardless of title IV-E eligibility.

Jurisdiction

The demonstration began implementation statewide with the 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 discontinued in April 2016 to implement statewide PPI.

Intervention

The state sought to decrease rates of removal, provide interventions prior to incidences of maltreatment, and improve service provision, which in turn was hypothesized to ensure that family needs are met and ultimately improve the safety, permanency, and well-being of children and families. Three initiatives were implemented during the demonstration period.

- **Alternative Response**. Nebraska implemented 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 included a comprehensive assessment of child safety and well-being and involved working with the family to identify barriers to keeping its child safely at home. The family was connected with community supports and voluntary services enabling it to keep the child at home

[109] The 5-year demonstration was originally scheduled to end on June 30, 2019. The state received approval to continue the programmatic elements of demonstration through September 30, 2019. The evaluation period ended on June 30, 2019, as planned.

while addressing issues resulting from an initial maltreatment referral. Nebraska randomly assigned eligible families for AR, 50 percent of families assigned to Traditional Response (TR) and 50 percent assigned to AR. A DCFS case manager provided and coordinated the following services:

- Comprehensive assessment comprised of the Structured Decision Making (SDM) Safety and Prevention assessment, Nebraska DCFS Protective Factors and Well-Being Questionnaire, and Genogram and Ecomap
- Provision of concrete services to improve household conditions, including but not limited to rental assistance, childcare, access to economic assistance, housing, and transportation
- In collaboration with community agencies, link AR families to an array of programs and services to enhance parental protective factors and promote family stability and preservation (e.g., family preservation services, parenting education and supports, domestic violence, substance use treatment, mental health, among others)

AR eligibility was based on 22 exclusionary criteria and 8 Review, Evaluate, and Decide (RED) Team[110] criteria that were applied to all accepted intakes at the DCFS hotline. Intakes reporting one or more of the exclusionary criteria were assigned to a Traditional Investigation.

- **Results-Based Accountability**. RBA was implemented as part of a system reform of the state contract and performance management system for contracted child welfare service providers. Title IV-E was used flexibly to conduct various activities including training DCFS staff and contracted service providers in RBA principles; develop standard performance measures for incorporation into statewide service contracts; and meet semi-annually with contracted service providers to discuss results in the delivery and effectiveness of services. RBA was discontinued in April 2016 (see discussion below).
- **Provider Performance Improvement**. Similar to RBA, the PPI framework integrated performance measures and performance quality conversations with administrative data. The three services monitored were Agency Supported Foster Care, Family Support Services, and Intensive Family Preservation. Title IV-E funding was 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

[110] 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.).

- Enter service data into a centralized database platform (i.e., Salesforce) by providers monthly
- Collaborate with contracted service providers to perform a "Performance Quality Conversation" through which DCFS and service providers looked at agency performance and determined its strengths and areas in need of improvement

Intervention Changes

In April 2016, the state modified RBA to integrate performance measurement data with individual provider performance data and renamed the initiative Provider Performance Improvement (PPI). While the PPI program shared similar goals as RBA, program evaluators determined that the changes resulted in the need to assess PPI as a separate program. The primary reasons for the change included challenges with relying on external RBA "scorecard" database technicians and with linking RBA data to the Statewide Child Welfare Information System (N-FOCUS). Developers also had a desire to better align the initiative and its performance measures with the continuous quality improvement program.

Evaluation Design

The state used an experimental design with random assignment to evaluate AR. The outcome evaluation addressed 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

For experimental group families in the AR component, the evaluation tracked the number and a proportion of families assigned to the AR track who were reassigned to a traditional maltreatment investigation. In addition, the evaluation of AR tracked longitudinal changes in organizational outcomes (e.g., worker job satisfaction; partnerships between agency, providers, and community stakeholders; staff retention).

The cost evaluation included an analysis of the total cost of each program and of administrative costs and contracted services costs. A cost-effectiveness analysis for AR examined costs related to worker time and family engagement. Family engagement was selected as the outcome measure for these analyses due to the state hypothesis that increased family engagement would lead to other long-term outcomes.

Evaluation Design Changes

A longitudinal time series design was planned to evaluate RBA. With the shift to PPI in 2016, insufficient time had elapsed in which to accrue enough cases under RBA to conduct an outcome evaluation. Process and cost studies were conducted up until the time of the program

change. Also, a substudy examined the costs incurred by providers by participating in RBA. Due to the timing of PPI implementation, the evaluation of this initiative consisted of a process evaluation only.

Evaluation Findings

Process Evaluation Findings[111]

Alternative Response

- There were 56,458 accepted intakes statewide. Of those, 9 percent (5,262) were eligible for AR. Overall, 2649 intakes were assigned to AR.
    - A total of 2,389 intakes were sent to the RED team for review. The RED team criteria selected most often were for intakes involving physical abuse (70 percent), current or former state wards (22 percent), or issues surrounding mental health of the caretaker (14 percent).
- AR workers were statistically significantly more likely to indicate that working with families through AR had increased their overall job satisfaction compared to TR workers ($p = .001$; $n = 14$ AR workers and 15 TR workers).
- AR families reported statistically significantly greater levels of receptivity, buy-in, better relationships with their worker, lower levels of mistrust and greater overall engagement than TR families ($p = .001$; $p < .001$; $p = .002$; $p = .038$; and $p < .001$, respectively; $n = 488$ to 490 AR families and 411 to 415 TR families depending on the subscale).
- AR families reported statistically significantly higher overall satisfaction and were more likely to report their family was better off because of their involvement with DCFS than TR families ($p = .002$ and $p < .001$, respectively; $n = 480$ AR families and 409 TR families)
- AR families were statistically significantly more likely than TR families to report they learned a skill or received a service that made them feel like a better parent, allowed their child(ren) to be safer, and helped them provide necessities ($p = .011$; $p = .004$; and $p < .001$, respectively; $n = 478$ to 479 AR families and 401 to 408 TR families depending on the item).
- Overall staff reacted favorably to AR training throughout the demonstration. Results from surveys suggested that workers who were able to work a caseload of mostly AR cases had greater buy-in for the AR program (e.g., believing that collaborative problem solving occurs and that the AR approach helps families). Workers carrying a mostly AR workload also appeared to have better understanding of the expectations of the program and were more likely to indicate that they had received the training and support they need.
- Fewer than half of RED Team interview participants said the RED team review process worked well, with an equal number saying RED team members are coming to RED team

[111] Primary data sources for the process evaluation included key stakeholder surveys, family surveys, and administrative data.

meetings unprepared (41 percent, *n* = 17). Additionally, over half of the participants not only thought their interpretations of the RED team review process changed over time, but interpretations of the RED team review criteria changed over time as well.

Results-Based Accountability

- A total of 51 contracted providers were included in RBA.
- Survey respondents from participating agencies (*n* = 48) indicated—
  - RBA aligned with their agency priorities (55 percent) and was embraced by their agency leadership (76 percent).
  - They felt well informed during the performance measure development process (57 percent). Though a lower percentage characterized the process as collaborative (40 percent).
  - Despite its relative ease of use, roughly half (47 percent) of respondents never used the Results Scorecard to view their agency data or reports outside of the time they spent entering data.
  - Thirty-nine percent agreed the timing of RBA was appropriate, but a third of respondents were neutral on this question and 14 percent didn't know.
  - Half (51 percent) agreed that RBA would benefit children and families, 39 percent thought it would benefit their agency, and a smaller percentage (31 percent) thought it would improve their agency's efficiency.

Provider Performance Improvement

- A total of 39 contracted providers participated in PPI.
- Most surveyed providers (78 percent, *n* = 28) agreed conversations with their contract monitor were meaningful. Additionally, nearly all (89 percent) agreed that their contract monitor was responsive to questions and concerns.
- The average usefulness rating for provider measures across all services was 2.68 out of 5. Most Agency Supported Foster Care (ASFC) provider respondents (64 percent, *n* = 11), roughly half of Family Support Services (FSS) provider respondents (55 percent, *n* = 24), and most Intensive Family Preservation (IFP) provider respondents (67 percent, *n* = 6) rated these measures as at least moderately useful.
- Just over half of the provider respondents (52 percent) agreed the Performance Quality Conversations were a collaborative process and allowed them to see measurable results in the delivery and effectiveness of their services (55 percent).
- Only 37 percent of respondents agreed that PPI benefited children and families, 44 percent that it benefited their agency, 34 percent that it improved their agency's efficiency, and 40 percent that it helped their agency identify opportunities for improvement.

- Contract Monitor/Resource and Development (CMRD) staff surveyed (*n* = 15) reported PPI fostered an ongoing conversation about provider performance and data (80 percent); however, they generally did not agree that PPI held DCFS accountable for their performance (20 percent).
- Only 17 percent of DCFS Administrators (*n* = 15) surveyed indicated that provider issues were reduced because of PPI.

Outcome Evaluation Findings[112]

- Among families who received AR—
    - Knowledge of parenting and child development and social and emotional competence of children was statistically significant and improved from the beginning to the end of cases ($p = .001$ and $p < .001$, respectively; n = 184 to 189 families).
    - Children showed a statistically significant improvement in social and emotional competence from the beginning to the end of the case ($p < .001$; n = 808 to 849 children within 378 to 393 families).
    - Statistically significant decreases were observed in children's emotional symptoms, hyperactivity, and conduct problems ($p < .001$, $p = .001$, and $p < .001$, respectively; n = 808 to 849 children within 378 to 393 families).
    - Statistically significant decreases were observed in prosocial behavior from pre- to post-survey ($p < .001$; n = 808 to 849 children within 378 to 393 families). However, survey workers reported that children receiving AR exhibited statistically significantly more prosocial behaviors than TR children ($p < .001$; n = surveys for 1,389 AR cases and 1,373 TR cases).

- No statistically significant differences were observed between AR and TR families on any protective factors following case closure (n = 184 to 259 matched families depending on the domain).
- Overall, treatment group families experienced fewer repeat accepted intakes compared to control group families ($p = 0.00$). The 1560 AR treatment group families experienced only one intake (the original intake) compared to 1409 control group families experiencing only one intake. A total of 650 AR treatment families experienced two or more accepted intakes, compared to 725 in the control group.
    - When holding risk level constant, a 20 percent increased probability of repeated accepted intakes was observed for control group families, compared to families assigned to AR ($p = 0.002$).

[112] An outcome study was only conducted for Alternative Response. Well-being measures were administered in July 2015 and data included in these analyses are for cases that closed between July 2015 and June 2019. Long-term outcomes were assessed using DCFS administrative data on all intakes accepted for assessment and determined to be AR-eligible between October 1, 2014, and June 30, 2019.

- Overall, AR treatment group families experienced fewer substantiations compared to control group families (*p* = .032). In total for AR families with only one accepted intake, 11 resulted in a substantiation; while for the control group families with only one accepted intake, 39 resulted in a substantiation. For families with a total of two accepted intakes, there were 24 AR treatment group families with at least one substantiated incident of maltreatment, compared to 37 control group families.
    - When holding risk level constant, only a 5 percent increase in the probability of a subsequent substantiated maltreatment was observed for control group families, compared to families assigned to AR. The difference was not statistically significant (*p* = 0.91).
- Overall, the relationship between out-of-home removals and track assignment was not statistically significant at the family level (*p* = 0.075). In total, 123 AR treatment group families compared to 145 control group families had at least one child removed to an out-of-home placement.
    - Analyses conducted at the individual level showed the relationship between out-of-home removals and track assignment was statistically significant, with fewer treatment group individuals experiencing a removal compared to those in the control group (*p* = 0.026).
- A total of 402 intakes (15 percent) subsequently changed tracks from AR to TR. Most prevalent reasons for reassignment were correction or update to Intake Screening Decision, Response Priority, or Alternative Response Ineligible Criteria (34 percent); CFS Specialist made contact with the family and additional information was identified that met Ineligible Criteria (21 percent); Law Enforcement accepted the report for investigation of child abuse and/or neglect (13 percent); and Safety Assessment concluded that a safety threat was present, and an in-home safety plan could not manage child safety (12 percent).

Cost Evaluation Findings

Alternative Response

- The average total time spent altogether by workers with AR families was statistically significantly greater than the average total time spent altogether by workers with TR families (*p* = 0.00). This was also true for all years during the evaluation period, except for the 2018 to 2019 fiscal year.
- Overall, the average worker cost per case was statistically significantly higher for AR families than TR families (*p* = 0.00). This was also true for all years during the evaluation period, except for the fiscal year (FY) 2018 to 2019.
- For those families documented in N-FOCUS as receiving services (*n* = 561 AR and 223 TR families), service costs for TR families were statistically significantly higher than for AR families (*p* = 0.00). There were no statistically significant differences between AR and TR families regarding the number of service types received (*p* = 0.09).

- To examine the relative cost-effectiveness for AR and TR families, a ratio of worker cost to the average overall family engagement score was calculated. Cost-effectiveness ratios for AR families were statistically significantly higher than for TR families, both for worker time spent in direct contact with families and time spent altogether ($p = 0.00$; $n = 238$ AR and 198 TR families).

