

Government of the District of Columbia Child and Family Services Agency

Title IV-E Waiver Demonstration Project Interim Evaluation Report



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Executive Summary

Major Changes to the Evaluation Design:

The District of Columbia Child and Family Service Agency (CFSA) Waiver implementation team has asked the evaluators to focus only on HOMEBUILDERS® and Project Connect following submission of this Interim report. The evaluators will work with the CFSA Waiver implementation team to develop a formal proposal of the changes that will be submitted to the Administration for Children and Families Federal Project Officers. In the meantime, CFSA has asked the evaluators to include findings from the process study for all Waiver programs in the Interim report, and only include outcomes data for HOMEBUILDERS® and Project Connect.

The key CFSA Waiver research questions and associated findings are found below, along with the associated design and methods for obtaining the data:

1. Were services expanded as a result of the Waiver?

Findings:

The primary purpose of the Waiver is to expand evidence-based programs to families served by CFSA. Prior to the Waiver, there were fewer evidenced-based community programs funded by CFSA and directly available to CFSA families. The evaluators had originally proposed to examine the extent to which there were significant differences in the number of families receiving evidence-based programs by comparing this number before (one year prior) and after (at one year post) Waiver implementation. After discussions with CFSA systems staff, it was determined that CFSA does not formally track preventive services provided to CFSA families. Therefore, the evaluators can only assess the extent to which services were expanded via the Waiver by exploring the difference between expected and actual numbers of families served during the Waiver period. To date the evaluators have conducted a non-experimental descriptive analysis on the comparison of expected to actual number of families served to date for all Waiver programs. Overall, enrollment in all Waiver programs as of this report is lower than expected across all programs except HOMEBUILDERS®. All programs served an average of 44% of the expected to serve goals. HOMEBUILDERS® is the only program to exceed its target goal of serving a total of 99 families; 113% of expected target goal. PESP programs served 35%, Home Visitation 20%, and PASS 54% of their goals. Project Connect was able to serve 68% of their expected goal.

The majority of referrals being processed are approved (90%) and processed quickly (1 day) by CFSA. Most programs are hitting their benchmarks in terms of enrolling families with an average process time of 13 days. The majority (79%) of approved

families are then enrolled in programs. The most cited reason why families were not enrolled is that they refused, were non-responsive or non-compliant.

Staff focus groups and surveys allowed for staff feedback regarding low enrollment rates. Although staff reported they were aware of the Waiver Initiative, less knew about specific programs and providers, referral processes, and eligibility requirements. Barriers to the referral process identified by respondents were client willingness/participation, agency response, lack of direct client contact, lack of centralized information. Efforts were made to improve both referrals and enrollments throughout the course of the grant given staff feedback. Referrals have been inconsistent month to month but overall; declining and therefore funding for some Waiver programs was discontinued.

2. Were services implemented with fidelity?

Findings:

The evaluators are using a non-experimental, cross-sectional design to answer this question. The main research method is the collection and analysis of fidelity data for HOMEBUILDERS® and Project Connect. All required trainings for HOMEBUILDERS® have occurred for required participants to date. Fidelity-to-Practice Standards processes are in place including annual site visits, case review, Quality Enhancement plans for the Team and individual Professional Development Plans with therapists. Goals and deadlines were established and will be tracked by Program Managers and Supervisors. Documentation methods were also audited twice in this time period, the second audit showed overall improvement. Deficiencies were discussed as were ways to mitigate them.

All required trainings for Project Connect have occurred for required participants to date. Fidelity-to-practice standards processes are in place including annual site visits, case review, focus groups and observation of sessions. There was general adherence to structural and procedural fidelity in the case records, high degree of parent satisfaction, and good progress made to practice fidelity overall.

3. 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?

Findings:

The evaluators are using a quasi-experimental pre-test/post-test design, without a comparison group to answer this question. The current HOMEBUILDERS® analysis took place on 67 families who have completed the program through July 15, 2016. At

least 72% of families who completed HOMEBUILDERS® to date improved in three out of five family assessment domains (Parental Capabilities, Family Safety, and Child Well-Being). Less than 50% improved in the two remaining domains (Family Interactions and Environment). The HOMEBUILDERS® standard of 80% of families improving at least one point on the “Parental Capability” and “Family Safety” domains has not been met yet. The proposed CFSA benchmark of 90% of families not having a substantiated report within 12 months of initiation of HOMEBUILDERS® has not yet been met; however, the sample of families with a 12 month follow-up period is small at this point (17). The HOMEBUILDERS® standard of 75% of families not having a substantiated report during the HOMEBUILDERS® intervention has been met. The proposed CFSA benchmark of 90% of families not having an entry into out-of-home care within 12 months of initiation of HOMEBUILDERS® has not been met at this point; however, again, the sample of families for the 12 month follow-up period is small (17). The HOMEBUILDERS® benchmark of at least 70% of children HOMEBUILDERS® not having an out-of-home placement 6 months following closure of services has been met.

Further analysis will be done on family characteristics once the follow-up period sample increases. The evaluators, the HOMEBUILDERS® consultant, the CFSA Waiver implementation team, the HOMEBUILDERS® monitoring agency (ERFSC) and HOMEBUILDERS® staff are working on an ongoing evaluation report template and will continue to discuss the appropriateness of the proposed benchmarks and the extent to which the CFSA and HOMEBUILDERS® benchmarks can become more aligned.

Initial results regarding family functioning for Project Connect families are mixed at this point, but are based on a small sample size of 16 discharged families. The decision has been made to add additional administrations of the family functioning tools every 90 days, rather than just baseline and discharge. Additional findings will be reported in future reports. The proposed benchmark of 90% of families not having a substantiated report within 12 months of initiation of Project Connect has been met; however, the sample sizes for the follow-up period is quite small (15 families). The proposed benchmark of 90% of families who achieved reunification during their involvement with Project Connect not having a re-entry has been met. Fifty percent of successfully discharged families met the benchmark of achieving permanency by at most 6 months following discharge from Project Connect at this point.

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

Findings

A quasi-experimental design with a matched comparison group is being utilized to answer this question. Comparisons between the pre-Waiver and Waiver samples on outcomes were unable to be conducted at this time due to: 1. The small sample of families that have been successfully discharged from Project Connect as of September 30, 2016 (16); 2. Challenges with one-to-one pre-Waiver/Waiver matching for HOMEBUILDERS® and Project Connect families. The matching occurred shortly before the Interim report was due. The evaluation team is in the process of conducting a deeper examination of the matching criteria to potentially expand the matched samples.

Introduction and Overview

Background and Context

The District of Columbia has been working toward child welfare reform for more than a decade. Prior to the start of the Title IV-E Waiver (Waiver) demonstration project, efforts were increased to accelerate progress toward system reform. The Waiver 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. 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.

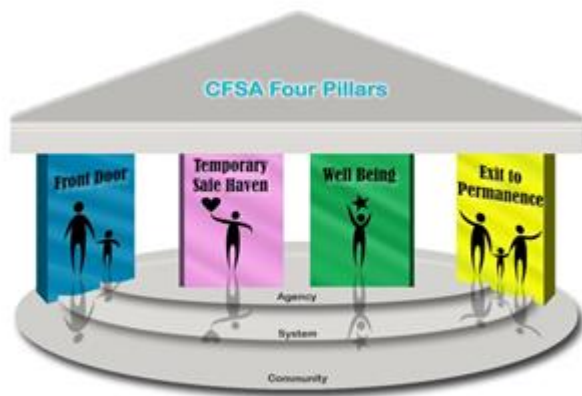
- Exit to Positive Permanence: Every child and youth exits foster care as quickly as possible to a safe, well-supported family environment or life-long connection. Older youth exit care with a minimum of a life-long connection and the education and skills necessary to help them become successful, self-supporting 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 the Waiver, 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 Waiver demonstration project.

CFSA's assumption was that by enhancing services, supports and resources available to District children and families at varying levels of involvement with the system (e.g., prevention, voluntary In-Home services and court involved Out-of-Home services), more children and youth can be maintained safely in their homes and for those who were removed for safety concerns, a greater number would be able to achieve timely permanence. To prove this assumption, CFSA implemented two new evidence-based intensive family preservation models: 1) Project Connect – this intervention would serve as a support to families during and after reunification to expedite permanency and prevent re-entry into care, and 2) Homebuilders – this intervention would be used to stabilize families where a child is at risk of being placed into foster care. In addition to the implementation of these new models, CFSA would expand the eligibility of existing prevention services to provide early intervention services to families involved with Family Assessment or In-Home services who have been assessed to be at low to moderate risk for future maltreatment but at imminent risk of removal at the time of the referral.

The Purpose of the Waiver Demonstration

The purpose of the Waiver 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.



The District of Columbia Child and Family Services Agency's (CFSA) Waiver demonstration project is designed to respond to the projected changes in the out-of-home and in-home populations, providing us with an enhanced capacity to implement interventions that we have determined are most likely to positively impact safety, well-being and permanency. The Title IV-E waiver aligns with CFSA's current system reform and provides the Agency with opportunities to address the needs of the most vulnerable populations, such as families with young children, young parents, and substance-affected families working toward reunification.

The intention of the Waiver is for 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 to be able to receive them. Priority access to Waiver-funded services, however, are 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 is examining federal and local outcomes as they relate to children, youth, and families served during the Waiver period via the services provided through Waiver funding (e.g., HOMEBUILDERS® and Project Connect). The evaluation is also assessing the implementation factors and process associated with implementation, such as utilization 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.

Theory of Change/Logic Model

In support of CFSA's Four Pillar strategic framework, the Agency's 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 experienced a steady decline in the foster care population prior to Waiver implementation, length of stay in care continued to be of concern as the Waiver plan was developed. As of September 30, 2013, the average length of time in care was 17.7 months for children and youth with the goal of reunification¹. 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 FY2013². 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 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 family functioning is enhanced 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. Attachment 1, Logic Model, further details the theory of change for the demonstration project and how specific interventions will result in expected outcomes.

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

General Hypothesis

The general hypothesis for the Waiver is that flexible use of Waiver 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

Research question one is as follows: Were services expanded as a result of the Waiver?⁴

The sub-hypothesis pertaining to research question one is that 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.

Research Question Two

Research question two is as follows: Were services implemented with fidelity?

The sub-hypothesis pertaining to research question two is that all programs will maintain fidelity to their intended model.

Research Question Three

Research question three is as follows: 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?

The sub-hypotheses pertaining to research question three are as follows:

1. Families and youth that receive HOMEBUILDERS® will experience the following outcomes:
 - Reduced repeat reports of maltreatment, and entries into out-of-home care
 - Improved family functioning and social and emotional well-being
2. 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
 - Reduced repeat reports of maltreatment when permanency is achieved
 - Improved educational achievement
 - Improved family functioning, and social and emotional well-being

⁴ Research question one and two were originally combined. They have been broken into two questions given that there will be two separate methods and processes answer to the questions and two answers to the questions.

3. Families and youth that receive Home Visitation will experience the following outcomes:
 - Reduced repeat 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 Parent Education and Support Project Services (PESP) will experience the following outcomes:
 - Reduced repeat reports of maltreatment and entries into out-of-home care
 - Improved family functioning, and social and emotional well-being
5. Families and youth that receive Parent and Adolescent Support Services (PASS) will experience the following outcomes:
 - A reduction in challenging behaviors
 - Reduced repeat reports of maltreatment and entries into out-of-home care
 - Improved educational achievement
 - Improved family functioning, and social and emotional well-being

Research Question Four

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

The sub-hypothesis for research question three is as follows:

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

The Evaluation Framework

Overview of the Evaluation: Design, Data Collection Sources/Methods, Sampling Plan, Analysis Plan

The evaluation consists of four overarching designs to address the research questions and sub-hypotheses. Table 1 presents the research question and associated design, data collection sources/methods, sampling plan, and analysis plan. Some changes to the design have been made and have been described in submitted Semi-Annual Reports to our Federal Project Officers at the Administration for Children and Families. Those changes are also noted in the following section below: *Evaluation Timeline and*

Implementation Status: Challenges or Changes to the Originally Proposed Evaluation Design

Table 1: Evaluation Overview

Research Question	Design	Description of Design	Data Collection Sources/Methods Sampling Plan Analysis Plan
Were services expanded as a result of the Waiver?	Quasi-experimental, pre-post design with comparison group of services offered before the Waiver	<p>Comparison of the number of families receiving preventive services one year prior to the waiver and one year following Waiver implementation. Comparison will be repeated annually after the first year of waiver implementation.</p> <p>Exploration of process and implementation factors.</p>	<p>The intervention group consists of all families who were enrolled and successfully discharged from Waiver-funded services. A detailed spreadsheet of families is kept by Waiver program staff that consists of family information and program data points (e.g., date of enrollment and discharge) and is being used for the evaluation.</p> <p>The comparison group is a pre-waiver sample of families matched on demographic and other variables (e.g., risk factor) obtained from FACES (CFSA's child welfare information system).</p> <p>Analysis is mostly descriptive with the possibility for t-tests.</p> <p>Focus groups and surveys with all stakeholders (i.e., CFSA staff working with families receiving Waiver services, contracted Waiver staff, consumers) at baseline, midway through the Waiver (2.5 years) and during the final year of the Waiver.</p> <p>Analysis is qualitative (themes and codes for focus groups) and descriptive for surveys.</p>
Were services implemented with fidelity?	Non-Experimental, cross-sectional design	Collection and analysis of fidelity data for Waiver programs.	Data on the extent to which Fidelity to practice standards have been met for Project Connect and

			<p>HOMEBUILDERS® will be collected every six months for all enrolled families. Fidelity standards are determined by the program developers. Some fidelity data are collected via ODM (HOMEBUILDERS®) and ETO (Project Connect data). Other data are collected via site review. Analysis will be descriptive.</p> <p>Fidelity for other Waiver programs will be collected by CFSA staff with guidance from the evaluators.</p>
<p>To what extent did evidence-based practices and other programs meet anticipated outcomes and for which consumers were the interventions more or less likely to be successful?</p>	<p>Pre-test/post-test design, pre-experimental (enrolled consumers), quasi-experimental (discharged consumers)</p>	<p>Examination of outcomes while receiving services, at service end, and one year post-service</p>	<p>The intervention group consists of all families who were enrolled and successfully discharged from Waiver funded services.</p> <p>Changes in family functioning will be determined via the following: 1. The Protective Factors Survey (PFS) for the PESP programs (collected at baseline and closing). 2. The Child and Adolescent Functional Assessment Scale (CAFAS) is the functional assessment for PASS (collected at baseline and every 90 days until closing). 3. The North Carolina Family Assessment Scale (NCFAS) is for Project Connect and HOMEBUILDERS® (collected at baseline and closing). 4. The (SARI) is an additional assessment for Project Connect that explores family functioning in light of parent substance use and recovery.</p> <p>All family functioning data are collected by agencies and are sent to the evaluators. Descriptive statistics are used to explore the differences in family functioning between baseline and closing. T-tests may be used for larger sample sizes.</p> <p>Additional child welfare outcomes (e.g. CPS report or</p>

			child removal from home) are obtained via a report from FACES. Descriptive statistics are used to report number and percent of reports or removals while a family received a service or within 12 months following service end. Time in care is explored for Project Connect.
Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention timeframe?	Quasi-experimental design with matched comparison group	Comparison of outcomes for families receiving Waiver services and a matched comparison group	<p>The intervention group consists of all families who were enrolled and successfully discharged from Waiver funded services. A detailed spreadsheet of families is kept by Waiver program staff that consists of family information and program data points (e.g., date of enrollment and discharge) and is being used for the evaluation.</p> <p>The comparison group is a pre-waiver sample of families matched on demographic and other variables (e.g., risk) obtained from FACES.</p> <p>Descriptive statistics are used to compare the differences between the Waiver and matched per-Waiver sample on number and percent of reports or removals while a family received a service or within 12 months following service end, and time in care for Project Connect.</p> <p>Further, analyses may consist of t-tests, regression, and anova when larger sample sizes are obtained.</p>

Description of Programmatic Components/Services

Provide a brief description of the programmatic components/services received by families/children participating in the demonstration.

