Utah Title IV-E Demonstration Project

Final Evaluation Report

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EXECUTIVE SUMMARY

The Utah Title IV-E Waiver Demonstration was designed to reverse a trend in which the foster care population increased from 2000 to 2011, while the population receiving in-home services decreased over the same period. The Division of Child and Family Services (DCFS) wanted to use the waiver demonstration to increase the number of clients receiving in-home services and reduce the number of children entering foster care. In addition, DCFS wanted to increase the effectiveness of in-home services so that families would make lasting changes that resulted in improved child well-being and reduced the number of children that had repeat abuse or neglect. A systemwide demonstration was designed which would improve the effectiveness of caseworkers in helping families make enduring changes through evidence-based assessment, increasing protective factors, and providing community-based services.

EVALUATION OVERVIEW

The conceptual model we evaluated assumed that enhanced training for caseworkers on an evidence-based assessment would lead to more accurate understanding of the needs of children and families. By more accurately identifying needs, children and families could receive more appropriate caseworker interventions and community-based services. Caseworkers would be trained to provide enhanced in-home interventions using a protective factors framework. The provision of caseworker interventions and community services to children and families would lead to increased family functioning and well-being. Improvements in child well-being and family functioning would then lead to reductions in new incidents of maltreatment and foster care placement.

The above model was evaluated with process, outcome, and cost studies. The process study examined the implementation of the waiver demonstration by measuring general implementation factors. In addition, the implementation of the waiver services; namely, the Utah Family and Children Engagement Tool (UFACET), Strengthening Families Protective Factors Framework (SFPF), and evidence-based community services. The outcome study consisted of two components designed to measure the impact of the waiver demonstration on well-being and system outcomes. The cost analysis examined the relative costs of achieving various positive outcomes, such as preventing an out-of-home placement.

SIGNIFICANT FINDINGS

IMPLEMENTATION

The implementation analysis identified and described implementation of the Waiver in terms of leadership, vision and values, environment, stakeholder involvement, organizational capacity and infrastructure, Waiver impact, and lessons learned throughout the process.

Overall, it was clear that DCFS focused in a sustained and significant way on quality implementation. A number of common themes emerged across the regions. First, there was widespread agreement from respondents that there had been strong support and involvement from state leadership throughout the Waiver implementation process. There was somewhat less certainty as to the extent to which accountability was shared with frontline staff continuing to feel a strong sense of liability.

Many respondents reported the roll out of waiver demonstration services (i.e. HomeWorks) was well-planned and well-executed. This was attributed to the development and active engagement of the Waiver Leadership Team, adherence to implementation science, and a quality training approach. Overall, respondents felt that the actual rollout was done very effectively, as evidenced by the way stakeholders were looking to its successes as lessons for future initiatives.

By the final rounds of stakeholder interviews, there appeared to be extensive buy-in to the vision and goals of the waiver, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners. Respondents from both within and outside of DCFS overwhelmingly appeared to be in agreement regarding the goals of reducing foster care and keeping children in the home, as long as they could do so safely.

There was general agreement that the introduction of evidence-based assessment tools (e.g. the SDM, UFACET) had improved the quality and validity of assessments completed by caseworkers. This increased confidence among legal partners in the decisions of caseworkers.

Improved family engagement was another commonly perceived strength. This was frequently reported as one of the main impacts of the Waiver, as it was widely recognized that HomeWorks encouraged greater engagement with families. It was clear that HomeWorks had energized many stakeholders because of its emphasis on genuine family engagement and doing what was best for families.

The above successes notwithstanding, there were some important implementation issues. A commonly noted limitation was a lack of stakeholder involvement in planning and decision-making processes. Many staff felt that there had not been sufficient effort to engage them. It was widely reported that external stakeholders and family and youth representatives had not been directly involved in planning and implementation.

The other major issue was inadequate funding and resources to support waiver implementation. Respondents reported that they were struggling to implement HomeWorks properly at their current capacity due to insufficient staff and resultant high caseloads, which made it difficult to dedicate as much time to family engagement as caseworkers ideally should. A additional barrier was critical shortages of appropriate services, which were needed to ensure child safety for in-home service cases. Given this issues, some stakeholders were unsure of the extent to which HomeWorks could remain operational without adequate funding, especially once the Waiver ends.

The degree to which the waiver demonstration services were incorporated into the everyday practice of caseworkers was measured using a process we have termed Saturation Assessment. The National Implementation Research Network has provided a way to conceptualize the implementation process in terms of moving from paper implementation, through process implementation, and finally to performance implementation (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005). Paper implementation is defined as the development of new policies and procedures, but only to the point that the program or practice exists on paper. Performance implementation refers to implementation that has developed to the point where activities and programs are incorporated into daily work routines and therefore likely to impact

outcomes. The Saturation Assessment is designed to quantify when performance implementation has been reached and provide a focal indicator for Continuous Quality Improvement.

Achieving saturation means that a sufficient proportion of caseworkers are implementing the wavier services consistently enough that changes in child and family outcomes should be measurable. In other words, saturation observations are assessing whether or not the system changes related to the waiver demonstration has led to the desired changes in daily casework practice. Therefore, the key question for the saturation assessment is are at least 75% of caseworkers providing waiver services at a basic level of fidelity?

Several important findings should be noted regarding measurement of saturation. First, reaching saturation was a challenging task for most regions. Our saturation methodology measured the degree to which 75% of caseworkers were providing waiver demonstration services (i.e. HomeWorks) with basic competence, not expert level performance. However, no region reached saturation on the first assessment. After the completion of the first saturation assessment, each region was given feedback on the areas for which improvement was most needed. Regions that implemented later also received an overview of other region assessments. Implementation advice was provided also. As detailed in the general implementation findings, each region was given flexibility by the state office in how to incorporate the implementation guidance.

After much effort (as detailed in the implementation evaluation section), every region reached saturation on the second assessment and the three regions that were evaluated for a third saturation assessment successfully maintained saturation. From this, we conclude that the implementation of HomeWorks was difficult but achievable with a sustained focus that employed many of the principles of implementation science. Impressively, all regions that were measured for sustained saturation were successful at achieving this stage.

Outcomes

The expected intermediate outcomes of the waiver were two-fold. First, families would increase the ability to care and protect their children by learning skills and changing related attitudes, cognitions, and behaviors. From this change, children and families would experience improved well-being after receiving services from DCFS. While our results suggest there may have been a small improvement in concrete supports in the sample that received waiver demonstration services over the comparison sample, the impact of the waiver on the well-being of the families that received services should be viewed as inconclusive due to methodological issues (detailed in the full report).

Long term, the waiver demonstration was predicted to increase the number of children who are safe from maltreatment and repeat maltreatment. In addition, more children would remain safe in their homes and avoid placement. We evaluated these outcomes by examining the baseline and waiver data collected to date for abuse/neglect and foster care placement outcomes. We examined outcomes from two points: at CPS case start and in-home case start. In-home case start tracks outcomes for the specific subset of children that receive in-home waiver services. The outcomes for children in this sample indicate whether waiver services are impacting the in-home population the waiver services are designed to target. The CPS

case start is used to track outcomes for all children that enter the DCFS system. This sample is designed to measure the goal of the waiver demonstration, namely reducing the number of children entering foster care from any point in the system. It is possible that the waiver may be effective for children who receive in-home services, yet not achieve overall reductions in the number of children entering foster care if the number of children who enter foster care from CPS increases. It is important to note that the characteristics of the in-home population is hypothesized to change because of waiver-related policy decisions, whereas the characteristics of the CPS population at case start should remain relatively stable.

New Foster Care Cases from In-Home Case Start

Results of this analysis were mixed. The Northern Region showed a significant decrease in new foster care cases from both the startup period and the saturation period. Southwest, Eastern, and Western results showed no significant difference between baseline and startup or saturation period. Salt Lake Valley Region showed a significant increase in referrals to CPS from the start of an in-home case both during the start-up period and saturation period compared to the baseline period. These initial results in Northern are important because they suggest that increased fidelity to the HomeWorks model may lead to the desired impact of decreasing the number of children removed from their homes after starting in-home services with DCFS. However, the impact may not be consistent across regions since the other regions were either not significant or had a significant increase when compared to the baseline. More time is needed to determine a more complete picture of the changes in the regions who implemented HomeWorks later.

New Foster Care Cases from CPS Case Start

All regions demonstrated a significant increase in the percent of children who enter foster care from CPS start in the start-up period and saturation period (where relevant) compared to the baseline. These results demonstrate a consistent statewide trend of increasing removal after the start of a CPS case. Increasing CPS to foster care rates could cancel out or overwhelm the effect of the initial decrease seen in in-home to foster care rates. For this reason, this finding is important for the agency to pay attention to moving forward both to identify the potential causes for these increases and to identify solutions that expand the reach of the HomeWorks model into CPS services.

New Supported Cases from In-Home Case Start

Results on the occurrence of new supported cases across regions largely showed no differences in the number of new supported cases from in-home case start with some regions demonstrating significant decreases in startup and saturation periods (Southwest and Western). These findings may be promising considering that DCFS is theoretically managing harder in-home cases under the HomeWorks model.

New Supported Cases from CPS Case Start

Results on the occurrence of new supported cases after CPS case start were mixed across regions. Southwest in the saturation period and Eastern and Western in the start-up periods show no significant difference from the baseline. Northern showed an initial significant decrease in the start-up period with an increase during the saturation period, which Salt Lake Valley showed an initial significant increase in the start-up period with a significant decrease in the saturation period. The agency should look into region specific factors that may be contributing to these mixed findings.

Cost Analysis Study

The cost-effectiveness study examined the relative costs of reducing out-of-home placements and findings of abuse and neglect. The key question was: What is the per child cost savings that arises from reductions in new entries to out-of-home placements and findings of abuse and neglect that result after waiver implementation? The answer to this question brought together both the differences in costs that are observed between the demonstration and comparison groups and the expected change in outcomes.