Results-Based Accountability

- From July 2014 through October 2016 total personnel costs were $156,387. Total administrative costs, including Results Leadership Group and Scorecard licensing, were $252,354 ($n = 28$ administrators). Overall, personnel and total costs increased each quarter throughout the RBA demonstration period.
- Average rates for Agency Supported Foster Care (pre-RBA = $34, post-RBA = $24) and Family Support Services (pre- and post-RBA = $47) remained stable pre- and post-RBA. Average rates for Intensive Family Preservation nearly doubled (pre-RBA = $489, post-RBA = $833).
- Regarding the RBA cost case study, the majority of costs for all size agencies[113] were incurred due to time spent filling out the survey, followed by collecting and analyzing data. The average total cost for doing RBA-related activities by participating agency were—
  - $330 per month (data from 14 of the 16 months) for a small agency
  - $306 per month (date from 14 of the 16 months) for a medium agency
  - $166 per month (data was only provided for 5 of 16 months) for a large agency

Provider Performance Improvement

- The greatest costs associated with PPI were for personnel, followed by overhead and indirect costs, and software costs. Overall, personnel and overhead and indirect costs increased from the FY 2016 to 2017 to FY 2017 to 2018 and then fell somewhat in the 2018 to FY 2019. Monthly personnel costs, and consequently, total costs were trending upward through October of 2017. Personnel and total costs decreased in the subsequent months and remained relatively constant through mid-2018 at around $15,000 per month in personnel costs and $25,000 per month in total costs. In the last FY, monthly costs showed more variance, but appeared to be trending downward.

The Final Evaluation Report for the Nebraska demonstration is available online. Inquiries regarding the demonstration may be directed to Jamie Kramer at Jamie.Kramer@nebraska.gov

[113] Small agencies were defined as having fewer than 50 staff; medium as 50 to 100 staff; and large as having more than 100 staff.

18: Nevada

Demonstration Basics

Demonstration Focus: Safety Management Services Model

Implementation Date: July 1, 2015

Completion Date: September 30, 2019

Final Evaluation Report: April 6, 2020

Target Population

The demonstration targeted children aged 0 to 18 who were 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 were targeted to receive safety management services: (1) families and children for whom impending danger was identified via the NIA, and the Safety Plan Determination (SPD) justified the use of an in-home safety plan; and (2) children who were in out-of-home care and following a reassessment of safety to indicate the child(ren)'s family met the Conditions for Return, and the SPD justified 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) implemented services in six sites as of December 2016.

Intervention

Clark County had implemented a safety management services model as one core component of the *Safety Assessment Family Evaluation* practice model, which was implemented statewide between 2007 to 2011. Clark County adopted a version of this model, known as the Safety Intervention and Permanency System (SIPS). It was enhanced through the waiver demonstration and focused 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—were developed for eligible children and families. In-home services and supports were provided to address key objectives in any of the five safety categories: behavior management, social connection, crisis management, resource support, and separation. Eligible children and families were assigned to Safety Managers, who were responsible for effectively managing, providing, and coordinating safety services as set forth in the in-home safety plans.

Examples of safety services included behavior management, crisis management, social connection (e.g., basic parenting assistance, parenting skills, social supports), resource support (e.g., concrete resources or referral and linkage to housing assistance, transportation services), and separation (e.g., referral and linkage to county-approved daycare occurring periodically or daily for short periods or all day).

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The process evaluation included interim and final process analyses that described how the demonstration was implemented. The overarching evaluation approach involved 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 were compared to those of similar children with active cases in Clark County receiving other informal (nonpaid) in-home safety services. The outcome evaluation involved 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

Evaluation Findings

A summary of key findings from the final evaluation report are noted below.

Process Evaluation

- Enrollment of families began July 1, 2015, and ended June 30, 2019. A total of 1,056 families were enrolled with 810 in the treatment group and 246 in the comparison group. Enrollment exceeded the initial goals for the project in both the treatment and comparison groups.

Participant Survey

- Participants reported their in-home safety manager was what they liked best about the program. Specifically, the managers were friendly, knowledgeable, helpful, and understanding. They were also hands-on, spoke directly to them, were easy to confide in, and nonjudgmental. Other participants noted that what they liked best was learning new skills such as how to communicate with family members, how to create and maintain a schedule, how to recognize the needs of their children, and how to keep their babies safe.

Safety Manager Interviews

- Respondents noted their greatest opportunity to contribute to the in-home Safety Plan was during a Team Decision Meeting (TDM). TDMs facilitated communication amongst all parties involved in the Safety Plan and increased the understanding of roles and expectations for both safety managers and families involved.
- Goal achievement appeared to be more subjective than objective. Cases appeared to remain open despite safety managers seeing a clear lack of impending danger.

- Respondents indicated positive aspects of the program included that children could stay at home with their families and unlike therapy, the entire family unit was treated as opposed to treating just one individual.

Caseworker Focus Groups

- Respondents noted that safety managers were seen as being very helpful in pointing out potential concerns or impending danger threats and were considered "a second set of eyes." The information provided by the safety managers helped to identify issues with which they should follow-up when they checked in with families.
- Some children are court ordered to return home, but caseworkers questioned whether they would be safe. Therefore, Safety Plans were created requiring in-home safety managers to visit the family multiple times a day, every day to help mitigate any potential danger
- Respondents indicated that because of the program, children spent less time in out of home care, returned to their families sooner, and their cases closed faster.

Outcome Evaluation

New substantiated investigation of maltreatment

- A larger percentage of treatment group families experienced a new substantiated investigation at BM1, BM2, BM4, BM5, and BM6 than comparison group families (3.6 versus 0.4 percent, 4.9 versus 2.8 percent, 3.8 versus 3.4 percent, 3.3 versus 0 percent, and 3.3 versus 0 percent, respectively). Conversely, a larger percentage of comparison group families experienced a new substantiated investigation at BM3 as compared to the treatment group families (2.3 versus 1.8 percent). No families experienced a new substantial investigation at BM7, BM8, or BM9.[114]
- The treatment group experienced more statistically significant new substantiated investigations at BM1 (p = .008) than the comparison group, but not at BM2. There were no statistically significant differences between the treatment and comparison groups in the number of new substantiated investigations at BM3, BM4, BM5, or BM6. No families in either the treatment or comparison groups experienced new substantiated investigations at BM7, BM8, or BM9. Therefore, no statistical comparisons were conducted.
- There was a total of 78 new substantiated investigations experienced by treatment group families: 74.4 percent neglect, 12.8 percent abuse, and 12.8 percent both neglect

[114] To measure the days included in each 90-day review benchmark period, DFS project staff reviewed whether families enrolled in the demonstration project had experienced new substantiated investigations of maltreatment every 90 days after the implementation of in-home safety services. The first benchmark period began the date that the Safety Plan was signed by the in-home safety manager (treatment group) or the effective date of the Safety Plan (comparison group) through 90-days (BM1). Each benchmark period continued every 90 days thereafter: 180 days (BM2), 270 days (BM3), 360 days (BM4), 450 days (BM5), 540 (BM6), 630 (BM7), 720 (BM8), and 730 (BM9).

and abuse. There was a total of 12 (8 new and 4 reunified families) new substantiated investigations experienced by comparison group families: 75.0 percent neglect, 8.3 percent abuse, and 16.6 percent both neglect and abuse.

- Of the 78 new substantiated investigations experienced by treatment group families, 55.1 percent (*n* = 43) were experienced by reunified families and 44.9 percent (*n* = 35) by new families. Of the 12 new substantiated investigations experienced by comparison group families, 66.7 percent (*n* = 8) were experienced by new families and 33.3 percent (*n* = 4) by reunified families.

Removal from the home within 12 months of the implementation of the in-home Safety Plan

- A smaller percentage of comparison group families experienced the removal of a child at BM1 (2.8 versus 9.5 percent), BM2 (5.0 versus 6.3 percent), BM3 (3.1 versus 3.6 percent), BM4 (1.7 versus 2.9 percent), and BM5 (0.0 versus 1.1 percent) than treatment group families. A larger percentage of comparison group families experienced the removal of a child as compared to the treatment group families at BM6 (7.1 versus 3.3 percent). No families in either group experienced the removal of a child at BM7, BM8, or BM9.
- The treatment group experienced more statistically significant new removals at BM1 (p = .001) than the comparison group but not at BM2 (p = .495). There were also no statistically significant differences between the treatment and comparison groups in the number of new removals at BM3, BM4, BM5, or BM6. No families in either group experienced new removals at BM7, BM8, or BM9. Therefore, no statistical comparisons were conducted.
- During the demonstration, 276 children were removed from the homes of families enrolled in the treatment group while their cases were open to DFS, and 49 children were removed in the comparison group while their cases were open to DFS. The report indicates it is important to note these numbers represent the cumulative number of children removed at each benchmark, but not unique children removed.
- There was a total of 136 new removals experienced by families in the treatment group: 65.4 percent (*n* = 89) by reunified families and 34.6 percent (*n* = 47) by new families. Of the 24 new removals experienced by families in the comparison group, 54.2 percent (*n* = 13) were experienced by reunified families and 45.8 percent (*n* = 11) by new families.

Increased protective capacity[115]

- From July 2015 through August 2019, the evaluators received 550 valid treatment group Protective Capacity Progress Assessment (PCPAs).[116]
- Based on the PCPA scores, protective capacity tended to increase over time. Overall, PCPA scores significantly increased from 90 (M = 2.64) to 180 days (M = 3.13). This was a statistically significant difference (p = .001). The report noted that due to the small sample size of families with 90, 180, and 270-day PCPAs (n = 13) and 90, 180, 270, and 360-day PCPAs (n = 5), no additional analyses were conducted.

Impending danger threats[117]

- Within 6 months of safety services ending, 5.9 percent of treatment group families experienced a new substantiated investigation and 10.9 percent experienced a new removal of a child. At the 12-month review benchmark, 4.7 percent of treatment group families experienced a new substantiated investigation and 5.1 percent experienced a new removal of a child.

No substantiated cases of abuse or neglect in the home at 12, 18, and 24-months after case closure[118]

- A smaller percentage of comparison group families experienced a new substantiated investigation 12 months (5.7 percent, n = 13) and 24 months (1.1 percent, n = 2) after case closure than treatment group families (8.8 percent, n = 41 and 2.8 percent, n = 7 respectively). However, at 18 months after case closure, a smaller percentage of treatment group families (3.4 percent, n = 12) experienced a new substantiated investigation than comparison group families (4.5 percent, n = 9). There were no statistically significant differences between the treatment and comparison groups in the number of new substantiated investigations 12 or 18 months after case closures. There were also no statistically significant differences between the treatment and comparison groups regarding the number of new substantiated investigations 24 months after case closure.
- Of the 60 new substantiated investigations experienced by families in the treatment group, 70 percent were experienced by reunified families and 30 percent were

---

[115] This outcome was measured only within the treatment group. PCPAs were not completed prior to the waiver, therefore this data was not available for families in the comparison group.

[116] Eighty-seven additional PCPAs were received. However, they were considered invalid for reasons such as items measuring progress were not completed/included, multiple responses were selected, progress toward all of the goals was not indicated, the PCPA received did not align with a 90-day review benchmark, or the PCPA was incomplete.

[117] Due to the timing of the final data request and family in-home safety services end date, data were not available for all families enrolled in the demonstration. Additionally, the final report noted that 53 treatment group families received contracted in-home safety services after their safety services end date. None of these families were included in the measurement of this goal.

[118] Due to the timing of this final data request and family case closure dates, data were not available for all families enrolled in the demonstration. Additionally, the report noted that the evaluators identified 15 treatment group families for whom cases had been reopened after case closure (as evidenced by new SPD sign dates or Safety Plan completion dates after receipt of a case closure date). None of these families were included in the measurement of this goal.

experienced by new families. Of the 24 new substantiated investigations experienced by families in the comparison group, 29.2 percent were experienced by reunified families and 70.8 percent by new ones.

Cost Study

- Among families that were reunified at case closure, the average total cost of serving comparison group families was $112,034.44, which was slightly higher than the average cost of serving treatment group families which totaled $103,069.82. However, there was no statistically significant cost differences between the treatment and comparison groups.
- Among families reunified at case closure, the average cost to serve families new to DFS was $126,644.46, which was more than reunified families which averaged $92,440.47. Although results indicated the difference in cost between the two populations was statistically significant, the report notes reunified families were those with which a DFS was working prior to being included in the demonstration and none of those costs were reflected in this analysis.

The final evaluation report is available online. 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[119]

Final Evaluation Report Date: June 30, 2019

Target Population

The demonstration target population included 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.[120]

Jurisdiction

The New York demonstration, called Strong Families New York City (SFNYC), was 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 consisted 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 was used with the caregivers of all children in regular family foster care to support service planning and measure well-being. The tool was designed to communicate the results of the case screening and

---

[119] The 5-year demonstration was originally scheduled to end on December 31, 2018. The state received approval to continue the programmatic elements of demonstration through September 30, 2019. The evaluation period was extended to April 2019.
[120] 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.

assessment process and to promote a shared vision of the strengths and needs of each child and family.