HOMEBUILDERS®

HOMEBUILDERS® is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth. The goals of HOMEBUILDERS® are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent removal. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

Project Connect

Project Connect works with high-risk families involved with the child welfare system who are affected by parental substance abuse, mental health issues and domestic violence. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is how CFSA intends to implement the model. Family risks may include the following: poly-substance abuse and dependence, domestic violence, child abuse and neglect, criminal involvement and behavior, physical and mental health conditions, poverty, inappropriate housing, lack of education, poor employment skills, and impaired parenting. Project Connect staff includes individuals with experience and professional licensure in the fields of substance abuse, child welfare, mental health and/or substance abuse. Where needed, the program implements individual training plans for the development of skills in areas where staff has less experience.

Parent Education and Support Project (PESP)

CFSA has contractual relationships with providers to offer services under the Parent Education and Support Project (PESP). Each provider offers a range of services to families to include home visits, assessment of the families' needs, parenting groups, and other programming to address concrete needs, such as literacy, job preparedness and others. Providers offer the services using evidence-based models, such as the Effective Black Parenting Program, the Nurturing Parenting Program, the Incredible Years curriculum and others. Each provider was previously awarded a grant by CFSA to provide these services and required to engage in ongoing evaluation and assessment of program impact, including family involvement with the child welfare system. Findings to

date indicate improvements in family functioning, reductions in risk factors and increased protective factors. As part of the grant, each also administered the Protective Factors Survey (PFS) and utilized findings from the PFS to adjust and improve service delivery to the target population. The providers will continue to administer the PFS to monitor progress toward outcomes for the demonstration project.

Parent and Adolescent Support Services (PASS)

CFSA and the DC Department of Human Services (DHS) have entered into a Memorandum of Understanding (MOU) to support expansion of the DHS Parent Adolescent Support Service (PASS). The PASS program is a voluntary program open to families of District youth ages 10-17 who are committing status offenses. Status offenses include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and/or juvenile justice intervention is needed.

Home Visiting

Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies. Referrals can be made up until the infant is 11 months old. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. An interdisciplinary team of case managers, a registered nurse, and others responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs. The goal of the program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services.

Limitations

The main limitations to the evaluation plan are as follows: 1. There is no way of exactly matching the pre-waiver and intervention sample based on program eligibility. The pre-waiver sample can only be matched on variables such age, gender, ward, race, number of CPS referrals, and risk, and not on the exact program eligibility criteria. The lack of a precise match on eligibility criteria creates a limitation when drawing conclusions about the differences in outcomes between the pre-waiver and intervention samples. 2. Family functioning outcomes are unavailable for the pre-waiver sample limiting the comparison of the pre-waiver and intervention sample to child welfare outcomes only.

Evaluation Timeframe and Implementation Status

Table 2 outlines the main evaluation tasks that have been completed and the remaining main evaluation tasks that will be completed before the end of the Waiver. Please note

that any challenges that were experienced while conducting the evaluation tasks are noted in the section below, *Challenges or Changes to the Originally Proposed Evaluation Design*.

Table 2: CFSA Waiver Implementation: April 25, 2014 through April 24, 2019

Evaluation task	Date completed	Date to be completed
Baseline Focus groups	December 2014	
Mid-Waiver Focus groups		February 2017 (originally estimated for December 2016)
End of Waiver Focus groups		December 2018
Baseline surveys	October 2015 through February 2016	
Mid-Waiver surveys		June 2017
End of Waiver Surveys		Fall 2018
Quarterly Review of Outcomes Data	December 2015 June 2016 January 2017	May 2017 November 2017 May 2018 November 2018

Challenges or Changes to the Originally Proposed Evaluation Design

The following describe the challenges and changes to the originally proposed evaluation design:

1. *Delay in the analysis of outcomes data and less frequent analysis of outcomes data to date*

Outcomes data are analyzed by Waiver programs, rather than for the Waiver as a whole. Given that there are multiple Waiver programs, and resultantly, challenges occurred with linking data from multiple data sources, we underestimated the time and effort to clean and understand the various Waiver data sources and systems. Further, there were fewer families referred and enrolled compared to original expectations. We had planned to provide quarterly reports on active and closed families; however, given the aforementioned challenges, we only started reporting on outcomes data during late

2015 and early 2016, and reports were semi-annual rather than quarterly. The decision has been made by the CFSA Waiver implementation team for the outcomes evaluation to focus only on HOMEBUILDERS® and Project Connect. At this point the numbers of families enrolled in HOMEBUILDERS® and Project Connect has risen, which will allow for a more regular analysis of data. The evaluators and Waiver implementation team will discuss frequency of reporting in the early months following the submission of this report.

2. Changes to the timeframe during which stakeholder surveys (i.e., staff, leadership, and caregivers/youth) were originally going to be administered.

After much consideration and time developing the SSF stakeholder surveys, the SSF implementation and evaluation teams decided to join efforts with CFSA's Trauma II implementation team to conduct a joint stakeholder's survey. Given the opportunity to streamline efforts (i.e., minimize duplication for survey respondents, incorporate an agency-wide approach to exploring implementation of various approaches, and the fact that the evaluation team is the same for both SSF and Trauma II), the date for dissemination of the surveys was delayed from the first year of implementation (April 2014 through April 2015) to mid-way through the second year of implementation (October 2015). The original proposed follow-up time periods for the stakeholder survey were mid-way during implementation (2.5 years - midway through 2016) and during the final year of Waiver funding. The second administration of the stakeholder survey will occur in June of 2017 to coincide with the final year of Trauma II implementation and again during the third quarter of the final year of Waiver implementation (Fall of 2018). Administration of the survey during these new timeframes is viewed as a valid approach by the SSF evaluation and implementation teams because it still allows for perspectives to be captured at three successive points in time during implementation.

3. Edits to the Outcomes

Outcomes have been updated to align better with the revised federal child welfare outcomes, and wording has been changed to better specify our outcomes, indicators and benchmarks. Table 3 displays the original outcome and proposed outcome. These outcomes are proposed and will not be finalized until further discussion are held with leadership from Project Connect, HOMEBUILDERS®, and CFSA, and approval is received from our Federal Project Officers. However, outcomes data in this report reflect the proposed outcomes, benchmarks, and indicators because they are more meaningful than the original outcomes.

Table 3: Proposed Changes to Outcomes

Applicable Waiver Program	Original Outcome	Current Proposed Outcome	Current Proposed Benchmark	Current Proposed Indicator(s)
Project Connect, HOMEBUILDERS®	90% of families will not have a repeat report of maltreatment within 6 months of the initial report	Children are Safe	90% of families will not have a substantiated report within 12 months of initiation of Waiver services	% of families with any substantiated report 12 months following Waiver program initiation % of families with substantiated report during receipt of Waiver services % of families with substantiated report 12 months after Waiver discharge

4. *Elimination of a meeting tracking tool to identify policy changes and the interactions of policy changes among CFSA and the District of Columbia Department of Behavioral Health (DBH) that the evaluation team is contracted to evaluate (i.e., Waiver, Trauma grant, DC Gateway)*

As a process evaluation method to track Waiver policy changes and the interaction of the policy changes among the Trauma grant, Waiver, and System of Care initiatives, the original Waiver evaluation plan included the utilization of a meeting tracking tool for work teams involved in grant activities. The tracking tool would capture attendance, date, and number of meetings, as well as workgroup type, and a summary of the meeting. This method was proposed for the CFSA Trauma grant as well. More than 80 meeting minutes were analyzed by the evaluators' Social Work Intern and the Trauma Grant Specialist during the Spring of 2015. While the evaluators and Trauma Grant Specialist concluded that these data serve as documentation for the resources and effort needed to implement the Trauma grant, the time to compile the data and analyze the data for policy changes outweighed the benefits. The evaluators and Trauma Grant Specialist concluded that focus groups would be a more time efficient source for gathering data on policy changes. Therefore, it was decided that the meeting tracking tool would not be utilized for the Waiver or the Trauma grant evaluation. Rather, focus groups and surveys would serve as the source for this information.

5. *Elimination of the administration of surveys to youth.*

The original evaluation plan stated that surveys would be administered to youth and caregivers. After some consideration, a number of factors resulted in the decision to only survey caregivers: 1. Youth may not be directly involved in the service or are too young to answer questions (with the exception of PASS); 2. The time to develop a survey for youth that cuts across all programs may be time-intensive, yet it would be difficult to yield valid results given the logistics to actually deliver the survey (e.g., identification of a target child, age appropriate questions). Given that caregivers of youth involved in PASS are also directly involved in the service, the evaluation team decided to survey PASS caregivers only.

6. *Eliciting feedback from caregivers.*

During the October 2015 – April 2016 reporting period, surveys were mailed to 69 caregivers from all programs who were currently receiving or had received services from Waiver programs. The goal was to obtain point-in-time data from participants and then administer the survey to another cross-sectional sample every 6 months. A \$5 gift card was provided with the survey. Only four surveys were returned. Since then the evaluators and the SSF implementation team has discussed whether or not to make another attempt with an additional mailing, to conduct phone calls, or to hold a focus group. The evaluators and implementation team are leaning more toward conducting focus groups. This decision will be revisited shortly after this Interim report is submitted.

7. *Elimination of a matrix to match safety, risk, and caregiver strengths and barriers to program and program eligibility criteria*

The evaluation plan included the original goal of creating a matrix to match Structured Decisions Making Assessment Tools (e.g. safety, risk and caregiver strengths/barriers assessments) to program and program eligibility. The evaluation team would then have been able to examine the match between eligibility criteria, presenting needs of families, and referral to Waiver programs, to explore the extent to which the presenting needs were matched to actual receipt of program referred to and received. Several discussions during the first year and a half of implementation, which included an outside consultant who has developed child welfare risk and strength/barrier tools. A review of safety and risk data for current families being served by CPS in-home occurred during the past year as well. Following this exploration, the CFSA implementation and evaluation teams have decided that matching safety, risk, and caregiver strengths/barriers to program and program eligibility criteria was not an effective strategy to identify families for SSF programs. Specifically, it was difficult to tie the risk or safety assessment information directly to the eligibility criteria for the models.

In looking at outcomes for the risk assessment, families who were determined to be at high or intensive risk levels may have been appropriate for services, in particular

HOMEBUILDERS®; however, not all families who score at this risk level would be eligible unless they had a child at imminent risk for removal. In addition, the risk assessment is more about predicting the likelihood of future maltreatment. Furthermore, families that are determined unsafe should result in a removal, which could indicate a referral for HOMEBUILDERS®, but the addition of services would indicate the family is “safe with a plan.” Yet, not all families who are deemed “safe with a plan” are necessarily considered at imminent risk of removal and thus, this would not inherently make them eligible for HOMEBUILDERS®. With the exception of Project Connect, most families who were deemed “Safe” or “Safe with a Plan” would be eligible for any of the Waiver programs. Thus, the determination was made that the SDM assessment tools are not accurate in determining program eligibility.

8. *Overall staff turnover and transition for the Waiver implementation and evaluation teams.*

Morgan Buras, one of the two evaluators from the evaluation team left her position in December 2015. Dr. Brian Pagkos, one of the two lead evaluators from the evaluation team left his position in April 2016. Tyanna Williams from the CFSA Waiver Implementation team, who worked closely with the evaluators accepted a new position at CFSA in February 2016. Julie Fliss from the CFSA Waiver implementation team, who has worked closely with the evaluators, left her position in May 2016. Dr. Ruby Nelson, Program Manager for the Community Services Division assumed the lead coordinator role for the Waiver. However, Dr. Nelson left CFSA in October 2016. CFSA ensured continuity within the project in spite of staff changes; however, these multiple transitions and brief absences posed some time delays to data analysis especially during the October 2015 through April 2016 reporting period.

New team members were hired to replace staff that have departed. Brandi Collins was hired as a new evaluator in January of 2016. Stephanie Boyd replaced Tyanna Williams in January 2016. Brittney Hannah replaced Julie Fliss in August 2016. Robert Matthews replaced Debra Porchia Usher as Deputy Director, Community Partnerships, in December 2016. Dr. Pagkos will continue to serve as a consultant on the matched pre-waiver sample outcomes study. Dr. Affronti will continue to serve as the Lead Evaluator and will tap staff at her organization, Coordinated Care Services, Inc., who employ a data team and PhD-level consultants with experience in overall methods design and data analysis.

9. *Inability to determine service receipt for the pre-waiver matched sample*

In efforts to answer the evaluation question, “Were services expanded as a result of the Waiver?” the evaluators expected to compare preventive services received for a matched group of families served by CFSA prior to the Waiver, and Waiver families. After discussions with CFSA systems staff, it was determined that CFSA does not

formally track preventive services provided to CFSA families. Therefore, the evaluators can only assess the extent to which services were expanded via the Waiver by exploring the difference between expected and actual numbers of families served during the Waiver period.

The Process Study

Key Questions

The key questions associated with the process study are: 1. Were services expanded as a result of the Waiver? 2. Were services implemented with fidelity? Further, and related to the extent to which services were expanded as a result of the Waiver, the process evaluation is assessing the following outputs associated with the expansion: 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.

Data Sources and Data Collection

The data sources for each research question are as follows:

1. Were services expanded as a result of the Waiver?

A. One main data source for this question is an active spreadsheet that continuously tracks families referred to and served by Waiver programs. Several data points are included in the spreadsheet that allow the evaluators to explore the process by which families were referred and served (e.g., date referral received, whether or not the referral was accepted, enrollment date, discharge date, and discharge reason). This spreadsheet also allows for an analysis of Waiver families served to date. By using the case/referral number, it also allows for the CFSA Waiver implementation team and the evaluators to match data on outcomes and assessments pertaining to families involved with the Waiver that come from other data sources.

B. Focus groups with program staff, supervisors, and leadership.

Focus groups during the Waiver’s baseline year were conducted in December 2014 with participants identified by the evaluators and the CFSA Waiver implementation team. Four focus groups were held with individuals from a variety of roles on the Waiver: Early Intervention providers (n=11), HOMEBUILDERS® and Project

Connect providers (n=9), CFSA Social Work staff (n=6), and CFSA leadership and stakeholders (n=9). Similar questions were asked for each focus group and inquired about facilitators and barriers of implementation; factors and strategies that were associated with successful adoption, installation, and implementation of the Waiver thus far; 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; overall sustainability; and perspectives on the extent to which capacity to serve families was increased. Further, focus groups explored key competency, organization, and leadership drivers that may have contributed/are contributing to the success or challenges of implementation. All groups were recorded, with one member of the evaluation team also taking notes. The focus groups were conducted at CFSA by the evaluation team. All recordings were independently listened to, analyzed and transcribed by two members of the evaluation staff.

C. Stakeholder and Leadership Surveys.

Stakeholder Survey

To reduce survey burden, a joint Stakeholder survey was created for the Trauma II and Waiver evaluations. The survey was administered between October 2015 and February 2016 via the online platform SurveyGizmo. The survey administration time period was longer than anticipated in an attempt to increase participation. Two iPads were raffled off to CFSA staff as incentives. The survey was sent to three main respondent groups: 1. CFSA staff; 2. CFSA contracted providers (in and out of home services); and 3. Staff or community participants trained in Trauma Systems Therapy (TST). Common questions inquired about utilization of knowledge from trainings, barriers to implementation and staff acceptability of services. Filter questions (such as participant's role, where they worked, or which activities they participated in) were included in the survey to hone in on responses from specific groups, which allowed the evaluation questions to be answered specifically for each initiative (e.g., Waiver and Trauma II).

Of the 1,034 Stakeholder surveys sent, 314 responses were received. The total response rate was 25%, while the response rate for completed surveys was 19% (194 responses). Incomplete surveys still included complete answers to some or many questions; therefore, responses from completed questions were still used in the analysis even if the surveys were incomplete.

While opinions vary on ideal survey response rates⁵ (Poole, 2014), we were more concerned with the response rate for the staff who were directly involved with Waiver services. To the extent possible, we compared the number of responses to the actual numbers of staff in the following areas that are most relevant to the Waiver: Community Partnerships, Entry Services, Office of Well-Being, Program Operations, Community Based Service Provider, Family Based Private Provider, Healthy Families-Thriving Communities Collaborative, and Other. In partnership with the Waiver implementation team, we were only able to locate an estimated number of staff in Entry Services, and Program Operations. However, these are two of the main sources of referrals for the Waiver program. Thirty-four individuals responded to the survey from Entry Services and 22 completed the survey. This yielded an estimated response rate of 21% and a completed response rate of 13%. Regarding Program Operations, the estimated overall response rate was 11% and the completed response rate was 7%. While we were hoping for a higher response rate within these areas, the information provided represents some of the voices in the field and therefore, should be considered. However, the results cannot be generalized to all staff. Further, responses varied across questions suggesting that the sample may have captured multiple perspectives about the Waiver.

