Government of the District of Columbia
Child and Family Services Agency

Title IV-E Waiver Demonstration Project Evaluation Plan (Revised 6/16/14)

6/16/2014

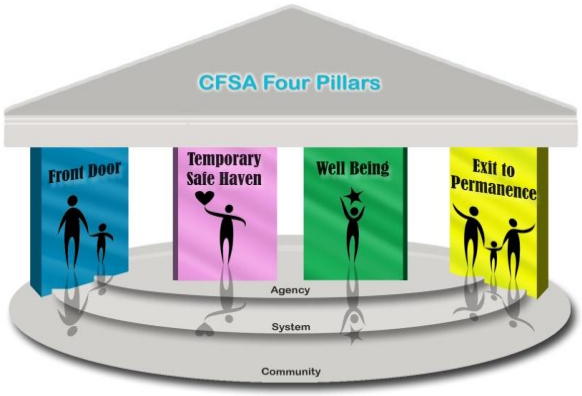
Table of Contents

I. Introduction

A. Briefly describe purpose of project, its purpose and interventions, target population, and how the evaluation will contribute to understanding whether and how the demonstration accomplished its goals

The purpose of this project is to redirect funds that would have been used to support foster care room and board expenditures into services that follow children and families into the community to fully engage and support them in their homes. Through contracts with private community-based agencies for intensive family preservation and post-reunification services and the expansion of community-based prevention programs, CFSA will use flexible Title IV-E funding to expand evidence-based programs to make improvements in permanency, well-being and safety, and child abuse and neglect outcomes.

Figure 1.



The District of Columbia has been working toward child welfare reform for more than a decade. In the last few years, efforts have increased to accelerate progress toward system reform and the title IV-E Waiver demonstration project aligns with these efforts. Under the leadership of CFSA's Director, Brenda Donald, the Agency and the local child-serving community developed and rallied around a strategic agenda known as the Four Pillars (Figure 1). It is a bold offensive and strategically focused effort to improve outcomes for children, youth, and families involved with the District's child welfare system. Each pillar represents an area ripe for improvement and features a values-based foundation, set of evidence-based strategies, and series of specific outcome targets.

- **Narrow the Front Door:** Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe. CFSA's priority is to reach out, locate, and engage relatives as resources for children and families who come to CFSA's attention. At the same time, CFSA is invested in expansion of a prevention strategy that provides resources families can access and use in their own communities without having to engage the child welfare system for help.

- **Temporary Safe Haven:** Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care. CFSA seeks relative placements first,

followed by the most appropriate and homelike setting to keep children connected to their schools and communities. CFSA promotes and preserves maternal and paternal relationships and sibling connections through frequent, quality visits. Permanence is best achieved through a legal relationship such as reunification, guardianship, or adoption.

- **Well-Being:** Every child is entitled to a nurturing environment that supports his or her growth and development into a healthy, self-assured, and educated adult. Accordingly, CFSA and its partners take steps to address educational, mental health, and physical health issues to ensure that children receive the supports they need to thrive. For example, CFSA is incorporating evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Educational achievement is another Agency goal for all children in care, from early childhood education through high school and college, or vocational school.

- **Exit to Positive Permanence:** Every child and youth exits foster care as quickly as possible to a safe, well-supported family environment or life-long connection. Older youth exit care with a minimum of a life-long connection and the education and skills necessary to help them become successful, self-supporting adults. CFSA also offers community-based aftercare services to youth who have aged out of care.

The values embedded within the Four Pillars are the foundation for this demonstration project, which has provided the Agency with an opportunity to enhance strategies to achieve the outcomes of the Four Pillars and ultimately improve outcomes for children and families. Moreover, the Four Pillars have generated significant momentum toward system reform to achieve these positive outcomes and to enhance partnerships with other governmental agencies and community stakeholders to do so. CFSA has developed and implemented sound strategies to meet the goals of each Pillar, such as the title IV-E Waiver demonstration project.

All children and families involved with the District of Columbia Child and Family Services Agency (CFSA) who are eligible and appropriate for the Waiver-funded services will be able to receive them. Priority access to Waiver-funded services, however, will be provided to families within the identified sub-populations (children ages 0-6, mothers ages 17-25 and children who have been in out-of-home care for 6-12 months with the goal of reunification).

The evaluation will examine federal and local outcomes as they relate to children, youth, and families served during the IV-E funded Waiver period as they relate to each of the subcomponents of services provided through IV-E funding (e.g., Homebuilders and Project Connect). The evaluation will also assess the implementation factors and process associated with implementation, such as timing of implementation components and fidelity. An examination of

the implementation process will allow for a better understanding of the identified accelerators or barriers that will be noted for future implementation efforts. Further, a cost study will explore the extent to which funds have been reallocated in a method that further realizes the savings from the historical reduction of numbers of youth in foster care.

B. Identify specific research questions or hypotheses that the evaluation will address

Hypotheses:

Theory of Change:

In support of CFSA's Four Pillar strategic framework, the Agency's title IV-E Waiver demonstration project seeks to increase the number of children who can remain safely in their homes and the number of families who can achieve timely permanency by providing services and resources that strengthen family functioning. While CFSA has experienced a steady decline in the foster care population in the past few years, length of stay in care continues to be of concern. As of September 30, 2013, the average length of time in care was 17.7 months for children and youth with the goal of reunification.[1] This was an increase from the previous year when the average length of time was 14.7 months for children with the goal of reunification. Further, CFSA looks to maintain children safely with their families by eliminating unnecessary removals of children from their homes by providing services and resources that address immediate safety concerns and mitigate risk. A total of 406 children were removed from their homes in FY2013.[2] Eleven percent (45 out of a total of 406) of the children removed in FY2013 were in foster care for less than 90 days before they were returned to their families. In addition, 72 (18%) of the removals included children whose families were involved with In-Home services.[3] This was an increase from FY2012 when 22 children were removed from In-Home services.

CFSA's theory of change assumes families will be better able to ensure their child's well-being and provide them with a safe, permanent home when they have access to individualized community-based services that engage them in "hands on" skills development. As a result of these skills, it is expected that families will be able to: demonstrate increased knowledge of child development and age-appropriate behaviors, improved interactions with their child, the ability to positively cope when faced with challenges, and increased connections to positive social supports, all of which improves overall family functioning. The title IV-E Waiver demonstration project supports this theory by expanding the continuum of services in the child welfare system and by strengthening existing partnerships with District government and community providers. With the introduction of two new intensive family preservation programs, families will be able to access services tailored to their strengths and needs so that caregivers can learn developmentally

[1] FACES.NET report CMT 367; based on a point-in-time figure on the last day of the fiscal year.
[2] FACES.NET Ad Hoc Report
[3] FACES.NET Ad Hoc Report

appropriate parenting skills which will result in improved parenting skills and ultimately lead to more children remaining safely in their homes and a reduction in time to achieve reunification. CFSA will further narrow the front door by increasing the capacity of caregivers to safely care for their infants, children and youth by providing early intervention services so that parents demonstrate improved parenting and coping skills, which will result in enhanced family functioning and reduced re-reports of maltreatment. The attached outcome chains and the logic model found below further detail the theory of change for the demonstration project and how specific interventions will result in expected outcomes (see attachments).

General Hypothesis:
The flexible use of title IV-E funds to implement and expand community- and home-based services will improve safety, permanency, and well-being outcomes for children and families involved in the State's child welfare system.

Research Question One:
Were services expanded as a result of the Waiver and were they implemented with fidelity?

Sub-Hypotheses:

1) The expansion of preventive services will lead to an increase in the population of CFSA in-home families receiving preventive services when compared to the pre-Waiver time period.

2) All programs will maintain fidelity to their intended model.

Research Question Two:
To what extent did the evidence based practices and other programs meet anticipated outcomes and for which families and youth were the interventions more or less likely to be successful?

Sub-Hypotheses:

3) Families and youth that receive Homebuilders will experience the following outcomes:
    - Reduced re-reports, new reports of maltreatment, and entries into out-of-home care
    - Improved family functioning, and social and emotional well-being

4) Families and youth that receive Project Connect will experience the following outcomes
    - Permanency by at most 6 months following discharge from Project Connect
    - Fewer re-entries into out of home care when permanency is achieved
    - Reduction of re-reports, new reports of maltreatment when permanency is achieved
    - Improved educational achievement
    - Improved family functioning, and social and emotional well-being

5) Families and youth that receive Home Visitation will experience the following outcomes:
    - Reduced re-reports, new reports of maltreatment, and entries into out-of-home care

- Improved family functioning, and social and emotional well-being

6) Families and youth that receive Parent Education and Support Project Services (PESP) will experience the following outcomes:
   - Reduced re-reports, new reports of maltreatment, and entries into out-of-home care
   - Improved family functioning, and social and emotional well-being

7) Families and youth that receive Parent and Adolescent Support Services (PASS) will experience the following outcomes:
   - A reduction in challenging behaviors
   - Reduced re-reports, new reports of maltreatment, and entries into out-of-home care
   - Improved educational achievement
   - Improved family functioning, and social and emotional well-being

Research Question Three:
Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame?

Sub-Hypothesis:

8) Compared to the pre-intervention group (comparison group), the intervention will obtain the following:
   a) Lower percentage of families with a re-report, a new report, entries into care, and lower costs during Waiver-funded period compared to pre-Waiver funded period.

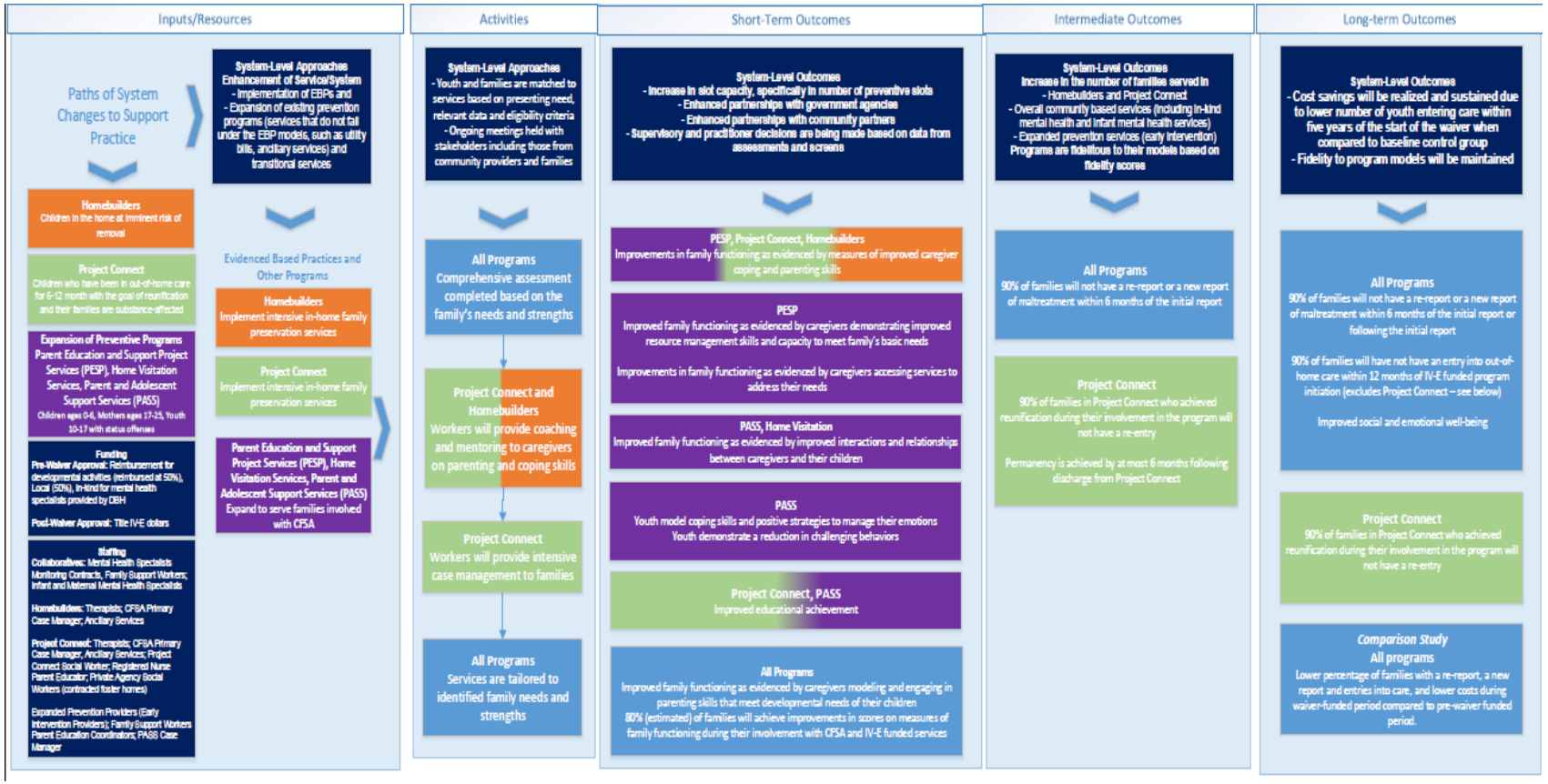
II. Evaluation Design

A. Logic model: Present a detailed logic model that illustrates the conceptual linkages between core demonstration components and associated interventions; expected outputs; and short-term, intermediate, and distal outcomes. The logic model should clearly articulate how specific activities or services are expected to produce or influence their associated outcomes.