- **Attachment and Biobehavioral Catch-Up (ABC).** This is a dyadic coaching intervention for parents and caregivers of children aged 6 to 48 months. In-home coaching sessions focused 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 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 among (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 of implementation)?
- 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

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

Process Evaluation

- 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 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 had at least one CANS-NY completed. Almost all children who were eligible for a CANS-NY reassessment 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 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 major instrument 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 was often completed for compliance purposes, and in many cases a child's case plan had already been developed by the time the initial instrument was 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 had 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 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 from 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, those 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 a move from an initial placement 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 permanency outcomes to be 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

- 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. 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.

The final evaluation report for the New York demonstration is available online. Inquiries regarding the New York waiver demonstration may be directed to Renee Hallock at Renee.Hallock@ocfs.ny.gov

20: Ohio

Demonstration Basics

Demonstration Focus: Flexible Funding - Phase IV

Implementation Date: October 1, 2016

Completion Date: September 30, 2019

Final Evaluation Report: June 30, 2020

Background

This waiver demonstration period was Ohio's third long-term extension. The original (phase I) demonstration was implemented from 1997 to 2002 and utilized title IV-E funding to implement a wide variety of initiatives. Phase II was implemented from 2004 to 2009 in which each participating agency implemented a Family Team Meeting (FTM) intervention, along with at least one other model (Supervised Visitation, Kinship Supports, Enhanced Mental Health and Substance Abuse Treatment, and Managed Care). Phase III was effective from October 1, 2010, through September 30, 2015, which further narrowed the focus of the demonstration to just two core interventions: FTM and Kinship Supports.

Target Population

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

Jurisdiction

Phase IV operated in 15 counties, all of which participated in phase III (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 (PCSAs) participated in ProtectOHIO, they comprised more than one-third of the child welfare population.

Intervention

Participating counties used 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 selected two core intervention strategies to serve as the focus of demonstration activities. All 15 participating counties implemented 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 activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

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 included process and outcome components and a cost analysis. The state implemented a comparison county design and included 15 ProtectOHIO counties in the experimental group and 16 nonparticipating counties in the comparison group.[121] 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 phase III, the evaluation of phase IV comprised three primary study components.

- A Process Study which examined overall implementation in experimental counties as compared to typical child welfare practices in the comparison counties
- A Fiscal Study which examined case-level costs associated with the FTM and Kinship Supports interventions as compared to traditional services in comparison counties
- A Participant Outcomes Study which analyzed changes in key child welfare outcomes among children who entered the child welfare system in experimental group counties during phase IV compared to a matched set in comparison counties

Evaluation Findings

The following provides a summary of key findings from the final evaluation report.

Process Evaluation

Family Team Meeting (FTM)

- From April 15, 2014, to January 15, 2019, a total of 11,680 families and 24,217 children received 50,001 FTMs across the demonstration counties. This represented 44 percent of all cases that transferred to ongoing services[122] across all demonstration counties.
- Overall, 49.9 percent of the 50,001 FTMs that were held had all three required participant types[123] in attendance. In addition, most (35,724) of the 50,001 meetings were 90-day follow-up meetings, and 47.4 percent of these meetings included all three

---

[121] The demonstration and comparison counties for phase IV were the same ones as in phases II and III.

[122] Cases that transferred to ongoing services were eligible for FTMs, but PCSAs without capacity to serve the entire eligible population could choose to systematically sample cases. Due to limited facilitator capacity, four counties sampled cases with the percentage of all eligible cases sampled ranging from 14 percent in one of these counties to 50 percent in another county.

[123] The three required participant types include at least one caseworker or other PCSA staff member, at least one parent or primary caregiver, and at least one other involved person.

required participant types.

- A total of 81.5 percent of initial meetings and 90.5 percent of subsequent meetings held during the demonstration period were held on time. Only 49.9 percent of meetings had the required participants in attendance.

Kinship Supports

Summaries of interviews with demonstration site staff regarding implementation of the intervention are noted below.

- Eleven counties utilized a two-worker model in which all kin caregivers were served by a traditional ongoing caseworker and an additional designated kinship worker. For this model, PCSA staff noted caseworkers are primarily tasked with ensuring child safety and supporting parents in their goal of reunification, while designated kinship staff provide direct and ongoing support for caregivers and children in their care.
- Four counties utilized a one-worker model in which kin caregivers were served only by a traditional ongoing caseworker who also performed kinship support activities. One of the challenges was the multiple roles of the caseworkers—responsible both for the safety of the child and providing support to both parents and kin caregivers with direct services and referrals.
- Demonstration county PCSAs reported providing an array of services to kinship families through direct service provision and referrals for beds, gas cards, grocery vouchers, and direct financial assistance with school registration fees and the costs of rent, utilities, and child medical bills. Five counties have Kinship Navigator programs and provide services and supports such as referral services, support groups, food pantries, legal services, and lists of community resources. PCSA staff in these counties reported that Kinship Navigator services were an effective complement to kinship supports.

Outcome Evaluation

Family Team Meeting (FTM)

Two comparisons were made to determine the impact of the FTM model on outcomes for children and families receiving the intervention: (1) children and families in counties who received the intervention (i.e., received at least one FTM) were compared to those in comparison counties who did not receive the intervention; and (2) children and families in demonstration counties who received FTM with high fidelity[124] were compared to those in comparison counties who did not receive the FTM intervention.

- Proportion/Likelihood of Children Entering Placement. Overall, slightly fewer children whose families received FTM (20 percent) were placed into foster care than their counterparts in comparison counties (22 percent). The difference was not statistically

[124] High fidelity cases are defined as cases that received at least 75 percent of their meetings on time (taking into account the total number of meetings a case should have had, depending on the length of the case), and at least 75 percent included the minimum group of attendees.

significant. Only 4 percent of children that received high-fidelity FTM entered foster care compared to 5 percent of matched comparison children. This difference was not statistically significant.

- Length of Time in Care. The average number of days in out-of-home care for children receiving FTM was 304 and 285 days for comparison children. The differences between the two groups were not statistically significant. Children whose families received high fidelity FTM spent slightly more days in foster care (adjusted average of 307 days) than those in comparison counties (adjusted average of 228 days). However, differences between the two groups were not statistically significant.

Exit Types

- Sixty-three percent of children whose families received FTM reunified compared to 53 percent of comparison families. This was a statistically significant difference ($p < .01$). Alternatively, children in comparison counties were significantly more likely to exit to custody or guardianship to kin ($p < .001$).
- Children who received high fidelity FTM were no more or less likely to reunify compared to their counterparts in comparison counties. Differences between groups were not statistically significant.

Substantiated or Indicated Reports of Abuse or Neglect Within 6, 12, and 24 Months of Case Closure[125]

- Children whose families received FTM experienced similar rates of substantiated/indicated reports of abuse or neglect within 6, 12, and 24 months of initial case closure than children in comparison counties (3.8 versus 2.9 percent, 6.5 versus 5.0 percent, and 10.7 versus 8.8 percent, respectively). Differences between groups were not statistically significant.
- Children whose families received FTM with high fidelity to the model experienced similar rates of substantiated/indicated reports of abuse or neglect within 6, 12, and 24 months of initial case closure than their counterparts in comparison counties (4.1 versus 3.7 percent, 6.8 versus 6.5 percent, and 10.7 versus 11.3 percent, respectively). Differences between groups were not statistically significant

Reentry into Out-of-Home Care[126]

- Fifteen percent of FTM children reentered out-of-home care within 12 months of initial exit compared to 17 percent of matched comparison children, and 19 percent of FTM children reentered care within 24 months of initial exit, compared to 20 percent of matched comparison children. Children whose families received FTM were no more or less likely to reenter care. There were no statistically significant differences when comparing reentry at 12 months or at 24 months.

[125] Closed cases with a 2-year follow up period.
[126] Closed placements with a 2-year follow up period.

Kinship Supports Intervention (KSI)

Two comparisons were made to assess the impact of the KSI model on outcomes for children placed into kinship care and whose families received the intervention: (1) Children who were placed with kin and whose families received the intervention were compared to similar children in comparison counties who were placed into foster care; and (2) children who were placed with kin and whose families received the intervention were compared to similar children in comparison counties who were also placed with kin (but did not receive the intervention).

KSI Versus Foster Care

- *Length of Time in Out-of-Home Care.* The adjusted mean number of days in care for children in demonstration counties who received KSI was 286 compared to 293 for children placed in foster care in comparison counties. This was not a statistically significant difference.
- *Placement Stability.* Children who received kinship supports experienced greater placement stability than those in comparison counties. Children in kinship care who received the intervention were less likely to move placements at least one time during their time in out-of-home care compared to matched children in foster care in comparison counties. This was a statistically significant difference ($p < .001$).
- *Reentry into Out-of-Home Care.* Children in kinship care who received the intervention were less likely to reenter out-of-home care. Statistically significant differences were found within each of the following time periods: 6 months of initial exit ($p < .001$), 12 months of initial exit ($p < .001$), and 24 months of initial exit ($p < .001$).

KSI Versus Standard Kinship Supports

- *Length of Time in Out-of-Home Care.* Overall, children placed with kin and who received kinship supports reached permanency in fewer days than children placed with kin in comparison counties not implementing the intervention. This was a statistically significant difference ($p < .001$). The adjusted mean days in out-of-home care for demonstration children was 288 days, compared to 319 days for children placed with kin in comparison counties not implementing the intervention.
- *Placement Stability.* The adjusted mean number of placement moves for children in demonstration counties was .18 compared to .25 for children placed with kin in comparison counties not implementing the intervention; a statistically significant difference ($p <.001$). Results of logistic regression analysis suggest that children receiving kinship supports were statistically significantly less likely to move placements at least one time than their counterparts in comparison counties ($p <.001$).
- *Reentry into Out-of-Home Care.* Children in kinship support demonstration counties reentered care at slightly lower rates than matched children in comparison counties (3.8 versus 4.2 percent within 6 months; 5.2 versus 6.2 percent within 12 months; 7.0 versus

8.4 percent within 24 months). Differences between groups were not statistically significant.

Cost Evaluation

FTM

- There were no significant differences between demonstration and comparison counties in the financial costs attributed to placement days or placement disruptions during the case. The overall costs across the length of a case for the full FTM matched cohort totaled $4162.17 for demonstration and $4318.76 for comparison counties. For the high fidelity FTM matched cohort the overall costs totaled $1361.86 for demonstration and $1418.08 for comparison counties. Additionally, there were no significant differences found between demonstration and comparison counties in the overall costs across the length of the case or in the costs associated with rereports at 6, 12, and 24 months after the case had closed.

Kinship Supports

- Foster care costs significantly outweighed the costs accrued for kinship care cases with full cost of kinship supports compared with business-as-usual foster care totaling $918.39 for demonstration counties and $15095.73 for comparison counties. Demonstration cost savings were maintained when examining reentry into out-of-home care at 6, 12, and 24 months from exit from out of home care. On average, for each day a child was placed with kin there was an accrued savings of $63.94 than a comparable child placed in a foster home.

Substudy Evaluation

In addition to the two core interventions, the evaluators conducted the *Waiver Flexible Funding Outcome Study* to examine the effects of the demonstration on safety and placement outcomes for children served by the child welfare system under the waiver, compared to similar children served in comparison counties using traditional title IV-E funding. The following provides a few key findings from the substudy.

Children in waiver demonstration counties—

- Were less likely to be placed in out-of-home care within 90 days of a substantiated or indicated child abuse and neglect report, after controlling for other factors
- Experienced similar rates of re-abuse as children in comparison counties, among children not placed following a substantiated or indicated report
- Experienced similar rates of re-abuse and reentry as children in comparison counties after they exited to permanence

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

21: Oklahoma

Demonstration Basics

Demonstration Focus: Short-Term, Intensive Home-based Services

Implementation Date: July 22, 2015

Completion Date: September 30, 2019

Final Evaluation Report: March 31, 2020

Target Population

The waiver demonstration targeted title IV-E eligible and non-IV-E eligible children aged 0 to 12 who were at risk of entering or reentering foster care. To be eligible for the intervention, families must have had 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 rolled out incrementally to all of the five regions served by DHS (i.e., regions 1, 2, 3, 4, and 5).

Intervention

The demonstration evaluated 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 included parental depression, substance abuse, domestic violence, and home safety and environment. Referrals to ISS were made through a predictive risk model, PREM-ISS, developed by the third-party evaluator specifically for the purposes of the demonstration. Services provided were based on individual family needs and included the following:

- Cognitive Behavioral Therapy
- Healthy Relationships
- Motivational Interviewing

ISS cases were also assigned to DHS Family Centered Services (FCS) staff. The FCS caseworker visited the family weekly, while the contracted ISS worker was in the home three-to-five times a week. Contracted ISS workers also linked 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 were deemed eligible based on established criteria transitioned to Comprehensive Home Based Services for continued less intensive treatment for up to 6 months. Comprehensive Home Based Services, a preexisting service for families with children at moderate risk of removal, utilizes the SafeCare model. The stepdown to

Comprehensive Home Based Services for continued services was an important aspect of the overall service aims for at-risk families.