We also explored a breakdown of respondents by where they worked. Regarding the areas that are most relevant to the Waiver, the overall representation was as follows: Community Partnerships (11%), Entry Services (11%), Office of Well-Being (6%), Program Operations (11%), Community Based Service Provider (12%), Family Based Private Provider (10%), Healthy Families-Thriving Communities Collaborative (2%), Other/Does not work for an agency (14%). Again, although we were unable to match the potential number of respondents to the actual respondents, the response rates suggest that there was at least some representation from the various groups relevant to the Waiver.

Leadership Survey

To reduce survey burden, a joint In- and Out-of-Home Leadership survey was also created for the Trauma II and Waiver evaluations and sent to CFSA leadership and contracted community provider leadership. Respondents were asked to choose which initiative they were most involved in: Trauma II or Waiver. Depending on their answer, they were directed toward the questions pertinent to that initiative. The Wilder Collaboration Factors Inventory⁶ comprised most of the survey and explored the state of

⁵ Poole, A. (2014). *What is an acceptable survey response rate?* Retrieved December 20, 2016 from <http://socialnorms.org/what-is-an-acceptable-survey-response-rate/>.

⁶ Mattessich, Murray-Close, and Monsey (2001). *Collaboration: What Makes it Work* (2nd Ed). Amherst H. Wilder Foundation.

collaboration among the leadership group. The survey was administered between February 2016 and March 2016 via the online platform SurveyGizmo. Of the 78 In- and Out-of-Home Leadership surveys sent, 42 responded, yielding a 54% response rate. Twenty-four of the 42 respondents (57%) reported to be mostly involved in the Waiver (rather than the Trauma initiative). Seventeen who reported to be mostly involved in the Waiver completed the entire survey. Of those 17, 4 represented CFSA and 13 represented contracted providers or community groups. The small number of representatives from CFSA was expected given the smaller CFSA Waiver implementation and oversight team compared to the extensive number of providers contracted for the Waiver.

2. Were services expanded with fidelity?

A. Fidelity tracking tools created by the CFSA Waiver team to track fidelity for the PESP programs, Home Visitation and PASS

The CFSA Waiver implementation team collaborated with the evaluators on a data collection tool that would be used during monthly calls or site visits to track adherence to fidelity standards. An example of the data points that were included on the tool are as follows: training certificates on file, types of training that occurred, number of class sessions held (per developer requirements), sign in sheets on file, whether or not assessments were completed per family, number of parents who started and ended program, number of home visits attended per family (if required).

B. Fidelity reports from HOMEBUILDERS® and Project Connect

Table 4 below describes the type of fidelity data, its source and when it is collected for HOMEBUILDERS® and Project Connect. A further description on the data collected for these reports is provided in the *Process Study, Results* section below.

Table 4: Fidelity Reports from HOMEBUILDERS® and Project Connect

Fidelity Data Point	HOMEBUILDERS®		Project Connect	
	Data source	When collected	Data source	When collected
Number of staff trained by national trainers	Reports from the Institute for Family Development (IFD) to East River Family Strengthening	Monthly	Reports from Far Southeast Family Strengthening Collaborative (FSFSC)	Monthly

	Collaborative (ERFSC) and CFSA			
Number of staff officially certified	Reports from IFD to ERFSC and CFSA	Monthly	Reports from FSFSC	Monthly
Number of staff adhering to additional training requirements	Reports from IFD to ERFSC and CFSA	Monthly	Reports from FSFSC to CFSA	Monthly
Findings from annual site visits	Reports from IFD	Annually: June 2015 for Catholic Charities, Team 1; March 2016 for Catholic Charities, Team 1; August 2016 for Progressive Life Center, Wards 1-6	Reports from Children's Friend	Annually: September 2015 for Catholic Charities, Ward 8; September 2016 for Catholic Charities Wards 7 and 8 and Progressive Life Center, Wards 1-6
Findings from programmatic site visits	Reports from ERSFC	May 2015 for Catholic Charities, Team 1, Ward 7; December 2015 for Catholic Charities, Team 1, Ward 7 Monthly data checks in ODM	Monthly ETO monitoring from Collaboratives	Catholic Charities ward 8 FSFSC-monthly; Progressive Life ward 1-6 ERFSC-monthly; Catholic Charities ward 7 ERFSC- N/A
Findings from 3 record/case reviews per year	Reports from IFD	June 2015 for Catholic Charities, Team 1; March 2016 for Catholic Charities, Team 1; August 2016 for Progressive Life Center, Wards 1-6	Reports from Children's Friend	Annually: September 2015 for Catholic Charities, Ward 8; September 2016 for Catholic Charities Wards 7 and 8 and Progressive Life Center, Wards 1-6
Local documentation of adherence to program standards	Quantitative ODM reports Reports from ERFSC (Programmatic Site Visits)	Annually May 2015 for Catholic Charities, Team 1, Ward 7; December 2015 for Catholic Charities, Team 1, Ward 7	Documentation in development by Children's Friend	In development

Data Analysis

A description of data analyses for each research question is as follows:

1. Were services expanded as a result of the Waiver?

A. Referral and program data

As mentioned in the *Process Study, Data Collection and Data Analysis* section above, CFSA Waiver program staff utilize an active spreadsheet that continuously tracks families referred to and served by Waiver programs. All data in this section were extracted from that spreadsheet. The time period for analysis is April 25, 2014 (start date of the Waiver) through September 30, 2016. The September 30, 2016 date was chosen because it is the end of the fiscal year and it allowed time for the data to be cleaned and analyzed for this report.

Descriptive analyses were completed using several data points from the spreadsheet that related to the number of families in demonstration (current and expected), number of referrals (total, approved, and denied), and referral timeliness.

Of note, Waiver funding for CentroNia, Mary's Center Father-Child Attachment (FCA) and Healthy Babies was discontinued as part of the Waiver as of January 1, 2016. Waiver funding for Mary's Center Home Visiting (HFA) was discontinued as of March 1, 2016. Analyses take into account the different end dates for each program.

B. Focus groups with program staff, supervisors, and leadership.

Focus groups were recorded and listened to by members of the evaluation team. Recurring topics were coded, grouped into subtopics and topics, and then mapped to illustrate the path from code to subtopic to topic. Topics, subtopics and details were organized from most common to least common across the focus groups. Findings were then grouped into successes and areas for improvement. Reports reflecting overall findings and findings for each focus group were made available.

C. Stakeholder and Leadership surveys.

Descriptive statistics were used for the stakeholder and leadership surveys (i.e., numbers and percentages of responses within each question). Analyses also included groupings of respondents from the following areas that are most relevant to the Waiver: Community Partnerships, Entry Services, Office of Well-Being, Program Operations, Community Based Service Provider, Family Based Private Provider, Healthy Families-Thriving Communities Collaborative, and Other.

The Wilder Survey (Wilder Collaboration Factors Inventory), which was included in the Leadership Survey, contains 40 items and 7 subscales. The mean scores were calculated for each subscale then compared across the CFSA and Community providers groups.

2. Were services expanded with fidelity?

A. Fidelity tracking tools created by the CFSA Waiver team to track fidelity for the PESP programs, Home Visitation and PASS

While fidelity documents were created and a site visit schedule was finalized, the site visits have not occurred. The CFSA Implementation team anticipates that they will utilize the tool in the near future to ensure providers are maintaining fidelity to their programs. However, given that the evaluation plan will focus solely on HOMEBUILDERS® and Project Connect following submission of this Interim Report, only data collection and analysis of fidelity for HOMEBUILDERS® and Project Connect will be reported in future evaluation reports.

B. Fidelity reports from HOMEBUILDERS® and Project Connect

Fidelity reports from HOMEBUILDERS® and Project Connect are mostly narrative with some quantitative data that describe certain the extent to which adherence to program standards were met. Descriptive statistics are used by the ODM system to report on fidelity standards for HOMEBUILDERS®.

Results

The results for each research question are as follows:

1. Were services expanded as a result of the Waiver?

A. How many families have been served?

Table 5: Total Number of Families Enrolled (4/25/2014 - 9/30/2016)

Program being Referred To	Client Discharged	Enrolled/Receiving Services
CentroNia (PESP)	19	
Collaborative Solutions (PESP)	23	1
East River (PESP)	41	3
Healthy Babies Project	24	
Mary's Center - FCA	11	
Mary Center - Home Visitation (HFA)	11	34
PASS - Case Management	20	6
PASS - FFT	43	4
Project Connect	41	34
HOMEBUILDERS	111	1
Grand Total	335	81

Table 5 shows the status of enrolled participants by program. Families who enrolled in Waiver programs, for the purposes of the evaluation, is defined as an approved referral and subsequent receipt of services. Enrolled families are either “Clients Discharged” (no longer receiving services) or “Enrolled/Receiving Services” (approved referral and currently receiving services). “Clients Discharged” is the number of families with a discharge date in the Waiver spreadsheet signifying service closure.

“Enrolled/Receiving Services” shows the number of families who were currently receiving services as of September 30, 2016. A total of 416 families were enrolled and received services during the Waiver Period to date (4/25/2015 - 9/30/2016). Due to a number of families enrolling in more than one service, there were a total of 427 program enrollments over this timeframe.

B. Has the Waiver served the number of families originally expected to be served?

Table 6: Number of Families Enrolled vs. Number of Families Expected to Serve During the Waiver Period to Date (4/25/2014 - 9/30/2016)

	Families Enrolled	Expected to Serve (Apr 2014-Sept 2016) ⁷	Difference between Expected to Serve and Enrolled	Percent of Goal
CentroNia (PESP)	19	84	65	23%
Collaborative Solutions (PESP)	24	145	121	17%
East River (PESP)	44	97	53	45%
Healthy Babies Project (PESP)	24	42	18	57%
Mary's Center - FCA	11	100	89	11%
Mary's Center - Home Visitation (HFA)	45	156	111	29%
PASS	73	145	72	50%
Project Connect	65	98	23	77%
HOMEBUILDERS®	112	99	-13	113%
Grand Total Program Enrollments	427	966		44%
Grand Total Families Served	335			

Table 6 above exhibits the current number of families served compared to the expected number of families to be served by the Waiver to date (4/25/2014 - 9/30/2016). “Enrolled Participants” is the number of families enrolled in services or discharged. The number of families expected to be served during the time period April 25, 2014 - September 30, 2016 was derived from projections established by Waiver

⁷ Both Project Connect and HOMEBUILDERS® programs started in October 2014, later than the official Waiver start date. Given that Waiver funding for CentroNia, Mary’s Center Father-Child Attachment (FCA) and Healthy Babies was discontinued as part of Safe and Stable Families as of January 1, 2016, and for Mary’s Center Home Visiting (HFA) was discontinued as of March 1, 2016, calculations are based on the numbers of families expected to be served through those dates. Analyses take into account the different end dates for each program.

implementation staff during the first year of the Waiver. Using our established time period for this report, we calculated the number of years the program was serving families. The number of years was multiplied by the established number of families expected to serve in a single year. The difference between expected to serve and enrolled is the number expected to serve minus the number of enrolled participants. Positive numbers indicate more enrollments than what was originally expected. Negative numbers indicate fewer enrollments than expected. The “Percent of Goal” column indicates the percent of the expected enrollment numbers that has been served as of September 30, 2016.

Overall, enrollment in all Waiver programs as of this report is 44% of the expected to serve goals. Enrollment for HOMEBUILDERS® (99 families) is 113% of its goal, the only program to exceed its target goal at this point.

C. What percentage of referrals have been approved?

Table 7: Referral Approval Rates Reporting Period (4/25/2014 - 9/30/2016)

Program being Referred To (PASS combined)	Approved Referrals		Denied		Grand Total	
	# of Families	% of Families	# of Families	% of Families	# of Families	% of Families
CentroNia (PESP)	24	100%			24	100%
Collaborative Solutions (PESP)	34	100%			34	100%
East River (PESP)	64	100%			64	100%
Healthy Babies Project (PESP)	47	100%			47	100%
Mary's Center - FCA	14	100%			14	100%
Mary's Center - Home Visitation (HFA)	50	96%	2	4%	52	100%
PASS	133	96%	6	4%	138	100%
Project Connect	81	87%	15	16%	93	100%
HOMEBUILDERS	143	72%	76	38%	200	100%
Grand Total	551	90%	97	16%	615	100%

Table 7 identifies the total number of referrals made to Waiver programs within the reporting period (4/24/2014 - 9/30/2016), further broken down by approved and denied referrals. Referrals by CFSA social workers to the Home Visitation and Project Connect and PESP programs are sent to a referral coordinator at CFSA. The CFSA referral coordinator then processes the referral by confirming eligibility, and sends the referral to the providers. PASS referrals are sent directly to the PASS program where eligibility is determined. There were a total of 615 families with 661 referrals made across all programs, of which 551 families had referrals approved (90%). Referrals were approved for all programs with the exception of Mary's Center - Home Visitation (HFA), PASS, Project Connect, and HOMEBUILDERS®. Two referrals (4%) were denied for Mary's Center (HFA), six referrals were denied for PASS (4%), fifteen (16%) for Project Connect and seventy-six (38%) of HOMEBUILDERS® referrals were denied during this time period. The high acceptance rate of families to the remaining programs is likely a result of a more inclusive set of referral criteria as well as efforts made to educate staff on the various programs and eligibility criteria. Some examples of continued efforts to educate and collaborate with staff are as follows: 1) HOMEBUILDERS® and Project Connect have designated office space and designated areas for signage to display office hours; and 2) All SSF providers participated in a quarterly resource fair to share the information with CFSA and private agency social workers.

Several strategies have been put in place, especially in 2016, to remedy the lower referral acceptance rate for HOMEBUILDERS®. First, weekly meetings were convened to review relevant data on HOMEBUILDERS® utilization. Participants of these meetings include the HOMEBUILDERS® technical assistance coordinator and quality assurance specialist from ERFSC and representatives from CFSA's In-home and CPS administrations, as well as the data analyst for the Waiver. The standing agenda for the meeting includes a review of removals from the previous week and discussion on whether they should have been referred to HOMEBUILDERS®.

Second, CFSA and ERFSC also developed a process to track the status of families who have been identified as possible referrals to HOMEBUILDERS® services. The case tracker provides a structure to document information on the family and a process for following up with the social worker and supervisor to confirm the referral was made and if it has not been made, discuss the reasons and answer any questions that the social worker or supervisor may have about the referral process or services. The HOMEBUILDERS® supervisors have also used the case trackers as a learning tool with their staff to talk through the information and whether or not the team feels the family's situation warrants a referral.

Third, “office hours” were established during which a representative from the HOMEBUILDERS® team is onsite at CFSA and available to discuss cases in the moment. Based on feedback from the social workers, the team chose a day (Thursdays) and time (5 p.m. – 8 p.m.) when most of the CPS staff would be in the office and likely to come by for consultation. In addition, CFSA was able to identify and assign a cubicle to the team, so representatives from HOMEBUILDERS® are able to leave information on services there for staff to access at times when they are not there. Overall, the addition of office hours has been a great opportunity for CFSA and HOMEBUILDERS® staff to get to know each other and build positive working relationships. Further, marketing materials were developed that social workers and supervisors can take with them when they are out with families and considering making a referral.

The following lists reasons why referrals were not approved for the remaining 97 families. Please note, 6 families had more than one referral to HOMEBUILDERS® and therefore have more than one referral denial reason.