Logic Model
The logic model for the Waiver is below and attached, with two paths, one for changes that are being made at the system level to support practice (top, dark blue) and another that displays the paths for practice level activities and outcomes. There is some overlap in activities and outcomes; the items in the practice level path are color-coded to display items as associated with programs.

Activities and outcomes that are shared across all programs are labeled as such, "All Programs"

Logic Model for the Title IV-E Waiver Demonstration.



B. Research Methodology: Describe the overarching research methodology that will guide the evaluation effort. Explain rationale for methodology selected and describe any other methodologies that were considered and why they were ruled out. Discuss procedures for minimizing design contamination. Provide detail, if applicable on RCT, Propensity Score Matching, Longitudinal/Historical analysis (identify time periods for comparison, time period prior to the Waiver to establish a historical baseline), identify cohorts of cases that will be tracked over time.

The evaluation consists of four overarching designs to address the research questions and sub-hypotheses (Table One, see Appendix). Random assignment is not feasible for this project, ruling out experimental designs. Entry to the Waiver-funded programs will be based on eligibility criteria that do not include a cutoff score on a standardized measure, which also rules out regression discontinuity design. Interrupted time series designs were considered, however it is believed that the variance in time lines associated with each outcome (i.e., some are cross-sectional, some repeated) will limit the applicability of findings. Targets for the outcomes are included in the logic model and description in later sections of this plan. The federal child welfare outcomes and associated targets were utilized as a framework for establishing outcomes and targets for this evaluation. The evaluators for this project are also conducting the evaluation of CFSA's Trauma II grant and the DC Gateway System of Care expansion grant. Methods by which the three evaluations will cross-over and provide a thorough analysis of youth and families served by multiple systems involved in these grant-funded programs are provided throughout this narrative. Given that the evaluators will be addressing research questions related to the overall implementation of the IV-E Waiver, which encompasses service expansion, several studies (i.e., sub-studies) will be conducted within the evaluation approach.

Research Question One:
Were services expanded as a result of the Waiver and were they implemented with fidelity?

1. *A quasi-experimental, pre-post design with comparison group of services offered before the Waiver.* The primary purpose of this approach is to determine if there are significant differences in the number of families receiving preventive services by comparing this number before (one year prior) and after (at one year post) Waiver implementation. This time frame was selected to allow for a reasonable amount of time for programs associated with the Waiver to enroll and serve youth and families. This approach will be repeated annually to ensure that each program year served a significantly larger number of families compared to one year prior to implementation. It is expected that analyses will consist of descriptive statistics to explain frequencies and measures of central tendency as well as distributions. Independent samples t-tests will be used to determine if a statistically significant magnitude of change in persons served was achieved from the pre-

Waiver year to post-Waiver year *k.* A breakdown of families served by program (i.e., Homebuilders, Project Connect, PESP, Home Visitation, PASS) will also occur to explore the expansion of services within each IV-E program.

2. *A non-experimental, cross-sectional design without a comparison group (mixed methods) for the Process Study.*
   Fidelity data will be tracked on a bi-annual basis from the programs funded by IV-E. The types of data collected will range from program level data on staff training and certification to caseload level data such as the number of face-to-face contacts per family to case specific data such as case reviews. A more data intensive fidelity evaluation will occur on Project Connect and Homebuilders given that they are being newly implemented as part of the Waiver and that they will be working with national program developers on implementation. Specific details on the fidelity evaluation can be found below in the Process Evaluation section.

   The following process and implementation factors of Waiver-funded services will also be explored: 1. Reach (i.e., numbers of families and staff participating); 2. Feasibility of implementation and sustainment; 3. Readiness to implement; 4. Acceptance and satisfaction of services by staff and families; 5. The overall successes and challenges of implementation and the related competency, organization, and leadership drivers that may have influenced implementation successes or barriers; and 6. Policy and practice changes. Staff, families and other stakeholders will be the primary sample for the process and implementation study. This approach will be continued until the end of implementation.

Research Question Two:
To what extent did the evidence based practices and other programs meet anticipated outcomes and for which consumers were the interventions more or less likely to be successful?
A pre-test/post-test design, Pre-experimental (Enrolled Consumers), Quasi-experimental (Discharged Consumers)

3. In this case, the pre-test/post-test design pertains to an examination of families' progress on indicators at certain time periods when compared to a consumer's assessment scores at program entry (e.g., single point in time) at the beginning of program. This approach will be ongoing and will focus on establishing the progress for each of the programs (i.e., Homebuilders, Project Connect, PESP, Home Visitation, PASS) in achieving short-, intermediate- and long-term outcomes. Data will be limited to time periods following the start date of Waiver implementation only as it will concentrate on the programs that were expanded or newly implemented due to the Waiver. The purpose of this design is to

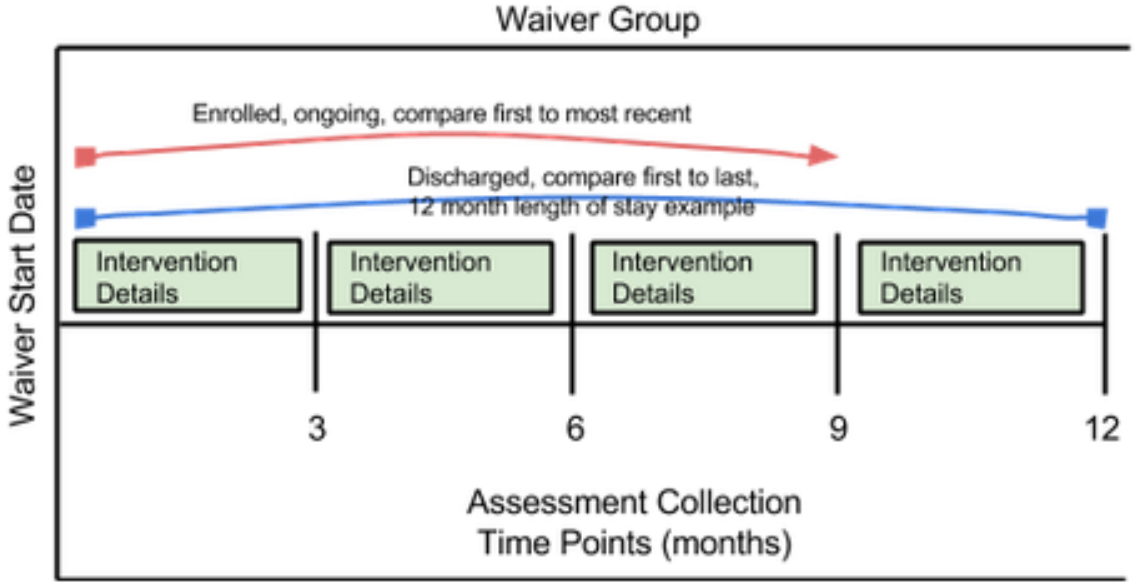
prepare the data for analyses on two samples, enrolled consumers and discharged consumers.

(a) *A pre-experimental pre-test/post-test design for Enrolled Consumers*- The benefit of analyzing data for this group is to inform program professionals of ongoing outcome achievement for consumers still enrolled and to assist them in making data-driven decisions. Individuals will be in this group if they have a current episode without a discharge or close date. These analyses will begin within the first quarter of implementation and be descriptive, displaying rates of improvement and change scores based on a comparison from the consumer's assessment score at program start (i.e., for each assessment) to the most recent assessment score for that consumer. (e.g., "Decreased family functioning", "Stayed the same", "Increased functioning", or "no re-reports"). This information would be specific to each program, matching the appropriate outcomes, and be distributed as a consumer-level dashboard on a quarterly basis. A similar tool was created for the System of Care in Erie County, NY; which was the basis of an award from SAMHSA for utilization of evaluation findings. Dissemination of these reports has been shown to be effective in increasing buy-in and utilization of data by practitioners in Erie County, NY. The enrolled consumer group will be tracked over time on a quarterly basis until they are dis-enrolled, when they will move to the "Discharged Consumers" group.

(b) *A quasi-experimental pre-test/post-test design for Discharged Consumers*- Analysis of the discharged consumers is necessary to determine the extent to which outcomes were met due to enrollment in the program as well as outcomes collected at time of discharge (e.g., length of time until permanency) and after discharge within the follow-up timeframes specific to the Federal Outcomes for safety and permanency (see Outcomes Section). Similar to the enrolled consumer analysis, assessment scores at program start will be compared to scores at program end, per consumer, per program. Bivariate and regression analyses will be conducted on this group to determine associations between categorical (for group comparisons) and continuous independent variables (e.g., types of services received, units of services, length of time in service, presenting need, dis-enrollment reasons) and achievement of short, intermediate and long-term outcomes. Analysis of the discharged consumer group will be done by the evaluators using statistical software will occur every six months, and will be separate from the consumer report. Covariates will be used to control for variance in the sample when conducting regression analyses (e.g., baseline assessment scores, age at entry, and length of time in the program).

The figure below displays approach *#3*, which begins at the start of the Waiver and continues to the end of Waiver funding, which is not shown in the figure due to space limitations. (It is the intent of the evaluation team to implement a design that is sustainable post-funding; the pre-test/post-test design can easily be programmed into management information systems for continual reporting and evaluation). The descriptive analyses on the enrolled families and youth are ongoing and include a comparison of their first and most recent assessments to determine if they are improving or not. If, for example, this family was discharged at month 12 of service, the analysis would compare the scores from first to most recent (closest to month 12). Additional analyses (discussed in later sections of this plan) can be conducted on the relationships between receipt of specific services, labeled in the figure as "Intervention Details", and change from first to last measure. For example, an analysis will look at the relationship between types/units of service and outcomes achieved. Information from these analyses will inform practice and planning decisions as well as quality improvement initiatives.

Figure. Illustration of Research Question Two Design Example.



An integrated record will be constructed for each consumer receiving services, to include details of demographics (i.e., race, ethnicity, gender, age at entry), presenting need, enrollment and discharge information, and data available from screenings and assessments. Consumer data from other databases (history of child protection service experiences, out of home and in home placement) will be integrated into the record for those families.

Research Question Three:
Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame?