Evaluation Design

The evaluation included process and outcome components and a cost analysis. The process evaluation described how the demonstration was implemented; assessed adherence to model fidelity, staff perceptions, and attitudes surrounding implementation; and monitored organizational change. The outcome study utilized a randomized multilevel interrupted time-series (stepped-wedge) design with two experimental conditions, services as usual (SAU) versus ISS. Once eligibility was determined, families were assigned to ISS or SAU. Some families deemed eligible for ISS did not receive it due to other factors. Therefore, the evaluation contained and compared outcomes across three study groups—ISS Received, ISS Not Workable, and SAU— using three approaches: (a) As Treated, (b) Intent-to-Treat, and (c) Treatment on the Treated.

Evaluation Findings

Process Evaluation Findings

- A total of 4,237 families were randomized to either the ISS or SAU study conditions. Of these referrals, 1,522 were assigned to ISS, 526 to the ISS Received group, 996 to the ISS Not Workable group, and 2,715 to the SAU group.
- Of the 526 cases that received ISS, 317 cases closed after all requirements were met. Of the closures meeting ISS requirements, 303 successfully stepped down to the Comprehensive Home-Based Services program.
- Of the 996 cases randomized to ISS that did not receive ISS, the primary reasons for not receiving ISS were Court Intervention (n = 613), Client Withdrew Due to Safety Concerns (n = 106), and Services Not Needed (safety threats do not necessitate ISS) (n = 105). Throughout the demonstration, implementing regions struggled to submit the PREM-ISS data prior to the occurrence of the Child Safety Meetings and court involvement. DHS determined that once the courts are involved in a case, ISS is not a practical option for that family (i.e., it would require major changes to legal proceedings).
- ISS clients had higher scores on the Working Alliance Inventory (WAI) than those receiving SAU or in the ISS Not Workable group. Parents in the SAU group scored an average of 3.28 points lower on the total WAI score than parents who received ISS. Similarly, parents in the ISS Not Workable group had an average score of 3.57 points lower than parents who received it. These differences were statistically significant ($p < .01$).
- ISS clients had higher scores across all regions on the Customer Satisfaction survey than those receiving SAU or in the ISS Not Workable group. The mean overall score was 2.86 points lower for SAU and 2.68 points lower for ISS Not Workable. These results indicate greater overall satisfaction for ISS clients compared to the other groups.

- Key findings from interviews with a purposive sample of 138 ISS staff and stakeholders (i.e., ISS caseworks, FCS caseworkers, CPS staff, and ISS and FCS supervisors and administrators) are listed below.
    - Almost all CPS workers familiar with the ISS program (97 percent) interviewed and reported positive aspects of the program and staff. Also, the workers thought ISS helped families through education, engagement, and service enrollment and that the program staff had good interactions with the families.
    - Some CPS workers thought ISS was too short, explaining that the stepdown to Comprehensive Home Based Services happened too quickly for some families. CPS workers expressed another: not all families that could benefit from ISS received the treatment.
    - FCS and CPS workers reported they were pleased with the responsiveness and competence of contracted ISS teams and appreciated the option of keeping children in the home with more intensive services.
    - Some CPS workers expressed concerns over the short timeline for completing assessments that informed eligibility for ISS. Some reported the PREM-ISS model occasionally selected inappropriate families.

Outcome Evaluation Findings

Safety threats and protective capacities

- Using the Intent-to-Treat approach,[127] there was a small, but statistically significant difference between ISS and SAU groups in terms of reduced safety threats, with those in the ISS Assigned group having a slightly lower average number of safety threats at 6 months postreferral. The ISS Assigned group's mean number of safety threats was .31 (range = 0 to 2) and the SAU group's mean was .64 (range = 0 to 9); $p = 0.004$.
- Families in the ISS Assigned group had a greater improvement in protective capacities than families in the SAU. For all regions combined, significant differences were observed at both the stepdown measurement ($p < 0.001$) and the 6-month measurement period ($p = 0.001$). Families in the ISS group had one more protective capacity at the stepdown assessment, and one and a half more at the 6-month follow-up assessment when compared to the SAU group.

Depressive symptoms, interpersonal conflicts, and substance abuse concerns

- Sixty-seven percent of ISS parents scored at risk for clinical depression on the Center for Epidemiological Studies-Depression (CES-D) at baseline. This dropped to 30 percent at stepdown and 8 percent after 6 months. The average CES-D score decreased for both

[127] The Intent-to-Treat approach groups the observations by the treatment group assigned (ISS Assigned or SAU). This approach for estimating treatment effects recognizes that in any application of an intervention some people will not start, will drop out, or fail to complete the intervention. However, the impact of those assigned to the treatment, but did not receive it at all or in full, were included in the estimates. In the Intent-to-Treat approach cases in ISS Received or ISS Not Workable groups were combined into ISS Assigned, and ISS Assigned treatment effects were compared to SAU.

female and male caregivers from baseline to stepdown to 6 months, although the decreases were only significant for female caregivers ($p < .001$ and $p < .05$ for the respective intervals).

- Overall (and by region), the Conflict Tactics Scale scores indicated improvement (a decreasing amount of conflict) on all subscales (Injury, Negotiation, Psychological Aggression, Physical Assault, and Sexual Coercion) for ISS participants. Differences between Conflict Tactics Scale scores at baseline versus 6 months were statistically significant ($p < .05$) for all scales expect Sexual Coercion, which was very low at baseline.
- The percentage of ISS participants with clinically significant levels of alcohol abuse decreased over the 6-month intervention period in both female and male caregivers. The change from baseline to 6 months was statistically significant ($p < 0.05$) for female caregivers only, but the smaller numbers of male caregivers possibly precluded statistical significance for males. The proportion of female caregivers with clinically significant alcohol issues at baseline was 16 percent and at 6 months was 6 percent. The proportion of male caregivers with clinically significant alcohol issues at baseline was 25 percent and at 6 months was 7 percent.

Parenting skills

- Parenting skills were assessed with items from the Child Well-Being Scale to evaluate change over time from baseline to 6 weeks to 6 months post referral for caregivers receiving ISS. Most of the measures of parenting, with some exceptions, showed improvement from baseline to stepdown and from stepdown to 6 months. For example, comparing scores at baseline to those at 6 months, statistically significant ($p < .05$) improvements were indicated in the following areas: Physical Healthcare, Mental Healthcare, Development/Education, Money Management, Supervision, Positive Interaction, Discipline, and Clear Rules/Limit Setting.

Out-of-home placement

- The ISS Received group had fewer removals from home, on both the first referral and subsequent referrals. On first referral to child protective services (CPS), 18 percent of children receiving ISS services were removed, which was significantly better than (1) 63 percent of children assigned to IS, but not receiving services and (2) 57 percent of children assigned to SAU (both differences were significant, $p < .0001$). On any referrals to CPS (first or subsequent referrals), 24 percent of children receiving ISS services were removed, which was significantly better than (1) 66 percent of children assigned to ISS, but not receiving services and (2) 60 percent of children assigned to SAU.
- The amount of time children remained at home was longer for children in the ISS Received group compared to the control group. This was true for the first referral and subsequent referrals. When considering all time spent in the home since a child's first referral (which includes after any reunifications), the average number of days spent in the home for children that received ISS was 496 days compared to 209 days for children that received SAU ($p < .001$).

- The three study groups showed no significant differences in likelihood of reunification. Restricting the samples to removed children only, the following were reunified: 28 percent of the 211 children in the ISS Received group, 34 percent of the 1,315 children in the ISS Not Workable, and 29 percent of the 3,297 children in the SAU group.[128]

Additional CPS referrals and removals

- Counts of subsequent referrals to CPS (i.e., referrals dated at least 30 days after the initially assigned referral) were compared between groups. Children in the ISS Received group had a greater likelihood of subsequent referrals (32 percent of 1,077), compared to children in the ISS Not Workable group (29 percent of 1,517; $p < .001$) and children in the SAU group (26 percent of 1,027; $p < .001$). This difference in subsequent referrals could be due to the finding that more ISS children remained in the home and, therefore, had more exposure to (greater chance of) subsequent referrals.
- Counts of subsequent removals (i.e., removals unrelated to the initial referral that triggered a group assignment) were compared across the groups. The likelihood of additional removals was slightly higher for children in the ISS Received group (7 percent had subsequent removals) than for those in the SAU group (6 percent), but this was not a statistically significant result.

Cost Evaluation

- The following table shows the average cost per family per year for each service delivery group (ISS Received, ISS Not Workable, and SAU). To estimate costs per year for each group, daily service prices were multiplied by the mean number of days families received services within that year.

	ISS Received	ISS Not Workable	SAU
Year 1	$20,879	$12,858	$11,095
Year 2	4,686	11,260	9244
Year 3	3,344	4,012	3,919
3-Year Average Costs	**$28,909**	**$28,150**	**$24,258**

- For families receiving ISS, the first-year costs were substantially higher than ISS Not Workable and SAU, as might be expected, given the high up-front costs for ISS. However, after 3 years of tracking all service days, the difference between the third-year costs of ISS Received and ISS Not Workable was much smaller and costs of ISS were less than the costs of service as usual.

The final evaluation report is available online. Inquiries regarding the Oklahoma waiver demonstration may be directed to Keitha Wilson at Keitha.Wilson@okdhs.org.

[128] These percentages of children reunified pertains to the reunification of children whose removal was associated with the *initial* referral to CPS.

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

Final Evaluation Report: March 31, 2020

Background

Oregon's original (phase I) waiver demonstration was implemented in July 1997, followed by a long-term extension (phase II) implemented from April 1, 2004, through June 30, 2011. The focus of the original demonstration and extension was subsidized guardianship. During its second 5-year waiver extension (phase III), Oregon continued the flexible use of title IV-E funds to implement innovative child welfare service programs. Phase III included a focus on Relationship-Based Visitation and Parent Mentoring and terminated June 30, 2015.

Target Population

The Oregon Department of Human Services (DHS) targeted its waiver demonstration interventions at title IV-E eligible and non-IV-E eligible children and youth who were more likely to remain in foster care for 3 or more years. DHS designed a predictive analytic model to identify the target population. The model was based on characteristics of children who were in foster care for 3 or more years (2010 to 2013) at the time the model was being developed, focusing on characteristics that were identifiable soon after entry into foster care. The predictive analytic model was applied to children newly entering foster care to assign them a risk score based on the likelihood of having an extended foster care stay. The target population includes children and their families who received a score of 13[129] or higher. Some of the child's characteristics included in the scoring algorithm were a removal reason of abandonment, serious physical injuries, or symptoms and 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.

Intervention

The waiver demonstration used an intensive family engagement model developed by the state and was based on prior state experiences with family engagement models and services. The model, Leveraging Intensive Family Engagement (LIFE) Project, aimed to reduce the likelihood of long-term foster care placements by addressing what the state found to be the major

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

barriers to permanency. LIFE services rested 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 identified and engaged a broad network of family support and placement resources throughout the life of the case.
- **Regular, ongoing, structured case planning meetings** were focused on ongoing collaborative case planning and monitoring and were informed by child and family voices. Case planning meetings were led by specially trained facilitators (Family Engagement Facilitators); focused on timely legal permanency for the child; and emphasized consensus building among the child, family, agency staff, and representatives from other systems.
- **Parent Mentor program** helped parents engage in case planning meetings and services needed to ameliorate safety concerns and support reunification and/or other appropriate permanency outcomes. Parent Mentors provided a variety of supportive services to assist parents in navigating the child welfare service system.
- **Team Collaboration** involved 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 included process and outcome components and a cost analysis. The mixed-methods outcome evaluation employed a matched-case comparison group design using propensity score matching. The evaluation also included a substudy on families of color designed to understand their experiences receiving LIFE services. The cost analysis examined the costs of key elements of the services received by families in the intervention group compared to costs of the usual services received by the comparison group. The state examined multiple short-term outcomes, which were expected to occur to achieve long-term positive ones. Different short-term outcomes were measured for each of the components of the model based on the theory of change specific to each component.

Evaluation Findings

Process Evaluation Findings

- Using the predictive algorithm, 778 cases were identified for LIFE services between July 1, 2015, and July 1, 2018. Of these, 519 had at least one child that met secondary eligibility criteria (children were going to stay in care for more than 30 days). The most common risk factors for children deemed eligible for LIFE services according to the predictive algorithm were—
    - History of IV-E eligibility, 39 percent
    - Family stressor of heavy childcare responsibility, 19 percent

  - Total CANS score equal to 2 or 3, 19 percent (of those with a score at the time eligibility was determined)
  - Child removed from home due to behavioral problems, 19 percent

- On average, LIFE services were open for 460 days (1.3 years from waiver eligibility date to exit date) but ranged from 0 to 1,334 days (3.7 years). Length of service differed according to district (ranged from 316 to 575 days) and cohort (ranged from 349 to 533 days). Length of LIFE service also differed according to race, ranging from an average of 426 days for cases with Hispanic youth to 511 days for cases with Black youth.

- As of September 2019, a total of 463 parents were referred for Parent Mentor services and 424 (92 percent) accepted the services. Of the 306 cases with at least one parent accepting the parent mentoring service and for whom data was submitted, 293 received service navigation (96 percent). The top seven types of service navigation activities included child welfare meetings, child welfare-related court, transportation, finding permanent housing, basic needs, alcohol and drug recovery services and supports, and visitation.

