

**Profiles of the Title IV-E
Child Welfare Waiver
Demonstration Projects**

**Volume II: Demonstrations Active as of
Federal Fiscal Year 2013**

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

Prepared By:
**James Bell Associates, Inc.
Arlington, Virginia**

April 2013

**Profiles of the Title IV-E Child Welfare
Waiver Demonstration Projects
Volume II: Demonstrations Active as of FFY 2013
April 2013**

Table of Contents

ARKANSAS.....	1
CALIFORNIA	4
COLORADO.....	10
FLORIDA	13
ILLINOIS (AODA).....	19
ILLINOIS (IB3)	25
INDIANA.....	28
MASSACHUSETTS.....	32
MICHIGAN.....	35
OHIO.....	38
OREGON.....	41
PENNSYLVANIA.....	45
UTAH	48
WASHINGTON.....	51
WISCONSIN	53

NOTE: Information contained in the following profiles of Child Welfare Waiver Demonstration Projects has been abstracted from information submitted by the States to date. All findings reported here should be considered preliminary unless otherwise noted. No additional review of data has been conducted to validate the accuracy of the evaluation findings reported in these profiles. More details regarding the demonstration projects are available in the States’ respective progress and evaluation reports.

ARKANSAS

DEMONSTRATION FOCUS:	Enhanced Assessment, Family Engagement, and Differential Response ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

Arkansas's waiver demonstration targets all children referred to child welfare services due to a maltreatment allegation or who are already receiving services during the term of the demonstration regardless of their removal status, placement setting, services provided, or eligibility for public assistance. Further specification regarding the target population will be described in the State's Final Design and Implementation Report.

JURISDICTION

The State's demonstration is being implemented statewide, with initial implementation in Year 1 focused on Benton, Craighead, Garland, Jefferson, Pulaski, Sebastian, Saline, and Washington Counties. A timeline and criteria for implementation of the demonstration in the remainder of the State will be described in the State's Final Design and Implementation Report.

INTERVENTION

Under its demonstration Arkansas will adopt, expand, or develop and implement the following programs, services, and practices:

- Functional Assessments (e.g., Child and Adolescent Needs and Services Assessment, Emotional Quotient Inventory-Youth Version) that are evidence-based and measure improvements in children's functioning across several domains will be implemented; including behavioral and emotional functioning, social functioning, cognitive and academic progress, physical health and development, and mental health.

¹ Based on information submitted by the State as of March 2013.

ARKANSAS

- Trauma Informed Care (e.g., Trauma-Focused Cognitive Behavioral Therapy) trainings for child welfare caseworkers, supervisors, and foster families will be expanded to increase their understanding of the impact of trauma on child development and how to effectively minimize its effects. In conjunction, changes to State policies and procedures that strengthen trauma-informed child welfare practices will be made.
- Evidence-based Parenting Education Programs (e.g., Nurturing Parents, Project Safe Care) will be implemented to enhance the parenting knowledge, skills, and practices of caregivers involved in the State's child welfare system.
- Family Team Meetings will be implemented and will allow caregivers and children to serve more active roles in case planning and the decision making process.
- Permanency Round Table practices will be expanded to include individualized permanency plans for each participating youth and are focused on identifying innovative yet realistic solutions to permanency obstacles.
- Targeted Foster Family Recruitment will increase the number of foster homes in the State and assist caseworkers in making appropriate placement decisions for children in foster care.
- Differential Response will be expanded to focus on low-risk child maltreatment referrals with the aim of diverting families from the formal investigative track to community supports and resources that build on their strengths and meet their needs. Initial implementation will occur in Faulkner, Pulaski, Saline, Searcy, and Van Buren Counties. The State's plan for expansion into the remaining demonstration counties will be detailed in the State's Final Design and Implementation Report.

Selection of specific instruments, protocols, and practices for the above noted interventions will be detailed in the State's Final Design and Implementation Report.

EVALUATION DESIGN

Arkansas's evaluation includes process and outcome components, as well as a cost analysis. Demonstration activities will be evaluated using a longitudinal research design involving the analysis of historical changes in key child welfare outcomes and expenditures. In addition, the State will track changes in key process and outcome measures statewide over time through the duration of the demonstration. The criteria for full implementation and fidelity to the identified interventions as designed, along with other details will be described in the State's Evaluation Plan.

To measure longitudinal changes in outcomes the State will establish a baseline for each outcome prior to the start of the demonstration. The State estimates completing a draft baseline report by June 2013. Specific outcomes to be addressed include:

- Quality and frequency of in-home services

ARKANSAS

- Frequency and appropriate timing of trial home visits
- Rates of subsequent substantiated maltreatment reports
- Entries into out-of-home placement; with special focus on short-term foster care stays
- Length of stay in out-of-home placement
- Placement stability
- Re-entries into out-of-home placement
- Exits to permanency through reunification or another permanent living arrangement
- Availability of appropriate placements for behaviorally complex children
- Successful transition to adulthood for youth who age out of foster care
- Number of regular and specialized foster homes
- Well-being measures for infants, children, and families involved in the State's child welfare system

To the extent feasible, the State will also conduct one or more quasi-experimental sub-studies of programs funded by the demonstration. The focus of these sub-studies will be on one of two situations; 1) programs for which the number of children and families that are potentially eligible for the program exceeds a provider's capacity to provide that program, or 2) situations in which a specific program is phased in gradually across different regions of the State. Details on specific programs to be evaluated and research methods are pending submission of the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Arkansas's waiver demonstration.

CALIFORNIA

DEMONSTRATION FOCUS:	Flexible Funding ¹
APPROVAL DATE:	March 31, 2006
IMPLEMENTATION DATE:	July 1, 2007
EXPECTED COMPLETION DATE:	June 30, 2013 ²
INTERIM EVALUATION REPORT DATE:	March 30, 2010
FINAL EVALUATION REPORT DATE:	December 12, 2012

TARGET POPULATION

California's demonstration targets children ages 0–19 currently in out-of-home placement or who are at risk of entering or re-entering foster care, regardless of title IV-E eligibility.

JURISDICTION

The State's demonstration is being implemented in Alameda and Los Angeles (L.A.) Counties.

INTERVENTION

Under its flexible funding demonstration (referred to as the Capped Allocation Project or CAP) California receives a capped amount of title IV-E funds that it distributes in annual allocations to Alameda and L.A. Counties, which then utilize their allocations to expand and strengthen child welfare practices, programs, and system improvements.

Alameda County: Alameda County's Department of Children and Family Services (ACDCFS) and the Alameda County Probation Department (ACPD) are redirecting financial resources from congregate group home care to family-based resource homes and community-based services that directly engage children and families in medical, mental health, education, and social and self-sufficiency supports to achieve higher levels of safety, permanency, and well-being.

L.A. County: L.A. County Department of Children and Family Services (LACDCFS) seeks to enhance community partnerships, improve service delivery, and create new accountability structures through the use of community-based prevention programs; the expansion of Family Team Decision Making Conferences; creation of specialized permanency units focused on family finding and engagement; and up-front assessments of cases at high risk for domestic

¹ Based on information submitted by the State as of December 2012.

² California's five-year waiver demonstration was originally scheduled to end on June 30, 2012; the State has since received a short-term extension from the Children's Bureau until June 30, 2013.

CALIFORNIA

violence, substance abuse, and mental health issues. In addition, the L.A. County Probation Department (LACPD) is enhancing cross-system case assessment and case planning; expanding the use of Multi-Systemic Therapy and Functional Family Therapy; restructuring placement services; and increasing the utilization of aftercare support services.

EVALUATION DESIGN

California completed the evaluation of the first five years of the CAP and submitted a final evaluation report in December 2012. The evaluation involved an interrupted time series design that analyzed historical changes in key child welfare outcomes. Using this method, the State observed patterns and tracked changes in child welfare outcomes during the CAP's implementation. To measure longitudinal changes in outcomes the State established a baseline for each outcome prior to the start of the demonstration and reported progress on each outcome at selected time intervals. A summary of major findings from the State's final evaluation report is provided below.

PROCESS AND OUTCOME EVALUATION FINDINGS

Process Evaluation: Key informant interviews, focus groups, and surveys were the primary sources of information for the process evaluation. Findings include the following:

- *Impact on Service Quantity and Diversity:* Over the five-year period of the CAP, ACDCFS funded a total of 37 initiatives, with outside contracting serving as the primary vehicle for increasing the variety and scope of waiver-funded initiatives. LACDCFS employed a careful and deliberative approach to service expansion and funded 12 initiatives. ACPD funded 10 initiatives and although the array of services available to probation youth did not change substantially, existing residential programs changed to some degree, for example, by decreasing in duration but becoming more intensive in an effort to accommodate ACPD's mandate to reduce time in out-of-home care. Lastly, LACPD funded five initiatives within its Placement Services Bureau, which is housed within LACPD's Juvenile Special Services Division and provides case management and other services to minors with placement orders.
- *Impact on Child Welfare Practice:* The CAP assisted front-end decision making in ACDCFS by providing a consistent funding stream that allowed for sufficient numbers of child welfare workers and supervisors. According to survey and focus group respondents, adequate staffing meant that child welfare workers could be more deliberative in their case decision making while supervisors could provide better case oversight and review. Through Family Finding and other engagement strategies and in collaboration with internal and external resources, workers were able to forge durable connections with LACDCFS's most disconnected and longest-waiting youth in three regional offices. In 2009, ACPD blended its Intake and Investigation units and now a single officer performs both intake and investigative functions. Case management practices also shifted within LACPD; specifically, staff and supervisors reported an increased focus on case planning beginning from the point of detention; consideration of the impact and availability of supports from family members, friends, and the community; and more focus on youth outcomes rather than on the case management process.

CALIFORNIA

- *Impact on Inter-Organizational Communication and Coordination:* Survey and focus group respondents from ACDCFS reported that cooperation and partnerships with other departments and community-based organizations increased under the CAP. Relationships with ACPD improved significantly, and there were increased efforts to address the needs of dually involved (child welfare and probation) youth. Respondents also reported that the relationship between LACPD and the L.A. County Juvenile Dependency Court improved. Whereas initially the courts were cautious of the changes brought by the demonstration, respondents felt that judges eventually became supportive and essential to the CAP's implementation.
- *Cross-Cutting Contextual Factors:* Contextual issues affecting the CAP that were reported by personnel in all four county departments included significant State budget cuts; court-ordered increases in group home and foster home reimbursement rates; and the Federal government's disallowance of the State's request to increase its capped allocation of title IV-E funds in response to this rate increase. These developments reduced the amount of title IV-E dollars available for investment in additional child welfare programs and services and negatively impacted the departments' overall child welfare budgets.

Outcome Evaluation: Case-level data was drawn from the State's SACWIS and aggregated at the county level for a "pre-waiver" comparison period of 2002–2006 and a "post-waiver" implementation period of 2007–2011. In addition to exploring linear trends in key child welfare outcomes, the outcome evaluation included an assessment of whether national Child and Family Services Review (CFSR) standards were met in each county. Specifically, a county's annual performance on a given CFSR indicator was tracked during the CAP and compared with the county's annual performance during a pre-waiver comparison period. Summaries of major trends and CFSR performance in both counties are provided below.

