

Government of the District of Columbia
Child and Family Services Agency

Safe and Stable Families
Semi-Annual Progress Report
Spring 2018



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I. Overview

This report outlines the District of Columbia's progress on their Title IV-E child welfare waiver demonstration project during the reporting period, November 2017 – February 2018. During this reporting period much of CFSA's focus was the implementation of Mobile Stabilization Services and its referral process. Last reporting period, CFSA proposed MSS and PESP as a suite of services but have since revised that process deciding that families should not be automatically referred to PESP but should instead be assessed by the MSS and CFSA case worker at case closure. If the family demonstrates that they would benefit from or are in need of PESP, then a referral would be made to the program. CFSA continued focusing on increasing engagement and decreasing the number of withdrawals from Project Connect as well as working to identify and implement effective continuous quality improvement strategies to identify and address challenges as soon as they occur.

Assessments of the utilization of Project Connect also influenced revisions to contractual agreements with the providers - Progressive Life Center and Catholic Charities and technical assistance provider Children Friend. Last reporting period, CFSA terminated the contract with the Healthy Families Thriving Communities Collaborative agencies and now contracts directly with the provider— Progressive Life Center and Catholic Charities to administer Project Connect. This has allowed CFSA to directly refer families to Project Connect and work with the providers exclusively in order to serve families more efficiently. The termination of the contract between CFSA and the Collaboratives has resulted in challenges in terms of data collection and training. This will be explored in detail in the Demonstration Status, Activities, and Accomplishments.

A. Significant Evaluation Findings

Major changes to the design of the evaluation

Mobile Crisis Stabilization and the Parenting Education and Support Program was initially proposed last reporting period as a suite of services where families that have been stabilized through Mobile Crisis Stabilization will be referred to a Parent Education and Support Program. However, after careful consideration, midway through this reporting period, CFSA decided to no longer offer MSS and PESP as a suite of services. It was found that families were served more effectively when MSS intervened to stabilize the crisis and a referral was made to PESP only when it was necessary, not automatically. PESP continues to be offered by Healthy Families Thriving Communities collaborative agencies with the following curriculums available: ACT/Parents Raising Safe Kids Program, Active Parenting Teens, Chicago Parenting Program, Effective Black Parenting (EBPP), Nurturing Parenting Program, Nurturing Parenting Program

B. Findings Summary

Overall, evaluation findings for this reporting period are based on child welfare outcomes and North Carolina Family Assessment Scale (NCFAS) and Risk Inventory for Substance Abuse-Affected Families (SARI) assessment change scores.

Of the two programs, neither hit their projected enrollment target. Only one CFSA benchmark was met by Project Connect (*entry into out-of-home care within 12 months of initiation of Waiver services*). MSS met two benchmarks *90% of families will not have a substantiated report or an entry into out-of-home care within 12 months of initiation of Waiver services*.

When looking at substantiated CPS reports, Project Connect enrolled families did better than Pre-Waiver Match matched families. When looking at foster care entries, successfully discharged families did better than both the Pre-Waiver Match sample and the unsuccessful discharge families on most indicators.

Half of successfully discharged families improved on at least one domain in both the NCFAS and SARI assessments from Baseline to Discharge. More successfully discharged families showed improvement than unsuccessfully discharged families in all but one domain across both NCFAS and SARI assessments. Project Connect seems to have the largest impact on Social Community Life, Readiness for Reunification, and Parental Capabilities, Support for recovery, Effect on Lifestyle, and Commitment to Recovery.

1. Mobile Crisis Stabilization (MSS)

Almost all referrals (48/50 or 96%) were accepted this reporting period. The remaining referrals were withdrawn due to children no longer being in the home. When combined with HOMEBUILDERS®, MSS hit 65% of the target of families enrolled based on capacity estimates. Average number of days from referral to enrollment was 11.5 days. Thirty-three percent (16/48 or 33%) of all approved referrals were successfully enrolled in service. Eleven families were still pending as of this report and the remaining families (21) refused, were non-compliant or non-responsive to outreach. Due to recent implementation, there has not been enough follow-up time to measure most CFSA and MSS benchmarks. The one benchmark able to be analyzed is the MSS benchmark: *75% of families will not have a substantiated report during intervention*. This benchmark has not yet been met (67%).

Unable to measure:
CFSA benchmark
May 2018

- ***90% of families will not have an entry into out-of-home care within 12 months of initiation of Waiver services.***
- ***90% of families will not have a substantiated report within 12 months of initiation of Waiver services.***

MSS benchmark

- ***70% of children referred for MSS will not have an out-of-home placement 6 months following closure of services.***

2. Project Connect

Project Connect was under the target number of families enrolled (14/21 or 67%) based on capacity estimate. The remaining families declined service (1) or were ineligible due to the Partnering Together Conference not occurring (6). Project Connect enrollments have remained consistent over the past four quarters. The average enrollment rate over the Waiver period was 67%.

CFSA benchmark is that ***90% of families will not have a substantiated report within 12 months of initiation of Waiver services.*** This benchmark has not been met in either reporting period (85% and 86%). Families served within Project Connect were less likely to have a substantiated CPS report within 12 months of enrollment and during services when compared to matched families. Successfully discharged families were the least likely as less families had a substantiated report during service, within 12 months of enrollment, or within 12 months following discharge than unsuccessfully discharged families during this recent report period.

CFSA benchmark is that ***90% of families who achieved reunification during their involvement will not have a re-entry.*** This benchmark was not met during the Fall 2017 Semi-Annual Reporting Period (SAPR) period (89% successful and 87% unsuccessful families) but was met in the Spring 2018 SAPR period (97% successfully families and 98% unsuccessful families). Very few families across groups (1) had any re-entries during service. Families served by the Waiver regardless of discharge outcome had fewer re-entries during service and fewer reentries both 6 and 12 months after discharge when compared to the matched families. No successfully discharged families had any re-entries 6 months following discharge and only one family had a re-entry 12 months following discharge.

Enrollment in services seemed to increase the amount of time before a substantiated CPS report regardless of discharge outcome (436 and 385 average days) when compared to the Pre-Waiver Match Sample (118 days). The effect of Waiver services on successfully discharged families

was also more positive when compared to those families that did not successfully complete services.

The NCFAS and SARI assessments show that about half of successfully discharged families improved on at least one domain. Family Safety was the most improving NCFAS domain and Support for Recovery was the most improving SARI domain. More successfully discharged families showed improvement than unsuccessfully discharged families in all but one domain across both NCFAS and SARI assessments. Project Connect seems to have the largest impact on the following NCFAS domains: Social Community Life, Readiness for Reunification, and Parental Capabilities, and SARI domains: Support for recovery, Effect on Lifestyle, and Commitment to Recovery.

II. Status, Activities, and Accomplishments

CFSA began last reporting period by continuing ongoing efforts to market HOMEBUILDERS services however, referrals continued to decline and withdrawal rates remained high. Given the declining referrals, marginal outcomes, the relatively high cost of the program in July of 2017, CFSA decided to discontinue use of HOMEBUILDERS and implemented the Mobile Stabilization Services program paired with Parent Education and Support Services with the intention of providing a continuum of services that would address the needs of the family as they shifted.

Mobile Stabilization Services

At the start of this reporting period, the Community Partnerships Administration partnered with the Placement Administration to enhance the referral process for families in need of MSS. Instead of creating a new process for biological family referrals to MSS, CFSA modified the existing foster family referral process to ensure consistency and to ensure adaptability.

In addition to evaluation activities, CFSA continues to perform internal case reviews as part of their continuous quality improvement plan. CFSA conducted a case review of the 40 referrals to MSS from October 2017 - December 2017. The case review sought to explore the needs of the families, whether or not teaming occurred, and the extent to which MSS recommendations were followed after MSS case closure.

Needs: The case review revealed that the leading causes of referrals to MSS were mental health, behavior problems, and the child's inability to follow rules. The most consistent goal was identified as Individual and Family Therapy.