4. *A quasi-experimental design with a matched comparison group*. Of importance here is whether or not consumers are better off due to services put in place or expanded with Waiver funds. In order to determine this, an independent sample (will not include any families from the Waiver Group) will be drawn from the time period before the Waiver implementation start date (Pre-Waiver Group). The timeline for both groups will be similar:
    (a) *Pre-Waiver Group*: Families will need to have received services and have been discharged between 12 to 18 months before the Waiver start date and have received services for at least six consecutive months. Outcomes will be limited to a 12-month follow-up period from the end date of those services. To reduce contamination of the sample, youth and families will be excluded from this group if they received one of the programs to be expanded by Waiver funds during the pre-Waiver time period. We are expecting that this group will remain the same for each referent comparison in the analysis due to sample size limitations. The evaluators will monitor data for changes in cohort characteristics from year to year and if there are significant differences between groups (Pre-Waiver vs. Cohort 2, Pre-Waiver vs. Cohort 3), the reference group will be re-drawn for a closer match to observed Waiver Group characteristics.
    (b) *Waiver Group:* The first group will be determined at 24 months after the Waiver start date to allow for receipt of Waiver services for six months and a 12 month follow-up time frame. The six month inclusion criteria for the Waiver Group is being adjusted for the Homebuilders program, which has an expected length of stay in the program of four to six weeks. Due to this, inclusion criteria for consumers enrolled in this program will be at least four weeks, to provide time for families to be engaged in the program. Similarly, an adjustment will be made for the PESP programs, which have an estimated length of stay between three and six months; inclusion criteria will be at least three months for these programs. Youth will need to have been discharged between 12 to 18 months before the two year mark from the Waiver start date. They will be included if they received services for at least six consecutive months after the Waiver start date. Outcomes will be limited to the 12 month period following discharge. The Waiver Group will be re-constructed in funding years three, four and five, and compared with the same Pre-Waiver Group described above.

The timeframe of one to two years prior to the Waiver was established to allow for families to potentially be closed prior Waiver-funded services beginning thereby reducing contamination of the control group. Year two was chosen to allow for families to have a

closed case and outcomes to be realized during the study period, allowing for analyses to occur while evaluation services are funded.

The outcomes to be analyzed and sample matching criteria are unique to each program (see Table Two, Appendix). It is the intent of the evaluators to construct eight models in response to the eight sets of programs matched with eligibility criteria (Homebuilders, Project Connect, Home Visitation and Early Intervention, Father Child Attachment, PESP Centro Nia and PESP Healthy Babies, PESP East River and PESP Columbia Heights, and PASS). It may be difficult to obtain the level of specificity in the data relative to the matching criteria for the PESP programs, and in that case, five reference groups will be obtained (Homebuilders, Project Connect, Home Visitation and Early Intervention to Include Father Child Attachment, PESP and PASS) and matched to the eight program models. In this instance, one Pre-Waiver group may be used as a reference group for multiple intervention groups where appropriate. Propensity scores will be used to match samples from Pre-Waiver Group to the Waiver Group based on covariates associated with greater likelihood of program enrollment (i.e., program eligibility criteria) and characteristics of those enrolled. For example, the Project Connect Waiver Group will be matched with like individuals from the Project Connect Pre-Waiver Group based on age (under 18 years), length of time in care (between six and 12 months), and reunification goal (goal must be to achieve permanency). This limits the comparative analyses to those that were in the intervention group (Waiver Group) and those that were likely to be in the intervention group (but were not) if the respective service was available at that time. The groups will also be matched on characteristics of the individuals who received services, including family size, race, age, gender, and previous history of a Child Protective Services report (e.g, has a history or not).

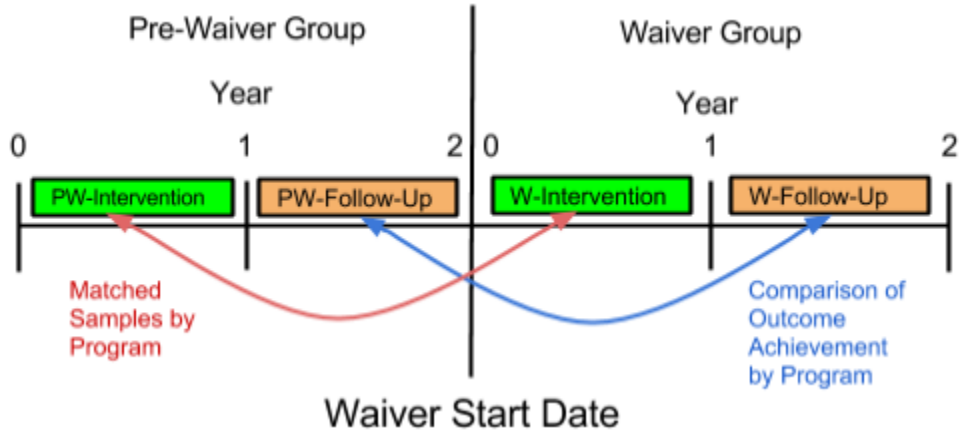
Table Two lists the Comparison Outcomes that are specific to each program and limited to available data from the Pre-Waiver Group (i.e., data related to youth functioning will not be present in that group). The following outcomes are shared across all programs: The occurrence of re-reports and new reports of maltreatment, experience of entries into out-of-home care, costs of care in the intervention and follow-up timeframes (to be discussed in further detail in the cost study section below). For Project Connect, permanency is expected to be achieved within six months, and educational achievement will be compared across groups for the Home Visitation/Parent Education and Support/Parent and Adolescent Support programs.

The figure below displays a general diagram of this design as the design will result in unique timelines and markers for each youth based off of their entry and discharge dates. The Pre-Waiver Group is being compared with the Waiver Group, matched on criteria

specific to each program. The outcomes in the Waiver Follow-Up timeframe (labeled as "W-Follow-Up") are then compared with the outcomes in the Pre-Waiver Follow-Up timeframe (labeled as "PW-Follow-Up"). This approach will be repeated annually and encompass all youth in Waiver funded programming since the Waiver Start Date with at least six months of service and 12 months of follow-up time. The data from the Pre-Waiver Group will serve as a reference group for each annual analysis (i.e., Pre-Waiver Group vs Waiver Group Year 1, Pre-Waiver Group vs Waiver Group Year 2, etc.).

It is the intent of the evaluators to compare outcome achievement across the Waiver cohorts (i.e., Pre-Waiver Group, Waiver Group Year 1, Waiver Group Year 2, Waiver Group Year 3, etc.) to determine the extent to which achievement was maintained over time as well as trends in demographics of populations served. This will be a descriptive analysis, comparing cohort years. Data will be analyzed on each of the IV-E programs.

Figure. Illustration of Research Question Three Design Example.



The three research questions and associated evaluation designs complement each other. The answer to Research Question One will determine if services were expanded, more people were served and with fidelity to practice. Research Question Two will provide answers to inform day-to-day practice (Enrolled Consumer reports) and an ongoing understanding of achievement of short, intermediate and long-term outcomes by program (Discharged Consumer reports). Research Question Three is a more sophisticated study of whether or not and to what extent did the Waiver implementation lead to significant differences in youth and family outcomes and cost. It is expected that there will be some overlap in samples, which is acceptable; Research Question Three is limited to outcomes that are shared between the Pre-Waiver and Waiver Group, but analysis of these outcomes is important and therefore a focus of the Discharged Consumer Group analysis in Research Question Two.

C. Target Population(s)/Sampling Plan:

- *Describe the target population(s) and the estimated number of children/families/caregivers/caseworkers/supervisors/etc. that will receive interventions/services both initially and during the course of the demonstration. Indicate whether the population to be served will include existing/active child welfare cases or if it will be limited to new child welfare cases.*

Triage and Enrollment Process

CFSA social workers are trained and given the eligibility criteria for each of the programs offered. This, in combination with their clinical judgment and knowledge of family's needs, they complete a referral form for the program that best matches needs and submit it to the Data Analyst at CFSA. The Data Analyst reviews each referral form and ensures the family is appropriate based on the program criteria and forwards the referral to the program. Upon receipt, program personnel review the referral and verify the family's appropriateness for enrollment. If additional information is needed, the program personnel communicates with the Data Analyst and referring worker. These communications result in a more comprehensive determination of need and the family is matched with a more appropriate program.

Sampling Frame – Those Eligible for Waiver Funded Services

The targeted population includes all children and families involved with the District of Columbia Child and Family Services Agency (CFSA) who are eligible and appropriate for the Waiver-funded services. Priority access to Waiver-funded services, however, will be provided to families within the identified sub-populations (families with children ages 0-6, families with mothers ages 17-25 and families with children who have been in out-of-home care for 6-12 months with the goal of reunification). Of these sub-populations, CFSA anticipates that families with children ages 0-6 and with mothers ages 17-25 are likely to participate and benefit from Homebuilders and early intervention services, while families with children with the goal of reunification will receive services through the Project Connect model.

Sample for Research Question One:

Were services expanded as a result of the Waiver and were they implemented with fidelity?

The fidelity study will include all families served by the preventive programs funded by the waiver, but will vary on level of fidelity monitoring and assessment. Fidelity for two of the evidence based programs, Homebuilders and Project Connect, will be measured using consumer-level information through fidelity assessments conducted by the national program developers and through tracking of local data by the evaluators. Approximately 28 staff will serve on the teams implementing Homebuilders, and 28 staff will serve on the teams implementing Project Connect, and will likely take part in the fidelity study. The fidelity tools for the other programs (see

Process Evaluation section below) are to be determined, but it is likely that data will range from aggregate to consumer level. The numbers of families served as part of Waiver implementation can be found in "Sample for Research Question Two" below and it is expected that case level data on these families will be included in the fidelity study.

The process and implementation study will focus on all programs associated with the Waiver funding. It is expected that there will be at least 140 internal staff and 100 external staff who are directly involved with the implementation of IV-E; these individuals will be included in these studies.

It is unknown how many stakeholders will be surveyed as part of the process evaluation. Families and youth who take part in IV-E Waiver funded services will also be surveyed. A representative sample of families and youth will be surveyed to achieve at least 30% of the sample sizes mentioned below, which is between 180 and 243 families using the estimate of 600 to 811 families that will be served during the first year (taken from estimates discussed in the sample section for research question three).

Sample for Research Question Two:
To what extent did the evidence based practices and other programs meet anticipated outcomes and for which consumers were the interventions more or less likely to be successful?
A pre-test/post-test design, Pre-experimental (Enrolled Consumers), Quasi-experimental (Disccharged Consumers)
As mentioned above, consumers will be split into two groups based on whether or not they are currently receiving services (Enrolled Consumers and Discharged Consumers). Families will be included in this group if they have had a valid enrollment date (i.e., were engaged and began programming) and no valid discharge or dis-enrollment date (i.e., were not dis-engaged and/or did not stop receipt of programming). The enrolled consumer sample estimates are cross sectional, that at any given time, a program would be serving a proportionate number of their capacity. We are estimating sample sizes with the assumption that all programs, except PASS, will be serving families at 1/3 total capacity for year one and 2/3 in year two. PASS will be at 100% capacity beginning in Year One. This would result in sample sizes of (Year One; Year Two):

- Homebuilders (operating at two teams) – 59; 119
- Project Connect (operating at two teams) – 26; 53
- Home Visitation and Early Intervention – 48; 96
- PESP - CentroNia – 17; 33
- PESP – Healthy Babies Project – 8; 17
- PESP – East River Family Strengthening Collaborative – 13; 26
- PESP – Columbia Heights/Shaw Family Support Collaborative – 20; 40

- PASS – 15; 15

The discharged consumer samples were constructed based on the above assumption that the programs will be serving families at 1/3 total capacity for year one and 2/3 in year two. However, the programs have variance in their expected lengths of stays. For simplicity, the estimates of families discharged each year (below) were calculated using the following formula for year one: *((12 Months in Year/Estimated Length of Stay of Program)*(.33*Program Capacity at 100%))*. So that, by the end of year one, a program would have discharged 1/3 of their capacity multiplied by the number of estimated length of stay cycles in that year. For example, Home Visitation and Early Intervention has an expected LOS of 6 months and, at 1/3 capacity, will enroll 48 families for an average of two 6 months cycles, resulting in 96 families discharged. Estimating the LOS of enrollees is a complex task as there are other factors that will influence the observed LOS, such as program completion rates, post-enrollment identification of targeted siblings, and early completion of program objectives. The annual estimates (year one only, due to limitations mentioned above) for inclusion in the discharged consumer sample are as follows:

- Homebuilders (operating at two teams) – 475
- Project Connect (operating at two teams) – 26
- Home Visitation and Early Intervention – 96
- PESP - CentroNia – 33
- PESP – Healthy Babies Project – 17
- PESP – East River Family Strengthening Collaborative – 26
- PESP – Columbia Heights/Shaw Family Support Collaborative – 40
- PASS - 30

This group will include all families that have had a valid enrollment date (i.e., were engaged and began programming) and valid discharge or dis-enrollment date (i.e., were dis-engaged and/or officially ceased receipt of programming). Both Enrolled and Discharged groups will be constructed for each of the programs.