Child Safety

- Following a small but steady increase during pre-waiver years, maltreatment allegation rates trended downward for ACDCFS during the CAP from 38.2 per 1,000 children in 2007 to 32.4 per 1,000 in 2011. Substantiation rates declined sharply from 5.3 per 1,000 children in 2007 to 2.6 per 1,000 in 2011; these rates had remained largely flat in pre-waiver years. Maltreatment allegations trended slightly upward for LADCFS during the CAP from 52.1 per 1,000 children in 2007 to about 55 per 1,000 in 2011. Similarly, substantiation rates trended upward from 10.9 per 1,000 in 2007 to 12.9 per 1,000 in 2011.

Placement Prevention

- A decrease in foster care entries began for ACDCFS prior to the start of the CAP (from 3.8 per 1,000 children in 2003 to 3.4 per 1,000 in 2006); however, this trend appeared to accelerate following CAP implementation by declining from 3.1 per 1,000 in 2007 to 1.8 per 1,000 in 2011. Foster care entries in L.A. County increased during the pre-waiver period from 3.4 per 1,000 children in 2002 to 4.2 per 1,000 in 2007, before dropping modestly under the CAP from 4.2 per 1,000 in 2008 to 4 per 1,000 in 2011.

CALIFORNIA

- In general placement entries declined for both county Probation Departments. Specifically, entries into placement under ACPD jurisdiction declined from 234 youth in Fiscal Year (FY) 2002–03 to 106 youth in FY 2007–08 before increasing to 153 youth in FY 2009–10; however this number remained well below the number of entries from FY 2002–03. Placement entries under LACPD jurisdiction declined steadily from 2,052 in FY 2007–08 to 1,768 in FY 2010–11, continuing a downward trend begun in FY 2005–06 (pre CAP implementation).

Permanency

- Efforts to improve permanency outcomes were mixed in both counties; in general LACDCFS appears to have had moderate success with increasing exits to reunification, although this trend was established before implementation of the CAP. Specifically, the proportion of children exiting to reunification grew from 46.1 percent in FY 2002–03 to 63.1 percent in FY 2010–11. No clear trend in reunifications was evident for ACDCFS, with rates fluctuating between 41.9 and 43.8 percent in the five years prior to the CAP and between 42.2 and 39.2 percent following implementation of the CAP. Exits to guardianship (Kin-GAP) increased markedly for ACDCFS from 3.3 percent of all exits in FY 2006–07 to 12.2 percent in FY 2010–11. No clear trend was evident in either county in adoption rates.
- Despite mixed permanency outcomes both ACDCFS and LACDCFS were successful in reducing their total foster care caseloads, although in both counties this downward trend had been established before the start of the CAP. ACDCFS reduced its total foster care caseload from 11.2 per 1,000 children in 2002 to 4.4 per 1,000 by 2011. LACDCFS's caseload gradually declined from 12.6 per 1,000 in 2002 before leveling off at 7.3 per 1,000 in 2010. These prevention and permanency statistics suggest that ACDCFS achieved lower caseloads primarily by reducing new foster care entries whereas LACDCFS accomplished its reductions through increased reunifications.
- Exits to reunification among youth under ACPD jurisdiction increased by 41 percent during the CAP, rising from 43.4 percent of all foster care exits in FY 2006–07 to 79.5 percent in FY 2010–11. No clear trend in exits to reunification was evident among youth under LACPD jurisdiction, with rates ranging from a high of 52.5 percent of all foster care exits in FY 2007–08 to a low of 43.1 percent in FY 2008–09; however, reunifications as a proportion of all foster care exits averaged 18 percent higher than in pre-waiver years.
- LACPD had marked success in reducing its overall out-of-home placement caseload, with its total placement population declining by 27 percent from 2,386 youth in January 2007 to 1,196 youth in July 2011. Foster care caseloads also declined for ACPD during the CAP years from 330 in July 2007 to 256 in July 2011, although these caseloads were in general no lower than those during the five years prior to CAP.

Placement Appropriateness/Restrictiveness

- ACDCFS made noticeable progress in reducing the proportion of children placed in group home or shelter settings, with a decline from 13.7 percent in July 2007 to 8.2 percent in July

CALIFORNIA

2011, compared with an average of around 13 percent in the five years prior to the CAP. The proportion of group home and shelter placements have been historically lower in L.A. County than in Alameda County, averaging around 5 percent of all LACDCFS placements between July 2007 and July 2011 compared with an average of around 6.5 percent in pre-CAP years.

- The use of group homes by ACPD declined steadily under the CAP from 60.6 percent of all placements in July 2007 to 35.6 percent in July 2011; however, this decrease was offset by an increase in the proportion of runaways, which saw a particularly large jump in July 2011 to 31 percent of all youth in ACPD custody. The proportion of “trial home placements” also increased between 2007 and 2011, with a particularly large jump in July 2011 to 20 percent of all placements. LACPD witnessed nearly the opposite trend in placements, with group home placements increasing from 54.6 percent of all placements under LACPD supervision in July 2007 to 76.7 percent in July 2011. During this same time frame runaways declined from 18.4 percent of all youth in placement in July 2007 to 7.9 percent, while “trial home placements” declined from 8.3 percent to 2.3 percent.

COST ANALYSIS FINDINGS

Data sources for the State’s cost study included allocation and expenditure information from the California Department of Social Services and from the individual counties. These data were in general aggregated at the departmental level and were not available at the case- or child-level. Costs noted below are divided into “assistance” expenditures (associated with the board and care costs of out-of-home placement) and “administration” expenditures (associated with staff, services, and programs).

CAP Expenditures

- ACDCFS claimed approximately \$56 million in expenditures for its CAP initiatives during the demonstration, with 77 percent going to external contracts, 22 percent spent internally on staff salaries and benefits, and 1 percent spent directly on children and families (e.g., time-limited discretionary purchases of goods and services). LACDCFS claimed approximately \$55 million in expenditures for CAP initiatives and investments, with 49 percent spent internally on staff, 45 percent spent externally on contracts, and 6 percent spent directly on children and families.
- Both county Probation Departments allocated much larger proportions of their capped allocations on internal staff hiring than on external contracts. Specifically, ACPD claimed approximately \$18 million in expenditures during the CAP, with 81 percent spent internally on staff, 18 percent spent on external contracts, and 1 percent spent directly on youth and families. LACPD claimed approximately \$20 million in expenditures for its CAP initiatives, with 92 percent spent internally on staff and 8 percent spent on external contracts.

CALIFORNIA

Changes in Maintenance and Administration Expenditures

- Compared to the pre-waiver period, ACDCFS reduced foster care assistance expenditures while increasing administration expenditures during the CAP. The number of paid placement days and paid placement days categorized as “group home/residential” continued their decline, a change that corresponds with the decrease in group home placements reported in the Outcomes section above. Compared to pre-waivers years, LACDCFS reduced foster care assistance expenditures moderately while consistently increasing administration expenditures. The average daily cost of assistance did not change substantially under the CAP, while the average daily cost of administration rose in each of the CAP’s first four years.
 1. For ACPD, administration expenditures increased substantially under the CAP in comparison to pre-waiver years, although this was in part an artifact of changes in the way expenditures were captured in the county’s accounting systems. Although overall assistance expenditures increased, the number of paid placement days (and subsequently the number of group home/residential paid placement days) declined. Compared with pre-waiver years, LACPD’s administration expenditures increased, although this increase was also partially an artifact of changes in the county’s accounting systems. Assistance expenditures were mostly stable across both the pre-waiver and CAP periods. LACPD’s paid placement days were comprised almost entirely of group home/residential placements and remained relatively stable until decreasing in the fourth year. Given increased administration expenditures and the stability of the number of paid placement days, the average daily cost of administration rose over the course of the CAP.

Reinvestment Savings

- ACDCFS generated reinvestment savings primarily by reducing its use of assistance-related services and then purchasing administration-related services and staff. LACDCFS generated net reinvestment savings through a reduction in assistance expenditures; however, in the third and fourth years of the CAP administration expenditures were greater than assistance savings, thus resulting in no reinvestment savings in those years.
 2. On paper ACPD did not generate reinvestment savings due to the fiscal arrangement between the Department and ACDCFS. LACPD generated a small amount of reinvestment savings in the third year of the CAP. Although the ratio of administration to assistance expenditures increased in favor of administration expenditures during the CAP in comparison to the pre-waiver period, the absence of a decline in assistance expenditures made it difficult to generate net reinvestment savings.

WEB LINK

Information and reports for California’s demonstration are available online through the following link: <http://www.childsworld.ca.gov/PG1333.htm>

COLORADO

DEMONSTRATION FOCUS:	Enhanced Family Engagement, Assessment, Kinship Supports, and Trauma-Informed Services ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

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

JURISDICTION

The State’s demonstration will be implemented in up to 64 counties throughout Colorado; each participating county will implement some or all service interventions in varying stages during the demonstration time period. The State will expand the demonstration either through a separate performance agreement with each participating county or through changes in relevant State regulations.

INTERVENTION

Participating counties will use title IV-E funds flexibly to integrate systemic child welfare reform efforts currently underway in the State with innovative practices that increase family engagement and address the assessment and treatment of childhood trauma. The State has selected three primary service interventions for implementation statewide, which are briefly described below:

¹ Based on information submitted by the State as of March 2013.

COLORADO

1. Family Engagement guidelines and processes will be introduced to child welfare case practice through a combination of training, coaching, and peer mentoring. This strategy will involve the establishment of a standardized Family Meeting model that includes caregivers and their families as key decision makers in the development of case and safety plans. The State will also modify non-safety certification regulations of relative foster family homes to facilitate the placement of children with relatives when out-of-home placement is necessary.
2. Trauma-Informed Child Assessment Tools that are geared specifically towards children who have experienced trauma will supplement the State's existing assessment processes and instruments. Colorado will identify the most appropriate assessment tools for use by county departments and behavioral health organizations and will specify their selection in the State's Final Design and Implementation Report. Examples of tools the State will consider include:
 - Child Observation Record
 - Battelle Development Inventory
 - Ages and Stages Questionnaire
 - Child Development Inventory
 - Behavioral and Emotional Rating Scale
 - Clinical Assessment Package for Assessing Clients' Risk and Strengths
 - Social Skills Rating System
 - Child and Adolescent Adaptive Functioning Scale
 - 4-D Strengths-Based Assessment Tools for Youth in Care
 - Family, Friends, and Self Form
3. Trauma-Focused Behavioral Health Treatments that have been shown to be effective with children who have experienced trauma will be used with increased frequency by Colorado counties and behavioral health organizations. Treatment interventions will be evaluated and selected by participating counties that best meet local needs. Final selection of trauma-focused behavioral health treatments will be specified in the State's Final Design and Implementation Report. Examples of treatments that may be introduced or expanded include:
 - *General Case Management*: Family Connections and Solution-Based Casework
 - *Trauma and Anxiety*: Eye Movement Desensitization & Reprocessing, Trauma-Focused Cognitive Behavioral Therapy, and Coping Cat
 - *Therapeutic Interventions*: Multidimensional Family Therapy, Multi-systemic Therapy, and Multidimensional Treatment Foster Care
 - *Substance Abuse (adults)*: Motivational Interviewing
 - *Depression (adults)*: Cognitive Therapy and Interpersonal Psychotherapy
 - *Parent Training*: The Incredible Years, Parent Management Training, Parent-Child Interaction Therapy, and Positive Parent Program (Triple P)

In addition to the primary interventions described above, the State will assist individual counties in identifying additional interventions to be implemented based on their specific needs and circumstances. These additional service interventions may include Permanency Roundtables and enhanced services and supports for kin caregivers. Counties that will implement these

COLORADO

supplemental service interventions will be specified in the State's Final Design and Implementation Report.