- **LIFE Meetings.** LIFE staff documented 5,144 LIFE Meetings. On average, families had 11 meetings over 13 months of service. On average they occurred every 1 to 2 months and usually lasted an hour. Observations indicated the most consistent LIFE Meeting practices were related to structure (e.g., following agenda), collaboration (e.g., problem solving, getting questions answered), and general facilitation (e.g., reframing, using clear language).

- **Meeting Preparation.** Data from Meeting Preparation Checklists indicated parents and caseworkers received the most consistent meeting preparation. For parents, preparation routinely consisted of helping to decide who would be invited (76 percent of cases) and being asked about preferences or concerns related to the meeting (77 percent of cases).

- **Parent Mentors.** Parent Mentors aimed to have 4 hours of direct contact with parents each month, but this fluctuated greatly by parent (from 0 to 11 hours per month) based on parental needs. Parent Mentor services typically included attending pre-LIFE Meeting staffings, developing Individual Action Plans with parents, and discussing informed consent (an on-going way to promote parent autonomy).

- **Team Collaboration**. Family/support people who attended meetings largely reported that their LIFE Team worked together. Foster parents said they mostly felt included, and LIFE Meetings were an opportunity for communication and coordination. Most caseworkers and service providers reported they developed relationships with LIFE Team members and the meetings helped everyone get the same information and understanding of the situation.

- **Enhanced Family Finding**. The LIFE model specified that enhanced family finding was to start with diligent relative search, followed by additional database searches and ongoing conversations with parents and youth about their family and other supports. Data from

the Family Finding Checklist indicated this occurred in 70 percent of the cases overall. There was a great deal of variation in practice across branches (e.g., the range of cases where this occurred was 42 to 93 percent).

Outcome Evaluation Findings

Parent Engagement and Short-Term Outcomes

- On average, parents surveyed (n = 61) had positive perceptions (3.3 or higher out of 4) of their LIFE Teams, were motivated to participate in meetings, and thought they were making progress.
- Parents attended meetings more consistently when—
  - Parents helped decide who would attend the meeting (moderately strong correlations ranged from r = .40 to .53).
  - Parents identified what would be on the agenda (moderately strong correlations ranged from r = .32 to .44).
  - Parents worked with Family Engagement Facilitators to plan and receive coaching around concerns and sharing information during the meeting (moderate correlations ranged from r = .23 to .46).

Youth Engagement and Short-Term Outcomes

- On average, youth surveyed (n = 60) had positive perceptions of LIFE meetings, with the average score on "experiences of support and needs met by the LIFE team" of 3.6 out of 4 and an average score on "experienced LIFE Meetings as youth-guided" of 3.4 out of 4.
- Engaging youth was more challenging than engaging parents. Overall youth attended 1 in 3 LIFE Meetings. Youth-centered meetings occurred when parents were not actively involved or if the concurrent plan was independent living.

Long-Term Outcomes: Child Well-Being, Placement Stability, and Permanency

- Youth in the intervention group[130] were more likely to have lived with a relative at some point during their foster care episode than youth in the comparison group (67 percent versus 55 percent; $p < .05$).
- Youth in the intervention group were less likely than comparison youth to return to foster care if they had been in a permanent placement (3 percent versus 9 percent; $p < .05$).
- There were no statistically significant differences between groups on well-being, time spent in foster care, placement stability, or permanency.
  - There were no significant differences between average child well-being (CANS) scores for youth in the intervention group and the comparison group. Both had similar average initial CANS scores (1.09 and 1.29, respectively) and average

[130] The intervention group included youth that had at least two LIFE meetings (n = 633).

scores after 12 months (1.09 and 1.37, respectively) (p = .61). Fifty percent of youth in both the intervention and comparison groups had what was categorized as reduced or stable *low needs* over time.

- There was no significant difference between intervention and comparison groups in placement stability after 24 months[131] (mean = 2.08 placement locations versus 2.05 locations, respectively).
- There was no significant difference between intervention and comparison groups in time in foster care after 24 months (mean = 526 days in care versus 517 days, respectively).
- There was no significant difference between intervention and comparison groups in percentage of exiting foster care after 24 months (52 percent exited care versus 54 percent, respectively) or reunification with parents (37 percent reunified versus 34 percent).

Cost Study Findings

- The general cost comparison (average service cost per child for intervention versus comparison youth) suggested there was no statistically significant difference in overall cost for youth with families who received at least two LIFE Meetings (n = 563) compared to a matched comparison group (n = 568). The average service expenditure for youth in the intervention group was $31,346 and for the comparison group youth the average was $29,191.
- Although overall costs were similar, results showed differences within cost categories. Specifically, LIFE youth had higher costs associated with residential placements, relative foster care, and independent living programs and lower costs associated with nonrelative foster care. This finding is consistent with outcome findings that youth intervention group were more likely to have been in at least one relative foster placement. The following table, shows costs between the two groups by major service categories:

Category	Intervention Group	Comparison Group
Residential placements	$9,810*	$7,065
Relative/kin foster care	7,511*	6,572
Non-relative care	6,371*	7,645
Family Support	4,042	4,918
Basic needs	1,686	1,122
Guardianship	917	1,087
Independent living program	558*	291
Other	558	490
Average total cost	$31,346	$29,191

*Statistically significant difference (*p* value not specified)

[131] Outcomes were assessed at 24 and 36 months after the initial LIFE eligibility date. Results for both time frames were similar across all outcomes.

Substudy Findings

- Findings from interview data suggested parent engagement is complicated by institutionalized racism and power dynamics within the child welfare system that work to marginalize families of color. Through analysis of interview data, evaluators identified four types of rupture[132] that particularly (negatively) impacted engagement of parents of color: (1) institutional, (2) cultural identity and beliefs, (3) language and communication, and (4) services. LIFE team members sometimes caused ruptures by not acknowledging; understanding; or valuing cultural identity, beliefs, norms, practices, and ways of being. Language and communication ruptures also occurred. For example, a parent reported a caseworker used the term "your people" in a comment to a parent that established a sense of 'us' versus 'other.' Service ruptures were evident when service recommendations were made without consideration of cultural issues, preferences, or concerns.

- The effect of LIFE services on long term child welfare outcomes was similar for White youth and youth of color with two exceptions:
    - At the end of the study window (December 2019), LIFE youth of color had an average of one more placement change than White youth (mean = 2.69 changes versus 1.56 changes, respectively; $p < .05$).
    - Youth of color spent fewer days in foster care within 2 years of their LIFE eligibility date (507 days) than White youth (533 days) ($p < .05$).

The final evaluation report can be found online. Inquiries about the demonstration may be directed to Jennifer Holman at Jennifer.Holman@dhsoha.state.or.us

[132] The evaluation team determined concepts of rupture and repair as they relate to 'therapeutic alliance' in psychotherapy (the cooperative working relationship between client and therapist) could be used as a framework for learning about the experiences of families of color in LIFE.

23: Pennsylvania

Demonstration Basics

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

Implementation Date: July 1, 2013

Completion Date: September 30, 2019[133]

Final Evaluation Report Date: January 29, 2019

Target Population

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

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 and began implementation in July 2014. Philadelphia County chose not to participate in the extension periods negotiated after June 30, 2018.

Intervention

Participating counties used 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 CWDP included three core programmatic components.

- **Family Engagement Strategies** strengthened the role of caregivers and their families in standard casework practice. The various family engagement interventions selected for implementation/expansion included 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

[133] The 5-year waiver demonstration was originally scheduled to end on June 30, 2018. The state received two short-term programmatic extensions thereafter and in March 2019 received an extension of an additional 6 months through September 30, 2019. Philadelphia County exited the demonstration as of June 30, 2018. The evaluation period for all participating counties ended June 30, 2018, as originally planned.

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

- **Enhanced Assessments** included the introduction or expanded use of standardized well-being, developmental, and behavioral assessment tools in participating counties—specifically the Child and Adolescent Needs and Strengths Assessment (CANS), the Family Advocacy and Support Tool (FAST), Ages and Stages Questionnaire (ASQ), and Ages and Stages Questionnaire: Social Emotional (ASQ:SE). Participating counties identified consistent core assessment questions on the CANS and FAST that were 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 involved an interrupted time series design in which changes in key child welfare outcomes were tracked 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 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 implementation and 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 project development and installation, 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.

- Trends in the volume of family engagement meetings over the duration of the CWDP were evident.[134] They are listed below.
    - 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 FY 2017).
    - 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 the project 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 were—
    - Lack of time or resources to implement the respective models with fidelity
    - Difficulty engaging families who were resistant or uncooperative, particularly for subsequent meetings
    - Coordinating and scheduling meetings in short time periods and working around different schedules

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

- Conflicts between the child welfare agency and family expectations, especially when balancing court orders, nonnegotiables, and family outcomes

- Key challenges to standardized assessment are listed below.
    - The process of training and certifying staff to conduct CANS assessments took longer than anticipated. This 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 listed below.
    - 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' 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 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 than anticipated were referred to EBPs by child welfare staff.

Outcome Evaluation

Outcome findings were generally mixed, with some counties demonstrating positive changes over the waiver period and others 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) and 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 prewaiver 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), the total costs increased as well. However, the proportion of 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 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 the 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 to 24 visits), which lasted an average of 15 hours in total (range 3 to 49 hours) over an average of 13 weeks (range 2 to 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).

The final evaluation report is posted online. Inquiries regarding the demonstration may be directed to Jon Rubin at jrubin@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

Final Evaluation Report Date: June 30, 2020

Target Population

The primary target population included all children within the tribe's title IV-E service population, regardless of title IV-E eligibility. The service population included 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 included all tribal families, but with a primary focus being on new dependency cases. The target population for Family Group Decision Making (FGDM) included all families involved in the child welfare system. "Family" included tribal members who fall outside of the federal definition of "family," but who are inside the definition in the Tribal Code.

Jurisdiction

The demonstration was implemented in Kitsap County, Washington at the Port Gamble S'Klallam Indian Reservation.

Intervention

Despite continuing efforts to change the child welfare practice, the effects of historical and intergenerational trauma from previous, non-tribal policies are still prevalent in many tribal communities. Through implementation of alternative interventions and improved policies tailored to the needs of the tribal community, the Port Gamble S'Klallam Tribe aimed to help children needing foster care be placed in high quality foster homes, improve well-being outcomes for children and families receiving services in-home and, on a larger scale, engage families in healing and recovery as much as possible from historical and generational trauma. Port Gamble S'Klallam Tribe (Tribe) 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 was intended to provide culturally appropriate parenting training to families in dependency cases. Under the waiver demonstration, the 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. The curriculum was delivered in group settings and used as a one-on-one delivery model. Core components of the intervention included eight weekly sessions focused on the following:

- Addressing effects of historical trauma, which included 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 included 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** was expanded for use with all cases involved with the child welfare system and to include the use of a Family Group Decision Making (FGDM) coordinator. FGDM is a family-led process through which family members, community members, and others collaborate with the child welfare agency 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 then followed up on items in the service plan, as necessary.

Evaluation Design

The evaluation included 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 was the only one approved to implement a title IV-E waiver demonstration. This provided a unique opportunity to evaluate the impacts of different approaches to enhance the system in a very small community. The evaluation combined the collection of quantitative and qualitative data to tell a narrative of how families progressed through the system and their lives as they participated in the interventions and were exposed to changes in system delivery. The primary components included—

- Process and outcome evaluation of S'Klallam Strong Parenting (i.e., Positive Indian Parenting)
- Process and outcome evaluation of Family Group Decision Making
- Comparison of outcomes for dependency cases before (i.e., "old" cases) and after (i.e., "new" cases) the onset of the waiver demonstration
- Assessment of the changes over time in the services and supports provided by the Tribe's child welfare program to families involved in or at-risk of involvement in dependency cases (i.e., System Change Study)
- Assessment of the cost-effectiveness for cases before and after the onset of the waiver demonstration

The evaluation tracked 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
- 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 cost evaluation comprised a simple cost analysis and cost-effectiveness study and addressed whether there were reductions in the costs per youth/case over time with the advent of the proposed interventions; and whether the saved costs associated with the achievement of ("old" and "new" dependency case) outcomes outweighed the costs associated with the implementation of the waiver demonstration.

Evaluation Design Changes

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 was planned. The primary components of the study included observation of the FGDM meeting, baseline interviews with parents or guardians and Family Care Coordinators (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. Over the demonstration period, only one parent formally enrolled in the single case design study. The evaluators reported the individual then had "unknown whereabouts" shortly after the FGDM session. This resulted in no outcome data being available to assess potential impacts of the intervention.

There was also an intent to conduct open-ended follow-up interviews with selected participants 6 weeks after the completion of the S'Klallam Strong Families program. However, evaluators reported this did not come to fruition.

Evaluation Findings

Process Evaluation Findings[135]

S'Klallam Strong Families

- The Tribe carried out three different S'Klallam Strong Parent classes, each lasting 8 weeks 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.[136]

---

[135] Primary data sources for the process evaluation included PIP facilitator surveys, FGDM meeting observations, and interviews with key child welfare program staff and stakeholders.

[136] Process data was available from eight different sessions over two different classes.