PASS- 6 families

- Family needs met with other service (4)
- Does not meet eligibility - other (2)

Mary’s Center - Home Visitation (HFA) - 2 families

- Does not meet eligibility - child age (2)

Project Connect - 15 families

- Does not meet eligibility - child reunification (5)
- Does not meet eligibility - no substance abuse (7)
- Does not meet eligibility requirements (3)

HOMEBUILDERS® - 76 families

- Client’s request/client(s) refused (6)
- Does not meet eligibility
 - Removal not imminent (34)
 - Child not in the home (7)
 - Parent not in the home (5)
 - Child removed (2)
 - Other (2)
- Insufficient referral information provided (15)
- Needs met with other services (6)
- Program at capacity (6)

D. Have referral timelines met the expected benchmarks?

Table 8: Average Days to Process Referral (4/25/2014 - 9/30/2016)

Program being Referred To (PASS combined)	# of Families	Referral Outcome Approved	
		Avg. Days to Process Referral by CFSA	Avg. Days from referral to enrollment
CentroNia (PESP)	8	2	14
Collaborative Solutions (PESP)	11	0	192
East River (PESP)	32	0	15
Healthy Babies Project (PESP)	27	2	77
Mary's Center - FCA	3	0	5
Mary's Center - Home Visitation (HFA)	17	2	-38
PASS	85	0	29
Project Connect	45	4	15
HOMEBUILDERS	76	-2	1
Grand Total	291	1	13

Referral Timeliness - from CFSA to Provider and Enrollment

Table 8 displays the average number of days from the date of referral to the date the referral was sent to the provider (Average: 1 day). Referrals were processed in 4 days or less for all programs. This table includes approved referrals that received some services (discharge reasons: enrolled in service, successfully discharged and program closure).

The “Average days from referral to enrollment” is the difference between the date that the approved referral was made to the provider and the date that the family actually enrolled in the programs. The time between these two dates ranged from -38 to 192 days. The enrollment date can depend on a variety of factors, such as the date of the first intake meeting or the date of the parent’s participation in their first class. In contrast, some programs allow parents to enroll and participate in a program although the social worker has not submitted a referral. These families are represented by the negative days from referral to enrollment. Anecdotal reports from program staff, and the staff survey results, which are discussed in the *Process Study, Results* sections, suggest staff and social workers are unaware of the appropriate service and referral process. The SSF implementation team will be collecting more information around the needs of the population before revising the current marketing plan based upon feedback from the staff survey results.

CFSA has established targets for enrollment of families in services. The timeframes include: within 24 hours of the accepted referral (for HOMEBUILDERS®), within 14 calendar days of the accepted referral (for Project Connect) and within 10 business days for the early intervention services. The target for HOMEBUILDERS® and Project Connect have been met. Collaborative Solutions, East River and Mary’s Center Home Visitation (HFA) all met their 10 day benchmark as well. CentroNia (PESP), Healthy Babies Project (PESP), Mary’s Center (FCA), and PASS did not meet the benchmark. Funding for CentroNia (PESP), Healthy Babies Project (PESP), and Mary’s Center (FCA) is no longer provided under the Waiver. Otherwise, the Waiver team would have made further efforts to meet these benchmarks.

E. To what extent are families with approved referrals successfully enrolling in services?

Table 9: Number and Percent of Families with Approved Referrals Who Were Successfully Enrolled in Services (4/25/2014 - 9/30/2016)

	Approved Referrals				Grand Total	
	Not Enrolled		Enrolled		# of Families	% of Families
	# of Families	% of Families	# of Families	% of Families		
CentroNia (PESP)	4	17%	20	83%	24	100%
Collaborative Solutions (PESP)	10	29%	25	74%	34	100%
East River (PESP)	19	30%	52	81%	64	100%
Healthy Babies Project (PESP)	20	43%	28	60%	47	100%
Mary's Center - FCA	3	21%	12	86%	14	100%
Mary's Center - Home Visitation (HFA)	5	10%	45	90%	50	100%
PASS	51	38%	86	65%	133	100%
Project Connect	27	33%	68	84%	81	100%
HOMEBUILDERS	30	21%	121	85%	143	100%
Grand Total	161	29%	434	79%	551	100%

Referrals - Approved and Enrolled

Table 9 displays the number and percent of families with approved referrals who were successfully enrolled in services (indicated by an enrollment date in the referral database). Numbers and percentages are based on number of families and may not add across correctly due to a number of families having multiple referrals with different enrollment outcomes during this timeframe. Reasons why families with approved referrals were not enrolled are listed below the table.

Approximately 79% of families are enrolled once they are approved. The most cited reason for an accepted participant to not be enrolled is client request/client(s) refused, non-responsive or non-compliant (97). These reasons were combined to show a client's action or decision in engagement. PASS referrals are handled directly by the program where they determine eligibility and make decisions regarding enrollments. Low enrollment numbers are being discussed with the program in order to create strategies

for improvement. For the early intervention services, referrals for services are often made by social workers in the child protective services administration, whose involvement with families is short-term (e.g. 30-45 days). A family may agree for the CPS social worker to refer for services, but once the provider reaches out to engage them in services, the family's involvement with CFSA has ended and the family no longer may be interested in participating in the services. As mentioned, CentroNia, Healthy Babies and the Mary's Center programs are no longer funded by the Waiver. Had funding continued, additional efforts would have been made to increase any of the lower enrollment rates for these programs.

For HOMEBUILDERS® and Project Connect, the challenge is somewhat different. HOMEBUILDERS® staff have indicated that families will sometimes decline services at the intake meeting, which is the point of enrollment, indicating that they did not realize the intensity and time commitment (8-10 hours/week) associated with the service and they either do not have time to dedicate to the service or do not feel that they need something that intense. As noted above, the implementation team has taken steps to address this through the informational sessions with staff to ensure that they explain the services accurately to families at the time of the referral. The team is also working to develop a brochure specifically for families that details the services to address miscommunications regarding the services.

The team suspects that challenges in the engagement of Project Connect families are also likely due to early delays in processing referrals. The family may have initially agreed to the service and then later changed their mind. Project Connect staff have also expressed that families decline to participate after learning more about the service, noting that they were not aware of certain requirements, such as the need to meet twice a week with the Project Connect worker. CFSA is working to address these challenges through the ongoing communication strategies noted above to include informational sessions with staff to make sure they understand how to market the services to families. Efforts have also been made to develop brochures that detail the program for families.

Reasons why an approved referral did not end in an enrollment for the remaining 162 referrals were the following:

Centro Nia (PESP) - 4 families

Client request/client(s) refused, non-responsive or non-compliant (4)

Collaborative Solutions - 10 families

Client request/client(s) refused, non-responsive or non-compliant (9)

No enrollment date (1)

East River - 19 families

Pending Enrollment (7)

Client request/client(s) refused, non-responsive or non-compliant (9)

Referral Withdrawn (3)

Healthy Babies Project - 20 families

Client request/client(s) refused, non-responsive or non-compliant (19)

Needs met by other services (1)

Mary's Center (HFA) - 3 families

Client request/client(s) refused, non-responsive or non-compliant (1)

Program Closure/Contract End (2)

Mary's Center (Home Visitation) - 5 family

Client request/client(s) refused, non-responsive or non-compliant (4)

Needs met by other services (1)

PASS - 14 families

Needs met by other services (4)

Client request/client(s) refused, non-responsive or non-compliant (10)

PASS - Case Management - 23 families

Client request/client(s) refused, non-responsive or non-compliant (17)

Needs met by other services (2)

Referral withdrawn (2)

Youth ineligible (1)

Youth out of state (1)

PASS - FFT - 14 families

Needs met by other services (1)

Client request/client(s) refused, non-responsive or non-compliant (13)

Project Connect - 27

No longer eligible - PTC did not occur within required timeframe (17)

Client request/client(s) refused, non-responsive or non-compliant (10)

HOMEBUILDERS® - 30 families

Needs met by other services (2)

Client request/client(s) refused, non-responsive or non-compliant (19)

Referral Withdrawn (1)

No longer eligible (8)

Child not in home (2)

Family not available within 24 hours of removal (2)

Residing out of the home for more than 7 days (3)

Safety issues - DV (1)

F. Focus groups with program staff, supervisors, and leadership.

Overall Themes

Findings from focus groups included seven main themes: 1. Working with CFSA staff; 2. Ideas/suggestions; 3. Positive outcomes of implementation; 4. Cultural sensitivity; 5. Referrals; 6. Communication; and 7. Implementation plan. The two most common themes across all four focus groups were Referrals and CFSA staff. Referrals generated a vast array of subtopics and comments. Results were grouped by overall successes and areas of improvement within these topics and are found below.

Overall Successes

The focus groups identified numerous Waiver implementation successes such as expanding the Ward eligibility and educating clients about programs. Respondents reported that these strategies contributed to improvements in the number of accepted referrals at the time that the focus groups were conducted. Other strengths included regular communication between program and CFSA staff. According to the focus groups, clients being served appreciate the more individualized services and early intervention programs that include a home visit component. Focus group participants also discussed how assessments were appropriate for the populations served (and programs offered). The group participants also felt that provider agencies were becoming more data-driven, using data collection and analysis to drive decisions.

Overall Areas of Improvement

The focus group findings included three areas of improvement in an attempt to increase engagement in Waiver programs and activities to increase referrals. The first area of improvement was to improve staff engagement. Suggestions included creating opportunities and specific procedures for communication and reporting between program staff and CFSA, improvements to marketing of services provided under the Waiver, and increasing the timeliness of engagement by incorporating representatives from HOMEBUILDERS® and ProjectConnect into Consultation and Information Sharing meetings.

The second area of improvement was to improve family and community engagement. Suggestions included making sure culturally competent practices are being used and reviewed regularly, developing a clearer understanding of family needs to ensure services are more tailored to fit those needs and utilizing community programming to better address family needs and identify gaps in service.

The third area of improvement was to improve implementation systems. Suggestions included increasing communication and collaboration of CFSA and service providers to better identify eligible families as well as reassess and clarify eligibility criteria, and to use electronic case management systems to better determine eligibility and document referrals. Other suggestions include increasing communication and collaboration to better engage workers to make referrals, and to include external and internal partners in an implementation team that would discuss strategies and monitor progress.

A grid of recommendations, the tasks associated with each recommendation, the person responsible for the task and a timeline for task completion was established once the results were finalized. The grid was created for the CFSA Waiver team to provide a continuous quality improvement approach for the focus group results and to track progress made on recommendations.

Limitations

There are two main limitations to the focus groups: 1. Responses to focus groups are subjective by nature, which limits generalization of the findings. 2. Six social workers attended the CFSA social work focus group. The evaluators had hoped for eight to ten participants to further ensure representation and richness in discussion.

G. Stakeholder and leadership surveys.

Results of the stakeholder survey

Results are provided by associated evaluation outputs: State of Implementation and Awareness, Readiness, Satisfaction/Cultural Competence/Sustainability, Fidelity, Communication and Collaboration, Buy-In/Acceptance, and Drivers of Implementation.

State of Implementation and Awareness

The majority of respondents (70% or 186 respondents) were moderately or highly aware of the Safe and Stable Families (Waiver; SSF) initiative as opposed to the 30% that had no to little awareness. Of those at CFSA expected to be the most aware (identified as the SSF Referral Group), 79% (90 respondents) had moderate or high awareness and 21% (24 respondents) had no or low awareness. Sixty-three percent (69 respondents) of respondents who identified as community providers had moderate to high awareness of SSF.

Regarding awareness of particular services and service providers, the SSF Referral Group's awareness ranged from 54%-92%. The highest (92% or 90 respondents) awareness was for the PESP/Collaborative Solutions service. The lowest (54% or 52 respondents) awareness was for the Father-Child Attachment/Mary's Center service. Regarding referral processes, the SSF Referral Group's highest level of awareness was for HOMEBUILDERS® (68% or 57 respondents) and the lowest percentage of awareness was for the Father-Child Attachment/Mary's Center. The funding for Father-Child Attachment/Mary's Center had been discontinued shortly after the survey was closed.

Of respondents in the SSF Staff Referral Group that work at CFSA, 86% (60) have made referrals with the highest percentage (59% or 36 respondents) making a referral to PESP/East River Family Strengthening Collaborative. The lowest percentage (13% or 8 respondents) made referrals to Project Connect or Father-Child Attachment/Mary's Center. Again, funding for Father-Child Attachment/Mary's Center had been discontinued shortly after the survey was closed. The SSF Referral Groups frequency of referrals were: 'rarely' (48% or 29 respondents), 'every 3 months' (32% or 19), 'monthly' (13% or 8 respondents), and 'weekly' (7% or 4 respondents).

Readiness (CFSA SSF Referral Group)

Thirty-three respondents (87%) in the Referral Group agreed or strongly agreed to feeling knowledgeable in their ability to determine eligibility for the SSF programs. Thirty-two respondents (84%) also agreed or strongly agreed that they felt able to explain the SSF services well to support the family's ability to make a decision regarding services. Barriers to the referral process were identified by 67 respondents. The top four barriers to the referral process identified by respondents were Client Willingness/Participation (9), Agency Response (8), Lack of Direct Client Contact (not a barrier) (8), Lack of Centralized Information (7). Respondents stated that they needed additional supports or additional services in the following top 2 areas: Training/refreshers (22) and Centralized Information and Referral Process (20) in order to make the referral process, or diversity of activities, smoother, more effective, and sustained most respondents

Readiness (ALL Participants)

Fifty-two respondents shared unanticipated challenges in the delivery of Safe and Stable Families activities that fell into three main categories: logistical challenges (13), knowledge and awareness (9), and family needs (13). Specific logistical challenges noted included difficulties in staff participation in making referrals (2), high workloads (2), service start-up time (2), referral turnaround time (2), communication between the social worker and provider staff as well as difficulties in connecting/communicating with families (7), and lack of resources in Spanish (1) and monthly summaries (1).

Challenges were described around a lack of awareness and knowledge of services (5) as well as eligibility requirements which resulted in inappropriate referrals and low numbers of referrals (4) and an overall underutilization of services. Further, there was a noted lack of family interest/engagement in services (8), a need for more inclusive services, intensive services (3), and more service capacity to meet the needs (2).

When asked how respondents had overcome these challenges 58 respondents answered. The most frequently reported response was communication (14), followed by both peer (9) and leadership (9) support. The overall theme of responses was persistent follow-through such as finding someone with the answers whether that was a peer, supervisor, or community provider. There was also a feeling of needing to make contacts in service providers, looking for other community services, and continuing to learn about service options for families.

Satisfaction/Cultural Competence/Sustainability

The majority of all CFSA Staff agreed or strongly agreed (within the range of 62%-68% or 55-61 respondents) that services provided under SSF are a good match for families in need (68% or 61 respondents), services are being tailored to identify families' strengths and needs (68% or 61 respondents), the expansion of services tied to the SSF initiative can be sustained (64% or 57 respondents), SSF serve families in a culturally appropriate way (63% or 56 respondents), and more CFSA families are being served due to SSF implementation (62% or 55 respondents). CFSA staff felt less strongly (44% 39 agreed or strongly agreed) regarding families feeling satisfied with services provided under SSF.

The SSF Provider Staff (37 respondents) were more confident in services provided (range of 65%-75% and 80%-90%) than the CFSA Staff (40 respondents), demonstrating the different perspectives of those providing the service versus the CFSA Staff.

Readiness/Fidelity

The majority of SSF Provider Staff agreed or strongly agreed (range of 71%-88% or 5-7) with statements regarding practicing with fidelity including families being matched to services based on presenting needs with eligibility criteria taken into account, believing they deliver the SSF program the way it was intended, feeling prepared to deliver the SSF program with fidelity, use of standardized assessment tools of family/child and adolescent functioning to help inform and guide their practice of the services provided. While these findings suggest that contracted staff may feel confident that they are implementing services with fidelity, given the low number of responses to these questions, these findings should be interpreted with caution.

Communication and Collaboration

When asked their level of satisfaction with CFSA, SSF Provider Staff “agreed” or “strongly agreed” to the following areas: Communication (38% or 3 respondents), Level of Collaboration (50% or 4 respondents), and SSF Referral Process (75% or 6 respondents). Given the low number of responses to these questions, these findings may suggest some challenges between CFSA and contracted providers; however, further exploration of these concerns with providers is necessary to draw conclusions.