EVALUATION DESIGN

Colorado's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison design and a time-series analysis for the evaluation of its waiver demonstration. The matched case comparison will compare changes in outcomes for children receiving one or more interventions at the beginning or early on in the demonstration compared to similar children in counties that implemented interventions later on in the demonstration period. The time series analysis will examine changes in key measures of child safety and permanency. The State's process and outcome evaluations will include an analysis of the effects of modified non-safety certification regulations for relative foster family homes on child safety outcomes. The State will also examine differences in outcomes between children placed in relative foster family homes and those placed in traditional foster family homes. Specific outcomes to be addressed through the evaluation include:

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

Additional details of the final evaluation design will be determined in consultation with the State's third-party evaluator and described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Colorado's waiver demonstration.

FLORIDA

DEMONSTRATION FOCUS:	Flexible Funding ¹
APPROVAL DATE:	March 31, 2006
IMPLEMENTATION DATE:	October 1, 2006
EXPECTED COMPLETION DATE:	June 30, 2013 ²
INTERIM EVALUATION REPORT DATE:	April 30, 2009
FINAL EVALUATION REPORT DATE:	March 28, 2012

TARGET POPULATION

Florida's demonstration targets (1) title IV-E-eligible and non-IV-E-eligible children ages 0–18 who are currently receiving in-home child welfare services or who were in out-of-home placement at the start of project implementation, and (2) all families entering the State's child welfare system with a report of alleged child maltreatment.

JURISDICTION

Florida is implementing its waiver demonstration statewide.

INTERVENTION

Florida's flexible funding demonstration includes the following components:

Capped Allocation of Title IV-E Funds and Contracts with Community-Based Lead Agencies:

Florida is receiving a capped allocation of title IV-E funds to support a wide variety of community-based services and activities that promote child safety, prevent out-of-home placement, and expedite permanency. The State distributes these funds predominantly through contracts with private and non-profit Community-Based Care (CBC) Lead Agencies throughout the State. The Lead Agencies are responsible for providing and coordinating services, programs, and supports paid for using waiver dollars and other funds in their respective service regions.

Improved Array of Community-Based Services: The State and its partnering Lead Agencies use title IV-E funds to expand the array of community-based child welfare services and programs available in Florida. Examples of these interventions include intensive early intervention services; one-time payments for goods and services that help divert children from out-of-home

¹ Based on information submitted by the State as of March 2012.

² Florida's five-year waiver demonstration was originally scheduled to end on December 31, 2012; the State recently received a short-term extension from the Children's Bureau through June 30, 2013.

FLORIDA

placement (e.g., rental assistance and child care); innovative practices to promote permanency such as Family Finding; enhanced training for child welfare staff and supervisors; improved needs assessment practices; and long-term supports to prevent placement recidivism.

EVALUATION DESIGN

Florida completed the evaluation of the first five years of its waiver demonstration in late 2011 and submitted a final evaluation report in March 2012. The final report included findings for several evaluation components, including a Family Assessment and Services Analysis, a Child Welfare Practice Analysis, an Outcomes Analysis, and a Cost Analysis. The evaluation involved a time series design that analyzed historical changes in child welfare outcomes. Specifically, the State's evaluation team tracked outcomes for successive cohorts of children whose first contact with the child welfare system occurred during each consecutive year of waiver implementation. Evaluation cohorts were identified using data available in Florida's State Automated Child Welfare Information System. To measure the historical progress of each cohort, the State established a baseline for each key outcome measure prior to waiver implementation and compared this baseline to changes in subsequent years. The tracking of some measures was based on State Fiscal Year (SFY) whereas other measures were tracked based on Federal Fiscal Year (FFY). Major findings from the State's final evaluation report are summarized below.

PROCESS AND OUTCOME EVALUATION FINDINGS

Process Evaluation

Family Assessment and Services Analysis: Data for this evaluation component were gathered through a combination of focus groups with Lead Agency case managers, parent interviews, case management and quality of practice reviews, and State and national NSCAW³ data. Major findings include the following:

1. Needs assessments for children and families:

- Findings from quality of practice reviews indicate improvement between SFY 08–09 and SFY 10–11 in the ongoing needs assessment of children and foster caregivers, which increased from 85.7 percent to 89.9 percent and from 85.9 percent to 90.1 percent, respectively; both are statistically significant increases. Ongoing assessment of mothers' needs improved slightly but not significantly, while ongoing assessments of fathers' needs remained about the same over this time period.
- NSCAW data indicate a decline from the 1999–2000 cohort to the 2008–2009 cohort in the percentage of caregivers needing substance abuse services that received an assessment (76.07 percent to 63.24 percent) and caregivers needing mental health services that received an assessment (53.94 percent to 48.38 percent); however, these differences were not statistically significant.

³National Survey of Child and Adolescent Well-Being.

FLORIDA

- Quality of practice data indicate a statistically significant improvement from SFY 08–09 to SFY 10–11 in the percentage of cases where children were assessed for mental and behavioral health needs (87.2 percent to 91.3 percent). However, there was also a statistically significant decline in the assessment of physical health needs from 80.9 percent to 70.9 percent. Additionally, assessments of educational needs declined but not significantly, while assessment rates for dental health needs remained unchanged.

2. Family participation in case planning and decision making:

- NSCAW data indicate an overall increase between the 1999–2000 cohort and the 2008–2009 cohort in the proportion of mothers included in case planning and decision making, growing from 67.87 percent to 72.5 percent. However, the proportion of fathers included in case planning and decision making remained largely unchanged over the same time period, growing only slightly from 39.29 percent to 40.0 percent.

3. Family participation in community-based services:

- Quality of practice reviews revealed a significant improvement in case managers' efforts to engage mothers and fathers in services. From SFY 08–09 to SFY 10–11 the percentage of mothers engaged increased from 68.3 percent to 76.6 percent and the percentage of fathers engaged increased from 52.9 percent to 59.8 percent; both are statistically significant increases.
- NSCAW data indicate a decline in the percentage of children needing physical, dental, and special education services that were referred and received these services. From the 1999–2000 cohort to the 2008–2009 cohort the percentage of children referred to and receiving special education services declined from 77.78 percent to 42.85 percent, while referrals to and receipt of physical and dental health services declined from 100 percent to 78.94 percent and 80.51 percent to 66.73 percent, respectively. The State's evaluation team noted that these findings underreport the percentage of children receiving these services because they exclude children who were not referred by the case manager because they were already receiving these services.
- Quality of practice data indicate that the proportion of cases receiving services to protect children in their homes grew from 86.6 percent in SFY 08–09 to 92.8 percent in SFY 10–11, a statistically significant increase.

Child Welfare Practice Analysis: Surveys, interviews, and focus groups with Lead Agency representatives and child welfare case managers were conducted to assess changes in the quantity, quality, and diversity of child welfare services over the waiver implementation period. Major findings include the following:

1. Child abuse and neglect prevention and the need for out-of-home care:

- Over the five-year waiver period, all 19 CBC Lead Agencies reported initial and continued expansion of the array of tertiary services intended to prevent the recurrence of

FLORIDA

child abuse and neglect and divert families from out-of-home placement. 17 of 19 agencies reported that service expansion was concentrated on intensive in-home family preservation services; 10 of these agencies contract to provide services targeted specifically to assist families with substance abuse issues.

- 11 of 19 CBC Lead Agencies reported an increased capacity and availability of in-home and community-based parent education and training programs. In addition, 13 of 19 agencies reported the use of flexible funds to purchase goods and services (e.g., utilities or rental assistance, beds, cribs) for families in an effort to decrease maltreatment risk and prevent the need for out-of-home placement; however, agencies reported that the capacity to purchase these goods and services often did not meet the needs of the community.
- Challenges to effective service delivery included the limited capacity of the State's information systems to track data on client service utilization and very limited service options and large geographic distances in rural communities.

2. Engagement of families in service planning and provision:

- In 2011, 15 CBC Lead Agencies reported the use of Family Team Conferencing or Family Group Decision Making as a strategy to engage families in service planning compared to just five agencies at baseline. In addition, 11 of 19 agencies reported expanded capacity to provide educational and support services to caregivers. Seven of 19 agencies reported increasing the capacity of family support workers to assist case managers and families in carrying out families' case plans (e.g., attending supervised visitations, attending court hearings, transporting children to recommended services).

3. Increased efforts to promote permanency and reduce lengths of stay in out-of-home care:

- All 19 CBC Lead Agencies reported increased efforts to reduce a child's length of stay in out-of-home care and improve permanency outcomes. In addition, 11 of 19 Lead Agencies reported increased capacity to provide enhanced visitation services, while six of 19 agencies reported the use of solution-based or solution-focused casework that emphasizes working in partnership with families, focusing on everyday family life tasks, and promoting skill development.
- 11 of 19 agencies reported increased availability of pre-adoption support services over the five-year waiver period. Three of these agencies reported the creation of new programs to support adoptive families prior to placement and finalization, while eight agencies had added or increased the availability of adoption specialists. In addition, 13 of 19 agencies reported expanding post-adoption support services.

4. Efforts to improve child and family well-being:

- Six of 19 Lead Agencies reported using educational liaisons to improve the coordination of services between the child welfare and education systems. In addition, four of 19

FLORIDA

agencies reported utilizing nurse liaisons to coordinate with the medical system to ensure a child's physical health needs were being met appropriately.

Outcome Evaluation

The outcome findings presented below cover the pre-implementation baseline of FFY 04–05 through FFY 09–10 or FFY 10–11 depending on the data source and measure.

- The statewide out-of-home care population has declined significantly from 20,987 in FFY 04–05 to 15,217 children in FFY 10–11, an overall decline of 27 percent.
- The proportion of children who entered out-of-home care and achieved permanency within 12 months of removal grew from 50.6 percent at baseline to 51.8 percent in FFY 09–10, a small but statistically significant increase. The largest proportion (53.9 percent) of children exiting out-of-home care into permanency was observed in FFYs 06–07 and 08–09. Children with physical health problems were 34 percent less likely to achieve permanency within 12 months while youth with emotional problems and children whose parents have a substance abuse problem were 13 and 5 percent less likely to achieve permanency within 12 months, respectively. However, children from families with domestic violence problems were 16 percent more likely to achieve permanency within 12 months of entry than children who came into care from families without domestic violence issues.
- The proportion of children who entered out-of-home care and achieved permanency through reunification or placement with relatives within 12 months of removal increased slightly from 49.5 percent at baseline to 49.9 percent in FFY 09–10, a small but statistically significant increase. Those less likely to achieve reunification or placement with relatives included children with physical health problems (50 percent) and children with emotional problems (22 percent).
- The proportion of children with a finalized adoption within 24 months of removal more than doubled from 5.1 percent at baseline to 11.7 percent for the FFY 08–09 cohort. Children with physical health problems were three times more likely to be adopted than children without these problems. In addition, youth with emotional problems were 51 percent more likely to be adopted, and youth whose parents have a substance abuse problem were 14 percent more likely to be adopted within 24 months. In contrast, youth from families with domestic violence were 36 percent less likely to be adopted, and boys were 9 percent less likely than girls to be adopted within 24 months.
- The median length of stay in out-of-home care remained consistent at approximately 11 months from baseline to FFY 09–10.
- The average proportion of children re-entering out-of-home care within 12 months of exiting was 10.9 percent. While there was a small decrease in the proportion from baseline (10.7 percent) to FFY 09–10 (9.9 percent), a Cox regression analysis did not indicate a significant change in re-entry rates over time. Child and family characteristics were significantly correlated with re-entry rates; for example, children more likely to re-enter care included

FLORIDA

youth with emotional problems (37 percent more likely), youth with physical health problems (12 percent more likely), and children whose parents had substance abuse problems (11 percent more likely). The three factors associated with lower odds of re-entry included the presence in families of domestic violence problems (9 percent less likely), being male (boys were 4 percent less likely than girls to re-enter care), and age (being one year older corresponded to a 3 percent decrease in the likelihood of re-entry).