Overall and maintenance costs have shifted over the course of the Title IV-E Waiver Demonstration. While not all these movements can be attributed to the project, comparing variable costs to outcomes for the period of the demonstration using earlier time periods as a baseline helped in understanding if the project was cost effective. We used information about these factors to estimate the cost effectiveness by region for each outcome and population included in the Outcome Study.

The cost effectiveness by region during the demonstration period was conducted for each child welfare region. Within a region, each system outcome was evaluated for cost effectiveness. To illustrate, in the Salt Lake Valley Region, costs were analyzed for outcomes for CPS and in-home to foster care and new abuse/neglect. Results that are cost effective are highlighted in green. The analysis suggests that the waiver demonstration is cost-effective for three of the five regions, namely Northern, Western, and Eastern Regions.

Critically, the uncertainty inherent in probabilistic analyses limits strong conclusions. Furthermore, it was not possible to analyze cost-effectiveness after saturation for most regions. This limits the conclusions that can be drawn of how the waiver demonstration impacted costs once full implementation was reached. Therefore, the results of the cost analysis are tentative.

SECTION ONE: INTRODUCTION AND OVERVIEW

The Utah Title IV-E Waiver Demonstration was designed to reverse a trend in which the foster care population increased from 2000 to 2011, while the population receiving in-home services decreased over the same period. The Division of Child and Family Services (DCFS) wanted to use the waiver demonstration to increase the number of clients receiving in-home services and reduce the number of children entering foster care. In addition, DCFS wanted to increase the effectiveness of in-home services so that families would make lasting changes that resulted in improved child well-being and reduced the number of children that had repeat abuse or neglect. A systemwide demonstration was designed which would improve the effectiveness of caseworkers in helping families make enduring changes through evidence-based assessment, increasing protective factors, and providing community-based services.

The target population for the waiver demonstration was families receiving in-home services. Using numbers from calendar year 2012, the agency reported the total number of adults and children receiving in home services was 10,034, with 92% of the population reported as Caucasian, 17% reported as Hispanic, and 3% each reported as Black and American Indian, and 1% each reported as Asian and Pacific Islander. Most of the children receiving in-home services were age 10 or younger at the beginning of the case, and most adults were between ages 18-39. The most prevalent conditions reported for this population were lack of parenting skills and substance abuse. At the start of the waiver, growth of one to three percent per year in the numbers of children and adults served through in-home services was forecasted.

An initial analysis of the target population identified the six most prevalent for needs of the children and families, for which there is a high risk of subsequent abuse or neglect and/or a greater risk for removal of the children from home and placement in foster care. These are: 1) family functioning, 2) substance abuse, 3) domestic violence, 4) mental health, 5) trauma, and 6) access to concrete supports, such as finances and housing. Parenting needs were reported in 71% of cases in the SACWIS Management Information System. Supported allegations that occurred most frequently were tied to family functioning issues, specifically physical neglect, child endangerment, and non-supervision. In addition, qualitative reviews of a random sample of neglect cases (which is the most frequent reason for entry into foster care) showed parenting or family functioning deficits in a majority of cases, often associated with other prevalent needs.

Three components were planned to address the above needs. The first component was implementation of an adapted version of the Child and Adolescent Needs and Strengths (CANS) assessment, an evidence-based child and family assessment. This assessment, called the Utah Family and Children Engagement Tool (UFACET) includes mental health and trauma elements, as well as additional caregiver elements for each parent. The assessment was designed to meet the needs of children and families by enabling caseworkers to more effectively identify, plan, and engage with families.

The second component of the project was enhanced caseworker training, skills, and tools for intervening in the home. The enhancements were intended to increase caseworker's ability to strengthen parental protective capacities, understand and address trauma, and refer to evidence-based services community services.

The third component of the wavier demonstration focused on community resources. It included an assessment of the needs of the target families and an inventory of contracts and community resources that address the most prevalent of these needs. Given the evidence showing improving family functioning is a priority for the target population to be served under the waiver, the agency contracted with a parenting program, the Systematic Training for Effective Parenting (STEP), to be the initial change to the array of community services.

The theory of change for the waiver was expressed by the agency in the following statements:

- Children and families whose needs are assessed using the UFACET are better understood by their caseworkers, have more individualized case plans that address their needs, and are more successfully able to make lasting changes that result in child safety and improved well-being than children and families whose needs are assessed without an evidence based assessment tool.

- Children and families whose caseworkers have improved knowledge, skills, and tools on the Strengthening Families Protective Factors Framework, trauma, and evidence-based services, will benefit more from caseworker visits, caregivers will improve their ability to protect their children and be resilient, and realize more positive well-being outcomes than children and families whose caseworkers do not have this knowledge and skills.

- Children and families who participate in the evidence-based peer parenting program, STEP, will have better general family functioning, improved parent/child relationships and perceptions about child's behavior, reduced likelihood of physical abuse of children, and reduced parental stress than families who participate in traditional classroom parenting courses or who do not participate in parenting programs at all.

SECTION TWO: THE EVALUATION FRAMEWORK

THEORY OF CHANGE AND LOGIC MODEL

The conceptual model (see Figure 1) we examined assumes that enhanced training on evidenced based assessments for caseworkers will lead to more effective assessment of and awareness of the needs of children and families. By more accurately identifying specific treatment needs, these children and families can be referred to services that are more appropriate. In addition, the agency will work to increase the number of evidenced based, community services to which caseworkers can refer. Lastly, caseworkers will be trained to provide some interventions within the home. The additional provision of caseworker interventions and community services to children and families will lead to increased family functioning and well-being. Improvements in child well-being and family functioning will lead to reductions in new incidents of maltreatment and foster care placement.

Figure 1. Utah Title IV-E Waiver Demonstration Logic Model

Activities

Component #1: Accurate assessment of family functioning, wellbeing, and trauma

Component #2: Effective caseworker intervention using methods for strengthening family functioning and trauma principles.

Component #3: Effective programmatic intervention using evidenced based, community services targeting the most common six issues of concern for DCFS clients

CREATE training and practice support tools:
- UFACET assessment
- Assessment to intervention support tool
- Service directory and information tool

SELECT caseworkers for training

TRAIN caseworkers on:
1) UFACET assessment
2) Assessment to intervention practice support tool
3) Caseworker Interventions
- Strengthening Families Protective Factor Framework
- Trauma informed care

4) Evidenced based interventions
- Which evidenced based practices are effective for identified concerns of children and families
- How to utilize the service directory to make referrals to evidenced based interventions

PRACTICE/COACHING opportunities including:
- Supervision and coaching
- Skills practice and role playing

Community, stakeholder, and DCFS personnel outreach

Outputs

Caseworkers demonstrate KNOWLEDGE of:
- UFACET
- Case worker skills
- Evidenced based interventions

Caseworkers demonstrate increased UNDERSTANDING of how:
- UFACET
- Case worker skills

helps them become transformational agents

Caseworkers demonstrate PERFORMANCE by correctly:
- Conducting UFACET assessments
- Using the assessment to intervention support tools to choose interventions
- Conducting caseworker interventions
- Providing appropriate referrals to evidenced based community services

Gaps in community based services are identified in six priority service areas in different geographic regions of the state

Buy-in from community, stakeholders, and DCFS personnel

Short-Term Outcomes

Caseworker conduct more accurate assessments of family functioning and trauma

Caseworkers establish effective working alliances with Families

More families receive evidenced based services from caseworkers and community based services

DCFS has more complete information on the needs of its clients and available services

Intermediate Outcomes

Families increase their capacity to care for and protect their children by learning skills and changing attitudes, cognitions and behaviors

Children and families experience improved well-being while receiving services from DCFS

DCFS utilizes assessment and service directory information to:
- Develop service contracts and agency partnerships
- Develop service contracts and agency partnerships that increases the availability of evidence-based, community services
- DCFS increases consistency of practice across the state, regions, and offices.

Long-Term Outcomes

Children are safe from maltreatment/repeat maltreatment

Children remain safe in their homes and avoid placement

Assumptions: Enhanced training on evidenced based assessments for caseworkers will lead to more effective assessment of and awareness of the needs of children and families. By more accurately identifying specific treatment needs, these children and families can be referred to services that are more appropriate. In addition, the agency will work to increase the number of evidenced based, community services to which caseworkers can refer. Lastly, caseworkers will be trained to provide some interventions within the home. The additional provision of caseworker interventions and community services to children and families will lead increased family functioning and well-being. Improvements in child well-being and family functioning will lead to reductions in new incidents of maltreatment and foster care placements.

OVERVIEW OF THE EVALUATION

The Social Research Institute (SRI) in the College of Social Work and the Department of Economics at the University of Utah, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, University of Colorado School of Medicine, and the Louis de la Part Florida Mental Health Institute (FMHI), University of South Florida conducted the evaluation of Utah's Title IV-E waiver demonstration.

The evaluation was structured into process, outcome, and cost studies. The process study examined the implementation of the waiver demonstration in terms of cultural and environmental factors, stakeholder involvement, oversight and monitoring, contextual and environmental factors, barriers to implementation and lessons learned throughout the process. It also includes an examination of workforce culture and climate measures that have been demonstrated to predict implementation success.

The second part of the process evaluation looked at the implementation of the specific waiver components; namely the implementation of an evidence-based assessment, the Utah Family and Children Engagement Tool (UFACET), enhanced in-home services using the Strengthening Families Protective Factor Framework (SFPF), and evidence-based community services.

The process study report concludes with an assessment of what we have termed saturation assessment. The National Implementation Research Network has provided a way to conceptualize the implementation process in terms of moving from paper implementation, thru process implementation, and finally to performance implementation (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005). Paper implementation is defined as the development of new policies and procedures but only to the point that the program or practice exists on paper. Performance implementation refers to implementation that has developed to the point where activities and programs are incorporated into daily work routines and therefore likely to impact outcomes. The Saturation Assessment is designed to quantify when performance implementation has been reached. It is also intended to provide a focal continuous quality improvement indicator.

The outcome study consisted of two components designed to measure the impact of the waiver demonstration on well-being and system outcomes. The well-being analysis measured changes in family functioning and well-being for families during the time a child and his or her caregivers are receiving services. The design approach was a two group, pre- to post self-report.