Sample for Research Question Three:

Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame?

(From Research Methodology Section) "An independent sample (will not include any families from the Waiver Group) will be drawn from the time period before the Waiver implementation start date (Pre-Waiver Group). The timeline for both groups will be similar:

(a) *Pre-Waiver Group*: Families will need to have received services and have been discharged between 12 to 18 months before the Waiver start date and have received services for at least six consecutive months. Outcomes will be limited

to a 12-month follow-up period from the end date of those services. To reduce contamination of the sample, youth and families will be excluded from this group if they received one of the programs to be expanded by Waiver funds during the Pre-Waiver time period. We are expecting that this group will remain the same for each referent comparison in the analysis due to sample size limitations. The evaluators will monitor data for changes in cohort characteristics from year to year and if there are significant differences between groups (Pre-Waiver vs. Cohort 2, Pre-Waiver vs. Cohort 3), the reference group will be re-drawn for a closer match to observed Waiver Group characteristics.

(b) *Waiver Group:* The first group will be determined at 24 months after the Waiver start date to allow for receipt of Waiver services for six months and a 12 month follow-up time frame. The six month inclusion criteria for the Waiver Group is being adjusted for the Homebuilders program, which has an expected length of stay in the program of four to six weeks. Due to this, inclusion criteria for consumers enrolled in this program will be at least four weeks, to provide time for families to be engaged in the program. Similarly, an adjustment will be made for the PESP programs, which have an estimated length of stay between three and six months; inclusion criteria will be at least three months for these programs. Youth will need to have been discharged between 12 to 18 months before the two year mark from the Waiver start date. They will be included if they received services for at least six consecutive months after the Waiver start date. Outcomes will be limited to the 12 month period following discharge. The Waiver Group will be re-constructed in funding years three, four and five, and compared with the same Pre-Waiver Group described above."

The first wave of this analysis will begin in year two and the Waiver Group sample is anticipated to be between 519 (70%) and 742 families, which is an estimated total number of families to be served in year one. The range represents expected variance in lengths of stay to meet the inclusion criteria for the sample. This cap was included to allow for at least 12 months of follow-up for the analysis. The final sample size for this group is unknown at this point due to observed enrollment, lengths of time in the programs (i.e., which will be necessary to chart follow-up timeframes) as well as unpredictable attrition rates. By program, the Waiver group sample size estimates would be:

- Homebuilders (adjusted due to capacity) – 332 to 475
- Project Connect (adjusted due to capacity) – 18 to 26
- Home Visitation and Early Intervention – 67 to 96
- PESP CentroNia – 23 to 33

- PESP – Healthy Babies Project – 12 to 17
- PESP – East River Family Strengthening Collaborative – 18 to 26
- PESP – Columbia Heights/Shaw Family Support Collaborative – 27 to 40
- PASS – 21 to 30

The Pre-Waiver Group will be obtained through the FACES management information system and matched by each of the programs using Propensity Score Matching based on eligibility criteria (see Table Two). It is also expected that the matching procedure will decrease the number of individuals from the Pre-Waiver Group that can be associated with individuals from the Waiver Group; at an anticipated 60% match, the final sample for each group (year one) would be between 311 and 445.

III. Process Evaluation

For this component of the evaluation, address in detail the following elements:
A. Outputs/Output Measures: Identify the specific programs, services, activities, policies, and procedures that will be studied as part of the process evaluation, as well as contextual variables that may affect their implementation. Where appropriate, identify specific, quantifiable output measures that will be tracked as part of the process evaluation (e.g., number of families enrolled, number of services provided).

Given that the IV-E Waiver will focus mainly on the expansion of in-home and community-based services, this component of the evaluation will concentrate on identifying the process by which services were expanded (e.g., facilitators and barriers of successful implementation, compatibility of the services implemented and expanded to recipients and deliverers of services, fidelity and sustainability), both for the expansion of current services and the new services being implemented. Outputs that will be examined include: the extent to which the expansion of IV-E programs reached CFSA-served families, internal CFSA and collaborative community policy changes that occurred during the Waiver period, extent of collaboration among community and government partners, fidelity, "acceptability" of preventive services expansion, satisfaction of services, and the overall barriers, challenges, successes, and accelerators of implementation. The evaluation team will work with their Cultural Competence expert to infuse methods that are culturally competent into the evaluation and to ascertain the extent to which all grant activities are culturally competent. More specifically, the Cultural Competence expert will: 1) Review the evaluation methods and make recommendations on the extent to which information is being captured on possible disparities in service delivery; 2) Review actual survey questions and other instruments to ensure that questions are asked around the cultural competency of services provided. Descriptive statistics will be the main method of analysis for the process evaluation, along with theme identification for qualitative information.

Table Three in the appendix identifies the measures/indicators, data sources, collection interval, targets/benchmarks, and person responsible for the data collection on each output. A description of the table is found below and in sections B and C of the Process Evaluation. The process study will utilize a mixed methods approach including both qualitative and quantitative analyses. Pattern analysis will be used to uncover themes in qualitative data found in focus groups and open-ended survey responses. Themes will be rank-ordered based on popularity in response. Other proposed data analyses are found in the description of each of the methods. Data analyses tools and other programs that will be used for analyses will include: ATLAS.ti to identify qualitative themes, the Statistical Package for Social Sciences (SPSS) for quantitative analyses, and Microsoft Excel and Access for general descriptive statistics or for general qualitative analyses.

Some of the staff, stakeholders, families served, and evaluation methods cross over among the Trauma II, DC Gateway, and IV-E initiatives. The potential impact that each of these initiatives have on one another will be identified through the process evaluation and is described where applicable in the methods below. Pattern analyses will be used as a method to identify where there are overlaps and interactions as well as how implementation of the initiatives may have an impact on one another. These analyses will be conducted on meeting minutes, focus groups, surveys and other methods described below.

Capacity of preventive programs will be increased

Capacity of preventive programs will be assessed quantitatively by the number of families served during the waiver period and the differences in the number of families served prior to IV-E implementation when compared to the implementation period (Research Question One). The statistical significance of this magnitude of change will be measured through independent samples t-tests. Aggregate data will be collected from internal and contracted program records and this analysis will be repeated an annual basis, using one year prior to Waiver start date as the reference group. Capacity will also be assessed qualitatively through focus groups that will inquire about the process by which capacity was increased or changed, including the meaning of the possible capacity change (e.g., was change in capacity actually a change in the demographics and eligibility requirements for the population served and not necessarily the number of individuals/family units served?) and the challenges and successes related to the changes in capacity.

Families will receive appropriate services from program staff

Families will be referred to Waiver programs based on eligibility criteria. This referral process will primarily take place during by CFSA's RED Team. During the first few months of implementation, the evalutors will work with the CFSA implementation team and an outside consultant who has developed child welfare risk and strength/barrier tools. The group will

develop a matrix to match risk and strength/barrier to program and program eligibility. A review will be conducted on a quarterly basis by the evaluators to examine the match between eligibility criteria, presenting needs of families and referral to Waiver programs (e.g., number of criteria met, how the criteria were determined), presenting needs of families at time of referral to program, and the extent to which the presenting needs were matched to actual receipt of program referred to and received. Descriptive analyses will take place to determine the extent to which the presenting needs were matched to receipt of program referred to and received.

Assessments completed are applied to practice

The receipt of appropriate services, the tailoring of services to meet families' needs, and an assessment of family functioning are key Waiver activities. The tracking of the number, type, and timeframe of assessments completed with each family and how it was utilized in practice will occur on a quarterly basis. The number, type, and timeframe of assessments completed with each family will be tracked through case-level program records. A report will be developed that will include the number of families receiving services with their completed assessment. Descriptive analyses will be included in these reports when appropriate. Staff surveys, to be further described below, will be administered during year one of the Waiver, mid-way (2.5 years) and at the end of the Waiver that will inquire about the collaboration on assessments and the extent to which assessments were utilized in practice.

Policy changes

The Waiver implementation involves several systems and practice level changes and includes a number of community organizations. A meeting tracking tool for work teams involved in grant activities will capture attendance, date, number of meetings, workgroup type, and a summary of the meeting, and will be a source for policy changes. Minutes from meetings will also be examined in conjunction with these data. Analysis and reporting will occur annually. This type of tool and reporting will be utilized for the CFSA Trauma II grant as well. Further, policy changes as part of the DC Gateway System of Care are being tracked. An analysis of how these policy changes among the initiatives interact and cross over will allow for a thorough understanding of the systems level changes that are occurring. Stakeholder surveys will also be administered during year one, mid-way (2.5 years), and during the final year of Waiver funding and among other factors to be described below, the survey will inquire about policy changes. The survey will be administered via an online tool (i.e., Qualtrics).

Collaboration

It is expected that collaboration will occur among community and government partners. In addition to policy changes, the stakeholder feedback survey will measure collaboration. Questions from the Wilder Collaboration Factors Inventory (Mattessich, Murray-Close, and Monsey, 2001) will be used in this survey to measure the extent of collaboration felt among

stakeholders. Further, focus groups with different members of the project team and staff will explore qualitative aspects of collaboration. The details of the focus groups are described below. Focus group participants will include key members of the integrated practice team at CFSA. These members are also involved in the work of the Trauma II grant and the DC Gateway System of Care Expansion, which will allow for a thorough analysis of successes and challenges identified in the major systems-level changes that are occurring throughout child and family programs in the District of Columbia.

Staff acceptance, readiness to implement, feasibility of implementation and sustainment
The expansion of preventive programs includes current and to-be-implemented evidence-based and best practices. A survey will be administered with all direct service and supervisory-level staff to capture readiness to implement evidence-based practices (for new programs), feasibility of implementation, expansion, and sustainment of expansion; acceptance and satisfaction of services by staff and families; the overall successes and challenges of implementation resources; and, tools, or additional trainings needed for implementation. Both sets of surveys will also contain a few brief questions that will identify the competency, organization, and leadership drivers that may have contributed to successful implementation, or are needed for successful implementation. The first set of surveys will be administered during the first six months of Waiver implementation. Follow-up surveys will be administered mid-way through Waiver funding (2.5 years) and at the beginning of year five, to allow for perspectives on implementation status at the time that the survey is being administered and will make connections between drivers and success of implementation. Surveys were chosen to capture this data because they can reach a broad audience, including internal and contracted staff, through online survey tools. Similar factors will be captured via surveys administered to Trauma II implementation staff which will allow for a more in-depth assessment of CFSA staff's needs and successes with regard to program change throughout CFSA. Further, the results will be shared with CFSA's integrated practice improvement team shortly after administration to identify resources and needs of staff and current Waiver progress.