- The proportion of children that experienced a recurrence of maltreatment within six months of service termination⁴ declined from 4.4 percent at baseline to 3.6 percent in FFY 09–10, with an average proportion of 3.7 percent. Cox regression analysis indicates that this decline was statistically significant. Children from families with a history of domestic violence and children whose parents had a substance abuse problem were two times more likely to experience a recurrence of maltreatment than children from families without these issues. In addition, children with physical health problems were 43 percent more likely to experience recurrence of maltreatment, and each decreasing year of age corresponded to a 5 percent increase in the likelihood of maltreatment recurrence. While children who came from families with domestic violence issues were more likely to experience maltreatment recurrence, they were somewhat less likely to re-enter placement (see the finding in the previous paragraph). A possible explanation for this discrepancy is that children whose parents have domestic violence problems sometimes experience *threatened* harm as a form of maltreatment, which is not associated with re-entry into care.
- The proportion of children who experienced two or fewer placements within 12 months of removal increased from 82.8 at baseline to 85.1 in FFY 10–11, with an average across all examined years of 82.8 percent.

COST ANALYSIS FINDINGS

- As hypothesized, expenditures for licensed out-of-home care dropped from \$163.44 million in FFY 04–05 (two years before waiver implementation) to \$133.7 million in FFY 10–11, a decrease of 18 percent. In contrast, expenditures on front-end services increased significantly over the demonstration from \$15 million in FFY 04–05 to \$45.7 million in FFY 10–11, an increase of 205 percent. Overall, the ratio of out-of-home care spending to front-end services spending declined sharply from about 11:1 in FFY 04–05 to just under 3:1 in FFY 10–11, a decrease of more than 70 percent. Statewide, total child welfare expenditures declined less than 1 percent from \$615.54 million in FFY 04–05 to \$610.9 million in FFY 10–11.

WEB LINK

The Final Evaluation Report for Florida’s demonstration is available online through the following link: <http://centerforchildwelfare2.fmhi.usf.edu/kb/LegislativeMandatedRpts/IV-EWaiverFinalReport3-28-12.pdf>

⁴ Termination of services includes either a discharge from placement during the Federal Fiscal Year or exit from in-home services (without placement) during the Federal Fiscal Year.

ILLINOIS

DEMONSTRATION FOCUS:	Services for Caregivers with Substance Use Disorders – Phase II ¹
APPROVAL DATE:	January 1, 2007
IMPLEMENTATION DATE:	January 1, 2007 ²
EXPECTED COMPLETION DATE:	June 30, 2013
INTERIM EVALUATION REPORT DATE:	March 2, 2010
FINAL EVALUATION REPORT DATE:	July 30, 2012 ³

TARGET POPULATION

Phase II of the Illinois Alcohol and Other Drug Abuse (AODA) demonstration targets custodial parents whose children entered out-of-home placement on or after January 1, 2007. This includes, but is not limited to, custodial parents who deliver infants testing positive for substance exposure. To qualify for assignment to the demonstration, a custodial parent must lose custody of her/his child due to alcohol and other drug abuse issues and must complete a comprehensive substance abuse assessment within 180 days of a temporary custody hearing. Eligible families may receive services through the demonstration regardless of their title IV-E eligibility status.

JURISDICTION

Phase II is being implemented in the original waiver site of Cook County, Illinois, as well as in the rural counties of Madison and St. Clair Counties in southern Illinois.

INTERVENTION

Phase II, referred to as the “Enhanced Recovery Coach Program (RCP)”, continues all of the key service components of the original AODA waiver demonstration, including (1) clinical assessment and identification, (2) recovery plan development, (3) intensive outreach and engagement to facilitate parents’ treatment participation and recovery, (4) random urinalyses, and (5) ongoing follow-up after reunification to promote and sustain recovery and ensure child safety. In addition, Illinois’s enhanced program includes several new service components that

¹ Based on information submitted by the State as of January 2013.

² Illinois’s initial waiver demonstration (Phase I) was implemented from April 28, 2000 through December 31, 2006, which was followed by a five-year waiver extension (Phase II) that was originally scheduled to end on November 30, 2012. The State recently received a short-term extension from the Children’s Bureau through June 30, 2013.

³ Evaluation findings from Phase I of the State’s demonstration can be found at www.cfr Illinois.edu.

ILLINOIS (AODA)

address problems beyond substance abuse that have a negative impact on the likelihood of reunification, including domestic violence, mental health issues, and affordable housing. Participating families are assessed quarterly to determine their housing, mental health, and domestic violence service needs.

EVALUATION DESIGN

The evaluation of the State's long-term waiver extension includes process, outcome, and cost analysis components. An experimental research design with random assignment is being used in all participating counties. Cook County utilizes a two-stage random assignment process in which (1) Department of Children and Family Services (DCFS) casework teams and private child welfare agencies are stratified by size and randomly assigned to an experimental or control group; and (2) parents are then randomly assigned to agencies or casework teams in those groups. In Madison and St. Clair Counties, parents are directly assigned to an experimental or control group using a web-based assignment program. In all three counties, parents undergo random assignment immediately after completion of their initial clinical assessment. Parents assigned to the control group receive standard substance abuse referral and treatment services, while parents assigned to the experimental group receive standard services in addition to enhanced RCP services. Major evaluation findings to date are summarized below.

Sample Size

Based on initial estimates of the population of caregivers potentially eligible for enhanced waiver services, Illinois is using a 3:2 assignment ratio in Madison and St. Clair Counties and a 5:2 assignment ratio in Cook County.

Data Collection

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

PROCESS AND OUTCOME EVALUATION FINDINGS

Process Evaluation

Cook County:

- From the inception of the waiver demonstration in April 2000 through May 31, 2012, DCFS conducted JCAP assessments with a total of 9,676 parents/caregivers; of these, 3,049 parents/caregivers met the eligibility criteria for the AODA waiver demonstration.

ILLINOIS (AODA)

The annual number of JCAP assessments declined steadily from a high of 1,187 in 2002 to 581 in 2011. However, the proportion of cases in which substance abuse treatment was indicated remained relatively stable (averaging around 69 percent) during this time period.

- Of the 3,049 eligible parents/caregivers in Cook County, a total of 2,154 parents (71 percent) were assigned to the experimental group and a total of 895 parents (29 percent) were assigned to the control group between April 2000 and May 31, 2012.
- Based on TRACCS forms completed for enrolled caregivers in Cook County, in addition to substance abuse substantial numbers of experimental and control group participants faced issues with mental health (36 percent and 35 percent, respectively), housing (41 percent and 40 percent, respectively), and domestic violence (28 percent and 25 percent, respectively).
- Data for Cook County indicate that experimental group caregivers accessed substance abuse treatment following referral more often than caregivers assigned to the control group (49.3 percent compared to 28.9 percent, respectively). Experimental group caregivers also entered treatment more quickly on average, with 25 percent entering treatment on the date of their JCAP assessment compared with 17 percent of control group caregivers. Over the course of 12 months, 33 percent of experimental group caregivers entered treatment compared to 23 percent of caregivers in the control group.

Madison and St. Clair Counties:

- From July 15, 2007 through March 31, 2012 a total of 517 AODA assessments were completed in Madison and St. Clair Counties. Of the 517, 276 caregivers (53 percent) met eligibility requirements and were enrolled in the waiver project; of these, 171 (62 percent) were assigned to the experimental group and 105 (38 percent) were assigned to the control group.

Cook, Madison, and St. Clair Process Findings Combined:

- An analysis of process data revealed that the experimental and control groups were statistically equivalent in virtually all demographic characteristics. In both groups the average caregiver age was 33 years, with women comprising 65 percent and African Americans 70 percent. Eighty-two percent of caregivers in both groups were not working at the time of their enrollment, while 57 percent and 58 percent respectively had less than a high school diploma. The primary substance for both groups was cocaine (29 and 26 percent, respectively), followed by opioids (22 and 24 percent) and alcohol (22 percent for both groups). When data on mothers only were analyzed both groups maintained statistical equivalence with respect to these demographic variables.
- As of March 2012 a total of 394 caregivers were enrolled in RCP in Cook, St. Clair, and Madison Counties combined. A majority of these caregivers in all three counties (63 percent) had participated in some level of treatment by the end of the quarter. The

ILLINOIS (AODA)

average length of stay in treatment for caregivers was 330 days in Cook County, 261 days in St. Clair County, and 196 days in Madison County.

- Data from the State’s evaluation suggest that the expansion of the AODA waiver demonstration in July 2007 had a moderately positive impact on access to mental health, domestic violence, and housing services. Specifically, the State’s evaluation team analyzed data from the 2005 admission cohort (prior to waiver expansion) and the 2008 admission cohort (following waiver expansion) to assess changes in the receipt of these services. Key findings from this analysis include the following:
 - *Mental Health Services:* For the 2005 cohort, a lower percentage of caregivers with mental health issues in the experimental group received mental health services compared with the control group (31 percent versus 57 percent). In contrast, in the 2008 admission cohort a higher percentage of caregivers in the experimental group received services compared with the control group (38 percent versus 22 percent).
 - *Housing Services:* For the 2005 cohort, a lower percentage of caregivers with housing issues in the experimental group received services than did caregivers in the control group (16 percent versus 32 percent). In the 2008 cohort, a larger proportion of experimental group caregivers received housing services (21 percent), although it remained substantially smaller than the proportion of control group caregivers that received housing services (38 percent).
 - *Domestic Violence Services:* For the 2005 cohort, a lower percentage of experimental group caregivers with domestic violence issues received services than did caregivers in the control group (26 percent versus 47 percent). In contrast, in the 2008 cohort a higher percentage of experimental group clients received services compared with the control group (47 percent versus 40 percent).