Teaming: The review revealed that MSS worker collaborated with family members outside of the household in 100% of the referrals. Additionally, in more than half of the referrals, the

CFSA Social Worker maintained contact with the family and the CFSA SW and MSS worker also maintained contact during the MSS intervention. This indicates that strong teaming amongst all service providers and strong support for the families of the intervention. CFSA will continue to encourage teaming and emphasize its importance in helping families reach their goals.

Recommendations: The MSS worker consistently developed recommendations for closure when families remained involved and did not withdraw from services. Themes in the recommendations were for Individual and Family Therapy (45%) Mentoring (25%), Mental Health services (10%), help with social skills (10%), Substance Abuse (10%). However, in the majority of cases reviewed (92%) the recommendation created by the MSS worker were not properly transferred to the CFSA Social Worker so they were unable to follow up on recommendations when the intervention finalized.

Information from the case reviews were shared with the In-Home Administration, Permanency Administration, and the provider of MSS with emphasis on ensuring the recommendations are consistently developed then made accessible to the CFSA social worker where possible.

Midway through this reporting period, CFSA decided to no longer offer MSS and PESP as a suite of services. It was found that families were served more effectively when MSS intervened to stabilize the crisis and a referral was made to PESP only when it was necessary, not automatically. PESP continues to be offered by collaborative agencies with the following curriculums available: ACT/Parents Raising Safe Kids Program, Active Parenting Teens, Chicago Parenting Program, Effective Black Parenting (EBPP), Nurturing Parenting Program, Nurturing Parenting Program.

Alcohol, Anger and Abuse, and Parent Empowerment Program. In order for a referral to be submitted to PESP, the CFSA referring worker completes the online referral form. Within 24 business hours the Safe and Stable Families staff will review the referral to confirm eligibility, completeness of referral and will approve or deny the referral and electronically route to the appropriate PESP provider (CSC or East River). Within 48 business hours of approval, the Parent Educator of the assigned PESP provider (CSC or East River) will contact the CFSA referring worker to discuss the clients need for services, submission of referral and other relative case details. Working together to prepare parents for intake and enrollment.

Project Connect

Last reporting period, CFSA terminated the contract with the Collaborative and now contracts directly with the providers; Progressive Life Center and Catholic Charities. This has allowed CFSA to directly refer families to Project Connect and work with the providers exclusively in order to serve families more efficiently. The termination of the contract between CFSA and the Collaboratives has resulted in some challenges in terms of data collection, however; this reporting period, CFSA and the providers were able to come up with manual data entry processes that would allow CFSA to track families and referrals internally. There still remained challenges with collecting SARI and NCFAS scores which will be discussed later in the major evaluation activities and events sections.

Negotiations continued between CFSA and Children's Friend to provide the following services to ensure fidelity to the model and training standards:

Train the Trainer: The goal of this training will be to prepare trainers to train DC Project Connect Staff on the model as practiced in the District of Columbia. After staff are fully trained, Children's Friend will no longer need to provide training. The program will be self-sufficient.

Three on-site reviews: To strengthen core principles and practices, address fidelity and systemic concerns that are barriers to effective service provision, offer additional training support that was identified, and the annual fidelity review.

Fifty hours phone consultation: Used for data collection discussions, systemic barriers to service provision, documentation training, case review and support, supervisory support, nursing, parent education and group questions.

Contract negotiations still have not been finalized however, CFSA anticipates finalizing the contract in June of 2018 and will provide a status update in the next SAPR for the upcoming reporting period.

CFSA has decided not to perform a structured case review of Project Connect but instead, to take a close look at the number of referrals to the program, the number of successful closures, the outcomes, as well as whether or not families are faring better than non-Project Connect families. CFSA continues to be concerned about the relatively low number of successful closures, outcomes, and the cost of the program. CFSA anticipates working with the providers and Children's Friend to make modifications to the program in order to alleviate some of these concerns and barriers. A status report will be provided in the next SAPR.

A. Numbers of children and families assigned to the demonstration

Please note the different time periods used throughout this report;

- **Reporting Period:** November 1, 2017-February 28, 2018
- **Waiver Period:** April 25, 2014 - February 28, 2018
- **Project Connect Implementation:** 10/2014-Present
- **MSS Implementation:** 4/2017-Present
- **HOMEBUILDERS Implementation:** 10/2014-5/2017

1. Data source for Title IV-E Waiver referral and program status

SSF implementation staff utilize an active spreadsheet that continuously tracks families referred to and served by Title IV-E Waiver programs. The following data points are tracked in the spreadsheet:

- CFSA case/referral number
- client last name

- client first name
- client date of birth
- number of children involved in the case/referral
- race/ethnicity
- client's ward
- referral source
- date referral received
- program being referred to
- date referral sent to provider
- referral outcome
- referral denial reason
- assigned support worker
- social worker name
- participation status
- discharge date
- discharge reason
- CFSA case status
- client's role in CFSA case
- initial assessment date (by provider)
- program enrollment date
- assigned worker name
- notes/important comments

This spreadsheet allows for an analysis of demonstration families served to date. By using the case/referral number, it also allows for the SSF implementation team and the evaluators to be able to match data on outcomes and assessments pertaining to families involved with SSF that come from other data sources.

2. Number of families in demonstration

Table 1 below exhibits the current number of families served compared to the expected number of families to be served by the Waiver from program implementation to date (Waiver Period: 4/25/2014 - 2/28/2018). "Enrolled Participants" is the number of families enrolled in services or discharged. The number of families expected to be served during the time period as derived from projections established by Waiver 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 2/28/2018.

Overall, enrollment in Project Connect (140 families) as of this report is 64% of the expected to serve goals. Enrollment for families eligible for HOMEBUILDERS® or MSS (183 families) is 65% of its goal.

Table 1. *Number of Families Served vs. Number of Families Expected to Serve During the Waiver Period to Date (4/25/2014-2/28/2018)*

Program	Families Enrolled (n)	Expected to Serve (04/2014 - 02/2017)	Difference Between Expected and Enrolled	Percent of Goal
HOMEBUILDERS® and MSS	156 + 27 = 183	283	100	65%
Project Connect	140	218	78	64%
Grand Total	323	501	178	64%

Referrals by CFSA social workers to MSS and Project Connect 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.

Table 2 below identifies the total number of referrals made to SSF by program within the Reporting Period (11/1/2017-2/28/2018). There was a total of 69 families with 71 referrals made during this reporting period of which 83 referrals (97%) were approved.

Table 2. *Total number of referrals made to SSF by program within the Reporting Period (11/1/2017-2/28/2018)*

Program	Families Referred (n)	Number of Referrals	Referrals Approved by CFSA
MSS	48	50	48(96%)
Project Connect	21	21	21(100%)
Grand Total	69	71	69(97%)

The following lists reasons why MSS referrals were not approved or withdrawn.

MSS referrals were withdrawn for 2 families.

- Child was no longer in the home (2 referrals)

3. Referral Timeliness - From CFSA to Provider and Enrollment

Table 3 displays the “Avg. days from referral to enrollment” which is the difference between the date that the referral was made to the provider and the date that the family enrolled in the programs. The time between these two dates ranged from 1 to 11.5 days.

CFSA has established targets for enrollment of families in services within 14 calendar days of the accepted referral for Project Connect and MSS. All enrollment dates were not available to calculate the average.

Table 3. Average Days to Process Referral during Reporting Period (11/1/2017 - 2/28/2018)

Program	Families Referred (n)	Referral to Enrollment (m days)
MSS	48	11.5
Project Connect	21	0*
Grand Total	69	11.5

* 1 enrollment date was available for this analysis

4. Enrolled Referrals

Table 4 displays the number and percent of families with approved referrals that were successfully enrolled in services. Reasons why families with approved referrals were not enrolled are listed below the table.