Family and youth satisfaction
Surveys will be administered to families and youth participating in Waiver-funded services to determine their satisfaction with services and staff, and perceived effectiveness of services. The evaluators will work with CFSA, contracted program staff and administrators to determine the extent to which satisfaction surveys are already in place, if so, what they are measuring, and when they are administered. The evaluators will then either create new surveys and will administer them during the second quarter of the first year of the Waiver, mid-way through the Waiver-funded period, and at the beginning of the last year of the Waiver period. Satisfaction surveys will also be administered to Trauma II recipients of services and again, will allow for a more in-depth examination of services provided by CFSA. Reports on survey findings will be

available shortly after administration and will provide an opportunity for continuous quality improvement around the findings.

Facilitators and barriers of implementation/Factors and strategies that were associated with implementation/ sustainability

Focus groups with different members of the project team and staff, specific to activities of the grant, the structure of which to be established by evaluators, will be conducted during year one, mid-way through Waiver funding (2.5 years) and at the beginning of year five. The main factors identified through the focus groups include: the facilitators and barriers of implementation; factors and strategies that were associated with successful adoption, installation, and implementation of the grant activities; the implementation approaches/strategies that were most successful; the activities that were undertaken to prepare the system for implementation and increase its receptivity to service system changes; and overall sustainability. Further, focus groups will identify key competency, organization, and leadership drivers that may have contributed/are contributing to the success or challenges of implementation. As mentioned in the Collaboration paragraph earlier in this section, focus group participants will include key members of the integrated practice team at CFSA, many of whom are also involved in the work of the Trauma II grant and the DC Gateway System of Care Expansion, which will allow for a thorough analysis of successes and challenges identified in the major systems-level changes that are occurring throughout child and family programs in the District of Columbia.

B. Fidelity Assessment: Describe methods for assessing the degree to which demonstration programs, services, and activities are implemented with fidelity, i.e., as originally designed or intended. Identify the core components of each key demonstration program, service, and/or activity and describe methods for assessing the degree of fidelity to each.

Fidelity will be tracked primarily for Project Connect and Homebuilders given that they are being newly implemented as part of the Waiver and will be working with national program developers on implementation. The following areas of fidelity will be tracked: 1. Training – numbers of staff trained by national trainers, officially certified, and adhering to additional training requirements; 2. Fidelity to practice standards which will include, a) findings from annual site visits (we will require at least one per year) which include record/case reviews, and reporting of findings and recommendations, b) findings from 3 record/case reviews per year, and c) local documentation of program standards adhered to in the following areas: referral criteria and acceptance into program, caseload size and make-up, supervision sessions, face-to-face contacts. A platform to locally track adherence to standards will be developed in conjunction with Project Connect and Homebuilders national representatives and will be infused into the providers' databases as a tracking mechanism. Data on regular adherence to standards will be

collected, analyzed, and reported on every 6 months. The evaluation team will make CQI recommendations based on the results of the analyses.

While the evaluators do not have the capacity to track fidelity for the remaining preventive programs due to the number of programs and potentially large dataset, the CFSA IV-E team and the evaluators have already begun collecting an inventory of fidelity tracking mechanisms from the providers. CFSA and the evaluators will make recommendations on consistent fidelity tools and measures across organizations, that range from training to adherence to program standards, after the full inventory is completed. The providers will then report their fidelity data every 6 months to CFSA. CFSA will develop an internal database to collect the data and will institute a CQI process and analyzing the data and making recommendations.

Adherence to fidelity will be determined through descriptive statistics and based on the range of criteria outlined in the fidelity assessments for Homebuilders and Project Connect. Fidelity analyses will be conducted for all programs every six months, with the exception of the site and case reviews that will occur one time per year, which will allow for a comparison from six months into the Waiver to 12 months. Descriptive time comparisons will be made when and where feasible. These results will be shared with the Quality Improvement teams to ensure that programs are continuing to provide fidelitous practice.

C. Implementation Science/Developmental Evaluation: Describe how principles of implementation science may be incorporated into the evaluation process, i.e., conducting readiness assessments to implement activities or using ongoing results to inform changes in the design or execution of demonstration programs, activities, procedures, and policies.

In addition to surveys and focus groups described above which will capture factors of implementation science (e.g., competency, organization, and leadership drivers that may have contributed/are contributing to the success or challenges of implementation; readiness and acceptance), the evaluation team will incorporate the following activities related to implementation science:

1. *Process mapping* of specific workflows, especially for procedures involving interagency collaboration will take place annually over the course of the Waiver period. Process maps already developed for the DC Gateway System of Care and the Trauma II implementation will be built upon and include IV-E services. The first set of maps that will include IV-E will be completed by July 2014, during the first quarter of implementation. It is estimated that the maps will be revisited at least one year following their original mapping unless major changes occur, at which point the process map will be updated. The process maps and comparing and contrasting of the maps will identify: how compatible were the activities were with the service system into

which they were integrated; further information around utilization and fidelity of the activities and the practices likely to be sustained beyond the project period; and the adaptations, if any, that were made to the activities.

2. A *Continuous Quality Improvement Approach* will be used to determine the extent to which program changes were made based on data provided from screenings, assessments, and the evaluation. The evaluation team will work in collaboration with CFSA's QI Division and will utilize findings from the monthly and quarterly reports described above to establish benchmarks, review achievements as they relate to expectations and formulate improvement strategies for improving performance including recommendations for strengthening tracking and monitoring performance where necessary.

D. Data Sources and Collection Procedures: For each of the outputs and other factors to be studied as part of the process evaluation, identify specific data sources or data collection methods (e.g., administrative data, surveys, interviews), any existing or planned instruments that will be used to collect the data, and data collection timeframes. Indicate whether the proposed data sources are derived from case-level or aggregate-level data. Consider including a table similar to the following that links outputs to measures/indicators, data sources, etc.

This information is included in Sections A through C and Table Three.

E. Data Analysis: Describe the quantitative and qualitative methods that will be used to analyze data collected for the process evaluation. Identify any software tools that will be used to conduct these analyses (e.g., statistical software packages, qualitative research software).

Proposed data analyses and related tools are described in the preceding narrative for the Process Evaluation.

IV. Outcome Evaluation

For this component of the evaluation, address in detail the following elements:
A. Outcomes/Outcome Measures: Identify the specific short-term, intermediate, and long-term outcomes that will be tracked as part of the outcome evaluation. Where appropriate, operationalize outcomes in discrete, quantitative terms (e.g., number and proportion of children that achieve permanency, number and proportion of children that re-enter foster care).

Short Term and Intermediate Outcomes

The short, intermediate and long-term outcomes and the related IV-E components are found below, along with a description of the data collection tools and related programs. Table Four includes the outcome, the measure/indicator, the data source, whether the data collected will be case-level or aggregate, the collection interval, and the person responsible. Specifics around

some measures are to be determined given the multiple programs involved in the Waiver and the evaluation planning that needs to occur with the organizations. This work will occur within the first three to six months of implementation. Quarterly reports on all measures and outcomes will be provided. Data will be collected by CFSA staff and contracted providers and stored in FACES (the electronic case record and reporting system) and electronic systems housed with contracted providers. Data sharing agreements are in place and will be revised as necessary for evaluators to access data.

Research Question Two – A pre-test/post-test design, Pre-experimental (Enrolled Consumers), Quasi-experimental (Discharged Consumers)

The indicators in the short-term outcome sections will be incorporated into the model for each participant and respective program.

A list of **short term outcomes**, which will be achieved by the end of the family's involvement in a IV-E funded program is as follows:

- Caregivers involved in the PESP, Project Connect, and Homebuilders will display improvements in family functioning as evidenced by measures of improved caregiver coping and parenting skills
- Caregivers involved in PESP will display: 1. Improved family functioning as evidenced by caregivers demonstrating improved resource management skills and capacity to meet family's basic needs; 2. Improvements in family functioning as evidenced by caregivers accessing services to address their needs.
- Youth involved in PASS and Home Visitation will display improved family functioning as evidenced by improved interactions and relationships between caregivers and their children.
- Youth involved in Parent and Adolescent Support Services will: 1. Model coping skills and positive strategies to manage their emotions; 2. Demonstrate a reduction in challenging behaviors.
- Caregivers involved in all aspects of IV-E: 1. Will display improved family functioning as evidenced by caregivers modeling and engaging in parenting skills that meet developmental needs of their children; 2. 80% (estimated) of families will achieve improvements in scores on measures of family functioning during their involvement with CFSA and IV-E funded services.
- Youth involved in PASS and Project Connect will display improvements in educational functioning.

The family functioning outcomes that are mentioned above will be measured and monitored through the use of four assessment tools: the Protective Factors Survey (PFS), North Carolina Functional Assessment Scale for General Services (NCFAS-G), the Risk Inventory for Substance

Abuse-Affected Families (RI), and the Child and Adolescent Functionality Assessment Scale (CAFAS). Each tool will be individually administered and analyzed. These assessment tools and associated subscales have been mapped to the outcomes listed above as well as their respective Title IV-E programs (see Table 6). Analyses will be conducted on subscale and total scores for each measure, for each program.

A composite score will not be developed based on the information from these tools as not all programs use all tools. Below is a description of these tools, along with their associated Waiver funded program. All of these assessments will be completed by program level staff. Items on the scales have been matched to the particular family functioning outcome (see Table 6). The evaluators will be calculating changes in scores for each of these sub-scales and using the difference scores (i.e., continuous variables) and recoded difference scores (e.g., "Increased", "Decreased", "Stayed the Same") as dependent variables for the analyses.

Protective Factors Survey[4]

The Protective Factors Survey (PFS) will be administered by contracted organizations that provide PESP. It is administered during the first 30 days and at discharge. The PFS measures protective factors against child abuse and neglect and is intended for use with caregivers engaged in child maltreatment prevention services. The PFS consists of a paper-and-pencil, self-administered pre and post-test survey to be completed prior to and after receiving services. In a seven-point frequency/agreement scale format, participants provide responses to statements about their family in the following five domains: Family Functioning/Resiliency (5 items), Social Support (3 items), Concrete Support (3 items), Nurturing and Attachment (4 items), and Child Development/Knowledge of Parenting (5 items). Scores are computed for each subscale by reverse-scoring the appropriate items, summing individual item scores, and dividing this sum by the total number of items completed. In addition to the Protective Factors Survey, an optional Protective-Factors Survey-For Staff Use Only Form and Demographics section are available.

North Carolina Functional Assessment Scale for General Services[5]

The North Carolina Assessment Scale for General Services (NCFAS+G) will be administered by Homebuilders during the first 30 days and at intervals thereafter throughout the end of service receipt, which will be determined during the first quarter of implementation with Homebuilder providers. The NCFAS-G is a pre-post measure that assesses family functioning in family-based, child abuse and neglect prevention/intervention programs at intake and case-closure. The

[4] The Protective Factors Survey User's Manual. (2011, October). Retrieved fromhttp://friendsnrc.org/protective-factors-survey

[5] Kirk, R. S. (2006, November). End-of-Project Report: Development and Field Testing of the North Carolina Family Assessment Scale for General Services (NCFAS-G). Retrieved from http://www.nfpn.org/Portals/0/Documents/ncfasg_research_report.pdf

NCFAS-G is composed of eight domains of family functioning comprised of several subscales each. The eight domains are as follows: Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Social and Community Life, Self-Sufficiency, and Family Health. The NCFAS-G requires the worker to rate each subscale as a strength or problem along a six point continuum (i.e., +2 "Clear Strength" to -3 "Serious Problem) using guiding definitions from a key. Overall domain ratings are then computed by summing the scores of all respective subscales. Change scores from intake and closure can be computed to assess changes in family functioning over time.