The system outcomes evaluation examined reductions of subsequent foster care placements and instances of substantiated abuse or maltreatment. The evaluation design compared the outcomes for children and families who received services before and after the waiver implementation. The design was a quasi-experimental comparison between the baseline and waiver groups using hierarchical linear modeling to control for both individual and family level characteristics. This design allowed us to create a baseline for each office as well as to control for systematic changes that happen statewide to both waiver and comparison offices over time.

The cost analysis examines the relative costs of achieving various positive outcomes, such as preventing an out-of-home placement. The key question is: What is the per child cost savings that arises from reductions in new entries to out-of-home placements that result after waiver implementation? The answer to this question brings together both the differences in costs that are observed between the demonstration and comparison groups and the expected change in out-of-home placements.

Data Sources and Data Collection Methods

Results from the implementation evaluation are based on data collected from stakeholder interviews relevant stakeholders at both the state and regional level, review of state and regional leadership, case staffings. Data was collected by the University of Utah and analyzed by the University of South Florida. The training evaluation results are based on observations of various waiver trainings, presentations, workgroups, leadership meetings, and staffings. Observations were completed with a structured checklist. In addition, the relevant portions of the waiver trainings were also reviewed. Data for the community services needs and services assessment was collected from caseworker surveys administered by the agency, telephone interviews with contracted providers, and UFACET assessments collected from the SACWIS system. Saturation assessment data was collected by the University of Utah using a checklist.

Well-being data was collected using a telephone administered survey. Data for the systems outcomes was collected from the SACWIS system and included case information needed to examine outcomes from two separate events: CPS case start and in-home case start. The cost analysis data was collected from the agency's existing financial database

Evaluation Samples

For the process study, implementation data was collected from stakeholders across the state, including all state and regional administrators involved in the waiver implementation and a random sample of caseworkers from each child welfare region. The training sample included all caseworkers who received training on the interventions that were part of the waiver demonstration. For the community services needs and services assessment, the sample consisted of all caseworkers participating in the waiver demonstration, community service providers with contracts for in-home services, and UFACET assessments. The STEP peer parent program data was from observations of a random sample of peer parent sessions across the state. The saturation assessment was based on observations of 20 caseworkers who were randomly sampled in each region that had completed the initial training period.
For the outcome study, a well-being sample comprised primary caregivers with recently opened in-home cases with DCFS in the waiver demonstration pilot region and a similar comparison region was collected. The system outcome sample was developed from children with new cases opened by DCFS that receive in home services or foster care. A baseline group of cases prior to the waiver demonstration start was compared to a group of case that received waiver services.

The cost study sampled from federal fiscal years (FFY) 2014 and 2015 using overall DCFS Title IV-E allowable and waiver-based demonstration project costs as included in Part 3 of the CB-496 report.

Data Analysis Plan

For the process evaluation, implementation data were analyzed using a qualitative approach that looked at six overarching domains that provide a framework for conceptualizing systems change: Leadership/Commitment, Vision/Values, Environment, Stakeholder Involvement, Organizational Capacity/Infrastructure, and Waiver Impact. Analysis of the UFACET, SFPF, and STEP parenting program was based on adherence measures developed for each of these wavier components as fidelity instruments had not been developed. Saturation assessment was conducted using a structured checklist that measured individual caseworker fidelity. Only the basic fidelity items were scored to determine initial fidelity.

For the outcome evaluation, well-being data was analyzed by measuring pre to post change. The system outcomes were assessed using hierarchical linear modeling to control for both individual and family level characteristics. This approach allowed us to create a baseline for each office as well as to control for systematic changes that happen statewide to both waiver and comparison offices over time.

The study team adhered to human subjects protection requirements for all data collection and analyses.

SUBSTUDY

The purpose of the decision-making substudy was to see if characteristics of CPS caseworkers and the environment in which they work predict the removal decisions they make. The study was proposed when it became clear that increased numbers of children were entering foster care directly from CPS. The goal of the substudy was supply information which DCFS can use to implement policy changes and other interventions to reduce unwanted variation in removal decisions.

LIMITATIONS

The evaluation approach had several limitations. Given that the analysis of outcomes is based on a quasi-experimental design using cohorts that are not randomly assigned to interventions, the possibility of unknown factors affecting any differences between groups is always possible.

Another limitation is time. System-wide change is slow and the outcomes measured require a large amount of data collected over the span of multiple years to detect effects. In addition, it took a significant amount of time for each region to reach saturation after the startup period, which is when we expected to begin to see the impact of waiver services on outcomes. Additionally, the outcomes of new foster case or new substantiated abuse after case start required at least one year of follow up data. For these reasons, the saturation period was not included in the outcome analysis for the Western and Eastern Regions. The lack of follow up data in several regions makes makes our conclusions about the impact of wavier demonstration services more tentative. For this reason, we recommend the state continue to look at these outcomes in the future.

For practicality, the cost study is limited to data which the agency already collects. This limits the conclusions that may be drawn when computing the costs of the waiver demonstration.

SECTION THREE: PROCESS STUDY

The study of the implementation of the Utah Title IV-E waiver child welfare demonstration project was divided into the following components: 1) implementation evaluation, 2) implementation of the evidence-based assessment: The UFACET, 3) implementation of enhanced caseworker skills: The SFPF Framework, 4) community services implementation, and 4) saturation assessment.

IMPLEMENTATION EVALUATION

KEY RESEARCH QUESTIONS

The goal of the implementation analysis was to identify and describe implementation of the waiver in terms of leadership, vision and values, environment, stakeholder involvement, organizational capacity and infrastructure, waiver impact, and lessons learned throughout the process. In addition, the analysis explored the agency's efforts in planning and implementing waiver activities. This final report presents findings from stakeholder interviews conducted throughout the course of waiver implementation at both the state and regional levels. Findings are presented by region and explore changes in implementation capacity over time.

The key questions were:

- What was the planning process for the waiver demonstration?
- Who was involved in waiver implementation and how were they trained?
- What were the confounding social, economic and political forces coinciding with waiver implementation?
- What challenges were encountered during implementation and how were they overcome?

SAMPLE

Stakeholders interviews included leadership from the Office of the Attorney General, judges, GALs, state and regional DCFS leadership, caseworker supervisors, CPS caseworkers, in-home caseworkers, and peer parents. Respondents had worked in the field for a range of several months to 20 years. Identified roles specific to Utah's IV-E Waiver or HomeWorks implementation varied considerably due to the variety of key stakeholders included in the analysis. Examples are detailed in the section below.

The Office of the Attorney General staff saw themselves most often in the role of helping to make decisions during case staffings regarding whether to remove a child or offer in-home services. These stakeholders discussed how their role had changed because HomeWorks implementation shifted the theory behind petition and removal decisions; in the words of one respondent: "the philosophy has shifted a little bit. I noticed that in the staffings."

Child welfare administrators, whether they worked at the state, regional or county level, saw their role with HomeWorks falling into six primary domains: problem solving and conflict resolution, team players in system coordination with internal and external stakeholders, maintaining ongoing education on topics relevant to the waiver goals and mentoring, supervising and providing technical assistance to staff, leading and motivating staff, developing assessment tools such as UFACET, and monitoring quality and financial indicators, initiating improvement as appropriate. A clear finding from the data was that child welfare administrators were key drivers in HomeWorks implementation. One CWA explained, “It’s barrier busting; if there are some barriers that come up that might have to do with community partners or other DHS entities, then I try to step in.” Many CWAs had significant input into HomeWorks implementation because of their role in organizing and participating in trainings, such as regularly occurring brown bag meetings where they lead review of HomeWorks principles relevant to each case staffing. One region found that visiting another region proved an effective training opportunity as they could learn from their success. One CWA explained, “We saw how they implemented HomeWorks. So that was really a good, good, good experience; we had a chance to ask questions and get their feedback.” Those in monitoring and oversight capacities gave examples of determining client eligibility for services, monitoring the state budget for HomeWorks, contract monitoring and accounting for funds expended and projected.

Regional administration saw their role with HomeWorks largely falling into three domains: leadership of HomeWorks rollout and ongoing implementation efforts, staff supervision, and increasing capacity of the system to maintain more children safely in their homes. One administrator explained, “I supervise the program administrators of our intake, prevention, CPS, in-home services, and domestic violence. I was brought over as the in-home program administrator with the [primary] task of implementing a new in-home program to bolster our efforts to keep more children safely at home.” Additionally, staff at this level saw themselves as the point person or go between in liaising with the state leadership team and coaching their own staff on the ground. As a supervisor explained, “I'm the point person, at least on our team, to get it implemented and coach our staff. I've got five in-home workers, so it's been my responsibility to coach them, try to get them onboard and let them know everything is going to be okay. Hold their hand a little bit.”

Supervisors of caseworkers maintained a similar coaching role to program managers, but saw themselves reviewing their case worker’s decisions and actions at a closer level of detail on each case to determine whether HomeWorks principles were being implemented.

Caseworkers most often mentioned two primary roles in HomeWorks implementation: learning HomeWorks principles and implementing them to prevent children from coming into foster care, and learning how to use the UFACET assessment tool for making case decisions. All caseworkers interviewed had in-home caseloads but often carried foster care cases as well. Caseworkers who identified as CPS caseworkers directly applied HomeWorks principles at the time of an in-home investigation in an effort to partner with parents and provide the services to a family in a voluntary capacity. A CPS worker explained, “We make the first initial contact there and we try and work services with the families so they don't come into working long term with CPS. So we do a lot of the HomeWorks in the front, in the beginning.” Specific to UFACET, caseworkers stressed their role in ensuring the assessments are

conducted in a timely manner as a case transitions from CPS to the adjudication hearing and then to the ongoing case worker.

Data Sources and Data Collection

Stakeholder interviews were conducted in person or by phone with stakeholders from the State Office and from each of the five regions at multiple time points. The number of data collection points varied by region based on the waiver roll-out, whereby implementation began with a pilot in the Northern Region and then expanded to additional regions one at a time. Thus, there were four rounds of interviews completed with the Norther Region, three rounds of interviews with the Southwest Region, and two rounds of interviews each with the Salt Lake Valley, Eastern, and Western Regions. During each data collection point, a variety of stakeholders were selected to participate in the interviews, including administrators, supervisors, caseworkers, and external stakeholders such as judges, guardians ad litem, and attorneys, in order to represent diverse perspectives from the local child welfare systems.