Approximately 77% of families are enrolled once they are approved. This current enrollment rate can be included in future CQI discussions that can determine the extent to which this rate is acceptable. The most cited reason for an accepted participant to not be enrolled is that a client or parent refused services.

Table 4. Number and Percent of Families with Approved Referrals Who Were Successfully Enrolled in Services (Reporting Period: 11/1/2017 - 2/28/2018)

Note HOMEBUILDERS® stopped enrolling families and MSS started enrolling families in May 2017.*

Program	Total Families	Families not Enrolled <i>n</i> (%)	Families Enrolled <i>n</i> (%)
MSS	48	32(67%)	16(33%)
Project Connect	21	7(33%)	14(67%)
Grand Total	69	39	30(77%)

MSS

Twenty-one families with approved referrals did not end in enrollment during this report period. The reasons are as follows:

- o Client's request/client(s) refused, non-responsive or non-compliant (*n* = 21)
- o Pending (*n*=11)

Project Connect

There were 7 referrals that did not end in enrollment during this time period for 7 families. The reason why these families were not enrolled was due to

- o Ineligible - Declined referral for services (1 referrals)
- o Ineligible - Partnering Together Conference did not occur (6 referral)

Tables 5, 6 and Charts 1 and 2 show Rates of enrollment broken down by Fiscal Year Quarter for the grant period (4/25/2014-2/28/2018).

Table 5: Project Connect Enrollment Rates by Year (Waiver Period: 4/25/2014 – 2/28/2018)

Referral Start Date		<i>n</i>	Enrolled		Not Enrolled		Grand Total	
FY 2015	Q1	Referrals Families	7 7	37%	12 10	63%	19 17	100%
	Q2	Referrals Families	10 10	40%	15 14	60%	25 24	100%
	Q3	Referrals Families	3 3	33%	6 6	67%	9 9	100%
	Q4	Referrals Families	13 13	93%	1 1	7%	14 14	100%
FY 2016	Q1	Referrals Families	8 8	89%	1 1	11%	9 9	100%
	Q2	Referrals Families	15 15	60%	10 10	40%	25 25	100%
	Q3	Referrals Families	8 8	73%	3 3	27%	11 11	100%
	Q4	Referrals Families	12 12	86%	2 2	14%	14 14	100%
FY 2017	Q1	Referrals Families	5 5	71%	2 2	29%	7 7	100%
	Q2	Referrals Families	18 18	90%	2 2	10%	20 20	100%
	Q3	Referrals Families	14 14	67%	7 6	33%	21 20	100%
	Q4	Referrals Families	17 17	65%	9 8	35%	26 25	100%
FY 2018	Q1	Referrals Families	8 8	67%	4 4	33%	12 12	100%
	Q2	Referrals Families	11 11	69%	5 5	31%	16 16	100%
Grand Total			298	66%	153	34%	451	100%

Chart 1: Project Connect Enrollment Rates by Year (Waiver Period: 4/25/2014 – 2/28/2018)

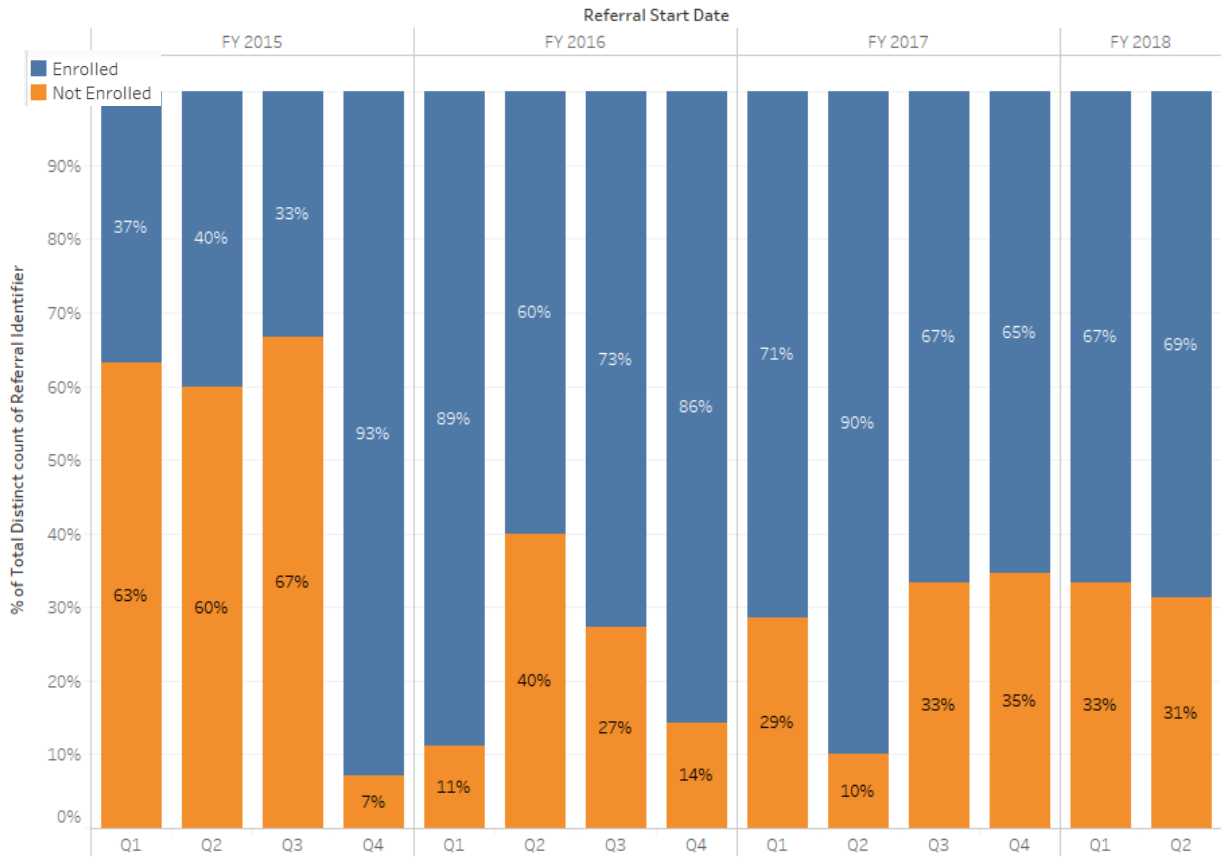


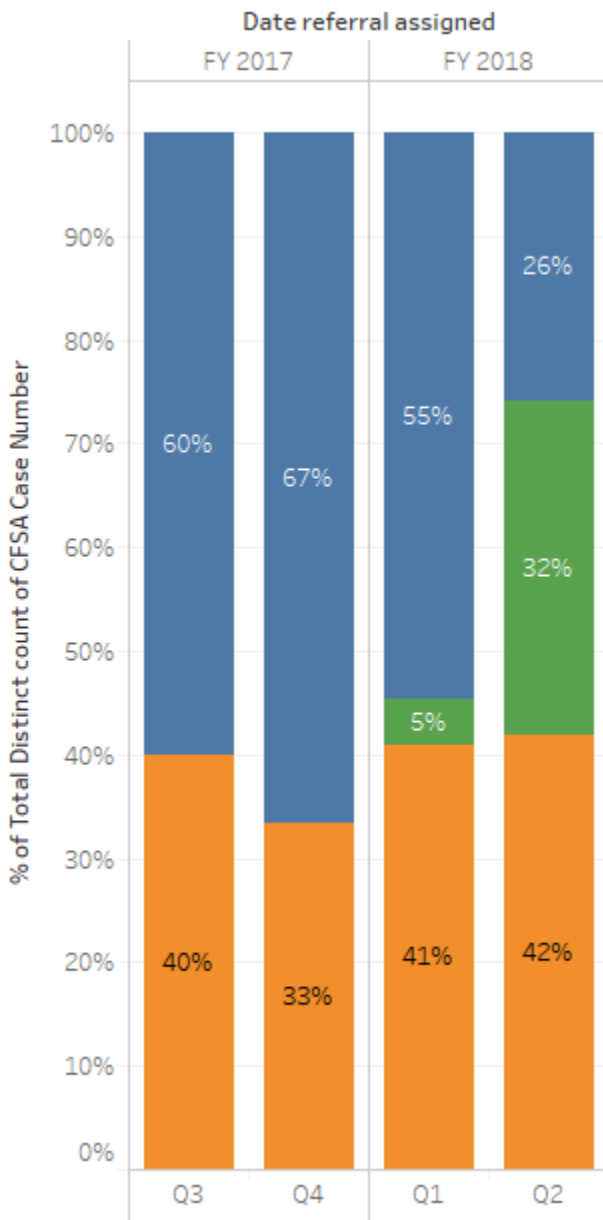
Table 6: MSS Enrollment Rates by Year (Waiver Period: 4/25/2014 – 2/28/2018)