Outcome Evaluation: Combined outcome evaluation findings for Cook, Madison, and St. Clair Counties are as follows:

- On average, cases assigned to the experimental group closed more quickly than cases assigned to the control group, with 47 percent of experimental group cases closed within three years (April 2000 and December 2011) compared with 40 percent of control group cases closed during this same time period.
- The availability of Recovery Coach services was associated with higher reunification rates. Specifically, as of March 31, 2012 a total of 23 percent of children in the experimental group were living in the homes of their parents compared with 19 percent of children in the control group. Children assigned to the experimental group were also somewhat more likely to exit foster care through adoption (30 percent versus 28 percent). A smaller proportion of children in the experimental group were still in foster care five years following assignment to the demonstration (15 percent versus 23 percent in the control group).
- When caregivers’ drug(s) of choice are considered, statistically significant differences in

ILLINOIS (AODA)

reunification rates were not evident among the children of cocaine users (24 percent for the experimental group and 25 percent for the control group) and mixed drug users (16 percent for the experimental group versus 17 percent for the control group), but held up for the children of alcohol users (28 percent for the experimental group versus 20 percent for the control group) and opioid users (24 percent for the experimental group versus 14 percent for the control group).

- The availability of Recovery Coach services was also associated with faster reunifications. On average, it took families assigned to the experimental group 770 days to achieve reunification compared with 900 days for families in the control group, a statistically significant difference of 130 days (4.3 months).
- The difference in reunification rates between the experimental and control groups widened following the expansion of the waiver demonstration in July 2007. Specifically, 18 percent of experimental group children in the 2005 admission cohort were reunified compared with 13 percent of children in the control group. When the 2008 admission cohort is examined, this gap widened, with 22 percent of children in the experimental group being reunified compared with 15 percent of children in the control group. This widening difference suggests that the expanded availability of mental health, housing, and domestic violence services may have had a moderate positive impact on reunification rates.
- With respect to permanency as a whole, experimental group families had more positive outcomes than control group families. Specifically, 15 percent of experimental group children exited foster care within two years (720 days) of an initial JCAP assessment compared with 11 percent of control group cases during this same time period. This trend continued at the four-year mark (1,440 days) with 42 percent of experimental group children having exited foster care compared to 36 percent of control group children.
- No statistically significant differences were observed between the experimental and control groups in placement stability (4.42 and 4.58 percent, respectively). Similarly, no differences in maltreatment recurrence were apparent, with a total of 81 post-JCAP maltreatment reports recorded among experimental group caregivers versus 80 reports among control group caregivers.

Evaluation Findings from Sub-Studies

In addition to the process, outcome, and cost analysis findings presented above, the State has reported results from four sub-studies conducted by the State's evaluation team regarding (1) the impact of the timing of substance abuse screening on reunification rates, (2) the impact of the AODA demonstration on juvenile delinquency, (3) the impact of treatment type/modality on reunification rates among the mothers of substance-exposed infants, and (4) the reunification rates of "second generation" families (i.e., caregivers who were involved in the child welfare system as children). Highlights from these studies are summarized below:

- The timing of substance abuse screening matters with respect to the effectiveness of RCP. Specifically, experimental group families that were screened within two months of their

ILLINOIS (AODA)

temporary custody hearings were significantly more likely than their control group counterparts to achieve reunification within one, two, and three years, respectively. In contrast, no statistically significant differences were observed between experimental and control group families whose screenings occurred three or more months after their temporary custody hearings.

- Among 453 youth who were at least 12 years of age as of March 2012 (317 in the experimental group and 136 in the control group), 9 percent assigned to the experimental group had a juvenile arrest subsequent to their JCAP assessment compared with 19 percent of youth assigned to the control group. Cox regression modeling revealed that the hazard of arrest decreased by 52 percent for youth in the experimental group whose parents were working with a Recovery Coach.
- Among the mothers of substance-exposed infants, residential treatment combined with other community-based transitional services was associated with higher reunification rates than other treatment modalities. Specifically, hazard modeling revealed that 540 days (18 months) following a JCAP assessment nearly 10 percent of mothers who received residential treatment in combination with transitional services had achieved reunification compared with much lower rates for mothers who received residential treatment only or other non-residential treatments.
- Logistical regression analysis revealed that second generation families were associated with a lower likelihood of reunification than non-second generation families. Specifically, second generation caregivers were 32 percent less likely to achieve reunification than were non-second generation caregivers. The findings suggest that second generation families experience a wider and more severe range of co-occurring problems that impede reunification efforts.

COST ANALYSIS FINDINGS

As of September 2012, the State estimated that it had saved \$6,778,653 over the life of the AODA waiver demonstration.

WEB LINK

The Final Evaluation Report for Illinois's Phase II AODA demonstration is available online through the following link: http://cfrc.illinois.edu/pubs/rp_20120801_IllinoisAODAIV-EWaiverDemonstrationFinalEvaluationReport.pdf

ILLINOIS

DEMONSTRATION FOCUS:	Parenting Education and Support Services ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

BACKGROUND

Illinois's parenting support demonstration constitutes the State's fourth title IV-E waiver demonstration. An earlier demonstration focused on enhanced child welfare staff training ended in June 2005 while a subsidized guardianship demonstration ended in October 2009 with the establishment of a statewide Guardianship Assistance Program. A third demonstration focused on the provision of enhanced alcohol and other drug abuse (AODA) services continues under a long-term waiver extension.

TARGET POPULATION

Illinois's parenting support demonstration, titled *Illinois Birth to Three (IB3)*, targets caregivers and their children aged 0–3 who enter out-of-home placement following implementation of the demonstration, regardless of title IV-E eligibility. The State estimates that up to 3,000 children will be eligible for services over the course of the demonstration, of whom 1,500 will be assigned to the intervention (experimental) group while the remaining 1,500 are assigned to a comparison group (services as usual). Of the 1,500 children assigned to the intervention group, the State estimates that at least 945 will receive one of the core service interventions described in more detail below.

JURISDICTION

The State's demonstration is being implemented in Cook County, Illinois.

¹ Based on information submitted by the State as of March 2013.

ILLINOIS (IB3)

INTERVENTION

Under its demonstration Illinois will use title IV-E funds flexibly to provide one of two evidence-based and developmentally informed interventions to targeted children and their caregivers in an effort to improve attachment, reduce trauma symptoms, prevent foster care re-entry, improve child well-being, and increase permanency for children in out-of-home placement. The State has selected two distinct service interventions, which are briefly described below:

1. Child Parent Psychotherapy (CPP) is a dyadic (caregiver and child) therapeutic intervention for children aged 0–5 who have experienced one or more traumatic events (for example, a serious accident, sexual abuse, exposure to domestic violence) and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child’s sense of safety, attachment, and appropriate affect.
2. Nurturing Parenting Program (NPP) is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents’ skills in supporting attachments, nurturing, and general parenting. The State will implement a version of NPP known as the Nurturing Program for Parents & Their Infants, Toddlers & Preschoolers that is focused specifically on the biological parents of children aged 0–5. In addition, the State will use a version of the NPP designed for the foster caregivers of children aged 0–5 known as the NPP-Caregiver Version.

For each of the above-mentioned interventions, the selection of participating children and families will be determined using an enhanced developmental screening protocol implemented through the State’s Integrated Assessment or Early Childhood Program. The State currently uses the Denver II Developmental Screening tool, the Ages and Stages Questionnaire, and the Ages and Stages: Social and Emotional assessment instrument, all of which will continue to be administered to children in both the experimental and control groups. The experimental group will also be administered the Devereux Early Childhood Assessment (DECA) for Infants and Toddlers, the Infant Toddler Symptom Checklist (ITSC), and the Parenting Stress Inventory (PSI) to supplement its use of existing screening protocols.

EVALUATION DESIGN

Illinois’s evaluation design builds on the rotational assignment system that the Illinois Department of Children and Family Services (DCFS) uses to assign foster care cases to either teams of DCFS case managers or private child welfare agencies. Illinois will implement an experimental research design that randomly assigns family cases to separate experimental and control clusters. Illinois DCFS teams and service provider agencies will be randomly assigned to an experimental or control cluster. Eligible children in family cases that have been randomly assigned to the experimental or control cluster will be rotationally assigned to the next available provider within each cluster designation.

ILLINOIS (IB3)

The State's evaluation includes process and outcome components, as well as a cost analysis. The process and outcome evaluations will include interim and final process analyses describing how the demonstration was implemented and how demonstration services differed from services available prior to the demonstration. In addition, the evaluation will compare the experimental and comparison groups for differences in the following key outcomes:

- Improvement in early childhood development, behavioral problems, and adaptive behaviors;
- Reunification within two-years of entering out-of-home placement;
- Average number of days in foster care; and
- Foster care re-entry.

Additional details regarding the State's evaluation design, including the sampling plan, data collection activities, and analytical methods, will be determined in consultation with the State's third-party evaluator and described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Illinois's waiver demonstration.

INDIANA

DEMONSTRATION FOCUS:	Flexible Funding – Phase III ¹
APPROVAL DATE:	September 14, 2012
IMPLEMENTATION DATE:	July 1, 2012 ²
EXPECTED COMPLETION DATE:	June 30, 2017
INTERIM EVALUATION REPORT EXPECTED:	February 28, 2015
FINAL EVALUATION REPORT EXPECTED:	December 31, 2017

BACKGROUND

Indiana’s original flexible funding waiver demonstration was completed in January 2003 and continued under several short-term extensions through June 30, 2005. For its first five-year (Phase II) waiver extension, the State continued its demonstration of the flexible use of title IV-E funds to improve on the process and outcome findings reported for its original waiver demonstration. In particular, the State focused on promoting the utilization of waiver dollars by a greater number of counties in light of the finding from its original demonstration that only 25 of 90 participating counties made significant use of the funds. For its current five-year (Phase III) extension, the State will continue efforts to increase Department of Child Services staff’s understanding of and capacity to implement waiver demonstration interventions statewide and will emphasize increasing the array, accessibility, and intensity of evidence-based/evidence-informed child welfare services available to children and families in Indiana.

TARGET POPULATION

The target population for the Phase III demonstration includes title IV-E-eligible and non-IV-E eligible children at risk of or currently in out-of-home placement, as well as their parents, siblings or caregivers. Unlike in the previous Waiver demonstration the State will not cap the number of cases eligible to receive demonstration services.

JURISDICTION

Implementation of the Phase III waiver demonstration will occur statewide across all 92 counties.

¹ Based on information submitted by the State as of January 2013.

² Indiana’s original (Phase I) demonstration was implemented on January 1, 1998, after which it received a five-year waiver extension that was originally scheduled to end on June 30, 2010. The State received several short-term extensions thereafter and recently received an extension of an additional five years retroactively effective from July 1, 2012 through June 30, 2017.

INDIANA

INTERVENTION

Under its waiver extension, Indiana will increase the array, intensity and accessibility of innovative child welfare services, including community-based wraparound services and home-based alternatives to out-of-home placement. Examples of programs that may be expanded or introduced using flexible IV-E funds include the following:

- Healthy Families, a voluntary home visitation program designed to promote healthy families and children through a variety of services, including child development, access to health care, and parent education.
- Community Partners for Child Safety, a secondary child abuse prevention service that builds on community resources to create collaborative maltreatment prevention networks.
- Homebuilders, an evidence-based program designed to prevent out-of-home placement or foster care re-entry through the provision of intensive, in-home therapeutic services.
- Substance use disorder assessments.
- Outpatient and residential substance abuse treatment.
- Pre- and post- placement and post-adoption services, including support groups for resource families.
- Homemaker/parent aid services for parents who are unable to appropriately fulfill their parenting and/or homemaking functions.
- Individual/family counseling services.