The purpose of these interviews was to assess current implementation status of the waiver and the contextual factors that may enhance or impede the implementation of the waiver services. The interviews focused on implementation strategies that were used, supports and resources that were utilized, stakeholder involvement in waiver planning and implementation, training, oversight and monitoring, contextual and environmental factors, and the facilitators and barriers encountered during implementation, as well as the steps taken to address these barriers (see Appendix B for interview protocols). During the final rounds of interviews, questions were added regarding the sustainability of HomeWorks and other services implemented through the waiver. Interviews were audio-recorded with the permission of participants. For participants who declined to be audio-recorded notes were taken by the interviewer. Audio files were uploaded to a secure site and the files were then transcribed for coding by the University of South Florida.

Data Analysis

Interview data were coded using six overarching domains that provide a framework for conceptualizing systems change: Leadership, Vision and Values, Environment, Stakeholder Involvement, Organizational Capacity and Infrastructure, and Waiver Impact. We explain the factors measured in each domain in the following paragraphs.

Domain Definitions

The first domain examined is *Leadership*. Leadership is crucial in establishing and promoting the vision for change, creating a sense of urgency around this vision, and creating buy-in for the change effort at all levels of the system. Systems change is most likely to be successful when key leaders are engaged and committed to the change effort and share accountability for achieving systems change outcomes. Interviews explored stakeholder perspectives regarding the inclusion of key leaders in the project and their commitment to the systems change effort, and the extent to which there is shared accountability across key stakeholder groups for child outcomes.

Leaders from all levels of the system need to be involved and supported in the implementation process. Leaders must be committed to establishing a vision for change, creating a sense of urgency, and authorizing the project management team to carry out the vision. Leaders must be champions for change at all levels of the system within the agency and among stakeholders, consumers, and the community. They must have a plan for strategically aligning values, practices, policies, and resources to achieve identified outcomes that is developed and continuously monitored through ongoing evaluation. They also communicate results and feedback on progress toward building shared accountability to outcomes.

The next key domain necessary for implementing sustainable systems change is shared *Vision and Values* to guide the systems change effort. Capacity in this domain entails consensus among leaders and stakeholders on the vision for change, and a shared understanding of the values and principles that provide a framework for the systems change. The vision defines the goals of the change effort and the approach that will be taken to achieve those goals, while core values and principles provide a supportive framework that guides this work. Stakeholders were asked to describe their vision and values for the systems change effort, and the extent to which they felt this vision was shared across the system.

The third element examined is *Environment*. In the context of systems change, the environment refers not so much to the physical environment (which typically cannot be changed but must be worked within) but rather the political, social, and cultural environment in which services are provided. Building environmental capacity entails ensuring that there is political will and community readiness and acceptance for the identified changes, and fostering an organizational and system culture that promotes open communication and creative problem solving to identify and address barriers, resistance, and conflict that may hinder successful implementation of the change effort. It includes development of system-wide structures to support implementation and shared accountability across system partners. Interviewees were asked to discuss what environmental factors they believed will support the systems change effort and what factors may hinder the success and sustainability of the systems change.

The fourth domain, *Stakeholder Involvement*, is important to the success of systems change, as stakeholders are often those most directly impacted by the change and those who will be expected to carry out the changes in policy and practice on the ground. Engaging stakeholders is a strategy for building system-wide support, and helps to ensure that the implementation project will be culturally responsive to the needs of diverse stakeholders within the child welfare system. Capacity in this domain means actively involving both internal stakeholders (e.g. child welfare managers, supervisors, and direct service staff) and external stakeholders (e.g. service providers, schools, courts, mental health, juvenile justice, and family and youth organizations) in planning, implementation, evaluation, and decision-making. Caregivers, families, and children, furthermore, should be engaged to ensure that the systems change effort meets their needs and is culturally responsive. Interviews assessed what stakeholders were involved in the systems change project and what stakeholders still need to be included.

The *Organizational Capacity and Infrastructure* domain focuses on the capacities that must directly support implementation and sustainability of the waiver demonstration. Analysis of organizational capacity and infrastructure examines the development and implementation of policies and procedures that support effective practice, provision of training, skill-building, coaching, supervision, and technical assistance to support effective implementation of practice changes, and the availability and use of data

and oversight processes to monitor implementation and support continuous quality improvement. The analysis identified strengths, challenges, and suggestions to improve organizational capacity.

Two components were added to the Organizational Capacity and Infrastructure domain during the evaluation: saturation and sustainability. The evaluation team developed an observation tool to assess whether saturation had occurred in a region. Achieving saturation means that a sufficient proportion of caseworkers are implementing HomeWorks consistently enough that changes in child and family outcomes as a result of practice should be measurable (Details are provided in the Saturation Measurement section). During the interviews, respondents were asked about factors and strategies that helped their office and region to achieve saturation, which was explained to them as the point "when you are routinely using HomeWorks." Furthermore, respondents were asked about the factors they believed would support the ongoing sustainability of HomeWorks beyond the waiver.

The final domain is *Waiver Impact*. This domain examines ways in which child protective services (CPS), casework, and supervisory practice have been affected by the implementation of HomeWorks, ways in which implementation has impacted the court system including judges, attorneys and GALs, ways in which child safety and child and family well-being have been impacted by HomeWorks and impacts on morale and client characteristics.

Analytic Procedures

Stakeholder interview data was transcribed and analyzed with Atlas-Ti 6.2 , a qualitative analysis computer software program. The analysis was conducted by classifying responses into codes that comprehensively represent all participants' responses to every question. Five team members participated in an iterative process aimed at achieving consistent understanding and coding of the interview transcripts. In six rounds of coding and discussion, team members reviewed a total of ten randomly selected transcripts. Through the iterative process of coding, comparison, and discussion, definitions were refined and the coding team established consistency among coders to minimize rater bias and improve the accuracy of data output. Agreement was informally calculated by dividing the total matched codes by the total number of codes between two reviewers (McHugh, 2012). Once agreement between and among reviewers reached 65%, reviewers independently coded transcripts.

Codes were analyzed in terms of their relation to other themes, resulting in families of codes that were related in terms of topic. This process was reiterated until an overall structure was created that captured the participants' experiences as told during the interviews. If no significant amount of data clustered around a particular code, this area was left out of the analysis due to the limited importance in the interview responses. Thus, the most commonly found patterns and themes from the interviews are reported.

Results

Implementation results are presented first for the state level administration. Following that, results for each region are presented in order of implementation rollout starting with Northern, followed by the Southwest, Salt Lake Valley, Western, and Eastern respectively.

State Level Results

A state level analysis of the Utah IV-E Waiver implementation has been compiled from data spanning the entire waiver period. These findings are comprised of data from four rounds of stakeholder interviews with DCFS administrators and observations from the Waiver Leadership Team (WLT). The WLT is comprised of individuals at the DCFS State Office who are responsible for planning, implementation, and decision-making related to the IV-E Waiver throughout the state. During these meetings, regional and state level administrators discussed the progress of major initiatives with regard to the waiver implementation and evaluation. All data sets are strongly representative of upper level administrators from the state office.

Interviews were completed within the following timeframes: December 2013 through January 2014 (N=12), February 2015 through March 2015 (N=8), February 2017 through March 2017 (N=6), and June 2018 through August 2018 (N=5). The WLT meeting observations (N=42) occurred between April 1, 2014 and March 12, 2018 at multiple intervals each year, and with greater frequency in the first two years.

Interview respondents had been working for DCFS for a range of five to over twenty-two years. At the time of the final round of interviews, all respondents had been in their positions for a minimum of five years and most had been with DCFS for 10 or more years. Identified roles specific to Utah's IV-E Waiver implementation included project management, administrative support and technical assistance provision to the regional offices, development and provision of training, fiscal oversight, and assessing and monitoring program fidelity. Observations from these meetings, along with the stakeholder interviews, were analyzed together using a systems-change framework.

Leadership

During the *first round of interviews*, there was wide agreement that leadership for the HomeWorks project was very strong in terms of commitment, involvement, and accountability. Members of the WLT were described as a "really comprehensive team," and the WLT itself was seen as instrumental to the successful implementation of the project. The integration of regional leaders into the team was described as "key to a lot of the acceptance." Regional leaders were described very positively, especially in terms of accountability: "region leadership has really owned being responsible for successful implementation with families in their own regions." Several interviewees noted that leaders at multiple levels were taking responsibility for the project and that leadership presence has been very "well-rounded."

In reflecting on the implementation process, some respondents pointed out that it would have been even more helpful to have upper departmental leaders from outside of DCFS (i.e., from Division of Substance Abuse and Mental Health or Department of Workforce Services or Department of Health) sit on the WLT in order to better prepare those entities to support the program and the division's goals. Although the perspective about leadership was consistently strong, some respondents highlighted that, at times, people in regional administration positions did not have sufficient understanding of HomeWorks to be able to "speak to the program more eloquently," especially to the legislature. Interview notes also reflected a need to address supervisors who were not supporting HomeWorks or did not express very much buy-in.

It was evident from the *second round of interviews* that there was a continuing theme of upper level administrators in all regions being seen as very engaged in HomeWorks integration. The WLT was perceived as being very effective, with a high level of intensity and commitment. There were frequent discussions of the helpfulness of creating workgroups and including staff from all regions. However, there was increasing concern about individuals holding key roles who were not very engaged; respondents focused especially the CWAs, who were frequently described as having a crucial role in the success of the program, especially in offices where buy-in was lacking.