The Risk Inventory for Substance Abuse-Affected Families (Risk Inventory)[6]

The Risk Inventory for Substance Abuse-Affected Families (Risk Inventory) will be administered by Project Connect staff after the initial intake assessment and then at intervals that will be determined during the first quarter of implementation with Project Connect staff. This tool assesses caregiver strengths and weaknesses as related to substance abuse, parenting ability, supports available for recovery, and environmental risks. It is comprised of the following eight domains: Commitment to recovery, patterns of use, effect on childrearing, effect on lifestyle, supports for recovery, parent's self-efficacy, parent's self-care, and neighborhood safety. Ratings are assigned by clinicians based on observation and interaction with family members and range from 1 to either 4 or 5 (No Risk to High Risk) with additional options "unknown" or "not applicable". Excluding items assigned a rating of "unknown" or "not applicable", an overall rating score can be computed by totaling all individual rating scores and dividing this number by the total applicable number of ratings.

Child and Adolescent Functional Assessment Scale[7]

The Child and Adolescent Functional Assessment Scale (CAFAS) is currently being implemented in several human service agencies across the District of Columbia as part of the DC Gateway System of Care expansion and the CFSA Trauma II implementation. The CAFAS is completed by program level staff for youth ages 7 through 17 and may be available to be completed for youth participating in PASS. These decisions will be made during the first 3 months of implementation. Items on the CAFAS will be used to measure short-term and intermediate outcomes related to youth coping skills and a reduction in challenging behaviors.

The CAFAS is a tool used to determine day-to-day functioning that might be impacted by emotional, behavioral, psychological, psychiatric, or substance use problems. The CAFAS is a

[6] Olsen, L. J., Allen, D., & Azzi-Lessing L. (1996). Assessing Risk in Families Affected by Substance Abuse. *Faculty Publications* (146). Retrieved fromhttp://digitalcommons.ric.edu/cgi/viewcontent.cgi?article=1145&context=facultypublications

[7] Quist, R. M., & Matshazi, D. G. M. (2000). The child and adolescent functional assessment scale : A dynamic predictor of juvenile recidivism - CAFAS. *Adolescence, 35*(137)

compilation of subscales: role performance (subdivided into school/work roles, home roles, and community roles), behavior towards others, moods/self-harm (subdivided into moods/emotion and self-harmful behavior), substance use and thinking. A score of 0 indicates minimal or no impairment, 10 indicate minimal impairment, 20 suggest moderate impairment and 30 indicates severe impairment. A total score ranging from 0 to 240 is calculated by summing the scores on the eight subscales. Change in the total CAFAS and subscale scores will be used in this evaluation.

Intermediate outcomes are found below. Intermediate outcomes reflect changes that will likely occur six months following the end of the family's involvement in a IV-E funded program.

- For caregivers involved in Project Connect: 1. 90% of families who achieved reunification during the program will not have a re-entry; 2. Permanency will be achieved by at most 6 months following discharge from Project Connect
- For caregivers involved in all programs, 90% of families will not have a re-report or new report within 6 months of the initial report

Long-Term Outcomes

The longer term outcomes of this project focus on changes that will likely occur 6 months to 1 year following discharge from the program. The following are long-term outcomes, associated targets, the IV-E programs with which they are affiliated. As described above, a quasi-experimental single subject design (Research Question Two) and a quasi-experimental design with a matched comparison group (Research Question Three) will be used to understand the extent to which these outcomes were achieved by program.

Research Question Two – Quasi-Experimental, Single Subject Design

The indicators below will be incorporated into the single subject design model for each participant and respective program.

For caregivers and families involved in all Waiver programs:

- 90% of families will not have a re-report or a new report of maltreatment within 6 months of the initial report.
- 90% of families will not have an entry into out-of-home care within 12 months of IV-E funded program initiation (excludes Project Connect – see below)
- 80% (estimated) of families will achieve improvements in scores on measures of family functioning (as described in the intermediate section above) during their involvement with CFSA and IV-E funded services

- Improved functioning, social and emotional well-being[8]

For caregivers and families involved in Project Connect:

- 90% of families in Project Connect who achieved reunification during their involvement in the program will not have a re-entry into care within one year of their previous entry
- Permanency is achieved by at most 6 months following discharge from Project Connect

Research Question Three - Quasi-Experimental Design with Matched Comparison Group
The indicators below will be evaluated within the comparison group model (discussed above in greater detail).

For caregivers and families involved in all Waiver programs:

- Lower percentage of families with a re-report, a new report and entries into care, improved educational achievemen, and lower costs during Waiver-funded period compared to pre-Waiver funded period.

B. Data Sources and Collection Procedures: For each of the outcomes described above, identify specific data sources or data collection methods (e.g., administrative data, surveys, interviews), any existing or planned instruments that will be used to collect the data, and data collection timeframes. Indicate whether the proposed data sources are derived from case-level or aggregate-level data. Consider including a table similar to the one provided in the Process Evaluation section above that summarizes outcome measures, data sources, etc.

The variables and concepts from the previous section are operationalized further in Table Four (see appendix) below.

C. Data Analysis: Describe the quantitative and qualitative methods that will be used to analyze data collected for the outcome evaluation. Identify any software tools that will be used to conduct these analyses (e.g., statistical software packages, qualitative research software).
Proposed data analysis approaches are paired with research questions discussed in Section II (Evaluation Design) and can be found in Table One (see Appendix). All statistical processes will match the data type of the dependent variable (e.g., continuous, categorical, nominal) and begin with descriptive analyses and distributions of dependent variables to detect level of normalcy and skewness. Covariates will be included in the analyses where appropriate, for example, length of time in the program might be a covariate for determining the extent to which change occurred in the functioning of the youth and/or families enrolled. If valuable qualitative data are uncovered,

[8] Given the development, research, and discussions occurring on the national level of regarding measures of social and emotional well-being, coupled with the span of programs included in the IV-E Waiver, measures of improved social and emotional well-being will be defined within the first six months of the Waiver program. ACF and James Bell Associates (JBA) will be asked for guidance on the development of these measures as well.

pattern analysis will be undergone using ATLAS.ti. Otherwise, Microsoft Excel and Access, and the Statistical Package for Social Sciences (SPSS) will be used for analyses.

Research Question Two: To what extent did the evidence based practices and other programs meet anticipated outcomes and for which consumers were the interventions more or less likely to be successful?

There are two samples of interest in this design, enrolled and dis-enrolled consumers. For the enrolled consumers, statistics will be mostly descriptive and measures of central tendency, and be based on time calculations (e.g., days until an event occurred, such as engagement in service), averages, change scores (e.g., numerical difference between baseline and most recent functional assessment; baseline and most recent number of reports), and recoded change scores (e.g., "Decreased Functioning", or "Decreased Number of Reports"). Analyses for the dis-enrolled consumers will build on these with comparisons of outcomes by youth/family characteristic and level of service receipt. For example, disproportionality in achievement of outcomes by race can be tested using the Gamma statistic in a cross tabulation (i.e., indicating a difference in proportions between cells), followed by logistic regression to discover which group was more or less likely to improve or get worse on an outcome. This analysis can be conducted using dosage metrics, such as number of services received in a program (e.g., categorically recoded using logistic regression or continuous using linear regression) using length of time enrolled as a covariate.

Research Question Three: Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame?

It is expected that there will be a lower percentage of families with a re-report, new report and entries into care in the Waiver Group compared to the Pre-Waiver Group. The evaluation team anticipates that initial run of these continuous data elements will involve an independent samples *t*-test to determine if the magnitude of change from Pre-Waiver to Waiver was statistically significant ($p < .05$). However, it will be of interest to recode these data into binary variables (e.g., "re-report or not", "new report or not", "improved educational achievement or not") and use binary logistic regression to test for differences in likelihood of experiencing these outcomes based on Pre-Waiver or Waiver Group association. Dependent variables for which the Waiver Group was statistically significantly more likely to experience will be attributed to project implementation.

V. Cost Evaluation

For this component of the evaluation, address in detail the following elements:

A. Methodology: Describe the type of cost analysis that will be conducted:

The Cost Evaluation will consist of a simple cost analysis for the components of the IV-E Waiver project, and a cost-effectiveness analysis. The simple cost analysis will consist of a

description of the costs associated with Waiver implementation. The cost effectiveness analysis will examine the extent to which cost savings may be realized due to the Waiver. The evaluators have collaborated with CFSA's financial and accounting team to develop this proposal, and will continue to do so throughout completion of the cost evaluation. Financial and accounting records will be the main source of data for the cost evaluation. In addition, participation in the evaluation process has been incorporated into contracts for provider agencies serving the Waiver. Invoices from the contracted providers will also be a primary source for data collection and analyses. The evaluation team may request technical assistance from JBA and Casey Family Programs as necessary during the execution and management of the cost analysis study. The proposed design and analysis for both costs analyses can be found below. Table Five (see Appendix) describes the proposed methods for both analyses.

B. Data Sources and Collection Procedures: Identify specific data sources or data collection methods for the cost analysis (e.g., functional assessments, accounting databases, surveys), any existing or planned instruments that will be used to collect the data, and data collection timeframes. Indicate whether the proposed data sources are derived from case-level or aggregate-level data.

a. Simple Cost Analysis: The simple cost analysis will calculate the costs associated with IV-E implementation. All data will be collected at least annually, but example or pilot data may be collected when deemed appropriate during the first year of implementation to finalize methods for the cost analysis. A description of the cost components are as follows:

Salary and administrative time

The salary and administrative time for both CFSA and contracted staff who perform any IV-E related activities will be calculated. The source of salary time for social workers and contracted provider staff who will be working directly with families will likely be the Random Moment Time Study (RMS), other administrative records, and FACES. The RMS is a federally approved time recording method which determines administrative costs by establishing the time and effort allocated to federal programs in which CFSA can claim reimbursement. On a daily basis, the RMS software randomly selects both CFSA and private agency staff asking what activities they are working on. The results compiled from all sampled staff accurately represent effort to each program. The RMS results are calculated on a quarterly basis. Reports on FACES will also provide the number of families and staff involved in IV-E, which will identify total time that families are open with CFSA, and will be combined with data from the RMS. Further, contracts with provider agencies require expenditure reporting, including staff time, on all activities through specific invoicing procedures. Time spent outside of direct work with families (e.g., trainings and meetings), will be captured through supervisory and administrative records, such as training attendance sheets. Administrative records will likely be the source of information for

other staff associated with IV-E implementation. The evaluators may need to create time tracking tools to record additional IV-E related tasks that might not already be captured through the financial and accounting team or administrative staff. A proportion of the time for staff with varying roles on the project will also be calculated. Any in-kind costs will be calculated as well from contracted providers' invoices and from other administrative records.

Additional youth and family resources

Additional youth and family resources include funding for families outside of staff time (e.g., metro passes, clothing, mental health services, etc.). Flex funding is included for families involved with Homebuilder and Project Connect to assist with utilities, rent, and other needs. These data will be obtained from administrative records and invoices from contracted providers. Other additional youth and family resources that may be provided through IV-E will be identified during the first six months of implementation. Further, a board rate will be calculated for any youth that were in out-of-home care during the time they were served by CFSA or the contracted agencies.

Program components

Other IV-E program components are the costs associated with non-staff time such as training curricula, trainer time, or consultation. For example, trainings will be conducted on Homebuilders, Project Connect, and on the CSBA. The source of these data will be financial, accounting, and other administrative records, and invoices from contracted agencies.