**Note that MSS was implemented in May 2017*

Date Referral Assigned		n	Enrolled		Referral Withdrawn		Pending Enrollment		Grand Total	
FY 2017	Q3	Referrals Clients	3 3	60%	2 2	40%	- -	- -	5 5	100%
	Q4	Referrals Clients	4 4	67%	2 2	33%	- -	- -	6 6	100%
FY 2018	Q1	Referrals Clients	12 12	55%	9 9	41%	1 1	5% -	22 22	100%
	Q2	Referrals Clients	8 8	25%	14 13	44%	10 10	31% -	32 31	100%
Grand Total			54	42%	53	41%	22	17%	129	100%

Chart 2: MSS Enrollment Rates by Year (Waiver Period: 4/25/2014 – 2/28/2018)

*Note that MSS was implemented in May 2017



B. Major evaluation activities and events

The major evaluation activities and events are listed and briefly described below.

1. Analyzed family functioning and outcomes data

This reporting period focused heavily on data extraction processes and analyses. Due to changes in contracting and the elimination of the relationship between CFSA and the Collaboratives, new data collection and sharing procedures were developed directly with service providers. The evaluators worked with CFSA's Child Information Systems Administration (CISA) and providers to further hone data extraction, matching and analysis procedures.

2. Participated in strategic planning sessions and overall discussions regarding MSS and Project Connect.

The SSF implementation team has continued to coordinate planning sessions for Project Connect and HOMEBUILDERS® this SAPR period. The goal was to explore where the projects are in terms of implementation, how that compared to where implementation partners thought they would be, the extent to which they are meeting their targeted goals, and where they would like to go next.

3. Weekly meetings with the SSF Evaluators and the Implementation Team have continued to occur.

The SSF evaluators and implementation teams continue to be in close contact and meet at least once a week. The SSF implementation team has also coordinated several meetings with evaluators and providers to discuss fidelity, outcomes, and data collection, ensuring a Participatory Evaluation.

C. Challenges to the implementation of the evaluation and the steps taken to address them.

Due to program level changes the evaluation team is working with the implementation team to update the evaluation plan and timeline associated with evaluation activities. These updated documents will be sent to the Project Officer for approval. There have been no new challenges since the last SAPR report.

III. Significant Evaluation Findings to Date

Title IV-E Waiver Sample Parameter

Analyses were conducted by program and on discharged families only (i.e., program discharge date was not null). Some families received services in more than one program.

A. Child Welfare Outcomes Study

SSF evaluators have worked with CISA to match SSF program data with FACES data to track outcomes. An initial set of outcomes has been analyzed and an initial review has taken place with the SSF implementation team. The methods and results can be found below.

1. MSS and Project Connect Methods

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

Time period for outcome analysis is completed on the full Waiver sample or all enrolled families from start of Waiver (*Waiver Period: April 25, 2014 - February 28, 2018*).

The outcomes study is examining if a Child Protective Services (CPS) report was made or a foster care entry occurred while a family was in the program and following discharge. All parents, caregivers, children, and youth with an enrollment date for a Safe and Stable Families (SSF) program from the implementation of the Title IV-E program (October 24, 2014) through February 28, 2017 were included in the sample.

CFSA's Child Information System's Administration (CISA) matched the SSF sample to FACES records to gather information on the parent, caregiver, child, or youth's possible involvement with CFSA prior to, during, and within 12 months of the conclusion of their involvement with the SSF program.

CFSA involvement is defined as participating in an open case, or having an open or closed CPS investigation. Waiver families were matched to families that were served by CFSA prior to the Waiver. Criteria for the matched sample were as follows:

- Families served by CFSA
- Families served between January 25, 2012 and January 25, 2013
 - 90-day match periods prior to the referral date were granted
- Risk (high risk)
- Safety (unsafe)

- Gender of the primary caregiver
- Race of the primary caregiver
- Date of birth/age of the primary caregiver
- Number of CPS referrals for the family
- Number of substantiated reports for the family

Based on the match criteria, the evaluation team matched 2 pre-waiver families of the 12 waiver MSS sample families (17%). Based on the match criteria, the evaluation team matched 23 pre-waiver families of the 84 waiver Project Connect sample through October 2017 and 26 pre-waiver families of the 95 waiver Project Connect sample families through February 2018 (27%).

2. Data

MSS

Three primary data sources were used for MSS analysis:

- Data from the google spreadsheet
 - Used by CFSA
 - Track referral process
 - Track program activity (including enrollments and discharges)
- Data from DC CFSA CISA
 - Foster care activity
 - CPS reports
- Data from MSS program
 - General program information
 - North Carolina Family Assessment Scale (NCFAS), administered by MSS staff
 - At enrollment
 - At discharge

Project Connect

For Project Connect, families may or may not have had a child in foster care at the time of entry.

Two primary data sources were used for Project Connect analysis:

- Data from DC CFSA CISA
 - Foster care activity
 - CPS reports
- Data from ETO (the practice and reporting system used by Project Connect, by Far Southeast Family Strengthening Collaborative)
 - General program information

- North Carolina Family Assessment Scale (NCFAS), administered by Project Connect staff
 - At enrollment
 - Every 90 days after enrollment
 - At discharge

3. Results

Results for MSS and Project Connect include data from families who were successfully discharged and unsuccessfully discharged (including early discharges). Incomplete or inconclusive results were not included. In instances where a parent/guardian and child were not found on the same report, the evaluation team completed a review of cases and determined the appropriateness of the closure type (successful or unsuccessful), and make suggestions where needed. Results will be reviewed to examine any correlation between type of discharge (successful or unsuccessful) and length of service.

MSS (Enrollment between May 2017 – February 2018)

The FALL 2017 SAPR analysis was incorrectly labeled as it was completed for all families who have been enrolled from implementation May 2017-February 2018 not through October 2017. The extended time period was used due to the recent implementation and small sample size. Therefore, no additional analysis was completed during this SAPR period. Due to the recent implementation of the MSS program, sample size is small and results must not be interpreted broadly due to this limitation.

Based on the match criteria, the evaluation team matched 2 pre-waiver families. There was a total of 12 families enrolled in MSS. Half (6) of those families were successfully discharged while the other half did not successfully complete the program.

Table 7. Demographics for Sub-populations served

Demographics	
Primary caregiver between 17-25	1 (8%)
Primary caregiver age (m)	45
Primary caregiver age range	24 - 58
Children in the case/referral (m)	1.7
Children range in the case/referral	1 - 4
Families with children aged 0-6	2 (2%)
Race	
Black/African American	10 (83%)
Other	2 (17%)

Demographics were analyzed for the 12 enrolled families. On average, primary caregivers are 45 years old (ranging in age from 24 - 58) and have 2 children (ranging from 1 child to 4 children).

Due to the small sample size of enrolled and matched families during this reporting period, outcome analysis is summarized below. The following indicators were unable to be analyzed given the short implementation period as of this report:

- Families with a substantiated report 12 months from initiation of Waiver services
- Families with a substantiated report 12 months after discharge
- Families with a foster care entry within 12 months of program enrollment (or matched program enrollment)

- Families with an entry between 6 - 12 months following discharge (or matched discharge date)
- Families with an entry within 12 months following discharge (or matched discharge date)

The remaining indicators were analyzed; however, the small sample size was a limitation.