Buy-In/Acceptance

More than 55% of all staff respondents (137 respondents) believed the implementation of Safe and Stable Families initiative and services provided under it will improve outcomes for caregivers in each of the following areas: their ability to demonstrate improved coping and parenting skills (70% or 96 respondents), increased parental capacity to safely care for their infants/children (68% or 93 respondents), improved interactions and relationships with their children/youth (66% or 91 respondents), and increased knowledge of appropriate childhood development/age appropriate behaviors (65% or 89 respondents). They also believed that that families will have less re-reports of maltreatment (62% or 85 respondents) and less new entries into foster care (69% or 95 respondents) and that children will demonstrate improved social and emotional functioning (55% or 76 respondents). The belief that SSF will improve families access to services that are individually tailored to meet their needs was rated the highest (74% or 101 respondents). However, less than 50% believe the implementation of Safe and Stable Families initiative and services provided under it will improve outcomes for caregivers in their ability to demonstrate improved resource management skills (47% or 65 respondents) and the capacity to meet their families needs (47% or 65 respondents), and for children and youth in their ability to learn and model coping skills (50% or 69 respondents) and positive strategies to manage emotions (50% or 69), and demonstrate reduction in challenging behaviors (47% or 64 respondents) and improvement in educational attainment (39% or 64 respondents). The belief that children and youth will demonstrate improved educational attainment was scored the lowest (39%).

Drivers of Implementation

The stakeholder survey included a series of questions that were originally included in a baseline trauma implementation readiness survey administered in 2013 during the very early stages of the Trauma II grant implementation. The questions were targeted for all direct care practice CFSA (which includes staff who may be involved with the Waiver) and provider staff and managers. Questions were categorized into six areas: 1. Relationship with supervisor; 2. Role within organization; 3. Work environment; 4. Development/advancement and ongoing training; 5. Organizational satisfaction; 6. Relationship with CFSA. Results for contracted providers are not reported in this Interim report given that these results have not yet been shared with contracted

providers. Further, at this point responses are not broken down by role in at CFSA. Therefore, these results may not be interpreted as a representation of Waiver staff only. They should be interpreted as they pertain to CFSA staff in general and overall climate of CFSA staff as practice ensues and multiple initiatives are implemented.

Regarding respondents' relationships with supervisor, between 74% (or 68 respondents) and 80% (82 respondents) of respondents stated that they agreed or strongly agreed that their supervisor treats them fairly, treats them with respect, is open to feedback, handles issues satisfactorily, and that the respondent trusts what their supervisor tells them. These findings suggest that there is a strong relationship between most supervisors and direct care staff at CFSA who responded to the survey. This relationship, therefore, could potentially be a positive driver of implementation for the Waiver.

Questions pertaining to a respondent's roles within the organization inquired about liking their work, understanding their role; making use of skills, feelings regarding team, feeling valued, and job security. The statements with the highest percentage of respondents who "agreed" or "strongly agreed" were related to liking the work that they do (87% or 87 respondents), having a clear understanding of their job role (85% or 85 respondents), have a clear understanding of the importance of their role (85% or 85 respondents), and are given enough authority to make decisions (71% or 71 respondents). Items with lower percentages of respondents who "agreed" or "strongly agreed" were related to items about making good use of their skills and abilities (64% or 63 respondents), believing their job is secure (58% or 56 respondents), feeling part of a team working toward a shared goal (57% or 57 respondents), and feeling valued (47% or 47 respondents). The variance in the responses to these questions about organizational role and satisfaction suggest that some staff are not completely satisfied with their role or job functions. Ultimately, these factors could be affecting implementation of the Trauma or Waiver grant tasks and duties.

Questions relating to work environment and psychological safety inquired about the extent to which staff felt physically safe or comfortable and are able to manage change; and trust, safety, and collaboration within a team. The statements with the highest percentage of respondents who "agreed" or "strongly agreed" were related to feeling physically safe in the work environment (80% or 79 respondents), feeling comfortable in the workspace (73% or 72 respondents), and the work environment promoting collaboration among fellow employees (71% or 72 respondents). Items with lower percentages of respondents who "agreed" or "strongly agreed" were related to items about risk management being important to CFSA (69% or 68 respondents), feeling confident in the ability to manage change with energy and enthusiasm (61% or 60 respondents), trusting the people that they work with (56% or 55 respondents), and feeling safe communicating their thoughts (46% or 46 respondents). Similar to the

findings on staffs' roles within the organization, the variance in the responses to these items regarding work environment and psychological safety suggest that some staff are not completely satisfied with their role or job functions, which could affect implementation of the Trauma or Waiver grant tasks and duties.

There were four items relating to development/advancement and ongoing training. The percentage of respondents who "agreed" or "strongly agreed" to these statements ranged from 28% or 27 respondents ("I trust what CFSA tells me it takes to advance my career") to 68% or 66 respondents ("CFSA provides as much ongoing training as I need"). Development/advancement and ongoing training appear to be an area in need of improvement for CFSA direct care staff.

Items pertaining to organizational satisfaction targeted the following areas: liking fellow workers, being treated fairly, treatment by the leaders of the agency, cooperation, trust, recognition, staff quality, and communication. The statement with the highest percentage of respondents who "agreed" or "strongly agreed" was "I like the people I work with at my agency" (79% or 50 respondents). Respondents who "agreed" or "strongly agreed" with the rest of the statements ranged from 29% or 30 respondents to 58% or 46 respondents, suggesting that overall organizational satisfaction is another area of improvement and could ultimately impact successful implementation of the Trauma grant or the Waiver.

Survey findings were presented to the CFSA Waiver implementation team and CFSA leadership. Of particular importance were the lower than expected findings regarding awareness of Waiver services and referral procedures, and referrals made to Waiver services. These findings supported CFSA's decision to discontinue funding for some of the Waiver programs. Since the findings have been disseminated, CFSA has increased their marketing efforts to increase awareness for the remaining services.

Survey findings also suggest mixed reviews of the extent to which Waiver programs can produce the expected outcomes. Respondents indicated more confidence in the programs to achieve changes in parenting. Respondents indicated less confidence in caregivers' improved abilities in resource management, meeting their families' needs, and in changes in children's behaviors. These findings point to the possible need to reexamine expectations of Waiver programs around specific changes for parents and their children. These questions will be repeated in the June 2017 survey. Findings will be compared to the current study's findings to determine the extent to which certain Waiver program expectations should be re-examined.

A work team was formed following the stakeholder presentation to managers to ensure that areas of concern identified in the findings are addressed. The work team is currently exploring the findings around the six areas related to the drivers of implementation (i.e., relationship with supervisor, role within organization, work environment, development/advancement and ongoing training, organizational satisfaction, relationship with CFSA) related to the drivers of implementation and strategies by which less favorable findings could be improved.

Limitations

As mentioned in the *Process Study, Data Collection and Data Analysis* section above, given the low response rate for the Stakeholder Survey, the results should be interpreted with caution. Other limitations include the biases embedded in the surveys (e.g. possible variance in the interpretation of the questions) and survey fatigue for those staff who have participated in multiple Trauma and SSF activities. Further, as mentioned, findings regarding the drivers of implementation do not only represent Waiver staff and should be interpreted as they pertain to CFSA staff in general and overall climate of CFSA staff.

Results for In and Out of Home Leadership Survey

Wilder Survey

Table 10 below shows the calculated averages, for each subscale. They are sorted by the average score for each group then ranked highest to lowest average score based on the totals for each subscale. Overall, responses were positive regarding the state of the collaborative group, which was the group of child-serving professionals who has partnered with CFSA to implement the Waiver. Statements were rated on a five-point Likert scale (Strongly Disagree=1 to Strongly Agree=5). The average score for the scale was 3.9, slightly below “Agree.” CFSA Leadership scored lower on average (3.4) than those at Community Provider Organization/Agency (4.0). The two highest scored subscales were the Collaborative Purpose (4.3 - Community Providers, 3.9 CFSA) subscale and the Services to Children (4.2 - Community Providers and 3.8 Services to Children) subscale. The lowest scored subscale was Resource Availability (3.5 - Community Providers, 3.6 - CFSA Leadership). The Collaborative Process subscale and Membership Characteristics subscale had the lowest agreement. These findings suggest that the collaborative group has a clear understanding of their goals, are open to the different ways in which they can do their work together, are the right group to work together to make decisions, and expect that the project will have positive outcomes for the people they serve. Some challenges may be occurring with regard to financial, staffing, and leadership resources needed to ensure that the Waiver succeeds. Further, less favorable perspectives for CFSA compared to Provider leadership may suggest that CFSA leadership are experiencing more perceived challenges with regard to implementation than providers.

Table 10: Wilder Survey Results - Leadership Survey

Question Subscales (group)	CFSA		Community Providers		Grand Total	
	Avg. Score	Number of Respondents	Avg. Score	Number of Respondents	Avg. Score	Number of Respondents
Collaborative Purpose	3.9	3	4.3	11	4.2	14
Services to Children	3.8	3	4.2	11	4.1	14
Member Characteristics	3.1	4	4.2	13	3.9	17
Collaborative Environment	3.4	4	4.0	13	3.8	17
Collaborative Process	3.1	3	4.0	11	3.8	14
Collaborative Communication	3.1	3	3.9	11	3.7	14
Resources Available	3.6	3	3.5	11	3.5	14
Grand Total	3.4	4	4.0	13	3.9	17

These results have been shared with the CFSA Waiver implementation team. The second leadership survey will be administered in June and results to the first survey will be compared.

Limitations

Comparisons between the CFSA and Provider responses should be interpreted with caution given the small group of CFSA respondents. Further, it is unknown if all Waiver providers completed the survey. Other limitations include the biases embedded in the surveys (e.g. possible variance in the interpretation of the questions).

2. Were services implemented with fidelity?

A. Fidelity tracking tools created by the CFSA Waiver team to track fidelity for the PESP programs, Home Visitation and PASS

As mentioned in the *Process Study, Data Collection and Data Analysis* section above, although documents were created and a site visit schedule was finalized, the site visits have not occurred. Therefore, fidelity results are not available for PESP programs, Home Visitation and PASS. The CFSA Waiver Implementation Team will be working to collect data and provide fidelity results for PESP programs in the coming months.

B. Fidelity reports from HOMEBUILDERS® and Project Connect

HOMEBUILDERS®

1. *Training - Numbers of staff trained by national trainers, officially certified, and adhering to additional training requirements*

Table 11 below, HOMEBUILDERS® Trainings, documents the required trainings and trainees, and who participated. All required trainings have occurred for required participants to date.

Table 11: HOMEBUILDERS® Trainings

Required Training Name	Date	Participants
Core Training – Catholic Charities (Ward 7)	September 2014	1 Program Manager 1 Supervisor 3 Therapists
Core Training – Progressive Life Center (Wards 1 to 6)/Catholic Charities (Wards 7 and 8)	July 2015	2 Supervisors 6 Therapists 2 CFSA staff
Core Training – Progressive Life Center (Wards 1 to 6)	July 2016	1 Program Manager
Core Training – Progressive Life Center (Wards 1 to 6)	September 2015	1 Therapist
Core Training - Progressive Life Center (Wards 1 to 6)	November 2015	1 Therapist
Core Training – Catholic Charities (Ward 8)	March 2015	1 Therapist
Core Training – Catholic Charities (Ward 8)/CFSA/Collaborative Staff	June 2016	1 Supervisor 3 Collaborative Staff 1 CFSA Staff
Motivational interviewing and relapse prevention – Catholic Charities (Ward 7)	December 2014	3 Therapists 1 Program Manager 1 Supervisor

Required Training Name	Date	Participants
Relapse Prevention (Progressive Life Center (Wards 1 to 6)/Catholic Charities (Wards 7 and 8)	September 2015	1 Program Manager 2 Supervisors 9 Therapists
Motivational Interviewing (Progressive Life Center (Wards 1 to 6)/Catholic Charities (Wards 7 and 8)	September 2015	2 Program Managers 2 Supervisors 11 Therapists
Cognitive and behavioral skills training – Catholic Charities (Ward 7)	March 2015	3 Therapists 1 Supervisor 1 Program Manager
Cognitive and behavioral skills training –(Progressive Life Center (Wards 1 to 6)/Catholic Charities (Wards 7 and 8)	March 2016	1 Program Manager 2 Supervisors 9 Therapists
Supervisor Training – Catholic Charities (Ward 7)	October 2014	1 Program Manager 1 Supervisor
Supervisor training - Catholic Charities (Ward 7), Progressive Life Center (Wards 1 to 6)	December 2015	2 Supervisors 1 Program Manager
Supervisor Training – Catholic Charities (Wards 7 and 8)	October 2016	2 Supervisors
In Service Training – Catholic Charities (Wards 7 and 8)	September 2016	1 Program Manager 1 Therapists 2 Supervisors

2. Fidelity-to-Practice Standards - Findings from annual site visits (required one per year) which include record/case reviews, and reporting of findings and recommendations

IFD has conducted three site visits: 1. June 2015 for Catholic Charities, Ward 7; 2. March 2016 for Catholic Charities, Ward 7; 3. August 2016 for Progressive Life Center, Wards 1-6.

The findings from the Catholic Charities and Progressive Life Center visits are found below. Only the findings from the most recent Catholic Charities site visit are found below given that it includes data almost from the beginning of implementation which was September 2014 (report date was February 2015-January 31, 2016). Further, the findings from the first review were conducted early in implementation and were based on 11 families which is too small of a sample from which to draw conclusions.

Catholic Charities Site Visit, February 1, 2015 through January 31, 2016

The site review consisted of the following: 1. Home visits with three therapists; 2. File reviews for each therapist, including the in-depth review of the documentation (Service Logs, Service Plans, Service Summaries, Safety Plans, Progress Maintenance Plans and consent forms) for two recently closed cases; 3. A review of the data summarized from the HOMEBUILDERS® ODM system providing quantitative measures of adherence to model fidelity. An executive summary of the findings is as follows:

The following standards were met:

- Immediate Availability and Response to Referrals
- Service Provided in the Client's Natural Environment
- Brevity of Services
- Single Therapist Operating within a Team
- Engagement and Motivation
- Teaching and Skill Development
- Provision of Concrete Services
- Transition and Service Closure

The following standards are to improve upon:

- Values-Based Orientation
- Twenty-Four Hour Availability
- Service Intensity and Caseload
- On-Going Quality Enhancement
- Promoting Safety
- Increase Client and Referent Feedback Survey returns
- Specific Target Population - Two therapists
- Values Based Orientation - One therapist
- Immediate Availability and Response to Referrals - One therapist
- Supervision and Consultation - Two therapists
- Individually Tailored Services - Three therapists
- Comprehensive Assessment - Two therapists
- Goal Setting and Service Planning - Two therapists
- Cognitive and Behavioral Approach - Two therapists

Progressive Center Site Visit, October 1, 2015 through September 30, 2016

The site review consisted of the following: 1. Home visits with the therapists and the supervisor; 2. File reviews for each therapist, including the in-depth review of the formal documentation (Service Logs, Assessments, Service Plans, and Service Summaries, Safety Plans, Progress Maintenance Plans, and consent forms) for two recently closed cases; 3. A review of the data summarized from the Washington DC ODM system, providing quantitative measures of adherence to model fidelity. An executive summary of the findings is as follows:

The following standards were met:

- Specific Target Population
- Immediate Availability and Response
- 24 hour availability
- Brevity of services
- Single Therapist operating within a team
- Safety
- Individually tailored services
- Goal Setting and Service Planning
- Provision of Concrete Services
- Collaboration and Advocacy
- Transition and Service Closure

The following are standards to improve upon:

- Values Based orientation
- Services provided in client's natural environment
- Service Intensity and caseload (FF hours)
- Supervision and consultation (documenting consultation)
- Cognitive/Behavioral approach
- Teaching and Skill Development
- One therapist: 24-hour availability; Assessment
- One therapist: Service intensity and caseload; Ongoing Quality enhancement; Supervision and consultation; Engagement and Motivation; Assessment
- Almost 17% (16.7%) of cases were ineligible and 23.3% of cases closed prematurely – these are considered high percentages, and unusual. The consultant will work with the supervisor and program manager to investigate what may be the cause of these early closures and what could be done to prevent them in the future.
- In addition it's indicated that the team develop strategies for increasing rate of response for referent feedback surveys.

Following the site reviews, IFD reviews the findings with the Program Manager, Supervisors, ERFSC, and CFSA. The Program Manager works on overall Quality Enhancement plan for the Team, and the supervisors work on Professional Development Plans (PDPs) with the individual Therapists (primary and secondary goals and deadlines). The PDPs are shared with the Consultant, who then provides more feedback. IFD, Program Managers, and Supervisors then look for improvement by the indicated deadlines as would the Supervisor.