Administrative overhead

An administrative overhead unit has been determined for indirect and direct costs for IV-E implementation. Contracted providers are required to break down administrative overhead IV-E costs in their invoices. These figures will be provided for the cost evaluation by the financial and accounting team.

b. Cost-Effectiveness Analysis:

The pre-Waiver and Waiver samples and timeframes described above for the comparison study will be utilized for the cost-effectiveness study. Analysis for the cost-effectiveness study will occur once during year five. This time period was chosen to allow: 1. Maturation of the programs will be at its deepest at this point during implementation; 2. Outcomes will be realized for as many families as possible; 3. Data from the simple cost analysis will be more complete. The main sources of data for the simple costs analysis will also inform the cost-effectiveness analysis. The comparison study will identify the differences in the costs between the groups as a whole and by program. For example, methods for obtaining staff time per family will be similar to the methods described above; however, adjustments and estimates might need to be made for cost of living and other costs that were in effect prior to the Waiver. The costs associated with

educational achievement may be difficult to obtain. The evaluators will consult with CFSA financial and accounting staff, along with partners in the DC educational system, on how these costs may be calculated.

C. Data Analysis: Describe the quantitative methods that will be used to analyze the cost data. Identify any software tools that will be used to conduct these analyses.

a. Simple Cost Analysis:

In general, descriptive statistics (e.g., totals, percentages, and averages) will be used to identify the costs of salary and administrative time, program components, and administrative overhead related to the Waiver. The total and breakdown of costs by component described above will be provided annually and at the end of the funding period. Additionally breakdowns of costs per program will explore the extent to which some programs may be more or less expensive, and will speak to the sustainability of the project. Breakdowns of cost per family will assess reasons why some families may or may not have incurred higher or lower costs. Costs associated with families will be calculated for the time that they were served during their first open case and any additional open cases that occurred during the one-year follow-up period described above (i.e., recidivism costs). Additional potential analyses will be identified as the source for cost components are secured during the first year of implementation. The Statistical Package for Social Sciences (SPSS) and Microsoft Excel will be used for analyses.

b. Cost-Effectiveness Analysis:

The cost effectiveness analysis (CEA) will be embedded in Research Question Three as part of the comparison group outcomes study. Costs will be assigned to the Pre-Waiver and Waiver group at an aggregate level by program. The CEA will assess the relationship between the magnitude of change in outcomes in the follow-up time period with costs from the intervention time period (respective to the Pre-Waiver and Waiver Group). A combination of descriptive statistics (e.g., totals, percentages, and averages) and inferential statistics (e.g., bivariate analyses, independent sample *t*-tests, and linear regression), especially involving testing for statistically significant differences in costs and costs-savings between outcomes of youth and families involved in the Waiver Group and the Pre-Waiver comparison group, will be utilized. The Statistical Package for Social Sciences (SPSS), Microsoft Excel, and Microsoft Access will be used for data management and analyses.

VI. Quality Control and Human Subjects Protection

Quality Control: *Describe policies and procedures for maintaining the quality, integrity, and security of data that are collected as part of evaluation.*

All data files will be transmitted from CFSA to the evaluators using a secure, password-protected, online portal rather than email. Data used in the analysis will be de-identified and aggregated in reports. Random client identifiers will be generated to match information across

multiple data sources and, once matched, identifiable information will be deleted. If evaluative results are required at the individual level to assist with CQI and service provision, data will be shared to the District via Move-It. Any paper records, forms, surveys, or any other documentation that contains identifying information will be stored in locked cabinets in locked offices. All electronic records/data files will be stored on password-protected computers to which only those individuals involved in the evaluation will have access.

The evaluator will check for missing data, outliers, out of range values and data entry errors as initial steps in assuring data quality. Other data monitoring procedures will be put in place, including: (a) *Quality assurance of tracking database data entry:* the evaluator will be in regular contact with the appropriate CFSA staff to address any missing data issues and review a sample of entered data; (b) *Monthly reports on recruitment and client participation:* Summary statistics will be generated on the number of clients recruited into the study and their level of participation in CFSA services. This will enable the team to continuously track the progress of the project; and (c) Frequencies will be generated regularly to check for any variables with a significant number of missing data points so these can be handled promptly.

Human Subjects Protection: *Describe procedures for obtaining informed consent from the recipients of Waiver-funded services and for protecting their privacy. Provide examples of research consent forms or describe plans for developing them. Identify the Institutional Review Board (IRB) that will be used for the evaluation and the procedures and timeline for submitting an IRB application.*

The evaluation will need IRB review since we will collect data from human subjects, including children under the age of 18. We will utilize the IRB associated with CFSA and will follow proper procedures for submitting a proposal. Surveys will be completed by caregivers and youth participating in IV-E funded activities to assess satisfaction. Informed consent forms will be developed as surveys are developed and will be approved by the IRB as appropriate. The IRB application will be submitted once the evaluation plan is approved. Plan addendums will be submitted to the IRB as surveys and consent forms are developed.

VII. Evaluation Team

Identify the Principal Investigator (PI) for the evaluation and other key members of the evaluation team. Provide CVs, resumes, or career briefs for team members that highlight their educational background/credentials, experience conducting program evaluations of similar size and scope, and experience conducting evaluations in child welfare or other human service settings.

Coordinated Care Services, Inc. (CCSI) and Community Connections of New York (CCNY) are collaborating independent evaluators for the Title IV-E Waiver project. This partnership draws

upon the experience and expertise of both organizations in providing evaluation, data analysis and technical assistance to a multitude of government and non-government entities in the area of child and family services and overall community work, including extensive work in child welfare initiatives. An evaluation team comprised of staff from both organizations will ensure that the appropriate range of experience and expertise is available to meet the expectations as outlined in the Waiver Authority Terms and Conditions.

CCSI and CCNY were recently awarded a contract by the District of Columbia Department of Mental Health to serve as the Independent Evaluator for both: a) a 4 year grant from Substance Abuse and Mental Health Administration (SAMHSA) to implement the expansion of the System of Care (SOC) (DC Gateway Project) and, b) for a 5 year grant with the Administration on Child, Youth and Families (ACYF) for Trauma-Informed Child Welfare Practice that was awarded to the Child and Family Services Agency (CFSA). Utilization of the same evaluation team on all three initiatives will promote synergy in the evaluation activities related to these initiatives, including the IV-E demonstration project, and will optimize resources, economize on travel, and ensure maximum value.

Melissa Affronti, PhD, LMSW, will serve as the Lead Evaluator and Dr. Brian Pagkos, PhD, LMSW, will serve as the Evaluator. Dr. Affronti and Dr. Pagkos will be the primary evaluators, but will be supported by a team of content experts in the areas of evaluation and research, cultural and linguistic competence, trauma and quality improvement. Dr. Affronti will provide project management and oversight for the evaluation and will be responsible for ensuring that the work is accomplished in accordance with the contracted scope of services and that reporting timelines for deliverables are adhered to. Dr. Pagkos and Dr. Affronti will be providing evaluation services for the two federally funded Department of Mental Health grants and will ensure their cross-systems expertise and experience are utilized for this evaluation as well.

A summary of educational background/credentials, experience conducting program evaluations of similar size and scope, and experience conducting evaluations in child welfare or other human service settings for the Lead Evaluators and Evaluator can be found below. The Lead Evaluator and Evaluator will also consult with a team of experts associated with both CCSI and CCNY: 1. Tom Nochajski, Ph.D. – Research and Evaluation Content Expert; 2. Lenora Reid-Rose, MBA – Cultural and Linguistic Competence Content Expert; 3. Elizabeth Meeker, Psy.D. – System of Care Development and Trauma Content Expert; 4.Christa Foschio-Bebak, JD, MSW, Quality Improvement Content Expert.

Melissa Affronti, PhD, LMSW- Lead Evaluator: Dr. Affronti is a Senior Associate in Evaluation and Services Research at CCSI, with a focus on child and family systems development and research, particularly in the area of child welfare. She and her CCSI team collaborate with local,

statewide, and national organizations to develop, implement, oversee, and deliver evaluation services. Dr. Affronti is currently the lead evaluator for a local translation and implementation evaluation for evidence-based foster care services. She has over ten years of experience in human services planning, and has been involved in several child welfare research projects ranging in scope from clinical to organizational, utilizing both qualitative and quantitative methods. Dr. Affronti provided support to the Monroe County SOC evaluation including developing and presenting a series of user-friendly reports that summarize evaluation data. As a former Senior Human Services Planner for the Monroe County Department of Social Services, she developed organizational work flows, assisted in the implementation of evidence-based programs, and completed several workload measurement studies that were considered during county budget analyses. She also partnered with the Rochester-Monroe County Youth Bureau to develop and implement the Integrated County Plan as required by the New York State Office of Children and Family Services. Dr. Affronti's dissertation research entailed focus groups and in-depth interviews with foster parents and young adults formerly in care to explore the factors associated with functional adaptation in foster care. The results of this research have informed statewide child welfare training efforts. She has presented her findings to domestic and international audiences. Dr.Affronti is also a member of the Social Welfare Action Alliance. In collaboration with other Social Welfare Action Alliance members, she has presented nationally on their local organizing efforts aimed at reducing homelessness and poverty. Dr. Affronti is a former adjunct policy instructor at the joint Nazareth College-State University of New York at Brockport's Greater Rochester Collaborative MSW program. She received a PhD in Social Welfare from the School of Social Work, State University of New York at Buffalo; a Master of Social Work degree from New York University; and a Bachelor of Arts in Sociology from Union College.

Brian Pagkos, Ph.D., LMSW – Evaluator: Dr. Pagkos is the Director of Research and Evaluation at CCNY, with a primary focus on the combined impact of program fidelity and practitioner practices on youth and family outcomes. Dr. Pagkos has over 8 years of experience as an active researcher and evaluator. He served as the lead evaluator for the local evaluation of the Erie County Children's SOC for four years, and played a pivotal role in undergirding all local research and evaluation efforts in the premises of Improvement Evaluation. Through this, award-winning evaluation reports and tools were created (SAHMSA, 2010), and the use of these tools in the Erie County community has led to an increased focus on data-driven practices. Dr. Pagkos has been the lead evaluator/researcher on many other projects. Projects include development of Medicaid claim-based algorithm to determine the likelihood for adults to return to psychiatric inpatient settings, completion of environmental data analysis for the Boys and Girls Club Collaborative of Buffalo to determine their readiness to be evaluated and current evaluation of a multisite implementation of an evidence-based Boys and Girls Club program, "Triple Play", and multiple evaluations for specific government and private provider programs. He received a PhD

in Social Welfare from the School of Social Work, State University of New York at Buffalo; a Master of Social Work degree from the State University of New York at Buffalo; and a Bachelor of Arts from the State University of New York at Buffalo.

APPENDIXES
List of Tables

Table One. Research Questions, Sub-Hypotheses, Associated Evaluation Designs, Anticipated Analyses and Timing of the Studies.

Research Question	*Sub-Hypothesis Detail*	*Evaluation Design*	*Anticipated Analyses*	*Timing of Study*
Were services expanded as a result of the Waiver and were they implemented with fidelity?	Expansion of preventive services will lead to an increase in the number of families receiving preventive services	Quasi-Experimental, Pre-Post, comparison group (services before Waiver)	Independent sample t-test	Annually (ongoing)
	Homebuilders and Project Connect will maintain fidelity to their intended model; Implementation and process studies for all programs	Cross-sectional, repeated measures	Fidelity and Implementation: Descriptive analyses Implementation and Process: Pattern analysis	Bi-Annually (ongoing)
To what extent did the evidence based practices and other programs meet anticipated outcomes and for which youth were the interventions more or less likely to be successful?	Families and youth that receive Homebuilders will experience associated short, intermediate, long term outcomes	Quasi-Experimental, pre-test post-test, waiver youth only	Descriptive and bivariate analyses, logistic and linear regression, Gamma statistic	Bi-Annually (Discharged Consumers)
	Families and youth that receive Project Connect will experience associated short, intermediate, long term outcomes	Quasi-Experimental, pre-test post-test, waiver youth only	Descriptive and bivariate analyses, logistic and linear regression, Gamma statistic	Bi-Annually (Discharged Consumers)
	Families and youth that receive Home Visitation will experience associated short, intermediate, long term outcomes	Quasi-Experimental, pre-test post-test, waiver youth only	Descriptive and bivariate analyses, logistic and linear regression, Gamma statistic	Bi-Annually (Discharged Consumers)
	Families and youth that receive Parent Education and Support Project Services will experience associated short, intermediate, long term outcomes	Quasi-Experimental, pre-test post-test, waiver youth only	Descriptive and bivariate analyses, logistic and linear regression, Gamma statistic	Bi-Annually (Discharged Consumers)
	Families and youth that receive Parent and Adolescent Support Services will experience the associated short, intermediate, long term outcomes	Quasi-Experimental, pre-test post-test, waiver youth only	Descriptive and bivariate analyses, logistic and linear regression, Gamma statistic	Bi-Annually (Discharged Consumers)
Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame ?	Compared to the pre-intervention group (comparison group), the intervention will obtain associated outcomes at a significantly higher rate	Quasi-Experimental with pre-waiver comparison group	Descriptive and bivariate analyses, logistic and linear regression, Gamma statistic	After 2 years post-intervention start, annually thereafter

Table Two. Research Question Three, Matching Criteria for Comparison Study and Comparison Outcomes by Program.