- Families with a substantiated report during services (or matched service date)
- Families with a foster care entry during services (or matched service date)
- Families with a foster care entry within 6 months following discharge (or matched discharge date)

Both match families and enrolled families with substantiated reports during service. A total of 3 enrolled families (2/6 successfully discharged families and 1/6 unsuccessfully discharged family) and one match family (1/2 or 50%).

CFSA benchmark is that ***90% of families will not have a substantiated report within 12 months of initiation of Waiver services***. There has not been enough follow-up time (12 months after enrollment) to measure this benchmark. MSS benchmark is that ***75% of families will not have a substantiated report during intervention***. This benchmark has not yet been met (67%).

Time between opening a CPS report and substantiation was calculated for the matched group and the Waiver group, successful and unsuccessful discharges. Successful discharge from the program lead to a delay in substantiated reports when compared to both the matched families and unsuccessful discharged families. On average 57 days for successfully discharged families, 23 days for matched families, and 14 days for unsuccessfully discharged families.

CFSA benchmark is that ***90% of families will not have an entry into out-of-home care within 12 months of initiation of Waiver services***. MSS benchmark is that at least ***70% of children referred for MSS will not have an out-of-home placement 6 months following closure of services***. There has not been enough follow-up time to measure these benchmarks.

Project Connect

Two time periods are included in the analysis for Project Connect. The Fall 2017 SAPR analysis was mislabeled as to include families referred between April 2014-October 2017. Instead the analysis was completed for the Spring 2018 period, April 2014 - February 2018. Therefore, both time periods of analysis are included in this report.

Project Connect (Fall SAPR Reporting Period: April 2014 - October 2017)

Based on the match criteria, the evaluation team matched 23 pre-waiver families of the 84 waiver Project Connect sample through October 2017. Of the 84 enrolled families, 28 completed the program successfully and 56 were discharged unsuccessfully.

Table 8. Project Connect Demographics of Sub-populations

Demographics	
Primary caregiver aged 17-25	2 (2.1%)
Primary caregiver age (<i>m</i>)	36.5
Primary caregiver age range	24 - 60
Children in the case/referral (<i>n</i>)	2.7
Children range in the case/referral	1 - 7
Families with children aged 0-6	50 (60%)

Demographics analysis was completed on enrolled families. On average, primary caregivers are 36 years old (ranging in age from 23 - 60) and have 3 children (ranging from 1 child to 7 children).

Table 9. Substantiated CPS Reports

Pre-Waiver Matched Sample <i>n</i> = 23 (families)		Waiver Sample Successfully Discharged (complete) <i>n</i> = 28 (families)			Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 56 (families)	
		CFSA Benchmark: 90% of families will not have a substantiated report within 12 months of initiation of Waiver services.				
Indicator	<i>n</i> (%)	Indicator	Follow-up (<i>n</i>)	<i>n</i> (%)	Follow-up (<i>n</i>)	<i>n</i> (%)
Substantiated CPS report within 12 months of a matched program enrollment	19 (83%)	Substantiated CPS report within 12 months of program enrollment	28	4 (14%)	41	10 (24%)
Substantiated CPS report during matched service	19 (83%)	Substantiated CPS report during service	N/A	3 (11%)	N/A	11 (20%)
Substantiated CPS report within 12 months of a matched program discharge	1 (4%)	Substantiated CPS report within 12 months of discharge	18	2 (11%)	28	4 (14%)

83% (*n* = 19) of the matched families had a substantiated CPS report within 12 months of a matched date of program enrollment compared to 14% (*n* = 4) of successfully discharged Waiver families and 24% (*n* = 10) of unsuccessfully discharged Waiver families.

83% (*n* = 19) of the matched families had a substantiated CPS report during matched services dates compared to 11% (*n* = 3) of successfully discharged Waiver families and 20% (*n* = 11) of unsuccessfully discharged Waiver families.

4% (*n* = 1) of the matched families had a substantiated CPS report within 12 months following discharge compared to 11% (*n* = 2) of successfully discharged Waiver families and 14% (*n* = 4) of unsuccessfully discharged Waiver families.

CFSA benchmark is that **90% of families will not have a substantiated report within 12 months of initiation of Waiver services**. This benchmark has not been met (86%).

Families served within Project Connect were less likely to have a substantiated CPS report within 12 months of enrollment and during services when compared to matched families and unsuccessfully discharged families. Successfully discharged families were also less likely to have a substantiated report within 12 months following discharge than unsuccessfully discharged families.

Table 10. *Time between Opening CPS Report and Substantiated CPS Report*

	Pre-Waiver Matched Sample <i>n</i> = 19 (families)		Waiver Sample Successfully Discharged (complete) <i>n</i> = 3 (families)		Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 11 (families)	
	<i>m</i>	Range	<i>m</i>	Range	<i>m</i>	Range
Days between opening and substantiated CPS report during service	27	4 - 118	219	77 - 296	161	4 - 468
	Pre-Waiver Matched Sample <i>n</i> = 1 (family)		Waiver Sample Successfully Discharged (complete) <i>n</i> = 2 (families)		Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 4 (families)	
Days between opening and substantiated CPS report within 12 months of discharge	118.0	118 - 118	436	117 - 755	385	254 - 508

Time between opening a CPS report and substantiation was calculated for the matched group and the Waiver group, successful and unsuccessful discharges.

Time from opening a CPS report and a substantiated CPS report during service was calculated for 19 Pre-Waiver matched families. The average number of days was 27 days (range of 4 - 118 days). This is considerably less time compared to the successfully discharged Waiver families (*n* = 3; *m* = 219 days; range = 77 - 296 days) and the unsuccessfully discharged Waiver families (*n* = 11; *m* = 161; range = 4 - 468).

Time from opening a CPS report and a substantiated CPS report within 12 months of discharge for the matched families was calculated for 1 family. The average number of days was 118 days (range of 118 - 118 days). The average number of days for the successfully discharged families was 436 days (*n* = 2; range of 117 - 755 days) which was more than the unsuccessfully discharged Waiver families of 385 days (*n* = 4; range of 254 - 508 days).

Enrollment in services seemed to increase the amount of time before a substantiated CPS report regardless of discharge outcome (436 and 385 average days) when compared to the Pre-Waiver Match Sample (118 days). The effect of Waiver services on successfully discharged families was better than those that did not successfully complete services as well.

Table 11. Foster Care Re-Entry

Pre-Waiver Matched Sample <i>n</i> = 23 (families)		Waiver Sample Successfully Discharged (complete) <i>n</i> = 28 (families)			Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 56 (families)	
		CFSA Benchmark: 90% of families who achieved reunification during their involvement will not have a re-entry. Permanency is achieved by at most 6 months following discharge.				
Indicator	<i>n</i> (%)	Indicator	Foster Care Exit/Follow-up (<i>n</i>)	<i>n</i> (%)	Foster Care Exit/Follow-up (<i>n</i>)	<i>n</i> (%)
Foster care exit during a matched service date	21 (91%)	Foster care exit during service	N/A	9 (32%)	N/A	8 (14%)
Foster care exit and re-entry during matched service date	4 (36%)	Foster care exit and re-entry during service	9	1 (11%)	8	1 (13%)
Foster care entry within 12 months of a matched program discharge	3 (13%)	Foster care entry within 12 months of program discharge	18	1 (6%)	28	2 (7%)
Foster care exit within 6 months of a matched discharge	7 (30%)	Foster care exit within 6 months of program discharge	22	0 (0%)	43	2 (5%)

91% (*n* = 21) of the matched families had a foster care exit during matched service date compared to 32% (*n* = 9) of successfully discharged Waiver families and 14% (*n* = 8) of unsuccessfully discharged Waiver families.