During the *third round of interviews*, respondents generally perceived that project leadership had been very strong. State level administrators were involved from the beginning with the design and planning of the waiver and had been active participants in workgroups and the WLT meetings. Upper administration was described as very hands-on and supportive; for example, it was reported that state level leadership met regularly with regional administrative teams and conducted brown bags with staff throughout the regions. One interviewee described it as an unprecedented level of support from the State Office compared to previous initiatives. There was also an expressed perception that DCFS had been particularly effective in sustaining support and interest in the project long-term. At the same time, there was a sense among some respondents that top leadership could be more engaged; for example, while they supported the vision, they had not necessarily been champions for HomeWorks. As one interviewee explained, "What happens, particularly in large agencies, it ends up being owned by a particular group… and at times the responsibility falls on that group. When in fact, it needs to be shared universally… I think if you would ask them and if you ask me, there's a tremendous 100% 'I'm in support of the project.' But that isn't all that's required."

During the *third round of interviews*, interviewees identified strategic planning as a strength of the waiver leadership. Respondents emphasized that extensive planning occurred prior to implementation. As one individual explained,

> I think when we start things, we plan to the detail. Which is necessary, particularly with the Demonstration Project. We started out with, I believe, weekly meetings if I recall correctly. I think we had weekly IV-E meetings. So from a detailed, how-to methodology standpoint, we planned the thing to death. And it needed to happen. You needed that kind of detail and that kind of planning.

Another respondent added that one thing that was different about this effort compared to previous statewide initiatives was the use of implementation science. This individual described the process as involving more careful and deliberate planning, with a focus on sustainability from the beginning.

Strategic planning continued to be a major function of the WLT, as evidenced from meeting observations during *Year 4 (October 2016 – September 2017)*. Planning foci included the development and delivery of trauma-informed training and development of trauma treatment resources, as well as planning for the remainder of the waiver period. As the waiver approached its fifth year, leadership discussions examined the need to establish specific criteria for defining waiver success. Some discussion also revolved around how to best focus the direction of the WLT meetings at this stage in the initiative. The group agreed that, in addition to continuing to develop major initiatives like trauma resources, it would be most beneficial to

use the meetings to highlight innovations and successes across regions. They also stressed the importance of staying abreast of evaluation efforts to ensure that statewide activities aligned with those being evaluated.

Finally, most respondents in the *third round of interviews* conveyed the perception that there was shared accountability for the waiver at all levels of the agency and leadership. As described previously, they perceived that there was good support provided by the State Office to the regions, and that the leadership had taken an active role throughout the implementation process. "I feel like it's owned at all levels of leadership and administration" one respondent expressed, further adding, "I feel like our directors have been involved. They've gone to our national meetings; they've been involved in our local meetings. Our regional administration, I think they really do feel personal ownership for implementing in their regions. So, I feel like it's very shared at all levels." At the same time, respondents acknowledged the liability concern at the front-line. In the following narrative, a respondent alludes to the efforts from the State Office to provide reassurance:

> There's been some concerns, you know, in terms of that, almost the shared accountability related to the liability piece… sometimes if you're doing in-home services, or getting the kid home a little bit quicker; you know, what if things go south, what is the worst outcome? A child fatality or something, you know. Does administration have your back and such? I think the messaging has been that. I think it's been demonstrated in a variety of different ways. So, I would hope – my hope is that it's feeling better than it has been in the past at the region level, the worker level.

While most respondents seemed confident in the extent of shared accountability, there were still some perceptions that if something negative happened, there would be finger-pointing. The following concern was relayed by one respondent:

> I think it [shared accountability] varies dramatically. I think when, for instance, it's owned by a small group of people, the accountability appears to be in this one small group's hands. But that's a little bit like government, in general, right? So, numbers are good, we are all accountable for it. Numbers are bad, there's a small group of people accountable for it. Numbers are good, we're all in and responsible for it. Numbers are bad, it'll fall on the region. And that is the growing pains of an agency.

Similarly, another respondent noted that DCFS was happy to take credit for the successes of HomeWorks to date, but it remained unclear how the Division would respond to adverse outcomes should they arise. This uncertainty remained, even among some at the State Office, about the extent to which shared accountability for the waiver outcomes truly existed.

During the *final round of interviews*, stakeholders at the state level expressed a tremendous amount of buy-in for HomeWorks and saw many positive aspects of the initiative. Some respondents commented on the attention HomeWorks had brought to the basic philosophy of child welfare, suggesting that it allowed the Division to re-orient staff to a more meaningful—and ultimately more effective—way of supporting families. One interviewee elaborated on the difference in approach after HomeWorks implementation:

> I love the energy that it's brought, the creativity in the regions, sort of the enthusiasm, the changes in the conversations that really are trying to get rid of the negative stereotypes toward families… I want it to always be this message of hope for families, and that's what I love. I think that's what I love the most about HomeWorks.

Several stakeholders in the *final round of interviews* commented that, although HomeWorks began as a project that focused on in-home cases, it had penetrated beyond those boundaries and helped bring attention to ways that children in foster care need to be kept safe as well, since foster care still needs to be a functioning system:

> I love the concept. I love the movement. I love the focus. I love the attention. I love trying to help people be in a better position. I love trying to get families together or back together. Or, if not, I love for home to work for an adoptive kid. I love for a foster home to work. Like, for me, I love that it's what it started out as a focus on in-home permeates through the entire spectrum of services. Even foster care.

Some respondents described HomeWorks as a "genuinely good idea" and saw the combined components of the program as being "purposeful and intentional" in achieving a common goal of investigating the underlying causes of problems, rather than trying to treat the problems at the surface level. Positive appraisal of HomeWorks was also based on the development of high-quality assessments for child safety and individual and family functioning.

During WLT meetings towards the end of 2017, administrators acknowledged strengthened relationships between the state office and regional offices and discussed measures to maintain those improvements for the sake of sustaining HomeWorks efforts. It was also decided that it was important to continue holding leadership team meetings in order to maintain a consistent focus on the "bigger picture" of HomeWorks.

Vision and Values

Feedback related to the vision and values for the HomeWorks project during the *first and second rounds of interviews* focused largely on what elements respondents saw as necessary to continue the strong momentum from initial implementation. One interviewee noted that even though the project was "grueling" at first and it would take years for the philosophy to become part of practice, they needed to keep up the energy in order to continue to be successful. Similarly, several responses highlighted the need to continuously assess capacity and be aware of how to "keep it out there in front of folks." Some comments pointed to a vision of a truly preventative system of care so that abuse and neglect did not occur. Other respondents focused their attention on the need for broader support from the state and political realm, and one noted the desire to see HomeWorks leading to national legislation that would direct funding to support in-home services better and in a more permanent capacity. Overall, interviewees agreed that the vision of having fewer children removed and providing stronger in-home services to families was the ultimate goal, and getting to that point would take greater amounts of time, energy, and effort on the part of all involved.

From the *third round of interviews*, respondents described the rationale for the IV-E Waiver as evolving from a recognition that out-of-home care had been increasing in the state and there was a desire to reverse

this trend. Several interviewees noted that part of the impetus was the result of an audit, which led to a legislative mandate to reduce foster care and bolster in-home services. This occurred prior to the state's application for the waiver. As one interviewee expressed, "It just became really apparent that we didn't offer enough to families to give their children a chance to stay home, or to really support them after they go home. And so, that was kind of the initial impetus of HomeWorks." According to respondents, DCFS had already begun working towards enhancing the in-home services program, and the waiver was seen as an opportunity to build on that initiative.

Also in the *third round of interviews*, the personal desires of respondents with regard to the waiver were generally aligned with what they described as the project's primary goals: 1) fewer children entering foster care, 2) reducing recidivism, 3) improving assessment of family needs and strengths, 4) developing community resources and caseworker skills to effectively address family needs, and 5) increasing parental capacity to care for their children. Respondents expressed that they would like to see in-home services become an effective alternative to removal, with families achieving sustainable self-sufficiency. "We're trying to really stop that cycle of families where we've served multiple generations," one respondent added. There was also a desire to establish better communication with legal partners and to see some restructuring of the system overall, towards a greater focus on the substance and quality of casework rather than excessive documentation.

Respondents were also in agreement that, for the most part, the vision for the waiver and HomeWorks was shared across all levels of the system and had remained consistent over time. The primary change identified by respondents during this round of interviews was an increased understanding of the various components of HomeWorks, such as the UFACET, SDM, and protective factors, and the applicability of this framework across the spectrum of child welfare services. In this way, HomeWorks concepts were increasingly being applied beyond in-home services to CPS, foster care, and even adoption cases. Most respondents perceived that the majority of stakeholders, both within DCFS and externally, were on board with the philosophy of HomeWorks, as expressed in the following narrative:

> I can't think of an example yet, where we've encountered anyone from Judges, administration, staff, that aren't supportive of this concept of, you know, safely reducing the need for foster care, helping parents, promoting families. It seems to fit very well, not only with the state culture, [but also] it's supported by statute. So, I think the vision has kind of been the easiest part of it, in terms of… across the board support.

While there was acknowledgement in the *third round of interviews* that in-home services were not appropriate for all cases, the vision to keep children home when it was appropriate to do so was perceived as being generally supported. It was reported that there were still some skeptics, particularly judges, who wanted to see more evidence of success before they fully bought in, but the level of support was viewed as improving. Some of the preliminary positive outcomes were believed to be facilitating greater uptake of the vision.

For two respondents from the *third round of interviews*, there was still some uncertainty regarding maintenance of the vision. One individual conveyed a sense that some drift had occurred, emphasizing the need to ensure ongoing communication and reinforcement of the vision:

> I think it's very easy to have drift in the organization. So whenever anything is brand new, because you have to have so much buyoff with stakeholders, I think there is an initial vision that everyone gravitates to. As business as usual occurs, we drift. And I think one thing that we are very good at is addressing the needs of the family. And one thing we are really bad at is the organizational development end of keeping everyone informed.

Another respondent reiterated the need for consistency and repetition in communicating the vision to stakeholders in order to ensure it was integrated with practice and sustained over time.