EVALUATION DESIGN

The State's Phase III evaluation includes process, outcome, and cost analysis components. The State will implement a longitudinal research design that analyzes historical changes in key child welfare outcomes and expenditures. Changes will be analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward achievement of the demonstration's primary goals of (1) safely reducing the number of out-of-home placements, (2) reducing the length of time to permanency, (3) enhancing child well-being, and (4) increasing the array of services that promote the least restrictive, most family-oriented environment for children.

Cohorts will be defined using data available in the State's automated child welfare information system (Management Gateway for Indiana's Kids, or MaGIK). To measure historical progress the State or its contracted evaluator will establish baselines for key outcome measures prior to implementation of the demonstration. To the extent possible, the historical tracking of outcome measures will be based on the collection and analysis of case-level child welfare data.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and that identify how services available under the waiver demonstration differ from services available prior to implementation. These analyses will include an examination of the availability, accessibility, intensity, and appropriateness of in-home and community-based services and the extent to which interventions offered through the demonstration maintain fidelity to their original service models.

INDIANA

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

Placement Prevention

- The number and proportion of children designated as a Child in Need of Services (CHINS) who enter out-of-home care.
- The number and proportion of children designated as CHINS who are served in their own homes.

Permanency

- Of all children who enter out-of-home placement, the number and proportion exiting to reunification, a finalized adoption, or guardianship.

Placement Duration

- The average number of days from foster care entry to foster care exit for each permanency outcome.

Placement Stability

- The average number of placement moves per child in out-of-home placement.

Child Safety

- Of all children who exit to each permanency outcome, the proportion experiencing a subsequent substantiated report of abuse or neglect within 6 and 12 months after services were terminated.
- The proportion of children in out-of-home care with an occurrence of maltreatment while in placement.

Placement Recidivism

- Of all children who exit to permanency, the number and proportion who re-enter out-of-home care within 12 months.

Child Well-Being

- The number and proportion of children placed in out-of-home care with a relative, compared with the number and proportion of children placed in non-relative foster homes or congregate care settings.
- The number and proportion of children placed with one or more siblings.
- The number and proportion of children placed locally (i.e., in their home counties).
- Changes in key indicators of child well-being tracked through the State's existing Quality Service Review process, including physical health, emotional health, and social/cognitive development.

INDIANA

The State will work in collaboration with its evaluation contractor to identify appropriate data sources to address the process and outcome measures described above. Major data sources will likely include MaGIK, agency case records, interviews, surveys, and observations of participants, as appropriate.

In addition to the overarching process and outcome evaluations described above, the State will conduct at least one sub-study of a specific intervention implemented under the waiver demonstration using a rigorous quasi-experimental research design.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the continued implementation of Indiana's Phase III waiver demonstration.

WEB LINK

All evaluation reports associated with Indiana's demonstration are available online through the following link: www.iarstl.org

MASSACHUSETTS

DEMONSTRATION FOCUS:	Enhanced Residential and Community-Based Services ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

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

Both children in State custody at the time the demonstration begins and those who enter or are at risk of entering State custody following implementation will be eligible for demonstration services based on findings from the Child and Adolescent Needs and Strengths (CANS) assessment tool. Certain children will be excluded from participating in demonstration services, specifically those who (1) are currently served in settings designed for the significantly cognitively impaired; (2) have multiple disabilities requiring specialized care and supervision; or (3) have pervasive developmental delays accompanied by behaviors that make them a danger to themselves or others, and community risk management strategies are deemed to be insufficient. The State estimates that it will serve a total of 3,400 children over the life of the demonstration.

JURISDICTION

Massachusetts's demonstration will be implemented statewide.

INTERVENTION

The State's demonstration, titled *Caring Together*, is a joint undertaking by the Massachusetts Department of Children and Families (DCF) and the Department of Mental Health (DMH) to design, price, and implement residential program models that best support child, family, and system outcomes and that foster family and youth engagement. The demonstration seeks to

¹ Based on information submitted by the State as of March 2013.

MASSACHUSETTS

increase permanency for children in residential care settings, improve child safety and well-being, prevent foster care re-entry, strengthen parental capacity, and promote positive youth development. The State has designed a systemic response that involves practice changes at the program, management and systems level. Core demonstration components include:

- Integrated Residential and Community-Based Services: Three discrete service models that are designed to maintain a single treatment team for the family as the child transitions between community and placement. The models are adapted for (1) children with an identified family that is willing to work with a treatment team that is available to them 24/7 to do “whatever it takes” to keep the child from entering care, or to return the child home as quickly as possible if placement is required; (2) children in placement who are waiting for a family resource to be identified in the community; and (3) “aging out” youth who will be living independently in the community following placement. The new models replace the existing bifurcated system of separate contractors in order to facilitate seamless transitions from placement into the community.
- Flexible Funds: Flexible funds are available to support child and family needs that fall outside of the traditional therapeutic interventions.
- Joint Agency Management: DCF and the DMH will establish four regional teams consisting of employees from both agencies to provide service utilization and quality management oversight. In addition, the regional teams will provide trainings and assistance to case workers on an ongoing basis. The trainings will encourage organizational and cultural change as well as provide professional and programmatic development opportunities.
- Parent Partners: Family Partners are individuals with personal experience with the child welfare and/or child behavioral systems who will support children and families while they are enrolled in the demonstration. Parent Partners will be available on request to each family to support them in their interactions with programs and with the larger system of informal and formal supports.
- Performance Based Contracting: DCF and DMH will institute performance-based contracts in Year 3 of the demonstration that will provide fiscal incentives for achieving client-level outcomes. The Agencies will work with providers to build consensus on the outcome measures and the risk corridors for the contracts.

EVALUATION DESIGN

Massachusetts will implement a statewide longitudinal research design to assess the effectiveness of the *Caring Together* demonstration in improving permanency, safety, and well-being outcomes for targeted children and families. The State’s evaluation includes process and outcome components, as well as a cost analysis. Service utilization and outcomes among children who exit congregate care during calendar year 2012 (the pre-demonstration cohort) will be compared with service utilization and outcomes among children who are in, at risk of, or who enter out-of-home care on or after January 2013 (the post-demonstration cohort). The State will

MASSACHUSETTS

match children in the pre-demonstration cohort on a case-by-case basis with children in the post-demonstration cohort using propensity score matching. The State's process evaluation will describe how the demonstration was implemented; assess participants' and providers' experience and satisfaction with demonstration-funded programs and services; and analyze the scope, frequency, and intensity of interagency collaboration and service coordination. The State's outcome evaluation will address changes in outcomes in the following key domains:

Permanency

- Reduced length of time in congregate care
- Increased placement stability

Safety

- Reduced rates of re-entry into congregate care specifically, or into out-of-home placement generally

Child/Youth Well-Being

- Improved well-being and safety as measured by the CANS assessment instrument

Additional details regarding the State's evaluation design, including an analysis of the comparability of the pre-demonstration and post-demonstration groups on key variables, will be described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Massachusetts's waiver demonstration.

MICHIGAN

DEMONSTRATION FOCUS:	Intensive Early Intervention Case Management and Services ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

The target population of Michigan's demonstration includes families with young children aged 0–5 that have been determined by Child Protective Services (CPS) to be at high and intensive risk (Category II or IV)² for future maltreatment and reside in a participating county. Both title IV-E eligible and non-title IV-E-eligible children may participate in the demonstration.

JURISDICTION

The State's demonstration is being implemented in Kalamazoo, Macomb, and Muskegon Counties. In year three of the demonstration, if there is sufficient evidence that the demonstration has been implemented as intended, and upon consultation and approval from the U.S. Department of Health and Human Services, Administration for Children and Families, the State may expand the demonstration to two or three additional sites (counties or smaller geographic regions).

INTERVENTION

Participating counties will use title IV-E funds flexibly to expand secondary and tertiary prevention services to improve outcomes for children and families, including safety and well-being; and to strengthen parental capacity. The State will contract with private agencies in the demonstration counties to engage families in an enhanced screening, assessment, and in-home

¹ Based on information submitted by the State as of March 2013.

² 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.

MICHIGAN

case management model for a 15-month period, coupled with access to an array of family preservation services. Michigan's demonstration incorporates the following components:

- Family Psychosocial Screen will be administered by private agency contractors with appropriate training within 72 hours of referral to the demonstration. The tool screens for depression, substance abuse, domestic violence, and other risk factors. Depending on assessment and family need, referrals to appropriate community services will be made.
- Trauma Screening Checklist will be administered to all households with children aged 0–5 years. When eligible and appropriate, these households will be linked to trauma-focused, evidence-based mental health interventions, such as Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, or other interventions deemed appropriate, including Early Head Start or Parent-Infant Psychotherapy. In addition, children aged 3–5 years with a positive history of trauma will be screened using the Trauma Symptom Checklist for Young Children and will also be referred for these mental health interventions.
- Strengthening Families, a protective factors framework, will be integrated through which contracted agencies will be responsible for establishing a link to resources in order to build the following factors: 1) social connections, 2) parental resilience, 3) knowledge of parenting and child development, 4) concrete support in times of need, and 5) social and emotional competence of children.
- Concrete Assistance will be made available to each enrolled family to pay for goods and services (e.g., transportation, day care, household goods) to reduce short-term family stressors and help divert children from out-of-home placement.
- Safety Assessment and Planning will occur throughout the 15-month intervention to identify and address issues related to child safety.
- Long-term Family Engagement and Support will provide an array of services and supports for a 15-month period and include 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 of Michigan's demonstration includes process and outcome components, as well as a cost analysis. The State will implement an experimental research design with random assignment to experimental and control groups. Eligible families will be assigned to the experimental and control groups using a 2:1 sampling ratio. Families in the experimental group will receive enhanced demonstration services, while families in the control group will receive "services as usual."³

³ Services as usual for Category II disposition cases will require the case to be opened and services coordinated or provided by CPS until the risk level is reduced, while services as usual for Category IV disposition cases will require CPS to provide the family with information on available community resources commensurate with the risk to the child.

MICHIGAN

The State's process evaluation will include interim and final process analyses that describe how the demonstration was implemented. It will also identify how demonstration services differ from services available to children and families that are not designated to receive demonstration services, along with analysis of the degree to which program participants were satisfied with demonstration-funded programs, services, and interventions. The State's outcome evaluation will compare children who received enhanced demonstration services (experimental group) to children in the control group 15 months following acceptance into the demonstration. Children who receive enhanced demonstration services will:

- Experience fewer subsequent maltreatment;
- Be more likely to remain safe in their homes;
- Have less risk of future maltreatment; and
- Demonstrate greater improvements in well-being.

Additionally, parents and or caregivers who receive enhanced demonstration services will experience greater positive changes in protective factors. Additional details of Michigan's evaluation design will be described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Michigan's waiver demonstration.