36% (*n* = 4) of the matched families had a foster care exit and re-entry during matched service date compared to 11% (*n* = 1) of successfully discharged Waiver families and 13% (*n* = 1) of unsuccessfully discharged Waiver families.

13% ($n = 3$) of the matched families had a foster care entry within 12 months following a matched discharge date compared to 6% ($n = 1$) of successfully discharged Waiver families and 7% ($n = 2$) of unsuccessfully discharged Waiver families.

30% ($n = 7$) of the matched families had a foster care exit within 6 months of a matched discharge date compared to 0% ($n = 0$) of successfully discharged Waiver families and 5% ($n = 2$) of unsuccessfully discharged Waiver families.

CFSA benchmark is that **90% of families who achieved reunification during their involvement will not have a re-entry**. This benchmark has not been met (89%).

Families served by the Waiver regardless of discharge outcome had less re-entries during service and less reentries both 6 and 12 months after discharge when compared to the matched families. No successfully discharged families had any re-entries 6 months following discharge and only one family had a re-entry 12 months following discharge.

Table 12. *Time between opening and foster care entry*

	Pre-Waiver Matched Sample $n = 23$ (families)			Waiver Sample Successfully Discharged (complete) $n = 28$ (families)			Waiver Sample Unsuccessfully Discharged (includes early closure) $n = 56$ (families)		
	n	m	Range	n	m	Range	n	m	Range
Days between enrollment and 1st re-entry during service	2	937	693 - 1180	2	180	94 - 265	4	175	22 - 508
Days between enrollment and re-entry within 12 months of discharge	1	447	447 - 447	2	180	94 - 265	2	265	56 - 474

There were 23 Pre-Waiver Match families eligible for both data points time between enrollment and re-entry and time between enrollment and re-entry within 12 months of discharge. Time between opening a CPS report and a foster care re-entry during service was calculated for 2 successfully discharged families. The average number of days was 180 days (range = 94 - 265 days). This is slightly more than the unsuccessfully discharged Waiver families ($n = 4$; $m = 175$ days; range = 22 - 508 days).

Time between opening a CPS report and a foster care re-entry within 12 months of discharge was calculated for 1 pre-waiver family. The average number of days between opening and re-entry

within 12 months of discharge was 447 days ($m = 1$);). The average number of days for successfully discharged families was 180 ($m = 2$; range 94-265). The average calculated for two unsuccessfully discharged Waiver families was 265 ($n = 2$; range = 56-474).

Project Connect (Spring SAPR Waiver Period: April 2014 – February 2018)

Based on the match criteria, the evaluation team matched 26 pre-waiver families of the 95 waiver Project Connect sample families through February 2018 (27%). Of the 95 enrolled families, 34 completed the program successfully and 61 were discharged unsuccessfully.

Table 13. Project Connect Demographics

Demographics	
Primary caregiver aged 17-25	3 (4%)
Primary caregiver age (m)	36.1
Primary caregiver age range	23 - 60
Children in the case/referral (n)	2.7
Children range in the case/referral	1 - 7
Families with children aged 0-6	54 (57%)

On average, primary caregivers are 36.5 years old (ranging in age from 24 - 60) and have 3 children (ranging from 1 child to 7 children).

Table 14. Substantiated CPS Reports

Pre-Waiver Matched Sample <i>n</i> = 26		Waiver Sample Successfully Discharged (complete) <i>n</i> = 34			Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 61	
Indicator	<i>n</i> (%)	Indicator	Follow-up (<i>n</i>)	<i>n</i> (%)	Follow-up (<i>n</i>)	<i>n</i> (%)
Families with a substantiated CPS report within 12 months of a matched date of program enrollment	11 (42%)	Families with a substantiated CPS report within 12 months of program enrollment	33	5 (15%)	47	14 (23%)
Families with a substantiated CPS report during matched service dates	11 (42%)	Families with a substantiated CPS report during services	N/A	4 (12%)	N/A	12 (20%)
Families with a substantiated CPS report within 12 months following discharge	26 (100%)	Families with a substantiated CPS report within 12 months following discharge	20	2 (10%)	37	8 (22%)

42 % (*n* = 11) of the matched families had a substantiated CPS report within 12 months of a matched date of program enrollment compared to 15% (*n* = 5) of successfully discharged Waiver families and 23% (*n* = 14) of unsuccessfully discharged Waiver families.

42% (*n* = 11) of the matched families had a substantiated CPS report during matched services dates compared to 12% (*n* = 4) of successfully discharged Waiver families and 20% (*n* = 12) of unsuccessfully discharged Waiver families.

All 100% ($n = 26$) of the matched families had a substantiated CPS report within 12 months following discharge compared to 10% ($n = 2$) of successfully discharged Waiver families and 22% ($n = 8$) of unsuccessfully discharged Waiver families.

CFSA benchmark is that **90% of families will not have a substantiated report within 12 months of initiation of Waiver services**. This benchmark has not been met (85%).

Families served within Project Connect were less likely to have a substantiated CPS report within 12 months of enrollment and during services when compared to matched families. Successfully discharged families were the least likely as less families had a substantiated report during service, within 12 months of enrollment, or within 12 months following discharge than unsuccessfully discharged families.

Table 15. *Time between Opening CPS Report and Substantiated CPS Report*

	Pre-Waiver Matched Sample $n = 26$		Waiver Sample Successfully Discharged (complete) $n = 34$		Waiver Sample Unsuccessfully Discharged (includes early closure) $n = 61$	
	<i>M</i> (days)	Range (days)	<i>M</i> (days)	Range (days)	<i>M</i> (days)	Range (days)
Days between opening and substantiated CPS report during service	21	8 - 47	236	77 - 296	170	4 - 468
	Pre-Waiver Matched Sample $n = 0$		Waiver Sample Successfully Discharged (complete) $n = 2$		Waiver Sample Unsuccessfully Discharged (includes early closure) $n = 8$	
Days between opening and substantiated CPS report within 12 months of discharge	-	-	436	117 - 755	343	211 - 508

Time between opening a CPS report and substantiation was calculated for the matched group and the Waiver group, successful and unsuccessful discharges.

Time from opening a CPS report and a substantiated CPS report during service was calculated for 11 Pre-Waiver matched families. The average number of days was 21 days ($m = 21$ days; range of 8 - 47 days). This is considerably less time compared to the successfully discharged Waiver families ($n = 4$; $m = 236$ days; range = 77 - 296 days) and the unsuccessfully discharged Waiver families ($n = 12$; $m = 170$; range = 4 - 468).

Time from opening a CPS report and a substantiated CPS report within 12 months of discharge was not able to be calculated for the matched families due to the lack of eligible families. The average number of days for the successfully discharged families was 436 days ($n = 2$; $m = 436.0$ days; range of 117 - 755 days) which was more than the unsuccessfully discharged Waiver families was 343 days ($n = 8$; $m = 343$ days; range of 211 - 508 days).

Enrollment in services seemed to increase the amount of time before a substantiated CPS report regardless of discharge outcome (236 and 436 average days) when compared to the Pre-Waiver Match Sample (21 days). The effect of Waiver services on successfully discharged families was better than those that did not successfully complete services as well.