- Facilitators were able to mostly or completely cover the different components of each of the sessions suggesting a strong level of fidelity to the intended implementation.
- Group interest ratings provided by the facilitators were high in understanding content and topics, participation in discussions and exercises, and belief that participants would use strategies learned in the session.
- By the later class sessions, facilitators reported participants were engaging with their children in behaviors such as storytelling; positive reinforcement strategies; participation in traditional activities such as music, crafts and events; and demonstration of patience.

Family Group Decision Making (FGDM)

- FDGM was 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 agreed 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.

System Change Study

- The System Change Study comprised a purposive interview sample of 10 individuals including all program management staff, a subset of the Family Care Coordinators and other program staff involved in the support of foster care providers. Interviews were also completed with staff involved in the implementation of the two different interventions (i.e., PIP and FGDM), key stakeholders from other tribal support programs including Youth Services and Court Services, and a subset of past/current foster care providers. Key findings from the interviews are summarized below.
    - The evolution of the child welfare investigator role in conjunction with the advent of the waiver demonstration resulted in a situation where the child welfare program provided more prevention-related services intended to prevent at-risk families from progressing to the point of an open dependency case. Factors limiting prevention services in the period prior to the waiver project included financial constraints (i.e., program could only be reimbursed for services provided to active dependency cases); the program had to fight for financial support for prevention resources with the state of Washington; and in the earlier years of Tribal management of the child welfare services, the responsibility for investigation of possible dependency cases lay in the purview of the Public Safety Department.
    - The continued work with the state of Washington coupled with the financial flexibility of the waiver led to a situation where the program could support the use

of different prevention services. Additionally, this building partnership with the state made it easier to access and utilize programs including Family Builders and In-Home Therapy.

- Data showed shifts in how program staff approached working with families involved in dependency cases. FCCs, in particular, commented on how the nature of communication with clients shifted to better addressing ongoing individual needs, ongoing challenges, preparing for different situations including court appearances, dealing with foster care providers, and working with other support providers.
- Staff were viewed more as "providers" of service (as opposed to 'enforcers' of a plan). There was some belief that this influenced the overall perception of the child welfare program services and led to more beneficial outcomes for families and children.
- The waiver demonstration further afforded the program the opportunity to evaluate the policies and procedures related to the management and operations of the program services. The program was able to draw on technical assistance from trained consultants to map out the procedures by which staff gathered information, managed this information, worked with clients, and documented this work with the clients.
- The capped allocation approach further opened the possibility for reimbursements for a range of different prevention and intervention programs, including for activities such as the development of a park for kids in wheelchairs and supplies and services such as lice treatments. In the past the program was either not sure it could provide financial support for such activities or chose not to reimburse for such activities.

Outcome Evaluation Findings[137]

S'Klallam Strong Families

- 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.
- Additional findings reported from open-ended comments included the following:
    - Many participants talked about the important things they learned from the program including how to better interact with their children and build tradition and family history into their parenting strategies, and they gained important communication skills.

[137] Primary data sources for the outcome evaluation included PIP participant pre- and post-surveys and administrative data.

- Participants noted an important component of the curriculum was that it allowed them to interact and communicate with and listen to the other parents share across many sessions their experiences. Additionally, many commented on the importance of the focus on storytelling.
- One common area of additional focus was on the need for more information on coparenting, which is a common occurrence in the tribal setting.

Tribal dependency case analysis before and after the waiver demonstration

- Analysis looked at a direct comparison of the outcomes of "old" and "new" behaviors by 24 months after case initiation. In the case of the "old" sample (*n* = 39) this involved cases opened between April 2012 and November 2014 with up to 24 months of follow-up. For the "new" sample (*n* = 21) this included those opening from January 2016 and January 2018, ensuring they could have 24 months follow-up prior to the end of the analysis period. Key findings are summarized below.
  - The "new" youth sample was roughly half the size of the "old" sample; evaluators add that fewer youth entered the child welfare program after the start of the waiver project.
  - The percentage of youth who were reentries into the system is smaller in the "new" case sample. With over 28 percent of the "old" youth being reentries compared with only 14 percent of the "new" youth.
  - The percentage of cases with some kind of resolution by 24 months was higher in the "new" case sample. Over 52 percent had some kind of resolution, and over 33 percent resulted in either a family reunification or guardianship arrangement. In contrast, only 28 percent of the "old" cases had some kind of resolution by 24 months. The majority of those were situations with in-home dependencies where the child never left the setting with the parents.
  - The "old" sample cases closed, on average, about 10 months after starting. Evaluators noted many were in-home dependencies that often resolve quicker. The "new" sample cases closed in about 12.5 months.
  - The average number of placements for youth with out-of-home placements was similar for the "old" and "new" case samples (2.34 and 2.35 placements, respectively), though evaluators found that a higher percentage of the placements for the "old" youth were with licensed providers (36 compared to 8 percent among "new" cases).

Cost Evaluation Findings

- The monthly per client staff costs increased in the period after the onset of the waiver demonstration. Between 2016 to 2018 the average cost was over $400 per month per client, compared to under $300 per month before the waiver period. Moreover, from 2016 to the end of the demonstration the staff cost was consistently over 42 percent of the total composite costs for the client.

- There was a clear decline in the monthly per client court costs. From 2016 to 2019, the average monthly per client court costs were less than $200, and the percentage of the total costs was between 13 to 15 percent (as contrasted with well over 20 percent in prior years).
- Cost effectiveness analysis showed the average costs were about $650 higher per client for "new" cases, with evaluators reporting that unsurprisingly much of that difference was due to higher staff costs incurred for the "new" cases (i.e., about $3,300 more per client).
    - However, when accounting for the client's duration of time in the program (average "old" case was 2.5 months longer than the average "new" case), the overall monthly per client cost was only about $270 higher for those in the "new" case sample.
    - Additionally, monthly court and foster care payments were considerably lower for those in the "new" sample. The monthly per client court cost among "new" cases were less than half the cost for "old" cases, affirming these individuals were having fewer court sessions over the course of time with the child welfare program.
- When looking at cases that remained open and ongoing over the full 24-month follow-up period, the overall monthly per client cost was about $265 higher per month for those in the "new" sample ($1,067.95 compared to $802.62). Again, a fair amount of this difference is attributable to the considerably higher staff costs incurred by the "new" sample cases ($528.96 compared to $277.44).
- When looking at cases that did resolve in the 24-month time period, the monthly per client cost is slightly higher for the "new" sample cases (i.e., about $56 higher per month; $590.99 compared to $539.34). The monthly per client court costs are lower over time ($239.99 compared to $539.34; *n* = 10 new and 4 old).

The Final Evaluation Report for Port Gamble S'Klallam Tribe is available online is available online. Inquiries regarding the 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

Final Evaluation Report: March 31, 2020

Target Population

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

Jurisdiction

The Family Assessment and Screening Tool was rolled out statewide for staff working in all noncustodial program areas. As of the end of 2018, Keeping Foster and Kinship Parents Supported and Trained was implemented in all 12 state regions. The Nurturing Parenting Program was initially implemented in the fall of 2017 and has been implemented in six regions (Shelby, Northwest, Northeast, East, Smoky Mountain, and Knox).

Intervention

The demonstration expanded and enhanced the existing In-Home Tennessee initiative, which sought 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 enhanced 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.

- **Family Advocacy and Support Tool (FAST).** The FAST is a decision/planning support tool and an assessment of child and family well-being. The FAST was expected to help caseworkers better identify what clients need to resolve the safety and risk concerns that emerge at the beginning of a noncustodial event. The target population was all

children between the ages of 0 and 18 who receive noncustodial services (in-home services).[138]

- **Keeping Foster Parents Supported and Trained (KEEP).** KEEP is an evidenced-based support and skill enhancement program designed for foster and kinship parents. The program supports these families to promote child well-being and prevent placement disruptions. The target population included children between the ages of 4 and 12 years who were placed in DCS-licensed foster homes.
- **Nurturing Parenting Program (NPP).** Nurturing Parenting Program is a family centered trauma informed curriculum designed to build nurturing skills as an alternative to abuse and neglectful parenting and child rearing practices. The target population included families with an open noncustodial case, at least one child in the family between the ages of 0 to 12 years, with an actionable score on two or more of certain items on the FAST; and with an eligible score on the Adult Adolescent Parenting Inventory.

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 consisted of a process, outcome, and cost study. The process study described implementation, including an (1) assessment of fidelity and (2) associations between child welfare staff attitudes about their work and adherence to waiver demonstration interventions. The outcome study was designed to determine the impact of the demonstration on key outcomes in the areas of safety, placement prevention, placement stability, and permanency for children by comparing outcomes for the demonstration group to a historical comparison group. The cost study examined the effect the waiver demonstration had on statewide child welfare expenditures by comparing spending patterns before and during the waiver demonstration.

Evaluation Findings

Process Evaluation Findings

Family Advocacy and Support Tool (FAST)

- From January 1, 2017, through September 30, 2019 (the second half of the waiver demonstration period), FAST completion rates ranged from about 85 to 95 percent, depending on the region. The completion rate was slightly higher for child protective

[138] Prior to the demonstration, the FAST was implemented with children between the ages of 0 and 21 who were placed in DCS-licensed family foster homes.

service (CPS) cases than for Family Support Services or Family Crisis Intervention Program cases.

- Across regions, between 80 and 90 percent of FAST assessments were completed within the desired time frames (within 10 business days of the event start date).
- In the spring of 2017, focus groups with front-line DCS staff and supervisors explored staff motivation to use the FAST in the intended ways (i.e., to inform the development of individualized service plans and track changes in functional well-being). In these groups the majority of front-line staff said the FAST had not impacted how they developed service plans, and none of the participants stated they used the FAST to drive the development of service plans.
- All four supervisor focus groups mentioned the timeframe for completion of the FAST made it difficult to do well. The FAST must be completed quickly. Staff often had not established a relationship with family members or even met the parents by the time it was due. The quick turnaround did not allow sufficient time to establish a therapeutic rapport which limited the opportunity to explore issues of trauma.

Keeping Foster Parents Supported and Trained (KEEP)

- The rate of eligible foster parent participation in KEEP decreased over the course of the waiver demonstration. In the fall of 2017, KEEP was implemented in four regions. Of the 774 foster homes that were eligible to participate in KEEP, 159 homes (21 percent) sent at least one foster parent to KEEP training. In the fall of 2019, only 8 percent of eligible foster homes across the state sent at least one foster parent to training. Rates decreased even in the four regions that had the most time to implement the program. In terms of children eligible for KEEP, the percentage whose families participated in KEEP ranged from 3 to 27 percent across regions.
- Interviewed participants (*n* = 18) overwhelmingly said KEEP training had a positive impact on their parenting. The majority reported improvements in children's behavior since they participated in training, either at home and/or at school. The participants spoke highly of both the content of KEEP and the support function it served.

Nurturing Parenting Program (NPP)

- The implementation approach to NPP evolved over time. The initial plan was to train Family Support Service workers in the Shelby and Northwest regions to directly provide NPP to eligible parents, but ultimately DCS decided to contract with outside providers to deliver NPP in all 6 participating regions.
- Referral rates to NPP were lower than expected. Only 13 percent of families who were deemed eligible for referral to an NPP agency (*n* = 877) were actually referred. Most of the families who were referred had an Adult Adolescent Parenting Inventory administered (89 percent). This means the family was referred and attended at least one meeting. However, just under half of those families were deemed eligible for NPP based on scores on the Adult Adolescent Parenting Inventory (49 percent).

Outcome Evaluation Findings

- **Maltreatment recurrence** was 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 were fairly stable from FYs 2014 to 2019, with a 3 to 8 percent maltreatment recurrence rate for regions across the state.
- **Admission to foster care** was 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 FYs 2014 to 2919 remained between 4 to 5 percent, with considerable variation in the rate of admissions by DCS region. Across the years the placement rate was considerably higher for infants compared to children aged 1 and older.
- **Placement stability** was measured in accumulating 30-day intervals, calculated as the probability a child will experience an initial placement change within the 30-day interval. The probability of a child experiencing a change in his or her first placement within 180 days of placement increased slightly from FYs 2014 to 2018 (39 percent in FY 2014 to 45 percent in FY 2018). 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** was 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 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 from each other and from year to year. The general trend was that length of stay, as measured by median duration per entry cohort, was on a slight decline between FYs 2014 and 2016. Median duration increased for the FY 2017 entry cohort and then decreased again for the FY 2018 cohort. Statewide, on average, just under 50 percent of children have a permanent exit within 12 months of entry. The overall trend was fairly stable over FYs 2014 to 2018, with a slight downward trend in the likelihood of permanent exit from care within 12 months of entry.
- **Placement duration**. Children admitted to foster care in FY 2015 (year 1 of the demonstration) were compared to children in the comparison group (entry cohorts for FYs 2011, 2012, and 2013). Children admitted during FY 2015 used more care days, on average, compared to the average care day utilization of children admitted during FYs 2011, 2012, or 2013. The difference was very slight in the first 2 years (FYs 2015 and 2016) but increased over time. By FY 2018, the FY 2015 entry cohort utilized an average of 253 care days while the comparison group utilized an average of 182 care days. Day care usage was similarly examined for all other entry cohorts (FYs 2016 to 2019) relative to the comparison group. Children admitted in FY 2016 used the same number of days, on average, during each of the observed waiver years. Their average care day usage was slightly higher than the comparison group in the first 3 years (FYs 2016, 2017, and 2018) and then started to decrease in FY 2019, the final year of the demonstration. The children in the FY 2017 entry cohort also used slightly more care days, on average, than

the children in the historical comparison group. Similarly, average care day utilization was a bit higher for the FY 2018 entry cohort compared to the historical comparison group for both of the observed waiver years (FYs 2017 and 2018).