3. Fidelity-to-Practice Standards - Findings from record reviews/case reviews per/year

Record/case reviews are conducted during the site visits. Results are described in the previous section (*2. Fidelity-to-Practice Standards - Findings from annual site visits*).

4. Fidelity-to-Practice Standards - Local Documentation of program standards adhered to in the following areas: referral criteria and acceptance into program, caseload size and make-up, supervision sessions and face-to-face contacts

The quantitative report mentioned above (*2. Fidelity-to-Practice Standards - Findings from annual site visits*) that tracks HOMEBUILDERS® program standards can be run via ODM at any point. The CFSA Waiver Implementation team, ERFSC and the evaluators are currently discussing the frequency at which this report should be run and reviewed in addition to site visits. Now that the number of closed cases has grown per each therapist, especially for Ward 7, the report can be run more frequently.

ERFSC also conducts programmatic site visits for HOMEBUILDERS® sites. Two site visits occurred: 1. May 20, 2015 for Ward 7; 2. December 17, 2015 for Ward 7. ERFSC and conducts monthly data checks on ODM for each team to ensure clean data for anticipated reports. No visits were conducted in 2016 due to various staffing changes, but will resume in 2017. Findings from the site visits are found below.

May 20, 2015 Site Visit

The methods for this site visit consisted of a review of 14 cases, which was 15% of the caseload to date. The reviewer from ERFSC used an IFD form for case audit purposes that was slightly modified by ERFSC for the local audit. Further, a checklist was developed and used for all program target areas to determine the presence or absence of specific information and to compare and contrast practice versus practice/policy standards. The results were as follows:

- 9 out of the 11 cases were deficient in some way:
 - Missing client signatures
 - Missing names and ID numbers missing off of forms
 - Indicating boxes left unchecked

- Missing and/or some confusion surrounding assessments vs. homework to be filed in the final section of the hard file.
- Of the three (3) cases that were reviewed for services requested and services required two cases showed that what had been requested by the referent were provided by the HB Therapist and family. One (1) case was unable to be assessed due to the improper report being placed in the hard file.

Recommendations based on the audit were made by the review team. A follow-up mini audit was conducted in June 2015 by ERFSC. Four cases (two from the previous audit and two new cases) were audited during that time, and all records were found to be in compliance.

December 17, 2015 Site Visit

The methods for this site visit consisted of a random pull and subsequent review of 10 cases. Further, client specific data was reviewed to in order to determine if the services requested were being provided through the HOMEBUILDERS® services.

The reviewer from ERFSC used an IFD form for case audit purposes that was slightly modified by ERFSC for the local audit. The results were as follows:

- 3 out of 10 cases had deficiencies in some way:
 - Currently the file had “Draft” versions of Clinical Documentation
 - Family name unclear
 - Additional family found in record

At the completion of the audit, ERFSC and CCADW Ward 7 Representatives reviewed the deficiencies that were found and discussed ways in which to mitigate them. The results of this audit were an improvement from the previous audit.

Project Connect

1. Training - Numbers of staff trained by national trainers, officially certified, and adhering to additional training requirements

Table 12 below, Project Connect Trainings, documents the required trainings and trainees, and who participated. All required trainings have occurred for required participants to date. The Core Training (Project Connect model) is required for all staff and completed by all staff. The Parenting in Recovery training is required for Parent Educators but all staff were trained. The Motivational Interviewing training is not required but is supplemental to enhance practice and all staff were trained.

Table 12: Project Connect Trainings

Required Training Name	Trainers	Date	Who Participated
Core Training - CCAW Team 1	National Trainers (Children's Friend)	October 2014	1 Program Manager 3 Social Workers
Motivational Interviewing	National Trainers (Children's Friend)	April 2015	All team members
Core Training - CCAW Team 2 and PLC Team 1	National Trainers (Children's Friend)	July 2015	2 Supervisor 1 Nurse 1 Parent 1 Educator 7 Project Connect Workers
Advanced Substance Abuse and Recovery Training and Consultation Review	National Trainers (Children's Friend)	September 2015	Project Connect Supervisor/Project Connect Social Workers
Core Training - PLC Team 1	National Trainers (Children's Friend)	January 2016	1 Supervisor 1 Parent Educator
Parenting in Recovery	Institute for Health and Recovery	June 2016	All Team Members

2. Fidelity-to-Practice Standards - Findings from annual site visits (required one per year) which include record/case reviews, and reporting of findings and recommendations

Annual site visits occurred in September 2015 and September 2016. Only final results from the September 2015 visit are available at this time. During the September 2015

visit, the Project Connect Director from Children's Friend participated in interviews of key individuals from Catholic Charities, Progressive Life Center, FSFSC and CFSA, as well as focus groups and case reviews. The review included case record review of five files, two observations of home visits and interviews with clients, interviews with workers and manager, interviews with CFSA representatives and FSFSC, and a teleconference with the Evaluators.

The major findings were as follows:

- Project Connect workers were able to:
 1. Articulate the core principles of the model
 2. Demonstrate an increased understanding over time as to engagement and relationship building with families
 3. Demonstrate an increased relationship building with CFSA workers and other collaterals.
 4. Demonstrate some of the core the principles of model in action during home visits.
- In two observed sessions with parents receiving Project Connect services, there was a high degree of satisfaction with services. One mother was "very happy and satisfied", she felt "heard and supported" by her workers, and she especially liked the "rides" and other case management services given to her.
- Consistent themes that pose barriers/threats to successful implementation of the model and potential positive outcomes for families were determined to be as follows:
 1. Electronic record requirements and processes that seem to be "Driving" or are "Being allowed to drive" the practice, rather than the reverse; which from an outcome and fidelity perspective, requires practice parameters and processes to "Drive" documentation. In addition and/or connected is the appearance that some of the electronic record focus is upon outcomes not related to fidelity.
 2. Lengthy onboarding process for new hires.
 3. Inconsistent inclusion of involved parties in decision making across the larger system(s).
 4. With three Project Connect teams, there is an added layer of multiple teams and a very real necessity for consistent model implementation across the teams
 5. Need for processes and practices to support the Aftercare component of services.
- Recommendations - there is the need in year two for the following:
 1. Identification and engagement on an Administrative and leadership level, of the necessary individuals to be tasked with addressing "resolution plans" for

the implementation and fidelity issues presented as barriers and threats noted here-in.

2. Increased leadership involvement and support that is truly, operationally collaborative and team functioning, across the Collaboratives, their sub-contractors and CFSA, to ensure maintenance and operational internalization of the “Resolution Plans” noted in #1 above.
3. Continued identification of additional training and technical assistance needs to include on-going case consultation related to practice and fidelity.
4. Cross management and supervisory meetings to ensure continuity of fidelity to the model across all three teams.

A second site visit occurred in September 2016. An official report from IFD on the site visit findings is not yet available. However, a summary of preliminary findings is as follows:

- 1) The teams made good progress over the past year as to practice fidelity overall.
 - a) There are 3 teams nearly fully staffed and trained. They have increased their caseloads and core services are being provided with good evidence as to modeling, relationship and team.
 - b) There is some potential for drift in the structural and procedural domains regarding the percent of the in-home chronic neglect cases. CFSA has responded to this with a unit designed for better oversight by CFSA and limiting caseloads to 20% per worker.
 - c) There is some inconsistency across the teams around the difference between clinical case management versus case management services.
- 2) There is a need to revisit the SARI and NCFAS for better case logic with the teams.
 - a) There is some drift across teams as to the use of these tools.
- 3) There is still a need for a governance team.
 - a) IFD continues to identify this as a need particularly as they move toward a train the trainer mechanism.

3. Fidelity-to-Practice Standards - Findings from 3 record/case reviews per year

As mentioned above, there was documentation of general adherence to structural and procedural fidelity in the case records.

4. Fidelity-to-Practice Standards - 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.

Children’s Friend is in the process of finalizing their fidelity standards and methods to measure these standards. A description of the draft standards is as follows:

The Project Connect Fidelity Measurement process is divided into two different but connected elements.

- The first being a Functional Assessment which is more Subjective (observation, description, opinion) in nature of the Models' components of "Teamwork", "Relationship", and "Modeling".
- The second being a mostly objective (probably true facts) measurement of the Models' components of "Structural Fidelity", "Procedural Fidelity", and "Family Engagement".
 - To address "Structural Fidelity" and "Family Engagement" stakeholders from CFSA, FSFSC, ERFSC, EBFSC, CCADW and PLC developed the Project Connect Aftercare protocol to include the development of support groups during program enrollment and post program enrollment such as medicine management, parenting classes, nutrition, understanding behavioral health diagnosis.
 - The Aftercare protocol also established procedures for family engagement once discharged from Project Connect which would include phone calls, home visits conducted by the Project Connect worker to provide support for an identified challenge.

The review process normally would include process observation, record and policy reviews, individual staff as well as management interviews, key stakeholder interviews, stakeholder and client satisfaction reviews, and group discussions across all involved parties including clients.

The Outcome Study

Key Questions

The key questions associated with the outcome study are: 1. 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? 2. Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame?

Comparison/Cohorts

A description of the units/intervals used for comparative purposes and how they were derived (e.g., random assignment, propensity score matching, etc.) is provided below for each research question:

1. 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 cohorts for the outcomes study: 1. Families who “completed” HOMEBUILDERS® and families who were “successfully discharged” from Project Connect; 2. A sample of families who were served by CFSA prior to the Waiver who are matched to successfully discharged HOMEBUILDERS® and Project Connect families using propensity score matching. The methods and details are described in number 2 below (*Was there a significant difference in achievement of outcomes for the intervention group compared to a similar group from the pre-intervention time frame?*). HOMEBUILDERS® uses the term “completed” to define which families completed the program and were not closed prematurely. “Successfully discharged” is a term that has been defined by Project Connect staff, CFSA, and the evaluators (and has been approved by Project Connect developers) as families whose goals were addressed and no further services were needed, a family withdrew after the requested services were received, or a family transitioned into after care.

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

The matched pre-waiver samples consists of families who were active with CFSA (i.e., were involved with CPS or had a child removed from their homes) between April 25, 2012 and April 25, 2013. These dates are between two years, three months and one year, three months prior to the start date of the Waiver (April 25, 2014). The matching process is described below in the Sample section.

Sample

1. 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?

Project Connect

The evaluation team conducted an outcomes analysis during August 2016 of families discharged from Project Connect to date. A total of 36 families with dates of service from October 1, 2014 through July 30, 2016 were discharged from Project Connect. Of those 36 families, 16 (44%) had successful discharges and 20 (56%) had unsuccessful discharges. The average length of stay (LOS) for successful discharges was 316 days, with a range of 80-517 days. A detailed analysis on the sample, including a breakdown of demographics of families served, will occur in future months once quarterly reports are generated for the teams. A data set with an additional two months of data (August and September 2016) was used to conduct a child welfare outcomes analysis on families served from October 1, 2014 through September 30, 2016. This analysis yielded a total of 41 discharged families. Of those 41 families, 16 (39%) had successful discharges and 25 (61%) had unsuccessful discharges.

HOMEBUILDERS®

The evaluation team conducted an outcomes analysis during August 2016 of families discharged to date (i.e., “completed” or “closed early”) from HOMEBUILDERS® to date during August 2016. From September 16, 2014 through July 15, 2016, 98 families were “completed” HOMEBUILDERS® or were “closed early.” Sixty-seven (67) of those families (68%) were discharged as “completed” with an average length of stay of 28 days and a range of stay of 19-36 days. A detailed analysis on the sample, including a breakdown of demographics of families served, will occur in future months once quarterly reports are generated for the teams.

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

The referral database maintained by the Waiver data analyst was cross-matched with data on families active with CFSA Families (i.e., were involved with CPS or had a child removed from their homes) between two years, three months and one year, three months prior to the start date of the Waiver (April 25, 2014). Variables to be used for matching were then calculated by referral episode (some families had multiple entries into the Waiver) and retrieved from FACES (CFSA’s child welfare information system) for the program sample (began with 386 episodes). These matching variables can be found in Table 13 below.

Table 13: Pre-Waiver Matched Samples Variables

Matching Variable	Notes on Matching
Age at Program Start	+ or - 2 years
Gender	Direct
Ward	Direct
Race	Direct
Count of CPS Referrals	Total between 2 years before corresponding start date and 2.25 years (90 days before corresponding SSF Program start)
Count of Substantiated CPS Referrals	
Count of CPS Referrals that were "High Risk"	
Count of CPS Referrals that were "Unsafe"	

Each of the variables in the table above was calculated for the program sample, but five variables (age and CPS data) were based on a time period. 'Age at program start' was calculated and with a range, plus two years and minus two years from the age. This provided an age range that the pre-waiver sample matched individual would fit into. CPS incidents were calculated for the time period of 90 days prior to program start to program start date. The pre-waiver sample did not have a program start date, so an anchor date was imputed based on the match, which was between 820 and 720 days from the corresponding program start date of the match. For example, if Michael began Waiver programming on 1/1/15 at age 45, his CPS data would be calculated between 10/1/14 and 1/1/15 (90 days prior). His match from the pre-waiver sample, would have the same gender, ward and race, and have an age between 43 and 47, with CPS experience data calculated between 10/1/12 and 1/1/13. These matches were made for each client id and then CFSA Case/Referral ID was used to match family to family so all CPS and Foster Care outcomes would be included as a whole. The discharge reason for waiver families was filtered by successful discharge from programming and that group was then matched to the families in the pre-waiver sample as described above.

This process was completed for Project Connect and HOMEBUILDERS® episodes successfully discharged and resulted in a total of 57 episodes out of a total of 83 discharges with the above criteria available. Table 14 below displays the number of episodes, overall and by Waiver program, that were matched to a pre-waiver individual (one-to-one match) based on the criteria above. Further, 14 HOMEBUILDERS® families were matched to more than one family. The evaluators are currently examining the matching characteristics to determine how the matched sample can be enlarged. An update on this process will be reported in the next Semi-Annual Report. Even if all successfully discharged Project Connect families were matched (16), the sample would have been too small to conduct an analysis on differences in outcomes between Waiver and pre-Waiver families at this point.

Table 14: Family Episodes with a Pre-Waiver Match

Program	Family Episodes with a pre-waiver match
HOMEBUILDERS	55
Project Connect	2
Grand Total	57

Data Sources and Data Collection

1. 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?

Project Connect

Various data from ETO (Efforts-to-Outcomes, the program and outcomes software used by Project Connect) were extracted from ETO by the local monitoring agency for Project Connect (Far Southeast Family Strengthening Collaborative) and sent to the evaluators for families served from October 2014 through July 30, 2016. Dismissal Reasons for either Successful Discharge or Unsuccessful Discharge were recorded in at the time of case closure. Families were only included in the analysis if they had “Successful discharges” (i.e., family goals were addressed and no further services were needed, the family withdrew after requested services were received, or the family transitioned into after care). Families had “Unsuccessful Discharges” when the family withdrew from services, was unresponsive, was unresponsive after requested services were received, or the case was dismissed due to safety concerns.

The Risk Inventory for Substance Abuse-Affected Families (SARI) was created by the Project Connect program developers. Scales are designed to assess dimensions of substance abuse, and its associated problems that may make it more difficult for parents to meet the basic needs of their children. The SARI has eight scales, each comprising four to five descriptive statements defining each level of the scale. The scales are treated as an independent measures of the family’s well-being: Commitment to Recovery, Effect on Child Rearing, Effect on Lifestyle, Pattern of Use, Parent’s Self Care, Parent’s Self Efficacy, Quality of Neighborhood, and Supports for Recovery. Each scale is scored from 1 to 4 or 1 to 5 to rate the level of risk and incapacity for the family based on general patterns observed by staff at the point of rating, not on isolated or extreme occurrences. The score values 1 to 4 or 1 to 5 represent a customized set of descriptions for each scale. The descriptive statements are used to inform an overall score for each of the eight scales. The desirable outcome is for the family to move to a

lower value on the scale, ultimately reaching a score of 1 or 2. Sometimes it may not be possible to rate each scale. For example, if the children have been removed from the home, the “not applicable” category should be used on the “Effect on Child Rearing” Scale.