Table 16. *Foster Care Re-Entry*

Pre-Waiver Matched Sample <i>n</i> = 26		Waiver Sample Successfully Discharged (complete) <i>n</i> = 34			Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 61	
		CFSA Benchmark: 90% of families who achieved reunification during their involvement will not have a re-entry. Permanency is achieved by at most 6 months following discharge.				
Indicator	(<i>n</i>)%	Indicator	Foster Care Exit/Follow- up (<i>n</i>)	(<i>n</i>)%	Foster Care Exit/Follow- up (<i>n</i>)	(<i>n</i>)%
Families with a foster care exit during a matched service date	12 (46%)	Families with a foster care exit during their involvement with Project Connect	N/A	10 (29%)	N/A	8 (13%)
Families with a foster care exit who had a re-entry during a matched service date	1 (4%)	Families with a foster care exit who had a re-entry during their involvement with Project Connect	N/A	1 (3%)	N/A	1 (2%)
Families with a foster care entry within 12 months following a matched discharge date	3 (12%)	Families with a foster care entry within 12 months of discharge from Project Connect	20	1 (5%)	37	3 (8%)
Families with a foster care exit within 6 months of a matched discharge date	4 (15%)	Families with a foster care exit within 6 months of discharge from Project Connect	26	0 (0%)	51	2 (4%)

46% (*n* = 12) of the matched families had a foster care exit during matched service date compared to 29% (*n* = 10) of successfully discharged Waiver families and 13% (*n* = 8) of unsuccessfully discharged Waiver families.

3.8% (*n* = 1) of the matched families had a foster care exit and re-entry during matched service date compared to 3% (*n* = 1) of successfully discharged Waiver families and 2% (*n* = 1) of unsuccessfully discharged Waiver families.

12% ($n = 3$) of the matched families had a foster care entry within 12 months following a matched discharge date compared to 5% ($n = 1$) of successfully discharged Waiver families and 8% ($n = 3$) of unsuccessfully discharged Waiver families.

15% ($n = 4$) of the matched families had a foster care exit within 6 months of a matched discharge date compared to 0% ($n = 0$) of successfully discharged Waiver families and 4% ($n = 2$) of unsuccessfully discharged Waiver families.

CFSA benchmark is that **90% of families who achieved reunification during their involvement will not have a re-entry**. This benchmark has been met (97%).

Very few families across groups (1) had any re-entries during service. No successfully discharged families had any re-entries 6 months following discharge and only one family had a re-entry 12 months following discharge.

Table 17. *Time between opening and foster care entry*

	Pre-Waiver Matched Sample <i>n</i> = 26			Waiver Sample Successfully Discharged (complete) <i>n</i> = 34			Waiver Sample Unsuccessfully Discharged (includes early closure) <i>n</i> = 61		
	Families (<i>n</i>)	<i>M</i> (days)	Range (days)	Families (<i>n</i>)	<i>M</i> (days)	Range (days)	Families (<i>n</i>)	<i>M</i> (days)	Range (days)
Days between opening (program enrollment date) and permanency	N/A	N/A	N/A	N/A	471	48 - 1,077	N/A	403	21 - 100
Days between opening (program enrollment date) and re-entry (1st re-entry) during service	0	-	-	2	180	94 - 265	4	175	22 - 508
Days between opening (program enrollment date) and re-entry within 12 months of discharge	0	-	-	0	-	-	1	474	474 - 474

The time between opening a CPS report and permanency was calculated by taking the difference of the program enrollment date and foster care exit date. This data point was not available for Pre-Waiver Matched sample. The average number of days for successfully discharged families (471) was slightly higher than unsuccessfully discharged families (403).

There were no Pre-Waiver Match families eligible for both data points time between enrollment and re-entry and time between enrollment and re-entry within 12 months of discharge.

Time between opening a CPS report and a foster care re-entry during service was calculated for 2 successfully discharged families. The average number of days was 180 days (*m* = 180 days; range = 94 - 265 days). This is an increase compared to the unsuccessfully discharged Waiver families (*n* = 3; *m* = 118 days; range = 34 - 206 days).

Time between opening a CPS report and a foster care re-entry within 12 months of discharge was only calculated for one unsuccessfully discharged Waiver family (*n* = 1; *m* = 474 days), as there was no Pre-Waiver or successfully discharged families with foster care re-entry within 12 months of discharge. Successfully completing services slightly increased the amount of time before a foster care entry when compared to the unsuccessful discharges.

B. NCFAS Findings

The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G + R) is administered by both Project Connect and MSS. NCFAS assessment scores for MSS are being collected but have not yet been shared with the evaluation team. Therefore, analysis of the NCFAS for MSS families will be included in the next SAPR period.

Project Connect administers the NCFAS 6 weeks after enrollment, every 90 days thereafter¹, and at discharge, to determine how a family is functioning on various domains. The NCFAS G + R includes the original five NCFAS domains (i.e., Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being), two additional domains focusing on reunification (i.e., Caregiver/Child Ambivalence, Readiness for Reunification), and three additional general family assessment domains (i.e., Social/Community Life, Self-Sufficiency, Family Health). Each domain includes five to seven individually rated items as well as an overall score for that domain. The domain and subscales are scored 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). The overall score for that domain is not an average of the subscales. Rather, the subscales are used to inform the decision to rate an overall domain score.

All but one of the successfully discharged families (97%) had baseline NCFAS assessments completed and 27 had final NCFAS assessments completed. The missing assessments are due to the change in the data collection systems within Project Connect. Thirty-two (32) out of the 61 (52%) unsuccessfully discharged families had a NCFAS completed at both baseline and discharge. The main reason why the remaining NCFAS assessments were not completed was because the family was not involved long enough for sufficient information to be gathered to complete one or both assessments.

The percentage of families that had an improvement of at least one point was calculated. Table 18. shows the number of successfully discharged families and Table 19. shows the number of unsuccessfully discharged families who improved their score by at least one point on a particular domain. Domains that were not completed at baseline or closure or were deemed “unknown” or “not applicable” are not counted in the total number of assessments with two change scores. Table 20. compares the percent of successful and unsuccessful families improving by at least one point.

¹ The addition of the ongoing 90-day assessment began in FY 2017. No closed families will have these additional assessments at this point.

The highest percentage of successfully discharged families that improved on a domain was 57% (Family Safety). The lowest percentage of successfully discharged families that improved on a domain was 39% (Caregiver/Child Ambivalence). The highest percentage of unsuccessfully discharged families that improved on a domain was 44% (Self-Sufficiency). The lowest percentage of unsuccessfully discharged families that improved on a domain was 9% (Social/Community Life). These findings suggest that half of successfully discharged families improved on at least one domain. Further, the findings also show that successfully discharged family's improvement scores were higher than unsuccessfully discharged families on all domains except Self-sufficiency where the level of improvement was slightly less. The largest difference was in Social Community Life, Readiness for Reunification, and Parental Capabilities.

Table 18. *Number and Percent of Successfully Discharged Families Improving by at Least One Point on the NCFAS from Baseline to Discharge*

Domain	Total with 2 change scores (n)	n Improving	% Improving
Family Safety	30	17	57%
Environment	30	16	53%
Social/Community Life	30	15	50%
Parental Capabilities	31	15	48%
Family Health	29	14	48%
Readiness for Reunification	27	13	48%
Child Well-Being	25	12	48%
Family Interactions	29	13	45%
Self-Sufficiency	32	13	41%
Caregiver/Child Ambivalence	23	9	39%

Table 19. *Number and Percent of Unsuccessfully Discharged Families Improving by at Least One Point on the NCFAS from Baseline to Discharge*

Domain	Total with 2 change scores (n)	n Improving	% Improving
Self-Sufficiency	34	15	44%
Family Safety	35	14	40%
Family Interactions	33	13	39%
Child Well-Being	34	12	35%
Family Health	34	12	35%
Environment	35	12	34%
Caregiver/Child Ambivalence	30	7	23%
Parental Capabilities	31	7	23%
Readiness for Reunification	29	4	14%
Social Community	35	3	9%

Table 20. Comparison of Successfully and Unsuccessfully Discharged Families Improving by at Least One Point on the NCFAS from Baseline to Discharge

Domain	Successful	Unsuccessful
Family Safety	57%	40%
Environment	53%	34%
Social Community	50%	9%
Parental Capabilities	48%	23%
Family Health	48%	35%
Readiness for Reunification	48%	14%
Child Well-Being	48%	35%
Family Interactions	45%	39%
Self-Sufficiency	41%	44%
Caregiver/Child Ambivalence	39%	23%

C. Risk Inventory for Substance Abuse-Affected Families (SARI) - Project Connect

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 scales may be used for case assessment and planning and for monitoring a family's progress in treatment. 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 measure of a 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 scales are designed to be completed by the staff responsible for that family after they have completed their initial assessment of the family and collected all relevant data needed for case planning. Periodic scoring thereafter will allow providers to monitor the family's progress.