OHIO

DEMONSTRATION FOCUS:	Flexible Funding – Phase III ¹
APPROVAL DATE:	October 1, 2010 ²
IMPLEMENTATION DATE:	October 1, 2010
EXPECTED COMPLETION DATE:	September 30, 2015
INTERIM EVALUATION REPORT EXPECTED:	November 20, 2013
FINAL EVALUATION REPORT EXPECTED:	March 31, 2016

TARGET POPULATION

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

JURISDICTION

Phase III of the demonstration is operating in 17 counties that participated in Ohio’s previous Phase II waiver demonstration, specifically Ashtabula, Belmont, Clark, Coshocton, Crawford, Fairfield, Franklin, Greene, Hamilton, Hardin, Highland, Lorain, Medina, Muskingum, Portage, Richland, and Stark Counties.

INTERVENTION

Participating counties will use title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For Phase III, the State has selected two core intervention strategies to serve as the focus of waiver activities. All 17 participating counties will implement both of these intervention strategies, which are briefly described below:

1. Family Team Meetings (FTM), which bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement.

¹Based on information submitted by the State as of December 2012.

²This is the second long-term waiver extension for Ohio. The State’s original (Phase I) waiver was implemented in October 1997, followed by a long-term extension (Phase II) that began in October 2004 and continued through September 2010.

OHIO

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

In addition to these core strategies, any county that implemented the Supervised Visitation strategy during Phase II of the State's waiver demonstration may choose to continue to implement it during Phase III. Participating counties will 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 State will implement a comparison county design for the evaluation of its Phase III waiver demonstration, with the 17 ProtectOHIO counties comprising the experimental group and the 17 non-participating comparison counties that comprised the comparison group during Phase II serving once again as the comparison group for Phase III. In forming the comparison group the evaluation team considered several relevant variables to ensure comparability with experimental group counties, including local demographics (e.g., population size and density, racial composition, poverty rates), caseload characteristics (e.g., maltreatment substantiation rates and out-of-home placement rates) and the availability of other child welfare programs and services.

As in the evaluation of Ohio's Phase II waiver, the evaluation of Phase III comprises three primary study components:

1. A Process Study that examines the overall implementation of the demonstration in experimental counties in comparison to typical child welfare practices in the comparison counties.
2. A Fiscal Study that examines changes in expenditure patterns in major child welfare funding streams during Phase III, with special attention to shifts from foster care maintenance towards non-placement services and supports.
3. A Participant Outcomes Study that analyzes changes in key child welfare outcomes among children who enter the child welfare system in experimental group counties during Phase III. This study consists of the following four distinct sets of activities:
 - Data Management, which includes several subtasks related to collecting, managing, reporting, and ensuring the quality of waiver-related child and case-level data;
 - Entry Cohort Placement Outcome Analysis, which will examine the effects of the Phase III demonstration on the duration of first placements into out-of-home care, the types of exits from first placements, rates of foster care re-entry after the conclusion of a first placement, and rates of placement disruption for first placements;

OHIO

- Trajectory Analysis, which will utilize SACWIS and U.S. Census data to examine the impact of the Phase III demonstration on children’s service experiences and the effects of these experiences on maltreatment risk; and
- Strategy Outcomes Analysis, which seeks to understand the impact of the demonstration’s two core service strategies—FTMs and Kinship Supports, both in isolation and in combination—on key child welfare outcomes.

PROCESS AND OUTCOME EVALUATION FINDINGS

1. Family Team Meetings: A total of 18,169 FTMs were held between February 2011 and January 2013, with 6,210 families involving 12,536 children having at least one FTM during this time period.
2. Kinship Supports: The kinship strategy reached a total of 1,293 kinship caregivers caring for 1,995 children between October 2011 and January 2013.

Information on initial process and outcome findings will be provided in the State’s Interim Evaluation Report due in November 2013.

COST ANALYSIS FINDINGS

- For the 24-month period ending September 30, 2012 the experimental group has generated preliminary internal savings of 341,912 placement days. Since the start of the waiver demonstration (Phase I), the experimental group has generated internal savings of 624,554 placement days. The report notes that these placement day savings do not take into account total placement days for Hamilton County, which has not consistently participated in the ProtectOHIO project.

Additional evaluation findings are pending the continued implementation of Ohio’s Phase III waiver demonstration.

WEB LINK

All evaluation reports associated with Ohio’s demonstration are available online through the following link: <http://jfs.ohio.gov/ocf/pohio.stm>

OREGON

DEMONSTRATION FOCUS:	Relationship-Based Visitation and Parent Mentoring– Phase III ¹
APPROVAL DATE:	July 8, 2011 ²
IMPLEMENTATION DATE:	July 1, 2011
EXPECTED COMPLETION DATE:	June 30, 2016
INTERIM EVALUATION REPORT EXPECTED:	March 1, 2014
FINAL EVALUATION REPORT EXPECTED:	December 31, 2016

BACKGROUND

During its second five-year waiver extension (Phase III), Oregon is continuing its demonstration of the flexible use of title IV-E funds to implement innovative child welfare service programs. Changes to the demonstration from its prior (Phase II) waiver extension include:

- A focus on implementing just two innovative child welfare programs: Relationship-Based Visitation (RBV) and Parent Mentoring;
- A shift from a comparison site research design to an experimental research design to evaluate the impact of the demonstration; and
- Discontinuation of a separate Subsidized Guardianship demonstration component.

TARGET POPULATION

The target population for the RBV component includes families in which: (1) at least one child under the age of 13 has been in out-of-home placement (not including residential treatment) for at least 14 days and no more than 30 days at the time of initial identification; (2) the child's placement in out-of-home care occurred during the study recruitment period; (3) at least one parent has been approved for visitation outside of an office of the Oregon Department for Human Services (DHS); (4) at least one parent has participated in two or more visits with a child; and (5) the parent has a documented need for parenting services in his/her child welfare case plan.

Caregivers eligible for Parent Mentoring include those who have an active child welfare case in a participating child welfare district (see below) and who have been identified as in potential need of substance abuse treatment. Methods for determining a need for substance abuse treatment

¹ Based on information submitted by the State as of February 2013.

² Oregon's original (Phase I) waiver demonstration was implemented in July 1997, followed by a long-term (Phase II) waiver extension that was implemented from April 1, 2004 through June 30, 2011.

OREGON

include, but are not limited to, a court petition that indicates that the use of alcohol or drugs interferes with the ability to safely parent, parent self-disclosure, a court order that requires an alcohol and drug assessment, law enforcement involvement, or a psychological or mental health evaluation that indicates a need for an alcohol and drug assessment.

JURISDICTION

1. Relationship Based Visitation: RBV is being provided in 29 counties within 13 child welfare districts throughout the State.
2. Parent Mentoring: Parent Mentoring is being provided in seven counties within four child welfare districts throughout the State.

INTERVENTION

1. Relationship Based Visitation (RBV): RBV is an enhanced visitation model that utilizes an evidence-based parent training program to facilitate visits between children in substitute care and their parents. Visits will include the delivery of at least 16 weekly sessions of the evidence-based Nurturing Parent Program curriculum. Parents may receive visits outside of the RBV program in accordance with their visitation plan.
2. Parent Mentoring: The Parent Mentoring program utilizes peer mentors to support parents with substance abuse issues whose children are receiving either in-home or out-of-home services. Core services provided by Parent Mentors include intensive outreach efforts to referred parents; regular face-to-face contacts with parents; non-judgmental, empathic support and encouragement; modeling sober lifestyles and assisting enrolled caregivers in developing their own culturally appropriate recovery networks and resources; and provision of information and referrals to address enrolled families' immediate and ongoing service and resource needs.

EVALUATION DESIGN

The evaluation of the Phase III demonstration includes process and outcome components, as well as a cost analysis. Each demonstration component is being evaluated separately using an experimental research design involving random assignment to an experimental group (eligible for RBV or Parent Mentoring services) and a control group (eligible for traditional services). The outcome evaluations for both demonstration components will examine the impact of Oregon's Phase III waiver demonstration on key child welfare outcomes, including (1) length of stay in out-of-home care, (2) rates of reunification, (3) length of time to reunification or another permanent living arrangement, (4) length of time to case closure, (5) rates of maltreatment recurrence, and (6) rates of foster care re-entry. Specific topics that the process and outcome evaluations of each demonstration component address are outlined below.

1. Relationship Based Visitation: Specific issues that the process evaluation will examine include the implementation process of RBV; implementation challenges and successes; the level of fidelity to the RBV model maintained by contracted service providers; level

of collaboration between caseworkers and contracted service providers; degree to which RBV differs from traditional visitation services; level of parent involvement/engagement in services; level of foster parent involvement; and the ways/extent to which the implementation of RBV influences key outcomes of interest.

Specific outcomes associated with the RBV strategy that will be examined include successful achievement of competency in parenting areas as identified in each family's Family Nurturing Plan; active involvement by parents in visits with children; improved parenting attitudes and practices; more frequent demonstration of positive parenting skills; decreased parenting stress; and increased family and social support.

2. Parent Mentoring: Specific issues that the process evaluation will examine include the implementation process of Parent Mentoring services; implementation successes and challenges in working with parents and service providers; degree to which the program diverges from the original program plan with respect to service delivery, staffing, and client numbers and demographics (model fidelity); parental satisfaction with the mentoring process, mentoring relationship, services, and supports; parents' understanding of substance abuse treatment and child welfare system requirements; and Parent Mentors' satisfaction with program training, supervision, and agency support.

Specific outcomes associated with the Parent Mentoring strategy that will be examined include the proportion of parents that participate in substance abuse treatment; level of engagement with the recovery community; proportion of parents who participate in other services and recovery-related activities; proportion of parents that complete substance abuse treatment; and the degree to which issues of concern identified in parents' case plans are resolved.

PROCESS AND OUTCOME EVALUATION FINDINGS

Detailed outcome findings are pending the continued implementation of the State's demonstration; initial process evaluation findings to date regarding each core demonstration component are summarized below.

1. Relationship-Based Visitation
 - As of January 2013 a total of 1,109 parents had been screened for RBV services, of whom 664 were assessed as eligible for services. Of these 664 eligible parents, 356 were assigned to the experimental group while the remaining 308 parents were assigned to the control group. Of the 356 eligible parents assigned to the experimental group, 148 parents (42 percent) had an intake and had begun receiving RBV services.
2. Parent Mentoring
 - As of January 2013 a total of 283 parents had been identified as eligible for Parent Mentoring services, of whom 159 (56 percent) had been assigned to the experimental group and 124 (44 percent) had been assigned to the control group. Of the 159 parents

OREGON

assigned to the experimental group, 128 (81 percent) had been referred to a contracted Parent Mentoring service provider, of whom 84 (66 percent) had agreed to receive Parent Mentoring services.

- Findings from an online survey of Parent Mentors indicate that a majority (12 of 14) have a high level of self-reported knowledge in the areas of substance abuse treatment and referral resources. In general Parent Mentors expressed less knowledge of child welfare policies and procedures; with only seven of 14 reporting that they were “quite knowledgeable” or had “expert knowledge” in this area. Nine of 14 Parent Mentors reported having a year or more of prior experience as parent mentors, and 10 out of 14 reported a year or more of work experience in the substance abuse field.

PENNSYLVANIA

DEMONSTRATION FOCUS:	Enhanced Family Engagement, Assessment, and Service Array ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of the 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

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

JURISDICTION

The State’s demonstration will initially be implemented in Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango Counties, which collectively represent nearly one-half of the State’s foster care population. Pending Federal approval the State may expand the demonstration to include additional or all counties in the State.