The North Carolina Family Assessment Scales (NCFAS) is used to determine how a family is functioning on various domains. The NCFAS has the following five domains: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each domain is scored as a rating of family functioning as a strength or problem for the family along a six point continuum, using the following scale: +2 Clear Strength and +1 Mild Strength (Positive Range), 0 Baseline/Adequate (Baseline), -1 Mild Problem, -2 Moderate Problem, and -3 Serious Problem (Negative Range).

+2	Clear Strength	Positive Range
+1	Mild Strength	
0	Baseline/Adequate	Baseline
-1	Mild Problem	Negative Range
-2	Moderate Problem	
-3	Serious Problem	

The spreadsheet of families served by the Waiver that is maintained by the CFSA Waiver data analyst was matched by CFSA’s Child Information Systems Administration (CISA) to outcomes data from FACES, the CFSA child welfare information’s system. The evaluators were able to determine from this match which Project Connect families had an indicated CPS report, a foster care entry, or an exit while being served by Project Connect or following discharge from Project Connect. The outcomes data from FACES represent families served from the start date of Project Connect (October 2014) through September 30, 2016.

HOMEBUILDERS®

Various data from ODM, the practice and reporting system used by HOMEBUILDERS® by East River Family Strengthening Collaborative, the local monitoring agency for Project Connect, and sent to the evaluators for families served from September 16, 2014 through July 15, 2016. Families were only included in the analysis if they “completed” HOMEBUILDERS® (i.e., they were not closed early) from September 16, 2014 and July 15, 2016.

HOMEBUILDERS® staff administered the NCFAS upon enrollment and at discharge. NCFAS scores and general program information such as family name, date of entry, discharge, etc. were extracted from ODM by ERFSC and sent to the evaluators. Per HOMEBUILDERS® standards, only the NCFAS domains that were deemed “Essential for Improvement” (i.e. essential for children to remain in the home or prevent placement as decided by the therapist with support by the supervisor) were included in the analysis.

The North Carolina Family Assessment Scales (NCFAS) is used to determine how a family is functioning on various domains. The NCFAS has the following five domains: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each domain is assessed to be essential or nonessential for children to remain in the home or to prevent placement. They are each scored as a rating of family functioning as a strength or problem for the family along a six point continuum, using the following scale: +2 Clear Strength and +1 Mild Strength (Positive Range), 0 Baseline/Adequate (Baseline), -1 Mild Problem, -2 Moderate Problem, and -3 Serious Problem (Negative Range).

+2	Clear Strength	Positive Range
+1	Mild Strength	
0	Baseline/Adequate	Baseline
-1	Mild Problem	Negative Range
-2	Moderate Problem	
-3	Serious Problem	

CFSA Waiver staff and a representative from the HOMEBUILDERS® oversight agency (ERFSC) looked up each family in FACES, the CFSA child welfare information system, to determine whether or not an indicated report or a foster care entry occurred while a family received services from HOMEBUILDERS® or within 1 year following completion of HOMEBUILDERS®.

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

The data collection mechanisms for the Pre-Waiver sample are described in the *Outcomes, Sample* section above.

Data Analysis

1. 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?

Project Connect

NCFAS baseline and discharge domain scores were individually calculated to determine how a family was functioning on each of the following domains: Environment, Family Interactions, Social Community, Child Well Being, Family Safety, Family Health, Parental Capabilities, and Self Sufficiency. Change scores from baseline to discharge were then calculated. The average of these change scores for the group was calculated by domain to determine how the group may have changed on average from baseline to discharge.

SARI baseline and discharge domain scores were individually calculated to determine how a family was functioning on each domain: Commitment to Recovery, Effect on Child Rearing, Effect on Lifestyle, Pattern of Use, Parent's Self Care, Parent's Self Efficacy, Quality of Neighborhood, and Supports for Recovery. Pre scores for the group were averaged and compared to the average post scores to determine if scores changed for the group from pre to post.

Basic descriptive analyses were used to identify and report on child welfare outcomes data (e.g., whether or not a family had an indicated report, a removal, or a foster care exit).

HOMEBUILDERS®

NCFAS baseline and discharge domain scores were individually calculated for the essential domains. The percentage of families that had an improvement of at least one point was calculated. This standard of an increase in one point was provided by the HOMEBUILDERS® consultant, Institute for Family Development.

Basic descriptive analyses were used to identify and report on child welfare outcomes data (e.g., whether or not a family had an indicated report or a removal).

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

As mentioned in the *Outcomes, Sample* section, comparisons between the pre-Waiver and Waiver samples in outcomes was unable to be reviewed at this time due to a small matched sample size. The evaluation team will re-evaluate the matching criteria in order to possibly expand the matching sample and give a more comprehensive analysis of overall outcomes from pre-waiver to waiver families in future reports.

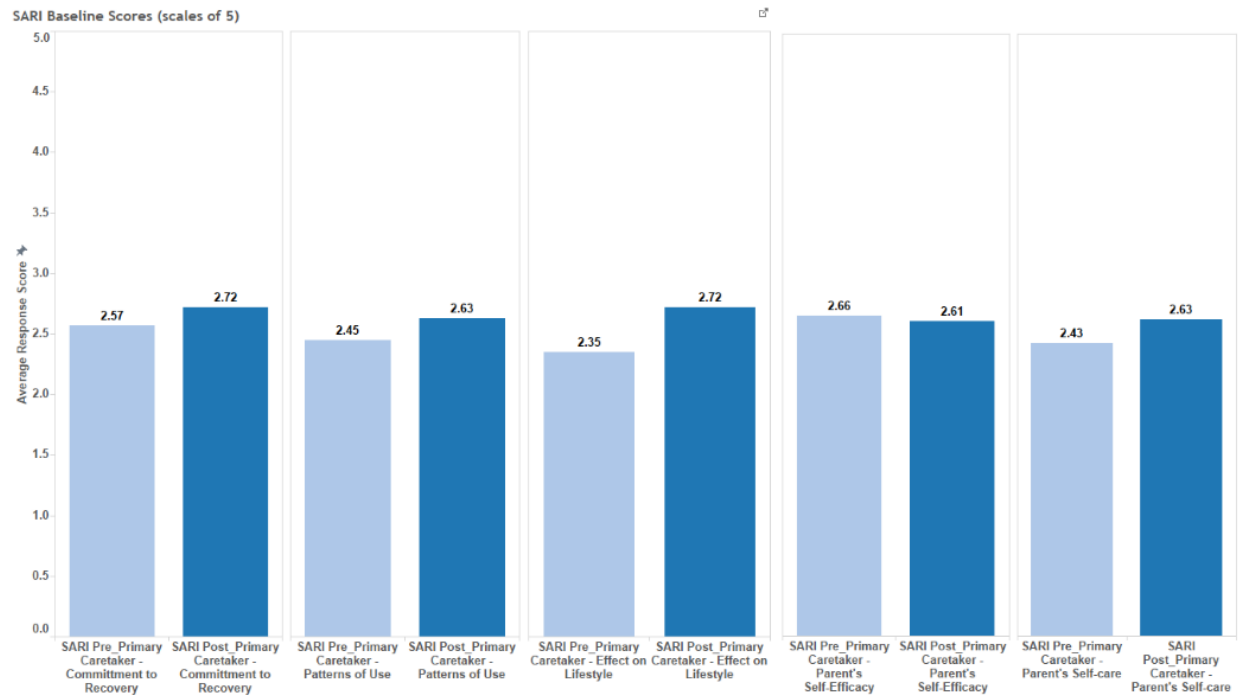
Results

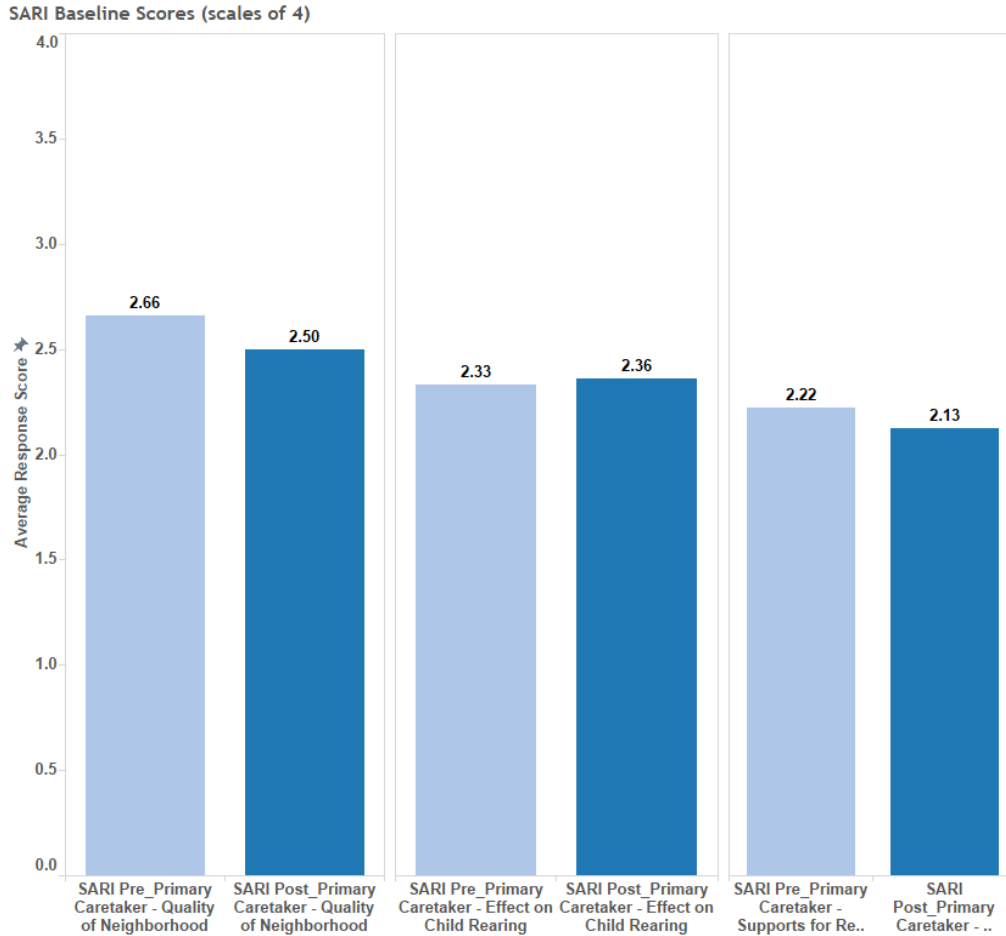
1. To what extent did the evidence-based practices and other programs meet anticipated outcomes and for which consumers were the interventions more or less likely to be successful?

Project Connect

As shown in Table 15 below, average scores for the following scales improved from baseline to discharge: Parent's Self-Efficacy (2.66 to 2.61), Quality of Neighborhood (2.66 to 2.50), and Supports for Recovery (2.22 to 2.13). Average scores for the following scales worsened from baseline to discharge: Commitment to Recovery (2.57 to 2.72), Patterns of Use (2.45 to 2.63), Parent's Self-care (2.43 to 2.63), Effect on Lifestyle (2.35 to 2.72), and Effect on Child Rearing (2.33 to 2.36).

Table 15: Project Connect SARI Average Pre and Post Scores by Domain for Successful Discharges





NCFAS baseline and discharge scores were available for only eight out of the 16 successfully discharged families. Average change scores for these 8 families are shown in Table 16 below. There was a decrease in risk on five of the eight scales: Environment (0.75), Family Interactions (0.50), Social Community (0.50), Child Well Being (0.17), and Family Safety (0.13). On average, there was no change from baseline to discharge on the Family Health and Parental Capabilities domains. There was an increase in risk from baseline to discharge on the Self-Sufficiency domain with an average change score of -0.13.

Table 16: Project Connect NCFAS Average Change Scores for Successfully Discharged Families



As noted, in the *Outcomes, Data Collection* section, the sample of families for the child welfare outcomes analysis was successfully discharged families served from the start date of Project Connect (October 2014) through September 30, 2016. As shown in Table 17 below, 1 (7%) had a substantiated report within 12 months of program enrollment, 1 (6%) having a report during services, and 1 having a report within 12 months of program discharge. The family with a substantiated report within 12 months of program discharge has not yet completed the full 12 month follow up period and therefore, is not reported below. The proposed benchmark is that 90% of families will not have a substantiated report within 12 months of initiation of Waiver services. At this point the benchmark has been met; however, the sample sizes for the follow-up period is quite small (15 families).

Table 17: Project Connect Outcome - Children are Safe

Project Connect

Discharged 41

Successful Discharge 16
39%

Outcome: Children are safe

Benchmark: 90% of families will not have a substantiated report within 12 months of initiation of Waiver services

Families with 12 month follow-up period 15

Families with a Substantiated CPS Report w/in 12mos of Program Enrollment

Yes	1 7%
-----	---------

Families with a Substantiated CPS Report During Services

Yes	1 6%
-----	---------

Families with a Substantiated CPS Report w/in 12mos of Program Discharge

Families with 12 month follow-up period 4

Yes	0 0%
-----	---------

As indicated by Table 18 below, 25% (4) of successfully closed families achieved reunification during their involvement with Project Connect, and none of those families had a re-entry into care during their involvement with Project Connect to date. All 4 families who were reunified maintained permanency during the 6 month follow-up period after discharge and are included in the 7 families shown at the bottom of the table. None had a foster care entry within 12 months of Project Connect initiation. The proposed benchmark is that 90% of families who achieved reunification during their involvement with Project Connect will not have a re-entry, and that benchmark was met. Fifty percent (50%/7) of successfully discharged families achieved permanency by at most 6 months following discharge from Project Connect at this point. Of the 16 successfully discharged families, 14 either achieved permanency within 6 months of discharge, or had a 6 month follow-up period where permanency did not occur. The remaining 2 families had not yet achieved permanency but also had not reached the 6 month follow-up period at the time of evaluation.

Table 18: Project Connect Outcome - Children Remain at Home

Project Connect

Discharged 41

Successful Discharge 16
39%

Outcome: Children remain at home

Benchmark: 90% of families who achieved reunification during their involvement in the program will not have a re-entry

Families who achieved reunification during their involvement in Project Connect

Yes	4 25%
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Families who achieved reunification during their involvement and had a re-entry

Yes	0 0%
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Families with Foster Care Entry w/in 12mos of Discharge

Families with 12 month follow-up period 4

Yes	0 0%
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Benchmark: Permanency is achieved by at most 6 months following discharge from Project Connect

Families with Permanency w/in 6 months, or with 6 month follow-up period 14

Families who achieved permanency by at most 6 months following discharge from Project Connect

Yes	7 50%
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Limitations

The major limitations to the Project Connect outcomes analysis thus far is the overall small sample size and available data and an even smaller number of families that fall within a 12 month follow-up period. The sample is too small at this point to draw any major conclusions about program successes or overall outcomes. Further, with larger sample sizes, the evaluators will conduct additional analyses to explore for which families Project Connect yielded successful outcomes. In addition, only half of the successfully discharged families had both a baseline and discharge NCFAS completed on them. Project Connect staff are currently working to improve completion rates of the NCFAS. Further, Project Connect staff began administering the SARI and NCFAS at 90 day intervals to further assess change in family functioning throughout the course of Project Connect services.

HOMEBUILDERS®

Table 19 below displays the domains and the number and percent of families with that domain deemed as “essential for improvement” for families who have “completed” HOMEBUILDERS® to date. The most common domains essential for improvement were “Parental Capabilities” at 48% of families (32), followed by “Family Safety” (31%/21), and “Child Well-Being” (25%/17). The least common domain deemed essential was “Environment” (10%/7). The HOMEBUILDERS® standard is for 80% of families to improve at least one point on the “Parental Capability” and “Family Safety” domains. This benchmark has not yet been met, but is close to being met.