A total of 88% of the successfully discharged families had a SARI completed at baseline and discharge. Forty-three (43) out of the 61 (70%) unsuccessfully discharged families had baseline completed and only 29 (48%) had baseline and final completed. SARIs are also completed on a secondary caregiver if the secondary caregiver is an active part of Project Connect. Seven successfully discharged families had a baseline and discharge SARI completed on a secondary caregiver. Two unsuccessfully discharged families had a baseline and discharge SARI completed on a secondary caregiver. Change scores were calculated for each domain when the baseline and discharge scores were available, and were not deemed "not applicable" or "unavailable."

A decrease in SARI scores is indicative of reduced risk. Table 21. below shows the number and percent of successfully discharged families who had a decreased change score of at least one point, indicating reduced risk on that scale and Table 22 for unsuccessfully discharged families. Table 23. Compares change in scores for the two groups. The scales with the highest percent of reduced risk for successfully discharged families who had those scales completed were Supports for Recovery (47%). The scale with the lowest percent of successfully discharged families indicating a decreased risk was Commitment to Recovery, Quality of Neighborhood, and Effect

on Child Rearing at 29% of families. For unsuccessfully discharged families, the scale with the highest percentage of families showing decreased risk was Self-Efficiency at 31%. The scale with the lowest percentage of families showing decreased risk was Commitment to Recovery with 8%.

The percent of families who improved on the SARI were overall slightly lower than those subscales measured in the NCFAS. These findings suggest that less than half of successfully discharged families improved on at least one domain. Further, the findings also show that successfully discharged family's improvement scores were higher than unsuccessfully discharged families on all domains. The largest difference was in Support for recovery, Effect on Lifestyle, and Commitment to Recovery.

Table 21. *Decreased Risk as Indicated by the SARI - Successful Discharges*

Domain	Primary Caregiver			Secondary Caregiver		
	Total with 2 Change Score	<i>n</i>	% Decreased Risk	Total with 2 Change Score	<i>n</i>	% Decreased Risk
Support for Recovery	30	14	47%	6	2	33%
Effect on Lifestyle	28	11	39%	6	4	67%
Self-Care	28	10	36%	7	1	14%
Self-Efficacy	29	10	34%	7	3	43%
Patterns of Use	28	9	32%	7	1	14%
Effect on Child Rearing	24	7	29%	7	3	43%
Quality of Neighborhood	24	7	29%	6	2	33%
Commitment to Recovery	31	9	29%	6	1	17%

Table 22. *Decreased Risk as Indicated by the SARI - Unsuccessful Discharges*

Domain	Primary Caregiver			Secondary Caregiver		
	Total with 2 Change Score	<i>n</i>	% Decreased Risk	Total with 2 Change Score	<i>n</i>	% Decreased Risk
Self-Efficacy	36	11	31%	2	0	0%
Quality of Neighborhood	30	8	27%	2	0	0%
Self-Care	34	6	18%	2	0	0%
Support for Recovery	33	5	15%	0	N/A	
Patterns of Use	34	5	15%	0	N/A	
Effect on Child Rearing	30	4	13%	2	0	0%
Effect on Lifestyle	33	4	12%	2	0	0%
Commitment to Recovery	36	3	8%	0	N/A	

Table 23. *Comparison of Successfully and Unsuccessfully Discharged Families Improving by at Least One Point on the SARI from Baseline to Discharge*

Domain	Successful	Unsuccessful
Support for Recovery	47%	15%
Effect on Lifestyle	39%	12%
Quality of Neighborhood	36%	18%
Effect on Child Caring	34%	31%
Patterns of Use	32%	15%
Commitment to Recovery	29%	13%
Self-Care	29%	27%
Self-Efficacy	29%	8%

D. Fidelity data

The CFSA Title IV-E Waiver evaluation plan outlined the following methods for tracking fidelity for Project Connect.

1. Training – numbers of staff trained by national trainers, officially certified, and adhering to additional training requirements;
2. Fidelity to practice standards which will include, a) findings from annual site visits (we will require at least one per year) which include record/case reviews, and reporting of findings and recommendations, b) findings from 3 record/case reviews per year, and c) local documentation of program standards adhered to in the following areas: referral criteria and acceptance into program, caseload size and make-up, supervision sessions, face-to-face contacts.

A platform to locally track adherence to standards will be developed in conjunction with Project Connect national representatives and will be infused into the providers’ databases as a tracking mechanism. Data on regular adherence to standards will be collected, analyzed, and reported on every 6 months. The SSF evaluation team will make CQI recommendations based on the results of the analyses.

Fidelity to Practice Standards

1. Findings from annual site visits (required one per year) which include record/case reviews, and reporting of findings and recommendations

Project Connect

There has not been another site visit by Children's Friend since 2016. CFSA has continued conversations with Children's Friend this reporting period and is determining how best to move forward with Project Connect.

MSS

CFSA is still in the process of developing a fidelity checklist for MSS which will include documentation of training requirements, suggested duration and recommended dosage for participants. The checklist will also include components of the Cognitive Behavioral Therapy Model. The CFSA QA team intends to use the checklist quarterly when the QA team visits each provider site to ensure all fidelity components are being followed. CFSA plans to have a finalized checklist completed and fully implementation at the beginning of the third quarter of Fiscal Year 2018

E. Limitations

- a. Systems limitations regarding data collection in FACES of referrals for families with open cases may be leading to inaccurate data regarding counting substantiated CPS report during service date. The evaluation team will explore this nuance with the IV-E Waiver team.
- b. Small sample sizes for MSS analyses impede the ability to draw strong conclusions regarding initial findings or calculate statistical significance.
- c. The loss of the dedicated database systems and the change to more manual data entry may result in validity issues of data collection.

IV. Recommendations and Activities Planned for Next Reporting Period

Maximization of Mobile Stabilization Services

CFSA will continue to educate staff about Mobile Stabilization Services. This include monthly newsletters and attendance at all-staff meetings. Because MSS is intended to alleviate an immediate crisis, it is important that CFSA staff understand that MSS is available as a resource. CFSA will also focus on an important part of the MSS intervention that requires the MSS worker

to develop recommendations at case closure to hand off to the CFSA worker. CFSA will work on developing a process that ensures these recommendations are created and communicated effectively.

Modification of Project Connect Services.

CFSA will continue to focus on maximizing the use of Project Connect services to use this service to its full capacity. This includes developing continuous quality improvement processes and performance monitoring to enhance the use of data to improve practice. These processes will consist of developing methodology to perform quarterly case reviews and monthly utilization reports. CFSA believes these rigorous internal processes are key to the success of the demonstration project.

Consideration to Methods to Sustain Implemented Services

CFSA will expand its exploration of strategies including the Family First Act to sustain services following the waiver period. CFSA has begun exploring existing evidence-based programming and continues to consider if these resources and/or intervention may be modified to be more cost effective and effectively maintained at the expiration of the waiver. This will include revisions to the current contract for Project Connect and Mobile Stabilization Services to ensure sustainability and quality improvements.

Anticipated Activities for the Evaluation Plan

The following are major demonstration and evaluation activities that will occur during the subsequent reporting period:

- Continue to monitor referrals and program enrollment.
- Determine method for gathering Title IV-E Waiver participant feedback.
- Continue to collect and analyze outcomes data.
- Continue to review provider invoices, create spreadsheets to continue to track data for the cost study, and continue conversations with the providers on details found in invoices. Utilize Module A as provided by JBA to plan for Cost Study
- Continue to meet weekly with SSF implementation team.
- Support team in re-examining utilization and outcomes to measure program fit for the DC Waiver.