INTERVENTION

Participating counties will use 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 demonstration will include three core programmatic components, the first two of which will be implemented on the implementation date:

¹ Based on information submitted by the State as of March 2013.

PENNSYLVANIA

1. Family Engagement Strategies that strengthen the role of caregivers and their families in standard casework practice. Examples of activities that will be introduced or expanded in participating counties through this demonstration component include Family Group Decision Making, Family Team Conferencing, Family Finding, Permanency Roundtables, and Kinship Navigator services.
2. Enhanced Assessments, which will focus on the introduction or expanded use of standardized well-being, developmental and behavioral assessment tools in participating counties. A number of tools are being considered, including the Child and Adolescent Needs and Strengths Assessment, Service Process and Needs, the Ages and Stages Questionnaire, the Traumatic Events Screening Inventory, and the Family Advocacy and Support Tool, among others.
3. Evidence-based/Evidence Informed Programs (EBPs) will be introduced or expanded in participating counties, beginning in the second year of implementation. Examples of EBPs that may be implemented include:
 - Parent-Child Interaction Therapy
 - Multi-Systemic Therapy
 - Multi-Dimensional Treatment Foster Care
 - Trauma-Focused Cognitive-Behavioral Therapy
 - Positive Parenting Program (Triple P)
 - Nurse-Family Partnership
 - Strengthening Families Program
 - Incredible Years
 - *Why Try?* truancy prevention curriculum

Final selection of assessment tools and family engagement strategies, as well as the specific counties that will employ them, will be specified in the State's Initial Design and Implementation Report. The final selection of EBPs will be based upon data yielded from the assessments conducted during the first year of implementation, and will be specified in subsequent quarterly progress reports and in the updated evaluation design.

In addition to the above-mentioned core programmatic components, participating counties may elect to use demonstration funding to implement or expand a range of other policies, programs, or services such as support groups, mentoring programs, short-term respite care, or foster care recruitment and retention initiatives. These supplemental interventions will be identified in the State's Initial Design and Implementation Report and tracked through subsequent semi-annual progress reports.

EVALUATION DESIGN

Pennsylvania's evaluation will include process and outcome components, as well as a cost analysis. The State will implement an interrupted time series design in which statewide changes in key child welfare outcomes are tracked over time using aggregated data from the State's child welfare information systems. In addition, the State's evaluation team will conduct a meta-

PENNSYLVANIA

analysis of common interventions across participating counties and county-level evaluations of specific interventions that are implemented in the five counties that initially participate in the demonstration. These county-level studies will compare outcomes among children and families that receive a given intervention with outcomes among children and families that do not receive the intervention. Comparison groups will be created using propensity score matching (PSM) or a similar case matching methodology. In lieu of PSM or other case matching methodologies counties may also use randomized controlled trials to evaluate specific interventions.

The State's process evaluation will assess a number of factors, including the demonstration planning process, implementation readiness, fidelity to EBP service models or other core demonstration components, and the quality of services. The State's outcome evaluation will address changes in the following outcomes:

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

The State will collect data to address these process and outcome variables from the State's automated child welfare information systems, child and family assessment tools, agency case records, and additional information sources as deemed appropriate. Additional information regarding Pennsylvania's evaluation will be provided in the State's Final Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Pennsylvania's waiver demonstration.

UTAH

DEMONSTRATION FOCUS:	Enhanced Assessment, Caseworker Tools and Training, and Evidence-Based In-Home Service Array ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

Utah's waiver demonstration targets children and families with a new in-home services case opened on or after October 1, 2013 who are determined to be in need of ongoing services based on a Structured Decision Making (SDM) safety and risk assessment.

JURISDICTION

Utah's demonstration will be implemented in multiple phases toward a goal of statewide operation. Initial implementation will occur in two offices (one serving a rural area and one an urban area) within the Utah Department of Human Services, Division of Child and Family Services' (DCFS) Northern Region. Implementation will roll out in all offices in the Northern Region before implementation continues in DCFS's four remaining regions (the sequence of this roll-out will be determined in conjunction with DCFS Regional Directors). Complete rollout into all DCFS regions will occur no later than the fourth year following the implementation date of the demonstration.

INTERVENTION

Utah has selected three primary service interventions for its demonstration, which include the following:

¹ Based on information submitted by the State as of March 2013.

UTAH

1. Child and Family Assessment will be implemented through use of the Child and Adolescent Needs and Strengths (CANS) assessment, an evidence-based child and family assessment tool. The assessment will be based on the CANS-Mental Health assessment with additional trauma and caregiver elements in order to appropriately assess children and families receiving in-home services and guide the development of individual child and family case plans.
2. Caseworker Training, Skills, and Tools will be developed and implemented that focus on trauma-informed practice and strengthening parents' protective and promotive factors. Specific interventions include the infusion of the Strengthening Families Program to build protective factors within families and utilization of the National Child Traumatic Stress Network's child welfare training curriculum to improve caseworker skills related to recognizing and addressing trauma.
3. Community Resources will be identified in an effort to understand the availability of services to address the most prevalent needs of children and families. Evidence-based programs will also be implemented to meet the needs of the target population; for example, Systemic Training for Effective Parenting, which provides skills training for parents.

EVALUATION DESIGN

Utah's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a longitudinal research design that analyzes historical changes in key child welfare outcomes and expenditures. Changes will be analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward the achievement of the demonstration's primary goals. Cohorts will be defined using data available in the State's Automated Child Welfare Information System (SACWIS). In order to measure historical progress, baselines for each key outcome will be established using historical SACWIS data prior to the implementation of the demonstration. Data on these outcomes will be collected at pre-determined time intervals to assess progress toward the achievement of performance benchmarks for each outcome. Due to the staggered timeline for implementation, the analysis of changes in key outcomes will occur at both the DCFS regional level and statewide. To the extent possible, the State's evaluation will include comparative analyses of different outcomes between children and families that do and do not receive demonstration-funded services. The State may also conduct one or more quasi-experimental sub-studies of programs funded by the demonstration.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and identify how demonstration services differ from services available prior to implementation. The State's outcome evaluation will address, at minimum, changes in the following outcome areas:

- Subsequent alleged and substantiated maltreatment within one year of service termination;
- First time foster care placements within one year of service termination;
- Child and family well-being;

UTAH

- Caseworkers' knowledge of evidence-based assessment techniques, trauma-informed practices, and services available to children and families; and
- Caseworkers' skills in assessing and meeting the needs of children at risk of experiencing maltreatment or out-of-home placement, and their families.

Further details of the evaluation will be described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Utah's waiver demonstration.

WASHINGTON

DEMONSTRATION FOCUS:	Differential Response ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

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

JURISDICTION

The State's demonstration will initially be implemented in selected geographic jurisdictions determined by an assessment of each local Department of Social and Health Services (DSHS) office's readiness to implement the demonstration. Factors considered in this assessment include staff size and structure; performance in terms of best practices, outcomes, and adherence to policy; establishment and use of Continuous Quality Improvement; readiness of community organizations; and availability of resources. The State plans to move towards statewide rollout over the course of the demonstration.

INTERVENTION

Washington is implementing Family Assessment Response (FAR), a Differential Response alternative to traditional child maltreatment investigations. The State's FAR program includes the following core components:

- A comprehensive assessment of the child's safety and family strengths and needs;
- Concrete support and voluntary services such as housing vouchers, food, clothing, utility assistance, mental health services, drug and alcohol treatment, and employment assistance; and

¹Based on information submitted by the State as of March 2013.

WASHINGTON

- Linkage to an expanded array of evidence-based programs and services that promote family stability and preservation, such as Homebuilders, Project SafeCare, Incredible Years, and Positive Parenting Program.

The choice of specific services and programs to provide to families will be based on availability and each family's unique needs and circumstances.

EVALUATION DESIGN

Washington's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison design in which FAR-eligible cases residing in geographic jurisdiction in which FAR services are initially offered (the experimental group) are matched with cases who meet FAR eligibility criteria, but who reside in jurisdictions in which FAR services are not yet available (comparison group). Comparison group participants will be matched to FAR program participants using propensity score matching derived from demographic, geographic, clinical, economic, criminogenic, and health data.

In addition to the primary analysis of differences in services and outcomes for the experimental and comparison groups, the State's evaluation may include supplemental analysis of differences in services and outcomes among selected sub-groups, for example, experimental group families that accept FAR services versus those that refuse FAR services.

The State's process evaluation will include interim and final analyses that describe how the demonstration was implemented and how demonstration services differ from services available prior to implementation as well as the degree to which FAR programs and services are implemented with fidelity to the intended FAR service model. The State's outcome evaluation will address differences between the experimental and matched comparison groups within a specific time period following initial intake across the following:

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

Further details of the evaluation will be described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Washington's waiver demonstration.

WISCONSIN

DEMONSTRATION FOCUS:	Post-Reunification Case Management and Services ¹
APPROVAL DATE:	September 28, 2012
IMPLEMENTATION DATE:	TBD
EXPECTED COMPLETION DATE:	Last day of 20th quarter after implementation date
INTERIM EVALUATION REPORT EXPECTED:	TBD
FINAL EVALUATION REPORT EXPECTED:	TBD

TARGET POPULATION

Wisconsin's waiver demonstration targets all children regardless of title IV-E eligibility who have reunified with their families after temporary out-of-home placement and who are at high risk of re-entry into out-of-home care within 12 months of discharge. The demonstration will initially target children aged 0–5 years; in addition, the State will work with its evaluation contractor in Summer 2013 to develop a predictive risk model in an effort to further define its target population.

JURISDICTION

All children served by the Bureau of Milwaukee Child Welfare will receive post-reunification services throughout the five-year waiver period. Dependent upon cost savings during initial implementation, the State will expand post-reunification case management and support services statewide through the allocation of capitated per-child payments, or "slots". In Years 2–5 of the demonstration period the State may consider further expansion of services and supports to other age cohorts as cost savings permit.

INTERVENTION

Through its demonstration Wisconsin will provide post-reunification case management services to children and families for 12 months following reunification. During this time child welfare case managers will develop and implement, in collaboration with the family, an individualized service plan that reflects the family's unique needs and facilitates a successful transition home. The service plan will leverage formal and informal services that were accessed during the

¹ Based on information submitted by the State as of March 2013.

WISCONSIN

family's child welfare system involvement as well as the child and family's community and natural support system. Individualized services will include, as appropriate and locally available, trauma-informed evidence-based practices such as Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. Additional services may include substance abuse and mental health services for parents, specialized medical services, respite care, parenting support and assistance, transportation, and linkages to other natural and community support services, as needed.

EVALUATION DESIGN

Wisconsin's evaluation includes process and outcome components, as well as a cost analysis. The State will implement a matched case comparison group design to evaluate changes in safety, permanency, and well-being outcomes. The experimental group will be comprised of children who receive 12 months of post-reunification supports, while the comparison group will be comprised of eligible children with similar demographic and case characteristics who do not receive demonstration services. Children in the comparison group will be matched with experimental group children on a case-by-case basis using these characteristics as matching criteria.

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

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

Further details regarding the evaluation will be described in the State's Evaluation Plan.

PROCESS AND OUTCOME EVALUATION FINDINGS

Evaluation findings are pending the implementation of Wisconsin's waiver demonstration.