- **Exits to permanency**. Across most age categories, the number of exits to permanency for the FY 2015, FY 2016, FY 2017, and FY 2018 entry cohorts during their first year after entering placement were fewer than the comparison group's number of exits during their initial year.
- **Reentry into foster care** was calculated as the probability a child will reenter care in 6-month intervals after his/her exit from foster care. Overall reentry rates within 6 months are low across FYs 2014 to 2018 and across regions, with regional variation every year. Among all children and youth exiting care in the 5 most recent fiscal years that could be observed for a full year following exit, the proportion of children reentering care increased from 11 percent in FY 2014 to 14 percent in FY 2017 and then dropped slightly to 13 percent in FY 2018.
- **KEEP outcomes**. The extent to which KEEP was associated with reduced placement changes and increased permanent exits was examined at two points in time: first, in late 2017/early 2018 (time 1) and again at the end of the waiver period (time 2). At time 1, children placed in the KEEP regions during the period it was implemented were less likely to experience a placement change, but this finding was not statistically significant. Children placed in the KEEP regions during the KEEP period were more likely to experience a permanent exit, which was statistically significant. At time 2, children placed in the KEEP regions during the period that it was implemented were still more likely to achieve permanency compared to the non-KEEP group, but this finding was not statistically significant (logit = -.291; odds ratio = 1.338).

Cost Study

- During the waiver, total child welfare expenditures steadily increased through state fiscal year (SFY) 2019. Total child welfare expenditures in SFY 2019 increased by 15 percent from SFY 2014 levels, after adjusting for inflation. This spending includes the costs of waiver interventions. The 15 percent increase in overall expenditures from SFYs 2014 to 2019 was driven primarily by increases in Out of Home (OOH) board and maintenance expenditures. The total expenditures increased in each year of the waiver and in its proportion of total child welfare expenditures. In SFY 2014, the OOH board and maintenance expenditure category made up 33 percent of total child welfare costs, and in SFY 2019 that proportion had grown to make up 40 percent of total child welfare costs.
- The subcategory of OOH board and maintenance expenditures that contributed most to the overall increase was Residential maintenance costs. From SFYs 2014 to 2019, Residential maintenance costs increased by 37 percent. Due to this sharp increase and the fact that they make up the vast majority of OOH board and maintenance costs (ranging from 79 to 88 percent of OOH expenditures across the years examined),

residential maintenance costs fueled the rise of the overall OOH board and maintenance spending.

- Other expenditure categories experienced a shift as well. In-Home purchased services declined by 6 percent while Adoption and Case Management expenditures grew by 17 and 10 percent respectively.
- The average daily cost of foster care placement increased 37 percent FY 2015 to 2019. The following table, shows the average daily cost of out of home placements for FYs 2015 to 2019 (adjusted for Inflation):

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	Waiver Change
OOH Board and Maintenance	$280,991,931	$291,174,905	$312,802,343	$349,000,186	$360,287,674	37%
Annual Count of Paid Placement Days (all days and types)	2,578,080	2,604,960	2,600,823	2,790,739	2,842,968	6%
Average Daily Cost of OOH Care[139]	$108.99	$111.78	$120.27	$125.06	$126.73	30%

- The increase in the average daily cost of foster care appeared to be due to the large increase in the daily cost and overall cost of residential care (50 percent and 37 percent, respectively).

The Final Evaluation Report is available online. Inquiries about the demonstration may be directed to Shannon Patterson, Director of Health Advocacy, Office of Child Health, at Shannon.M.Patterson@tn.gov

[139] Average daily unit cost was calculated by dividing total OOH board and maintenance spending by the number of care days used.

26: 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[140]

Final Evaluation Report Date: June 30, 2019

Target Population

The waiver demonstration—called *HomeWorks*—targeted children and families with a new in-home services case opened on or after October 1, 2013, who needed ongoing services based on a Structured Decision Making (SDM) safety and risk assessment. Children and families were accepted regardless of title IV-E eligibility.

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. Phase 1 was first implemented in two offices (Logan serving a rural area and Ogden serving an urban area) within the Utah Department of Human Services, Division of Child and Family Services' (DCFS) Northern Region. It then rolled out region by region until it became 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 state regions.

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

Intervention

The demonstration included 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.

[140] The demonstration was schedule to end September 30, 2018, but the state received an extension from the Children's Bureau to continue implementation of HomeWorks services through September 2019. The evaluation period ended on September 30, 2018, as planned.

- **Caseworker Training, Skills, and Tools** were developed and implemented to focus on trauma-informed practice and strengthening parent protective and promotive factors. Specific interventions included 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 (e.g., 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 prewaiver, 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 did and did 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 compared with those prior to the demonstration. A cost-effectiveness study was conducted to determine the relative costs per child of achieving various positive outcomes.

Substudy

The evaluation also included a substudy on the Decision-Making Ecology[141] (DME). 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 child protective services (CPS) caseworkers in Utah. The goal was to supply information which DCFS could use to implement policy changes and other interventions to reduce unwanted variation in removal decisions. Predictors included caseworker gender; minority status; match between the caseworker and child's ethnicity; caseworker experience; attitudes toward child safety and family preservation; history of Adverse Childhood Experiences (ACEs); and perceptions of workload, supervision, liability, skills, and community services.

Data sources included a series of survey scales filled out by caseworkers, attorneys general, and guardian 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).

Evaluation Findings

Implementation and Saturation Process Evaluation[142]

- Key implementation findings from stakeholder[143] 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.

---

[141] For more information on the Decision-Making Ecology (DME) framework see Baumann, D. J., Fluke, J. D., Dalgleish, L., & Kern, H. (2014). The decision-making ecology. *From evidence to outcomes in child welfare: An international reader*, 24–40.

[142] Findings are included through September 30, 2018, unless noted otherwise.

[143] 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.

  - 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 by using a process termed the Saturation Assessment. Achieving saturation meant at least 75 percent of caseworkers provided waiver services at a basic level of fidelity,[144] a proportion deemed sufficient for 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[145]

Well-Being

- Data from the Protective Factors Survey (PSF)[146] were assessed for differences between the waiver group and comparison group posttest scores after accounting for 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.[147] The assessment found small increases in pre- and posttest scores on the five subscales for the waiver group. Similarly, 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

---

[144] 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.
[145] 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.
[146] The PSF includes five subscales: Family Functioning and Resiliency, Social Supports, Concrete Supports, Nurturing and Attachment, and Parenting Knowledge.
[147] Waiver: pretest *n* = 73, posttest *n* = 47; Comparison: pretest *n* = 49, posttest *n* = 32.

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[148] 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.

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. 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 entered into 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 a 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.

[148] 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.

Cost Evaluation[149]

- 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).

Substudy Findings

Caseworker Characteristics and Decision Making[150]

- Caseworker job tenure influenced placement decisions. Caseworkers were more likely to place children in out-of-home care the longer they were on the job. However, caseworkers who had been on the job the longest were also less likely when compared with their less experienced colleagues to place a child. These findings appeared 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 influenced placement decisions. Females were 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 gained more experience, whereas men place more children as they gained 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.

[149]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.

[150] 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.

The Influence of Role on Decision Making[151]

- 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.

Relationship Between Caseworker Placement Rates and Child Safety[152]

- The average rate of supported case findings that a worker has done did not influence placement. That is, if caseworker A found maltreatment more often than caseworker B, there was no difference in the chance that caseworker A would place children more often when compared to caseworker B. Analysis indicated that caseworkers with experience with in-home or foster care cases were 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 her 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.

The Final Evaluation Report for the Utah demonstration is available online. Inquiries about the demonstration may be directed to Cosette Mills at cwmills@utah.gov

[151] 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. Forty-three GALs and 39 AGs were recruited to take surveys.
[152] 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.

27: Washington

Demonstration Basics

Demonstration Focus: Differential Response

Implementation Date: January 1, 2014

Completion Date: September 30, 2019[153]

Final Evaluation Report Date: July 1, 2019

Target Population

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

Jurisdiction

In January 2014 the state began implementation in three Department of Children, Youth, and Families (DCYF) offices (Aberdeen, Lynnwood, and Spokane) and used a 10-phase rollout process to implement a statewide Family Assessment Response statewide by June 1, 2017.[154]

Intervention

Washington implemented Family Assessment Response (FAR), a Differential Response alternative to traditional child maltreatment investigations. The FAR program consisted of a 45 to 120-day period[155] and included 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

---

[153] The 5-year demonstration was originally scheduled to end on June 30, 2019. The state received approval to continue Family Assessment Response through September 30, 2019. The evaluation ended on June 30, 2019, as planned.
[154] Washington state temporarily withheld FAR funding during the 2015 legislative session resulting in a 9-month pause in the implementation of the program between October 2015 and July 2016.
[155] On July 1, 2018, following Washington state legislative approval, the maximum FAR service period was extended from 90 to 120 days.

Case plans were 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[156] 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

Process Evaluation[157]

- 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 suggested strong agreement that offices, on average, were prepared for FAR implementation. Administrators tended to be prepared at slightly higher rates than caseworkers. Investigative caseworkers were least likely to agree that they were prepared for implementation. Caseworkers generally were able to find information and administrative support for their questions related to implementation.

[156] A description and discussion of specific analyses are available in the Final Evaluation Report.
[157] 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.

- 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 lowest support from investigative caseworkers. Relative to earlier experiences, families stated that their experiences with the Department of Children, Youth, and Families (DCYF) was improved or unchanged after FAR.

- Family Engagement. From the DCYF perspective, FAR increased the degree and quality of partnering with families. Families, likewise, reported 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 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 were in the need to improve how services, especially EBPs, were provided to families. Evaluators reported the extension of FAR case length from a maximum of 90 to 120 days in 2018 may both improve service delivery and improve fidelity.

Outcome Evaluation[158]

- Foster Care Entry. According to the matched comparison analysis, Family Assessment Response (FAR) appeared 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 appeared to have increased accepted rereferrals, which ran contrary to expected outcomes. However, these rereferrals disproportionately met the FAR eligible criteria, reflecting lower levels of risk and indicating that FAR appeared to limit the escalation of maltreatment. The findings were statistically significant for measures at 3, 6, 12, 24, and 36 months after intake. Qualitative discussions with caseworkers and administrators suggested possible contributing factors to increases in rereferrals included increased exposure of families to services (where, prior, they may not have been as noticed by mandatory reporters) and more willingness for mandatory reporters to report lower risk cases (key informants often noted that school districts were likely to perceive FAR as a system of services rather than an extension of CPS work).

- 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.[159] 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,[160] the proportion of Native American or Washington State Tribe families refusing to participate 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.

[158] 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.
[159] Evaluators initially planned to measure well-being through data from the Child and Adolescent Needs and Strengths tool. However, it was reported that for numerous reasons, they had to modify the approach and therefore developed an alternative method using proxy data from numerous measures related to criminal justice involvement, economic assistance, homelessness, use of crisis medical services, mental health treatments, and others.
[160] 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."

Cost Evaluation[161]

- Analysis of DCYF-purchased goods and services for FAR and matched comparison families demonstrated a statistically significant decline in expenditures for FAR families. Evaluators reported this analysis excluded all costs that were not direct purchases (e.g., social worker labor costs).

- AR appeared to increase expenditures on families initially but reduced expenditures over time. Analysis of matched FAR and comparison families showed an increase in expenditures on FAR families during the first 6 months after intake. But by 12 months, FAR families had lower total expenditures, and the estimated savings from FAR continued to increase at 24 and 36 months after intake. These results are statistically significant.

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

The Final Evaluation Report for the Washington demonstration is available online. Inquiries regarding the demonstration may be directed to Tarassa Froberg at tarassa.froberg@dcyf.wa.gov

[161] A description and discussion of specific analyses are available in the Final Evaluation Report.

28: West Virginia

Demonstration Basics

Demonstration Focus: Wraparound Services

Implementation Date: October 1, 2015

Completion Date: September 30, 2019

Final Evaluation Report: January 22, 2020

Target Population

The demonstration targeted youth aged 12 to 17 who were 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. Starting in August 2016 the demonstration was implemented in 24 additional counties and was fully implemented statewide in April 2017.

Intervention

West Virginia implemented a wraparound service model as the core component of the demonstration. Based on the National Wraparound Initiative Model, it incorporated 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 was specifically aimed at youth who were placed in highly structured congregate care within or outside of West Virginia who needed specific state placement resources to step-down to less restrictive placement. Wraparound to this population also could include an added initial phase specific to the more intensive needs of youth in highly structured placements.

A trauma-informed assessment instrument, the West Virginia Child and Adolescent Needs and Strengths 2.0 (CANS)[162] assessment, was utilized to determine the youth and family levels of need. Other tools were utilized when further assessment was indicated by the CANS.