Program	*Matching Criteria for Comparison Group*	*Capacity Year One*	*Estimated Length of Stay*	*Comparison Outcome 1*	*Comparison Outcome 2*	*Comparison Outcome 3*	*Comparison Outcome 4*	*Comparison in Cost*
Homebuilders	Children in the home at imminent risk of removal; SDM risk assessment - any child that was at high (with previous CPS substantiation, or allegations related to physical abuse, domestic violence, substance abuse) or intensive risk level, focus on families with children 0-6	90 per team (2 teams)	4 to 6 weeks	Re-reports, new reports of maltreatment	Entries into out-of-home care			Cost of services during intervention and follow-up periods
Project Connect	• Substance-affected families with the goal of reunification with at least one child who has been in foster care for 6-12 months • Children and the parents or caregivers to whom the child will be returning • Other recipients of the services may include foster parents or kinship providers who are caring for the child	40 per team (2 teams)	12 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care	Permanency by at most 6 months	Educational achievement	Cost of services during intervention and follow-up periods
Home Visitation and Early Intervention Services	Expectant mothers or new mothers with an infant less than 3 months old (Healthy Families America) or less than 11 months old (Parents as Teachers) Father Child Attachment - Expectant fathers or new fathers with an infant less than 3 months old or father of a child 4 years old or younger	145	6 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care			Cost of services during intervention and follow-up periods
PESP – CentroNia	Any District family in need of parenting support (specializing in support to Spanish-speaking families)	50	3-6 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care			Cost of services during intervention and follow-up periods
PESP – Healthy Babies Project	• District resident in Wards 5, 6, 7, or 8* • Pregnant and/or parenting teens (between 12-21 yrs) with young children ages 0-3 • Custodial and non-custodial fathers of children ages 0-5	25	3-6 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care			Cost of services during intervention and follow-up periods
PESP (East River Family Strengthening Collaborative)	District residents residing in Ward 1 and 2, 7 • Families with children 0-18 years old. • Parents court-ordered to attend the programs • Parents and/or teen parents with children ages 0- 18 years (or grades pre-K through 12)	40	3-6 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care			Cost of services during intervention and follow-up periods
PESP (Columbia Heights/Shaw Family Support Collaborative)		60	3-6 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care			Cost of services during intervention and follow-up periods
PASS (MOU with DHS)	Families of District youth ages 10-17 who are committing status offenses (e.g., truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18)	12 to 15	6 mos	Re-reports, new reports of maltreatment	Entries into out-of-home care	Educational achievement		Cost of services during intervention and follow-up periods

Table Three. Process Evaluation Data Sources and Collection Procedures

Output/Outcomes	Measure/ Indicator	Data Source(s) Case-level vs. Aggregate	Collection Interval	Person(s) Responsible
Capacity of preventive programs will be increased	Number of children and families served	Program records Aggregate Focus groups	Annually	Program administrators
Families will receive appropriate services from program staff	Number of referrals, type of service matched with presented needs	Program records/tool to be developed Case-level	Quarterly	Program administrators
Assessments are completed and utilized in practice	Number, type, timeliness, utilization	Program records, case level, matched query of completed assessments to families that began the program Staff surveys	Quarterly (number and type) Annually (surveys)	Evaluators, Program Administrators Staff
Policy changes will be made or added to increase community and government partnerships	Number of policy changes made; attendance, meeting frequency, by types of meeting	Meeting tracking tool/other program documentation Stakeholder surveys	Review of meeting minutes and program documentation will occur annually Stakeholder surveys will be administered at least during the 1st year, at 2.5 years and in year 5	Evaluators, Program Administrators
Collaboration will occur among community and government partners	Collaboration score on stakeholders survey/focus groups	Scores on collaboration questions on surveys/ Feedback from focus groups	Stakeholder surveys and focus groups will be administered at least once during the 1st year, at 2.5 years and in year 5.	Program staff/ Evaluators
Program staff will adhere to fidelity of program models	Fidelity scores for Homebuilders and Project Connect, Reports on adherence to fidelity standards for other programs	Fidelity tools provided as part of program model Combination	6 Months	Evaluators, Program staff and administrators
Factors related to success and challenges of implementation will be captured and responded to	Acceptability and likeliness of implementation, readiness to implement evidence-based practices, sustainability	Staff surveys completed by program level staff and supervisors	1st 6 months, at 2.5 years and in year 5	Evaluators, Program staff and administrators
Families and youth will be satisfied with expanded services	Scores on satisfaction questions	Satisfaction surveys Case-level	To be determined based on whether or not surveys are already in place at CFSA or at contracted organization	Evaluators, families and youth
Facilitators and barriers of implementation/Factors and strategies that were associated with implementation/sustainability	Themes from focus groups	Focus groups N/A	During the 1st year, at 2.5 years, and in year 5	Evaluators, Program staff and administrators

Table Four. Outcome Evaluation Data Sources and Collection Procedures

Outcome	Measure/ Indicator	Data Source(s) Case-level vs. Aggregate	Collection/Analysis Interval	Person(s) Responsible
Improved educational achievement	School/Work Subscale on Child and Adolescent Functional Scale (CAFAS)	FACES Combination	CAFAS is collected at intake, every 90 days after intake, and at closing. CAFAS data will be extracted on a quarterly basis and analyzed.	Evaluators, program staff
90% of families will not have a re-report or a new report of maltreatment within 6 months of the initial report.	Query of FACES MIS	FACES Combination	Data time points are the initial report and within 6 months of the initial report. Individual level family data will be extracted on a quarterly basis and analyzed.	Evaluators, administrators
Permanency is achieved by at most 6 months following discharge from Project Connect	Query of FACES MIS, Program MIS	FACES Combination	Data time points are discharge from Project Connect and 6 months following discharge Project Connect. Individual level family data will be extracted on a quarterly basis and analyzed.	Evaluators, administrators
90% of families will have not have an entry into out-of-home care within 12 months of IV-E funded program initiation (excludes Project Connect – see below)	Query of FACES MIS	FACES Combination	Data time points are the entry into IV-E funded program and 12 months following entry. Individual level family data will be extracted on a quarterly basis and analyzed.	Evaluators, administrators
80% (estimated) of families will achieve improvements in scores on measures of family functioning (as described in the intermediate section above) during their involvement with CFSA and IV-E funded services	Scores on: NCFAS (Project Connect, Homebuilders) Risk Inventory (Project Connect) Protective Factors Survey (PESP, PASS, Home Visitation)	Paper Combination	Date time points for the family functioning measures are as follows: NACFAS+G=within first 30 days of entry and intervals thereafter that need to be determined with Homebuilders provider (at least post); PFS=first 30 days and at discharge; Risk Inventory=shortly after intake and then at intervals thereafter to be determined with Project Connect staff (at least post). Individual level family data will be extracted on a quarterly basis and analyzed.	Evaluators, program staff, administrators
Improved social, emotional, and functioning	CAFAS (Project Connect, PASS), TBD	Combination	CAFAS is collected at intake, every 90 days after intake, and at closing. CAFAS data will be extracted on a quarterly basis and analyzed.	Evaluators, social workers, program staff
Lower percentage of families with a re-report, a new report and entries into care, and lower costs during waiver-funded period compared to pre-waiver funded period.	Query of FACES MIS	FACES Combination	Identification of Pre-Waiver Group for the comparison study will occur during the first year of the waiver Identification of the Waiver Group will occur during the second year of the waiver Analyses will begin in the second year and annually thereafter, through the fifth year of the waiver	Evaluators, program staff and administrators

Table Five. Cost Evaluation Data Sources and Collection Procedures

Cost component	**Data Sources**	**Case-level vs. Aggregate level data**	**Data collection timeframes**
Salary and administrative time	Existing CFSA and contracted agency accounting and financial records, FACES data, staff time studies (RMS studies), invoices from contracted agencies, other administrative records (e.g. training logs), staff time studies (if deemed necessary)	Combination	Annually
Program components (e.g., curricula, training)	CFSA and contracted agency administrative records in current form or possible tracking document created by evaluators.	N/A	Once annually or upon implementation of each component
Administrative overhead (e.g., office space, rent)	CFSA and contracted agency accounting and finincial records, invoices from contacted agencies	N/A	Annually
Additional youth and family resources (e.g., services)	CFSA and contracted agency accounting and finincial records, invoices from contacted agencies	Individual	Annually

Table Six. Outcome Domains by Program Type, Associated Assessment Tools and Subscales.

Domain	Tool	Home Visitation	PASS	PESP	Project Connect	Homebuilders
Improved caregiver coping and parenting skills	NCFAS-G				B. Parental Capabilities	B. Parental Capabilities
	PFS			I.Family Functioning/Resiliency		
Caregivers accessing services to address their needs	NCFAS-G				B. 4. Use of drugs/alcohol Interferes with Parenting D. 1. Absence/Presence of Domestic Violence Between Parents/Caregivers D. 2. Other Family Conflict F. Social/Community Life	B. 4. Use of drugs/alcohol Interferes with Parenting D. 1. Absence/Presence of Domestic Violence Between Parents/Caregivers D. 2. Other Family Conflict F. Social/Community Life
	RI				a. Commitment to Recovery b. Patterns of Use c: Parent's Self-Efficacy e. Supports for Recovery g: Parent's Self-Care	
	PFS			IV. Social Support		
Caregivers demonstrating improved resource management skills and capacity to meet family's basic needs	NCFAS-G				A. Environment D. Family Safety G. Self-Sufficiency	A. Environment D. Family Safety G. Self-Sufficiency
	PFS			V. Concrete Support		
	RI				c: Effect on Child Rearing d: Effect on Lifestyle h. Quality of Neighborhood	

Domain	Tool	Home Visitation	PASS	PESP	Project Connect	Homebuilders
Improved interactions and relationships between caregivers and their children	NCFAS-G				C. Family Interactions	C. Family Interactions
	PFS	II. Nurturing and Attachment	II. Nurturing and Attachment	II. Nurturing and Attachment		
Youth model coping skills and positive strategies to manage their emotions	CAFAS	CAFAS	CAFAS	CAFAS	CAFAS	CAFAS
Youth demonstrate a reduction in challenging behaviors	CAFAS	CAFAS	CAFAS	CAFAS	CAFAS	CAFAS
	NCFAS-G				E. Child Well-being	E. Child Well-being
Caregivers modeling and engaging in parenting skills that meet developmental needs of their children	NCFAS-G				B. Parental Capabilities	B. Parental Capabilities
	PFS	III. Child Development /Knowledge of Parenting	III. Child Development/Knowledge of Parenting	III. Child Development/Knowledge of Parenting		

Information in cells represent subscales of the tools. Shaded cells indicate a program and outcome domain that are paired.