During the *final round of interviews*, stakeholders from the state level consistently reported two aims of the HomeWorks initiative: to increase the capacity of DCFS to help parents safely care for their children in the home, and to safely reduce the need for foster care. One respondent elaborated, "I would describe [the goal] most simply as our efforts to help parents be in a position to safely nurture and care for their own children. And ultimately, try to safely reduce the need for foster care in Utah." Furthermore, they saw this goal as being achieved by improving available services – both in-home and for foster care – and improving the skill level of staff to help them have better interactions with families. It was also noted that, although the trauma of removal was a catalyst for implementing HomeWorks, the Leadership team's understanding of the prevalence of trauma had grown significantly over the waiver period and remained central to sustaining the HomeWorks philosophy.

Much of the discussion around vision and values from this set of interviews revolved around whether a shared vision of HomeWorks existed within DCFS and the larger community. Stakeholders widely agreed that within the Division, almost everyone from the frontline caseworkers to state leadership shared in the goal of providing in-home services to families as much as possible to keep children safe. Respondents described HomeWorks as being "fully embraced" or "actively embraced" among most people within DCFS and attributed this to the Division having a strong overarching message about the initiative:

> I feel like for the first time since I've worked for the agency… that the entire agency was working together to try to accomplish that goal. So, I would say that from the very top down there was a cohesiveness around what we were trying to do, what we were trying to accomplish. And everyone had a really good understanding of what it is that we were trying to do with HomeWorks. And then again everyone was working together. Where previously, I think we all kind of had our silos and our little individual things that we did. And this was a way to kind of bring all of that together and have everyone work on that common goal.

Some outliers to this shared vision and goal included caseworkers who may still have "punishment-oriented" attitudes or brand-new caseworkers who need time to adapt to the practice; but overall, respondents felt that widespread change was happening.

Respondents also agreed throughout the waiver period that there was less of a shared vision outside DCFS and that there were varied levels of buy-in to HomeWorks among legal partners, legislators, and the broader community. For instance, several respondents noted that there was still resistance among legal partners, or that even if legal partners were on board with the vision of HomeWorks, they had challenges

with the logistical aspects, such as safety and risk management. Stakeholders described some other community partners as being uninvolved or unaware of HomeWorks and noted that often, community members still saw removing a child from a home as a solution to the problem, which put them at odds with the HomeWorks framework. However, some interviewees pointed to an increase in awareness and buy-in among legislators and policymakers and felt that they saw DCFS in a positive light because of its emphasis on promoting family togetherness through public policy. One respondent highlighted ways that child welfare leaders at the national level were trying to implement a vision of change that Utah had already accomplished through HomeWorks. For those who saw improvements in attitudes among external stakeholders, they attributed this change to the collaborative work and educational efforts that were undertaken from the beginning of the implementation that set the stage for a shared vision.

Finally, in terms of personal vision, some stakeholders from the *final round of interviews* wished to see a stronger "family system" approach with in-home services, meaning that providers for all types of services would be structured to go into the home and provide services to parents without children being removed first. In order to carry out this vision, one respondent said that the Division would need to take a more strategic approach to their contracting process and have more candid conversations with providers.

Environment

From the earlier interviews, there was considerable discussion about the implementation environment in terms of community partners and perceptions of staff and stakeholders. For instance, during the *second round of interviews*, there was a general perception that the project was progressing as intended, but respondents were cautious about overstating the success of implementation. Several interview responses and meeting notes emphasized a need to continuously assess internal capacity to implement program goals as well as capacity to maintain stakeholder and community involvement. Respondents noticed a clear distinction between regions that were excited and energetic about the program and those who were less enthusiastic, indicating that implementation did not go as well in sites that took a "low-key" approach. Many interviewees discussed the need to continually have open communication and a supportive environment both for staff and community stakeholders for the implementation to be a success. Finally, many expressed the sentiment that this project "feels different" from previous DCFS projects in that there was much more attention to continuous support after the roll-out and more of a shared vision across the Department.

During the *first round of interviews*, respondents expressed positive anticipation of the community's support for HomeWorks. They recalled that many community partners were excited and interested in the project, based on preliminary conversations and meetings with partners as well as the Department's invitations to present information about HomeWorks at various conferences. Some community partners, such as service providers, were described as being very supportive and "wanting to accommodate what it is [DCFS] is trying accomplish" or "willing to change focus" in order to work with the program, although one respondent noted that "there is a lot more that needs to be done" to get community partners on board.

Some respondents from the *first round of interviews* described legal partners as having a "resistant" or "wait and see" approach, but that these reactions from judges and Guardians ad Litem were somewhat expected, given their sharp focus on safety and risk. Interviewees also pointed to challenges with foster care providers, who, they perceived, held strongly ingrained ideas about risk and safety, whereby removal

was seen as the safest choice. They were believed to have a "fear that somehow we're just going to delete the need for foster care, delete the need for provider agencies, which isn't true." Several respondents felt that the child welfare system had "created a culture that is very friendly to removal and protecting the child and keeping the child safe, maybe at the expense of creating trauma through separation from parents."

In discussing the community environment, the dominant perception from the *third round of interviews* was that there had been widespread support and buy-in from community partners. It was reported that providers had been adjusting their business models to align with the vision of HomeWorks, and that positive feedback was also received from families who had experienced the new practice model. The courts and judges were also reported to be largely supportive, although several respondents noted that there was variability among judges, with some more engaged than others. One respondent described the variability as follows:

> We've got, I think, some really great juvenile court judges throughout the state. But we do have some that seem to understand our business more and understand what we're trying to do, and… they're willing to do things. Like, we'll say to them, ask the caseworker what they saw in UFACET, ask them what protective factors you're focusing on with the family, and some of them are just really glad to do that or they're glad to see the safety assessment, but we've got a few who are like, no, I know what's right, period. I don't care what you think or do, and there'll always have to be those efforts to work with them and to educate them.

Similarly, another respondent expressed that, although not widespread, there were still some people and groups who did not agree with the concept of in-home services and felt that they were "rescuing kids by taking them out of the home." One respondent further noted that there were always some late adopters who want to see the evidence first before they buy-in, as alluded to in the following narrative:

> I think it's there, but again, there's always going to be some people who are that "show me the money" sort of thing. So, I think we just continue to just try to engage those individuals and share our vision and try to recruit them, to get them on board. You know, it's always good to indicate, I think, the benefit to them, not just to us or not just to our clients.

As this response indicated, an important acknowledgement at this point in the implementation was the need for an ongoing effort to build and maintain support and continue the conversations with community partners. For the most part, however, there was a strong sense that the majority of partners were on board, that the HomeWorks language had permeated the courts and providers, and that there was increased recognition among stakeholders of the trauma caused by removal.

There was also recognition among respondents during the *third round of interviews* that communication was sometimes a challenge, and that agencies did not always communicate well with each other. It was reported that the degree and style of communication varied at the regional and local levels, and thus there was a need to adapt communication processes at the local level, for example, to what courts wanted. Respondents described multiple efforts to improve communication with community partners, develop communication protocols, and determine what exactly communication should look like. This topic was

discussed at a WLT meeting, where it was noted that some judges had requested more tangible information about what results they should expect to see after families received HomeWorks services. Participants at the meeting considered what information should be provided to courts and how it should be presented. An interview respondent further elaborated upon these efforts as follows:

> In a recent meeting with our Western Region legal partners, we prepared a document for them… that kind of showed, here's what communication has typically looked like in practice. With HomeWorks, here's what it should look like in terms of like what we might report to you in the court, what we would maybe tell you about UFACET, what we would tell you about the home visits. So, it was kind of trying to give them a picture of what case practice looks like that's different. So, where we're trying to go with the goal, is even figure out how do we train staff about whether it's written court reports or oral court reports, or having a conversation with your attorney, the Attorney General's office. So, we're trying to figure out what does that package look like.

In addition, it was reported that the state level leadership had been very open to attending multi-disciplinary meetings in each of the regions to talk with community partners about HomeWorks and support local implementation efforts. Moreover, they were working on developing ongoing training modules for legal partners to complement the initial introductory training that was provided in order to facilitate ongoing learning and collaboration.

For the most part, respondents saw improved communication with legal partners towards the end of the waiver period. Some of this improvement was based on perceptions that judges were listening more to what caseworkers had to say and were more in-tune with the strengths-based approach that had been cultivated through HomeWorks. Many interviewees found judges to be increasingly familiar with and interested in HomeWork processes, as evidenced by their requests for documentation in court reports or as having HomeWorks language fully embedded in their court processes. One stakeholder noticed one judge's change from challenging to supportive after the region made specific efforts to "elevate practice" by focusing more explicitly on gathering data, strengthening documentation, supporting suggestions to the court, and being more articulate. According to one respondent, although the training and outreach with legal partners prior to HomeWorks implementation was helpful, "what makes the difference is what [judges] see in practice." Other examples of increased collaboration with legal partners included ongoing requests for DCFS to present HomeWorks trainings and education, either informally through the Table of Six judicial committee or more formally through conferences and new judge orientations. According to one interviewee, HomeWorks was a catalyst for moving interactions with legal partners into a different (and better) working relationship.

Respondents also noted that, even though relationships with legal partners were better overall at the end of project implementation, there were still some challenges, given that legal partners were generally skeptical by nature and could be quick to attribute casework flaws to the change in approach emanating from HomeWorks. One stakeholder acknowledged that judges were more or less dependent on DCFS to make their decisions, and it was incumbent upon the caseworker to provide strong evidence and rationale for a request, and sometimes these skills were underdeveloped:

> But [legal partners are] skeptical. I think they tend to just err on the side of skepticism…When really, if our staff are communicating well saying, "This is the decision I made. These are all of the reasons why we feel like this is the best decision." We were really not very good at articulating the reasons behind decisions sometimes. And if I've decided to keep a child in the home instead of removing, I better have a very detailed description of why I feel like that child can remain safely there. And while some workers are great at it, others really struggle. And I would say we probably struggle more than we are successful at that. We're getting better through some of the stuff. But I think that's where we see our lack of support is when we have not, I guess, put our best foot forward. But they blame HomeWorks when really it wasn't a HomeWorks problem. It was a staff problem.

Several respondents from the *final round of interviews* recognized that there was still more work to do to ensure strong communication and collaboration with legal partners and suggested it would be beneficial to continue educational outreach to legal partners. Additionally, it was recommended that the Division review cases with poor outcomes, analyzing each decision point along the way in order to view the decisions from a legal perspective.