---

[162] The West Virginia CANS was updated in 2015 to fully incorporate the National Child Traumatic Stress Network Trauma CANS modules.

Evaluation Design

The evaluation consisted of process and outcome evaluations and a cost analysis. The process evaluation included interim and final process analyses that described the implementation, the barriers encountered during implementation, and the steps taken to address barriers. The outcome evaluation involved a retrospective matched case design that compared 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 were offered the demonstration interventions. Propensity score matching was used to identify cases for a historical comparison group. The cost analysis examined the costs of the key elements of services received by children and families designated to receive services. These costs were 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.

Evaluation Findings

A summary of evaluation findings from the final evaluation report are summarized below.

Process Evaluation

Interviews were conducted with youth and families, Department of Health and Human Resources (DHHR) staff, Local Coordinating Agencies (LCA) supervisors and caseworkers, Wraparound supervisors and facilitators, and judges and juvenile justice probation staff. A few key process findings are described below.

- One of the key components of the Wraparound model is building and maintaining a strong natural support system. However, most youth/families reported they did not want others involved or did not feel as though they had any natural supports available.
- Stakeholders reported that a combination of formal and informal services were tailored to meet the needs of youth and their caregivers. Some of the most received services included individual therapy, tutoring, family therapy, life skills training, medication management, mentoring, and parenting classes.
- Stakeholders reported concern about the state's ability to meet the service needs of youth, particularly for teenagers with mental health needs, youth with special needs, and those living in more rural areas. The top services reported as lacking were mentoring; psychological/psychiatric and substance abuse services for youth; transportation for youth/families; and activities for youth/teenagers such as recreational centers, and after school program options. A few facilitators reported driving over an hour to support youth/families who lived in remote areas.
- Some stakeholders reported that judges had court-ordered youth into *Safe at Home*, which posed some concern since the program was supposed to be voluntary and based on youth and family voice and choice. Despite attempts to further educate judges about the program, in the 2019 interviews stakeholders reported the continuation of court-orders for the program.

- Judges involved with *Safe at Home,* along with LCA and DHHR staff, reported they valued and often followed provider recommendations and almost always agreed with youth/families trying *Safe at Home* whenever it was recommended.

Outcome Evaluation[163]

There was a total of 3,086 youth in the treatment group and 2,526 youth in the comparison group. The following is a summary of key findings for the two groups.

Youth Placement Changes

- Treatment group youth showed a similar or decreased percentage of youth in congregate care at 6 and 12 months than the comparison group. In general, there was a higher percentage of treatment group youth living at home 6 months after referral than comparison group youth; however, at 12 months, the trend inverted where a higher percentage of comparison group youth were at home.

Congregate Care

- In general, 62 percent of youth in the treatment group referred in congregate care were placed back in their homes at 12 months. Additionally, each treatment cohort had a significantly higher percentage of youth in their home at 12 months than comparison group cohorts ($p < 0.01$).
- Youth placed initially in lower levels of care (i.e., their own homes, family foster care, or an emergency shelter), were examined at 6 and 12 months following referral to determine the extent to which they were later placed in congregate care. Overall, a similar percentage of participants (approximately 15 percent) were placed in congregate care 6 months after referral when comparing treatment and comparison youth. However, at 12 months there was a significantly ($p < 0.01$) higher percentage of youth in the treatment group in congregate care than the comparison group.
- Treatment group youth spent an average of 51 fewer days in congregate care within 6 months of referral and 82 fewer days within 12 months than comparison group youth. All results were statistically significant ($p < 0.01$).
- Youth referred in home were significantly less likely to spend more nights in congregate care than other placements. Youth who received clothing assistance or other services, had an Axis 1 diagnosis, had a higher number of prior placements, or were initially placed with a relative were significantly more likely to spend more days in congregate care.

[163] Youth were divided into 6- and 12-month cohorts based on the date they were referred to *Safe at Home* beginning October 1, 2015. Outcomes were measured for youth once enough time had passed to allow for 6- or 12-month measurements. Data for youth in the cohort 8 were limited to only descriptive information because a full 6 months in the program had not passed since referral to the program and the end of the evaluation period.

Detention

- Of those youth who entered detention, five youth in the treatment group reentered a detention facility within 12 months of discharge from placement while one youth in the comparison group reentered within the same timeframe.

County Movement

- Overall, treatment group youth were significantly more likely to be moved out of county at both 6 ($p < 0.05$) and 12 ($p < 0.01$) months than comparison group youth.
- For youth moving back to their home counties, a greater percentage of treatment group youth were more likely to move back than youth in the comparison group. Six-month results were statistically significant for all cohorts ($p < 0.01$), and 12-month results were significant for all but cohort 2.

Foster Care

- Findings at 6 and 12 months for youth in the treatment and comparison groups following referral were similar for cohorts 1, 3, and 6. Treatment group youth were significantly ($p < 0.05$) more likely to enter foster care than comparison youth in cohorts 4, 5, and 7. In general, youth in the treatment group were significantly ($p < 0.01$) more likely to enter foster care than comparison group youth.[164]
- Treatment group youth generally reentered foster care at a significantly ($p < 0.01$) higher rate than comparison youth across all cohorts at both 6 and 12 months. Cohort analysis results were statistically significant at 6 months for cohort 2 ($p < 0.05$) and the 12-month result for cohort 4 ($p < 0.01$).
- When youth were placed in foster homes, treatment group youth were significantly more likely to be placed in a relative's home at both 6 and 12 months (both at $p < 0.01$) than were comparison group youth.[165]
- Overall, youth in the treatment group were significantly more likely to reunify within both 6 and 12 months than youth in the comparison group ($p < 0.01$). This was highly significant across all cohorts within 6 months ($p < 0.01$). Within 12 months all results were significant, but the significance level varied (between $p < 0.05$ for cohorts 1 and 2 and $p < 0.01$ for cohorts 3, 4, and 5).

Maltreatment

- For cohorts 1 through 4, treatment group youth experienced fewer maltreatment referrals within 6 and 12 months of their referral to the program than comparison group youth. Slightly more maltreatment referrals were made for treatment group than

---

[164] The evaluators note two possible explanations for these results. (1) Some of the characteristics of the comparison group population were different from the treatment group. It is not possible, for instance, to identify youth in the comparison group who *are likely* to have a behavioral health diagnosis or condition. (2) The increased intensity of services and oversight of treatment group youth and families may have led to more frequent identification of issues necessitating removal.

[165] Due to the small sample size, results were reported for the full population of treatment and comparison youth rather than by cohort.

comparison group youth in cohorts 5, 6 and 7 within 6 months of referral to the program. The numbers of substantiated maltreatment referrals were minimal, but when they did occur, it was only treatment group youth who received a substantiation. In total, eight treatment youth received a new substantiation within 12 months. The report notes that if the eight youth were assumed to be limited to CPS involved youth the rate of repeat maltreatment within 12 months was no more than 2 percent.

Well-being[166]

- The CANS Life Functioning domain consistently had the highest percentage of youth who had a need at the time of the initial assessment (approximately 90 percent for all cohorts). The other three domains (*i.e.*, Child Behavioral/Emotional Needs, Child Risk Behaviors, and Trauma Stress Symptoms) showed a decreasing percentage of youth with these needs over time, which the evaluators speculated was likely due to the shift in *Safe at Home*'s focus to prevention.
- Overall, more than half of all youth exhibited improvement in each domain at 6 and 12 months, which was found for over two-thirds of youth with a 12-month follow-up. The only instances where improvement was below 50 percent was at 6 months for cohorts 1 and 4 in the Trauma Stress Symptoms domain. However, by 12 months more than 60 percent of the youth in both cohorts showed a reduction in their needs related to the Trauma Stress Symptoms.

Family Functioning

- The most common Family Functioning need on initial assessment was Family Stress followed by Residential Stability; this finding was consistent across cohorts. Of those with a CANS assessment at 6 months, 42 percent showed improved Family Stress scores and 52 percent showed improved Residential Stability scores. Though the number of 12-month assessments was limited when assessing the entire Family Functioning domain, 51 percent of youth showed improvement from the initial CANS to the 12-month follow-up.

Educational Functioning

- School Achievement followed by School Behavior was the most common educational functioning need on the initial assessment. The most improved item was School Attendance from the time of the initial CANS to the 6- and 12-months assessments with roughly 70 percent of youth across cohorts demonstrating improvement. Overall, school-based needs were reduced by 57 percent at 6 months and by 66 percent at 12 months.

[166] The results of the initial CANS assessments for youth from Cohorts 1 through 6 were compared to those completed at 6 and 12 months post-initial CANS to measure progress while in the program, with the results limited to 6 months for youth in cohort 7.

Cost Study

- The average cost for youth in the treatment group consistently decreased for each subsequent cohort, except for cohort 6, resulting in an average rate per youth of $13,600. Cost for youth in the comparison group fluctuated from cohort to cohort, with an overall average rate of $18,400 per youth across the 6-month review periods.

- When the evaluators limited the analysis to the amount paid for fee-for-services for treatment group youth as identified within FACTS, the amount expended was nearly $1.6 million less than the comparison group. Education expenditures accounted for the largest proportion of fee-for-service costs followed by “other.” Several service categories (*e.g.*, assessment, case management) were not incurred for treatment group youth since they were Administrative Services Organization (ASO) payments which were included in the contracted Wraparound services with the LCAs.

- When contracted costs to provide Wraparound services were examined, the daily case rate of $136 was paid to the LCAs to provide assessments, case management, and supervision for treatment youth, as well as to provide services that were traditionally not funded by the agency. Based on the number of days youth were enrolled in *Safe at Home*, roughly $30.7 million was incurred to provide services to enrolled youth between October 1, 2015, and September 30, 2018. The average cost was $41,397 per youth in cohorts 1 through 6.

- Costs for treatment group youth totaled roughly $41,400 per youth per year compared to $14,800 for the comparison group, a difference of roughly $26,600. When only room and board and fee-for-services were considered, *Safe at Home* saved DHHR approximately $4,065 per youth per year.

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

29: Wisconsin

Demonstration Basics

Demonstration Focus: Post-Reunification Case Management and Services

Implementation Date: October 1, 2013

Completion Date: September 30, 2019[167]

Final Evaluation Report Date: April 1, 2019

Target Population

The waiver demonstration targeted all children regardless of title IV-E eligibility who reunified with their families after a temporary out-of-home placement and were 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 was also a prerequisite for eligibility. The demonstration targeted children who reunified and met the program's statistically based eligibility criteria.

Jurisdiction

The state implemented 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 involved a review and selection of participating renewal county applications and new applications. Thirty-four renewal and three new counties were selected to participate in year 5 of the P.S. Program.

Intervention

Through its demonstration, Wisconsin provided post reunification case management services to children and families for 12 months following reunification. In collaboration with the family, child welfare case managers developed and implemented an individualized service plan reflecting the unique family needs and facilitated a successful transition home. Individualized services, as appropriate and locally available, included trauma-informed evidence-based practices such as Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy.

Children were referred to the P.S. Program through a three-step process in which caseworkers (1) identified children who the agency planned to reunify, (2) checked the RPM score for those children in the state Pre-Enrollment Report, and (3) submitted eligible referrals to DCF for enrollment in the P.S. Program.

---

[167] Wisconsin received an extension from the Children's Bureau to continue implementation of the P.S. Program through September 2019. The evaluation period ended December 31, 2018.

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 his/her 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 was 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 intervention 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

Process Evaluation[168]

- There was a total of 815 enrollments in the P.S. Program for 775 unique families.[169]
- 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).

[168] Findings are included through December 31, 2018, unless noted otherwise.
[169] 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.

- Three-quarters of the families in the P.S. Program had an initial, strengths and needs assessment at or soon after enrollment. 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).
  - 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. The P.S. Program was voluntary and based on eligibility determined by the department, but sometimes attorneys or courts would want to mandate services or advocate for noneligible families to receive the P.S. Program services.

  - 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[170]

- There were no statistically significant differences between groups on intermediate outcome indicators of parent stress (p = .91), parent coping,[171] 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 aged 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).[172]

- 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.[173]

- 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

---

[170] Outcome findings are based on 554 families in the treatment group and 462 in the comparison group through December 31, 2017, unless otherwise specified.
[171] 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.
[172] Analysis conducted with Wisconsin Department of Public Instruction data for academic years 2013 to 2014 through 2017 to 2018; n = 1,519 children in families in the matched groups.
[173] Analysis conducted with Department of Health Services data linked to demonstration families, n = 598 treatment families and 500 comparison families.

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.[174]

- 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.
    - In January 2012 following the introduction of the program, there was a significant spike in child-level and family-level CPS referrals 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.
    - In January 2012 following the introduction of the program, there was a significant spike in child-level and family-level substantiated maltreatment 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).
    - 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).

---

[174] Ibid.

Cost Evaluation[175]

- 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.

The Final Evaluation Report for the Wisconsin demonstration is available online. Inquiries regarding the Wisconsin demonstration may be directed to Angi Krueger at Angela.Krueger@wisconsin.gov

[175] 3,096 family cost reports were included in the analysis, unless otherwise noted.