Table 19: Improvements in Essential NCFAS Domains for HOMEBUILDERS®

NCFAS Domain	# of Families Domain was Found Essential For Improvement	% of Families Domain was Found Essential for Improvement	Number of Families Who Improved at Least One Point	% of Families Who Improved at Least One Point
Parental Capabilities	32	48%	23	72%
Family Safety	21	31%	16	76%
Child Well-Being	17	25%	14	82%
Family Interactions	10	15%	4	40%
Environment	7	10%	5	7%

As presented in Table 20 below, of the 67 families who completed HOMEBUILDERS® services, no families had a substantiated report during their involvement with HOMEBUILDERS®. Three (3) or 21% of those families who had a 12 month follow-up period after completion of services, had a substantiated report within 12 months of completion of services. An additional 2 families had a substantiated report following initiation of HOMEBUILDERS®, but are not included in the table below because they have not reached the follow-up period. The proposed CFSA benchmark of 90% of families not having a substantiated report within 12 months of initiation of HOMEBUILDERS® has not been met; however the 12 month follow-up small at this point (14). The HOMEBUILDERS® standard of 75% of families not having a substantiated report during the HOMEBUILDERS® intervention has been met. The evaluators, the HOMEBUILDERS® consultant (Institute for Family Development), the CFSA Waiver Implementation team, and HOMEBUILDERS® supervisors will continue to discuss the appropriateness of the proposed benchmarks and the extent to which the CFSA and HOMEBUILDERS® benchmarks can become more aligned.

Table 20: HOMEBUILDERS® Outcome - Children are Safe

Families Successfully completed: 67			
CFSA Benchmark: 90% of families will not have a substantiated report within 12 months of initiation of Waiver services.			
HOMEBUILDERS® Benchmark: 75% of families will not have a substantiated report during the HOMEBUILDERS® intervention.			
Indicator	# of families with a follow-up period	# of Completed Families:	% of Completed Families:
% of families with a substantiated report within 12 months of program enrollment	17	6	35%
% of families with a substantiated report during services	67	0	0
% of families with a CPS report within 12 months following completion of services	14	3	21%

As indicated by Table 21 below, 3% (2) of families who completed services had a foster care entry while involved with HOMEBUILDERS®. Three (3/21%) families who completed services had a foster care entry within 12 months of completion of HOMEBUILDERS®, all of which occurred within the first 6 months of completion of HOMEBUILDERS®. There were 3 families (18%) who had had a foster care entry within 12 months of program enrollment, 2 of which occurred during services and 1 occurred within 6 months of completion of services. The CFSA benchmark of 90% of families not having an entry into out-of-home care within 12 months of initiation of HOMEBUILDERS® has not been met at this point; however the sample of families for the 12 month follow-up period is small (17). The HOMEBUILDERS® benchmark of at least 70% of children HOMEBUILDERS® not having an out-of-home placement 6 months following closure of services has been met. Again, the evaluators, the HOMEBUILDERS® consultant (Institute for Family Development), the CFSA Waiver Implementation team, and HOMEBUILDERS® supervisors will continue to discuss the appropriateness of the proposed benchmarks and the extent to which the CFSA and HOMEBUILDERS® benchmarks can become more aligned.

Table 21: HOMEBUILDERS® Outcomes - Children Remain at Home

Families Successfully completed: 67			
CFSA Benchmark: 90% of families will not have an entry into out-of-home care within 12 months of initiation of Waiver services.			
HOMEBUILDERS® Benchmark: At least 70% of children referred for HOMEBUILDERS® will not have an out-of-home placement 6 months following closure of services.			
Indicator	# of Completed families with follow-up period	# of Completed Families:	% of Completed Families:
% of families with an entry within 12 months of program enrollment	17	3	18%
% of families with an entry during services	67	2	3%
% of families with an entry within 12 months following completion of services	14	3	21%
% of families with an entry within 6 months following completion of services	25	3	12%
% of families with an entry between 6 to 12 months following completion of services	14	0	0

Limitations

The main limitation thus far for the HOMEBUILDERS® analysis is that a deeper-dive analysis has not yet been conducted comparing across outcomes and family characteristics. For example, it is unclear if there if families who did not improve on the essential domains also had a substantiated report or a foster care placement. The sample size is large enough to conduct this analysis; however, the sample size for the follow-up periods are smaller. This analysis will be completed in the coming months.

The evaluators, the HOMEBUILDERS® consultant, the CFSA Waiver implementation team, the HOMEBUILDERS® monitoring agency (ERFSC) and HOMEBUILDERS® staff drafted an ongoing evaluation report template. This report will be updated on a regular basis in the coming months. The team will further work to finalize benchmarks.

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

As mentioned in the *Outcomes, Sample* section, comparisons between the pre-Waiver and Waiver samples in outcomes was unable to be reviewed at this time due. The evaluation team will re-evaluate the matching criteria in order to possibly expand the matching sample and give a more comprehensive analysis of overall outcomes from pre-waiver to waiver families in future reports.

The Fiscal/Cost Study

Key Questions

Cost Study Brief Overview

The original proposed cost study consisted of: 1. A simple-cost analysis, which would calculate the costs associated with the Waiver implementation; 2. A cost-effectiveness analysis, which would identify the differences in the costs related to outcomes for the pre-Waiver sample compared to a matched sample of families receiving services as part of the Waiver. The comparison would focus mainly on outcomes that can be tracked by FACES (i.e., Child Protective Services reports and foster care placements during services and one year following services and length of stay in foster care). The cost study is currently being revised, as the decision was recently made for the evaluation to focus solely on HOMEBUILDERS® and Project Connect.

Key Question Simple Cost Analysis

The original key question for the simple cost analysis is as follows; however, new key questions may be developed depending on the design of the revised cost study: What were the Waiver costs broken down by salary and administrative time, additional youth and family resources (e.g., services), program components (e.g., curricula, training) and administrative overhead (e.g., office space and rent)?

Key Question Cost Effectiveness Analysis

The original key question for the cost effectiveness analysis is as follows; however, new key questions may be developed depending on the design of the revised cost study: In what ways were costs lower, higher, or the same for families who received Waiver-funded services compared to the pre-Waiver sample of families?

Cost Analysis Data Sources and Data Collection

Simple Cost Study

The cost components that were included in the original cost proposal are as follows with an Interim Report Update provided under each item:

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.

Interim Report Update: After some investigation and discussion, the evaluation team decided that the RMS is not a feasible tool to track time spent on Waiver activities. First, the RMS would have needed revisions in order to track Waiver activities, which would have needed layers of approval. Second, the RMS is completed by additional staff who do not participate in Waiver tasks.

The data source for salary and administrative time will be revisited as the cost study is revised to include only HOMEBUILDERS® and Project Connect. The evaluation team will explore other methods of data collection as used by other Waiver grantees to obtain comprehensive data from both programs on administrative time spent on waiver activities.

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 HOMEBUILDERS® 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.

Interim Report Update: Administrative records and invoices were unable to provide consistent data on youth and family resource components. The evaluation team will explore other methods of data collection as used by other Waiver grantees to obtain comprehensive data from both programs for these waiver activities. The data source for additional youth and family resources will be revisited as the cost study is revised to include only HOMEBUILDERS® and Project Connect.

Program Components

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

Interim Report Update: CFSA houses some of this information with their accounting team. This data was reviewed and was unable to produce consistent data, as with the other data points in the cost study the evaluation team will be exploring methods of

collecting this data consistently moving forward so an accurate analysis can be completed. The data source for program components will be revisited as the cost study is revised to include only HOMEBUILDERS® and Project Connect.

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.

Interim Report Update: Invoices to date were reviewed but were unable to produce consistent data, as with the other data points in the cost study the evaluation team will be exploring methods of collecting this data consistently moving forward so an accurate analysis can be completed.

The data source for administrative overhead will be revisited as the cost study is revised to include only HOMEBUILDERS® and Project Connect.

Cost-Effectiveness Study:

The main sources of data for the simple costs analysis will also inform the cost-effectiveness analysis. Further, outcomes data will be obtained from FACES on Child Protective Services reports and foster care placements during services and one year following services and length of stay in foster care. These data are in the process of being collected for a Pre-Waiver and the Waiver sample. As per the original evaluation proposal, the cost-effectiveness study will not be completed until the Waiver's fifth year. The evaluation team will work with CFSA accounting and finance staff to obtain costs associated with CPS reports and foster care placements by the Waiver's fifth year. The cost effectiveness study will only include data from HOMEBUILDERS® and Project Connect due to revisions in the scope of the evaluation plan.

Data Analysis

Although the evaluators have collected some data for the simple cost analysis, no complete analyses have taken place yet. Data analyses have not yet occurred for the cost effectiveness analysis given that analyses were proposed to take place during the Waiver's fifth year of implementation. Further, the cost study will be revised given that the decision was recently made for the evaluation to focus solely on HOMEBUILDERS® and Project Connect.

Results

There are no results available to date for the Simple Cost Analysis. Results are not available yet as well for the cost effectiveness analysis given that analyses were proposed to take place during the Waiver's fifth year of implementation. Further, the cost study will be revised given that the decision was recently made for the evaluation to focus solely on HOMEBUILDERS® and Project Connect.

Summary, Lessons Learned, and Next Steps

Summary

The key research questions and associated findings are found below, along with the associated design and methods for obtaining the data:

1. Were services expanded as a result of the Waiver?

Findings:

The primary purpose of the Waiver is to expand evidence-based programs to families served by CFSA. Prior to the Waiver, there were fewer evidenced-based community programs funded by CFSA and directly available to CFSA families. The evaluators had originally proposed to examine the extent to which there were significant differences in the number of families receiving evidence-based programs by comparing this number before (one year prior) and after (at one year post) Waiver implementation. After discussions with CFSA systems staff, it was determined that CFSA does not formally track preventive services provided to CFSA families. Therefore, the evaluators can only assess the extent to which services were expanded via the Waiver by exploring the difference between expected and actual numbers of families served during the Waiver period. To date the evaluators have conducted a non-experimental descriptive analysis on the comparison of expected to actual number of families served to date for all Waiver programs. Overall, enrollment in all Waiver programs as of this report is lower than expected across all programs except HOMEBUILDERS®. All programs served an average of 44% of the expected to serve goals. HOMEBUILDERS® is the only program to exceed its target goal of serving a total of 99 families; 113% of expected target goal. PESP programs served 35%, Home Visitation 20%, and PASS 54% of their goals. Project Connect was able to serve 68% of their expected goal.

The majority of referrals being processed are approved (90%) and processed quickly (1 day) by CFSA. Most programs are hitting their benchmarks in terms of enrolling families with an average process time of 13 days. The majority (79%) of approved families are then enrolled in programs. The most cited reason why families were not enrolled is that they refused, were non-responsive or non-compliant.

Staff focus groups and surveys allowed for staff feedback regarding low enrollment rates. Although staff reported they were aware of the Waiver Initiative, less knew about specific programs and providers, referral processes, and eligibility requirements. Barriers to the referral process identified by respondents were client willingness/participation, agency response, lack of direct client contact, lack of centralized information. Efforts were made to improve both referrals and enrollments throughout the course of the grant given staff feedback. Although referral numbers have improved over time, funding for some Waiver programs were discontinued due to low referrals.

2. Were services implemented with fidelity?

Findings:

The evaluators are using a non-experimental, cross-sectional design, without a comparison group to answer this question. The main research method is the collection and analysis of fidelity data for HOMEBUILDERS® and Project Connect. All required trainings for HOMEBUILDERS® have occurred for required participants to date. Fidelity-to-Practice Standards processes are in place including annual site visits, case review, Quality Enhancement plans for the Team and individual Professional Development Plans with therapists. Goals and deadlines were established and will be tracked by Program Managers and Supervisors. Documentation methods were also audited twice in this time period, the second audit showed overall improvement. Deficiencies were discussed as were ways to mitigate them.

All required trainings for Project Connect have occurred for required participants to date. Fidelity-to-practice standards processes are in place including annual site visits, case review, focus groups and observation of sessions. There was general adherence to structural and procedural fidelity in the case records, high degree of parent satisfaction, and good progress made to practice fidelity overall.

3. *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*

Findings:

The evaluators are using a quasi-experimental pre-test/post-test design, without a comparison group to answer this question. The current HOMEBUILDERS® analysis took place on 67 families who have completed the program through July 15, 2016. At least 72% of families who completed HOMEBUILDERS® to date improved in three out of five family assessment domains (Parental Capabilities, Family Safety, and Child Well-Being). Less than 50% improved in the two remaining domains (Family Interactions and Environment). The HOMEBUILDERS® standard of 80% of families improving at least one point on the “Parental Capability” and “Family Safety” domains has not been met yet. The proposed CFSA benchmark of 90% of families not having a substantiated report within 12 months of initiation of HOMEBUILDERS® has not yet been met; however, the sample of families with a 12 month follow-up period is small at this point (17). The HOMEBUILDERS® standard of 75% of families not having a substantiated report during the HOMEBUILDERS® intervention has been met. The proposed CFSA benchmark of 90% of families not having an entry into out-of-home care within 12 months of initiation of HOMEBUILDERS® has not been met at this point; however, again, the sample of families for the 12 month follow-up period is small (17). The HOMEBUILDERS® benchmark of at least 70% of children HOMEBUILDERS® not having an out-of-home placement 6 months following closure of services has been met.

Further analysis will be done on family characteristics once the follow-up period sample increases. The evaluators, the HOMEBUILDERS® consultant, the CFSA Waiver implementation team, the HOMEBUILDERS® monitoring agency (ERFSC) and HOMEBUILDERS® staff are working on an ongoing evaluation report template and will continue to discuss the appropriateness of the proposed benchmarks and the extent to which the CFSA and HOMEBUILDERS® benchmarks can become more aligned.

Initial results regarding family functioning for Project Connect families are mixed at this point, but are based on a small sample size of 16 discharged families. The decision has been made to add additional administrations of the family functioning tools every 90 days, rather than just baseline and discharge. Additional findings will be reported in future reports. The proposed benchmark of 90% of families not having a substantiated report within 12 months of initiation of Project Connect has been met; however, the sample sizes for the follow-up period is quite small (15 families). The proposed benchmark of 90% of families who achieved reunification during their involvement with

Project Connect not having a re-entry has been met. Fifty percent of successfully discharged families met the benchmark of achieving permanency by at most 6 months following discharge from Project Connect at this point.

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

A quasi-experimental design with a matched comparison group is being utilized to answer this question. Comparisons between the pre-Waiver and Waiver samples on outcomes were unable to be conducted at this time due to the inability to match on all criteria for all families. The evaluation team will re-evaluate the matching criteria in order to possibly expand the matched sample.

Programmatic/Implementation Lessons Learned and Recommendations

All of the programmatic/implementation lessons learned relate to the evaluation and care found in the next section *Evaluation Lessons Learned and Recommendations*.

Evaluation Lessons Learned and Recommendations

Key evaluation lessons learned and associated recommendations are as follows:

1. *Base the evaluation plan on the assumption that complexities and challenges will arise.* The evaluation team learned that each agency has different needs, culture, and methods for collecting data. Further, the more agencies that were involved, the more difficult it became to track and collect data in a controlled way necessary for a strong evaluation. The evaluators are looking forward to working with two programs (i.e., HOMEBUILDERS® and Project Connect) at this point and spending more time with the partners and their data.
2. *The quality of all program and practice data can have a major bearing on the evaluation.* While the evaluators conducted environmental data scans for each agency, there were still limitations to obtaining the appropriate program data that would support the evaluation. The evaluators recommend being more proactive with agencies in fully understanding practice and program data systems and/or being more heavily involved in the creation of data systems during the implementation of new programs. For example, the assumption should not be made that length of stay, number of families served, and family composition are simple data points that will provide valid data. However, these data points are necessary for the evaluation.

3. *Roles and needs should be defined early on in an evaluation regarding communication.* The CFSA Waiver Implementation team has been very supportive in connecting the evaluators to the various programs and in setting up meetings with partners. It may have helped early on if the evaluators had established a communication plan whereby they worked directly with the Waiver agencies for certain requests for information or data. This may have taken the burden off of the CFSA Waiver implementation team and would have opened up a more direct line of communication between the evaluators and the agencies responsible for providing needed evaluation data.

Next Steps

The next steps for the evaluation plan are as follows:

1. Meet with the CFSA Waiver implementation team to formalize changes to the HOMEBUILDERS® and Project Connect evaluation plans.
2. Meet with HOMEBUILDERS® and Project Connect partners to present the changes to the evaluation plan and obtain feedback.
3. Submit the changes to the evaluation plan to our Federal Project Officers and James Bell Associates. The changes will include a proposal for the Cost Study.
4. Finalize quarterly evaluation reports
5. Finalize Project Connect fidelity procedures
6. Conduct mid-Waiver focus groups
7. Administer the second round of surveys