Many respondents from the *final round of interviews* saw community support of HomeWorks as a facilitator of a good working environment. Interviewees referred to strong support from community providers and child welfare advocates, which was partially attributed to the "mass appeal of the Protective Factors." Other respondents said that HomeWorks was "heavily supported" from the legislature and that some of this support had come through in Utah's Family First Prevention Services Act, which they saw as complementary to HomeWorks in that it built directly upon core components of the framework. For one respondent, the ultimate evidence of community support was demonstrated by families in DCFS, as stated below:

> And, again, you hear family stories, or you hear family experiences, or I've heard families say themselves that, you know, "I really have appreciated the services that I received from DCFS." Or, "I was surprised that things went so well." Or, "I was surprised that the Division was helpful." Or, "This was much better than the last time we were involved with the system." And things like that.

The next topic examined was staff support. During the *second round of interviews*, respondents reported that caseworkers were showing more engagement with the HomeWorks model, asking deeper questions, and using the skills and tools more, resulting in positive experiences with the model. This momentum was coupled with some lingering concerns by staff that the organization was "moving too far the other way" in terms of leaving children in unsafe environments, but respondents continued to emphasize that a paradigm shift takes time and that with continuous support, training, and coaching, those who were hesitant would become more confident in the change in philosophy. Also, in response to some of the questions and concerns brought by staff and community partners regarding risk and community involvement, the WLT spent a good deal of time developing initiatives that would strengthen the Department's capacity to meet the goals of the project; these included Trauma Causal Pathways, Community Collaborative Toolkit, and formalized partnerships. These initiatives will be discussed in greater detail under the Organizational Capacity section.

From the *third round of interviews*, respondents overall perceived the environment, both within DCFS and among the broader community partners, to be supportive of HomeWorks and the goals of the IV-E Waiver. The DCFS workforce was reported to be very dedicated, with supervisors supporting and encouraging staff in the HomeWorks implementation. "We really have a lot of committed, sincere, genuine people working for DCFS," one respondent commented. Another emphasized the importance of buy-in from the leadership and administrators: "It really permeates to the team. Whatever… your attitude is [as a supervisor], it really bleeds into your workers." It was noted that not all staff were on board yet, but the agency was focusing on building support among the frontline staff and having supervisors work with those who were still resistant. There was also recognition that caseworkers were struggling with heavy caseloads and HomeWorks created an increased workload. As one respondent explained, "I think our staff are overwhelmed, I think they're overworked, I think they're again, those compliance components, they get in the way, but I think for the most part there's been a lot of positivity and we've heard from a lot of staff, like, I'm excited to do my job, this is why I got into this business, kind of a thing." One last challenge to the organizational environment was ensuring clear and consistent communication between the State Office and each of the regions, with one respondent expressing that it could be difficult to keep everyone on the same page.

With regard to staff support during the *final round of interviews*, state level stakeholders spoke very positively about the engagement of staff in HomeWorks as well as their ability to apply HomeWorks concepts consistently in their daily practice. Respondents revealed that their teams "love" HomeWorks and thought it was "awesome," and that staff at the leadership level were equally supportive and positive about the initiative. One interviewee shared that caseworkers lived HomeWorks on a daily basis and said that it consumed how they engage with, assess, and intervene with families. In other words, HomeWorks had become the environment. Another stakeholder discussed ways that HomeWorks processes alleviated some of the stress of casework in that it helped caseworkers feel good about some of the difficult decisions they sometimes made, such as terminating parental rights, because their decisions were backed by solid assessments.

The final topic organizing discussion around the environment was community resources and services. Respondents during the *third round of interviews* expressed the sentiment that current resources were insufficient, and that resource development was critical to the success of HomeWorks. In particular, the need for greater substance abuse and mental health services was identified. Substance abuse was described as the greatest concern and most underfunded service need, not just within the child welfare system, but throughout the state. Domestic violence services were also reported to be lacking in some communities. One respondent placed emphasis on the need for evidence-based services and conveyed that they were currently rewriting provider contracts to call for more evidence-based practices. The fact that there were vast differences in resources and needs between rural and urban communities was also noted, thus the need to assess resource needs at the local and regional levels. Respondents stated that they were engaging providers in conversations about resource and service needs and working together to try to identify solutions.

The issue of whether stakeholders felt there were appropriate services and resources for waiver implementation during the final years was informed largely by WLT discussions. These meetings took

place between August 2018 and March 2018, and spoke to the development of services and resources throughout the final years of waiver implementation. At a WLT meeting in December 2017, the team discussed a substance use disorder collaboration between DCFS and the Utah Division of Substance Abuse and Mental Health (DSAMH), through which it was anticipated that there would be increased in-home services to support ongoing substance abuse treatment to help parents recover at home. The team acknowledged the need to examine funding sources for additional services, and also to consider how to support the collaborative through training and involving other partners, such as drug court and legal partners. From this meeting, it was also noted that a recent survey taken by Child Welfare Administrators and Supervisors in the Southwest Region revealed that the region's top priority was to expand services and resources.

During a later meeting in February 2018, there were indications that the substance use disorder collaboration was continuing to make progress, and DCFS was providing education to DSAMH and Local Substance Abuse Authorities (LSAAs) on DCFS practice guidelines, timelines, and internal processes. The team noted that UFACET's rate for identifying the need for substance abuse services was, 93.7% at the time. At the same meeting, the WLT reviewed a new component of 211 services, more specific to HomeWorks. The Division had created a specific 211 portal for clients seeking agency-contracted providers offering free or sliding scale services. The objective of this new service was that caseworkers would be able to easily access 211 resources through their phones, tablets, or computers. Other commentary on services and resources from interviews indicated that there was an ongoing need for robust services that could meet the needs of families in the community and at home.

Stakeholder Involvement

The first two rounds of interviews did not contain substantial discussion of stakeholder involvement. Within the *third round of interviews*, however, stakeholder involvement was discussed with a focus on external stakeholders and DCFS staff. Responses related to external stakeholders illustrated that community members were engaged at different levels and stages of implementation. Some respondents felt that, while community providers could have been involved in the process sooner, they were currently well-integrated in HomeWorks efforts. However, one barrier that made for a somewhat tense relationship between DCFS and providers, was the issue of funding; providers relied on DCFS funding in order to provide services, but DCFS was not able to offer as much funding as some providers needed. Furthermore, the Division's new requirement that contracted providers be trauma-informed and deliver evidence-based services, required specific trainings and certifications, which cost providers more money. Some respondents spoke of one opportunity for continued collaboration with providers around the issue of transitioning from providing site-based services to in-home services, and it was put forward that conversations about what this process might look like were in progress.

Several interviewees spoke about the strong collaboration they felt existed between DCFS and legal partners. This partnership was described mostly in positive terms, and interviewees referenced communications with judges, the Attorney General's office, the Child Protection Chief, and the Juvenile Justice System, among others. In one region, state and regional administrators met with a group of judges to discuss HomeWorks processes in the courts. One respondent recounted that, in a WLT meeting, it was reported that the judges were supportive and complimentary of the work being done but wanted to better understand changes they should see as a result of HomeWorks. Interview responses also indicated that

regular meetings were held with regional Attorneys General and judges, and that DCFS regularly presented on HomeWorks at a judges' conference.

With respect to family and child involvement, most responses from the *third round of interviews* described these stakeholders as underrepresented, with little involvement from the beginning. However, some respondents described the way that parents and children had been involved through external organizations (the Birth Parent National Network and the National Youth Council) in the development of the UFACET parent manual, helping to make the language and concepts accessible to families so they could better communicate with caseworkers. Another interviewee noted that the Qualitative Case Review (QCR) process identified two indicators that were relevant to families' experiences with the Division – engagement and satisfaction. Other respondents were unaware of any efforts to involve parents and children in the development stages of HomeWorks.

Finally, staff involvement was another area that garnered significant feedback throughout the *third round of interviews*. state level staff described themselves as being heavily involved from the beginning because the project originated in the State Office in terms of design and structure; specific staff members were given integral roles in the process. Respondents also widely agreed that caseworkers, supervisors, and regional administrators were involved in various processes in the early stages of HomeWorks. Some examples included the UFACET workgroup, the Strengthening Families workgroup, the HomeWorks workgroup, and a CPS committee designed to give input on how HomeWorks affects CPS. Several staff also discussed an ongoing workgroup comprised of in-home caseworkers, foster care caseworkers, supervisors, and administrators from each region that was geared towards helping foster care caseworkers understand their role in HomeWorks and the ways in which it applied to all families. Interviewees further described more informal multi-level and cross-regional problem solving that occurred among staff, through which frontline staff added their input to solving problems. One respondent discussed an example of this kind of collaboration:

> So, for example, at both our child welfare institute in the fall and our supervisor conference in the spring, we brought in workers who had done things with families in the homes, and they demonstrated via working tables where people could actually see and experience what they had done; it was a chance to share their work. We've invited staff to submit HomeWorkables, you know, to help with that.

Respondents generally felt that staff at all levels were involved in many aspects of planning and implementation, and that there continued to be a strong, cross-regional culture of collaboration in which everyone's input was not only valued, but necessary for the long-term sustainability of the program.

Organizational Capacity

This section includes discussion on the extent to which DCFS has the organizational capacity and infrastructure necessary to carry out and sustain the HomeWorks initiative. Interviewees discussed a variety of topics under this domain, including policies and procedures, training, supervision, coaching, assessment processes, oversight and quality improvement, saturation, funding, turnover, and sustainability.

A significant amount of work during the *first round of interviews* was focused on refining the process of assessing data – in terms of both caseworker tools, UFACET and SDM – as well as understanding program outcomes at early stages. Throughout the second year of implementation, there was a concerted effort to determine the best ways of sharing progress, as regions were eager to know if they were meeting their goals. At the same time, there were efforts to ensure that causality was not being inferred before saturation had been achieved. The WLT made continuous adjustments in response to feedback, honing the process and, ultimately, deciding on a quarterly report format in order to capture trends and patterns over time. They also determined that reports would be distributed to the WLT, regional administration teams, the legislature, and the public.

In terms of data assessment tools, there was significant concern during the early years that not all caseworkers understood the UFACET assessment and might be just "checking boxes," while concern for the SDM was that it was not being scored correctly or completed with fidelity. Both tools were going through pilot phases and adjustments during some of the time responses were collected, and there were clear efforts to address concerns brought up by caseworkers and leadership. The WLT acknowledged that supervisors had not been trained very well in interpreting reports as a way to help caseworkers understand their effectiveness and felt this could be remedied through coaching. They also conducted sessions with supervisors on fidelity measures for each tool, enabling them to improve their communications about the tool with staff.

In perspectives offered by stakeholders during the *final round of interviews*, the UFACET was widely regarded as a significant part of the successful change in approach to case practice brought about by HomeWorks. The UFACET was frequently described as being central to HomeWorks, particularly in its ability to weave concepts into practice. One respondent highlighted strengths of the tool:

> I think it's pretty innovative and has kind of led the way, and has drawn a lot of attention nationally for being a quality assessment for working with families in home or out-of-home. Which is kind of cool. It created a hybrid I don't think we'd ever had before. And just the Protective Factors themselves, and having workers focus on gathering information through that Protective Factors lens. Again, instead of being symptom focused, allegation focused it's really focused on, "How is this family functioning? What's happening? What's going on?" And I think it's probably one of the most useful tools.

From Waiver Leadership Team observations conducted throughout the implementation, there were many developments in the UFACET process, such as staff completion of the UFACET certification, planning for future recertification processes, discussing ways that UFACET results could be better communicated to parents, and determining how the tool might better address youth issues. Furthermore, WLT meeting observations indicated that other agencies had begun using the UFACET towards the end of 2017, including the Division of Juvenile Justice Services and System of Care staff. One trainer from the WLT delivered UFACET trainings to relevant agencies around the state.

Policies and procedures were not given much attention during the earlier rounds of interviews but were being addressed during the *third round of interviews*. One area in which there was strong consensus was the extent to which existing policies and procedures were aligned with HomeWorks initiatives.

Interviewees agreed that much work had been done to ensure that policies and procedures were reflective of HomeWorks principles. This was, in part, because HomeWorks was seen as an enhancement of an existing practice model and ideology within DCFS, and administrators chose the HomeWorks model with the aim of sustainability, offering that it did not veer far from their existing path and sustainability could realistically be accomplished.

One respondent noted that policies and procedures were much better aligned than when the project planning started five years ago, and another stated, "I would be surprised if you could find one [policy or procedure] that ran contrary to HomeWorks," giving credit to the administrators who had worked continuously since implementation to "revamp" the practice guidelines to ensure they met the current needs of the organization. Two related areas emerged as needing more development: CPS and trauma. For CPS, respondents saw the need to make sure that DCFS' policies and procedures allowed them to "drive practice in a less incident-focused way." With regard to trauma, interviewees expressed the need for a broader organizational understanding of how to reduce the trauma of removal and how to make DCFS processes, in general, less traumatic for families. All responses reflected the ongoing work the Division was doing to continually review and revise processes and procedures with input from employees at all levels.

Respondents spoke strongly about the successes and gaps in training. Some responses revealed areas that could be improved, such as including community providers in the basic HomeWorks training, and using research on training and coaching to guide the process. Observations from Year 3 indicated that WLT members identified several topics for further training, including social competency skills, communication with legal partners, and engaging families, which could be provided through a variety of in-person and technological mediums. Evident in the responses was a concerted effort to improve training processes to be more streamlined and more responsive to specific needs identified throughout implementation process. Administrators noted they had to "look continually at how [to] deliver information in the least intrusive way with the greatest effectiveness," knowing that caseworkers already had heavy workloads. Continuous types of training, like brown bags, learning activities, and coaching, were viewed very positively and seen as key to acceptance of the program.

Data from the *third round of interviews* indicated there was strong momentum in multiple training areas. The SDM tool was updated and new Safety Assessment Practice Guidelines were written. Safety assessment training received very positive responses and there were efforts in this area to focus on evaluating the effectiveness of the training by reviewing the impact caseworkers' safety plans had on family outcomes. Additionally, UFACET was implemented statewide and administrators worked to expand training to providers who might need to know how to interpret data from the tool, including residential treatment facilities, individual therapists, and foster care providers. It was noted that training had already been provided to the Juvenile Justice System and some Peer Parent coordinators.

For the most part, training discussions shifted from mass trainings that provided all employees with a foundational knowledge of HomeWorks to finding ways to carry out concepts in daily practice, which proved to be somewhat of a struggle during the middle years of the waiver. Many of the new training needs arose from challenges that were voiced within specific regions. Through trouble shooting and collaboration efforts, tools such as detailed handouts about a specific topic were developed and

distributed statewide. Many interviewees spoke to the power of one-on-one mentoring to reveal important issues but were unsure how to translate that kind of guidance through a mass training. In the quote below, an interviewee described the difficulty in figuring out how to help some caseworkers identify the problems they struggled with and help to resolve them:

> At this point, it's really figuring out how to get it into the day to day because most of the workers that I spoke with like it, want to do it, but they're missing that piece of how to do it. Either they're already doing it and they're amazing, or they want to, but they just haven't figured out how to put it onto their plate. And so, we need to figure out how to make our training or assistance more applicable.

This frontline support was seen as invaluable, nonetheless, and in one region, administrators were asked to do a "deep dive" into a closed case in order to understand how and whether HomeWorks was incorporated from start to finish. Interviewees described this as a very beneficial strategy for highlighting opportunities for improvement, and the strategy was recommended for other regions. One respondent felt that the Division was understaffed to carry this out and suggested adding two additional full-time trainers.

It was evident from WLT observations throughout the later years that significant resources were dedicated to developing and continuously retooling training processes based on end-user feedback and experience. The trauma training was a frequent item of discussion and included positive appraisal of the training by caseworkers as well as ideas for how best to implement and sustain training long-term for all caseworkers. Other related components of the trauma training included efforts to integrate trauma principles into Administrative Guidelines and to demonstrate through training how trauma related to the practice model. The WLT was in the process of implementing plans to determine what kinds of trauma-informed practices were being used by providers and would use that information to further develop the trauma-related components of staff training. Another specific training discussed in WLT meetings was the Protective Factors training presented by Dr. David Schramm. Because it was so well-received and garnered positive feedback, the WLT was considering ways to incorporate the training into regular onboarding processes.

With regard to new caseworker skills, some respondents from the *final round of interviews* indicated a stronger connection was needed between what was learned during training and how that information was applied to casework. One interviewee stated that caseworkers often became caught up in trying to comply with procedures and missed basic indicators of family functioning:

> Things get lost in translation. And I think when you're out in the field, and you're busy, and you're just trying to get things done you resort to getting things done. Instead of understanding why it is. Like, child first seen, for instance. You have a time limit on when you need to see a child. And the point isn't just to see them. The point is to see them to make sure that they're safe, and to find out if there's anything that they need, and to get a sense of how they're doing. But for staff, for some reason, it ends up being, "No, I saw them…" So, the "why" gets lost.

There were many calls for a training component that would address this disconnect between simply following procedure and actually connecting the dots between how a procedure actually helps a family or helps the caseworker identify services for a family.

Many concerns about coaching arose during the *second year of implementation*. There was wide agreement that the coaching aspect of HomeWorks was new to the agency and that many staff at the CWA and supervisor level were struggling with it: "I think coaching is a new concept for our supervisors. They've never done coaching before, so even though we've rolled out training with regard to coaching, it is a behavioral change and that is a change that is yet to take root." However, this issue varied by region, and responses indicated that coaching training was weak in the initial stages of implementation; after learning from the challenges experienced in the Northern Region, changes were made to strengthen the training, materials, and follow-up support for supervisors in other regions, leading to observations that their coaching skills were improving.

There was strong consensus that the general issue of coaching warranted further attention and was seen as a crucial piece of supporting caseworkers in their practice. One respondent emphasized the difference with this new element compared to similar strategies: "This is different than mentoring. It's not just the long- term supervisory or mentoring relationship that you have, so one who might kind of guide your career through your life. This is really focused coaching to achieve specific goals of implementation." Another respondent thought that coaching should "go all the way up to the top," speaking to the positive effects coaching could have, not only for HomeWorks, but for the agency as well.

The WLT continued to work to identify barriers to coaching into Year Three, determining that coaching was critical in many ways, including identifying whether caseworkers were using appropriate tools to develop their practice. The team committed to continue coaching training until supervisors felt comfortable, and they discussed multiple strategies for ensuring coaching was being done appropriately. However, by the final years of the waiver, the early focus on specific methods of coaching was eventually exchanged for a more strategic focus on leadership development for supervisors and CWAs.

Closely related to the issue of coaching, the topic of supervision generated ample discussion in the *second and third rounds of interviews*. For instance, respondents reinforced the idea that supervisors were integral to the success of HomeWorks, especially since many had not done case work under the HomeWorks model, making it challenging to coach caseworkers on methods and ideas that they were still learning. As one respondent explained,

> There's not a day in an office where the supervisor is not an integral part of how the decisions are made, and what decisions are made, and then what we do based on those decisions and that it's very much tied to that supervisory position, but it's the most important position. So how do we give them the tools and skills that they need to actually make the change?

On the other hand, one respondent noticed an emerging pattern of newer supervisors who had been promoted internally and *had* done casework under the HomeWorks model, which was seen as very beneficial, even though it was partially a result of high turnover: "I think what we're seeing now, which is a real promising phenomenon the challenge of turnover is being addressed by promoting excellent

caseworkers to supervisors; now they're coming in with that real world expertise." The implication was that supervisors who had previously used HomeWorks in their case practice were more capable of understanding the challenges caseworkers faced, and perhaps providing more effective coaching. In fact, skill-based coaching was widely discussed as both a challenge and a crucial element of long-term success. As evident in interviews and the WLT observation notes, administrators were making many efforts to further enhance coaching practices by devoting funding and human resources to this initiative. The Division contracted with a consultant to help resolve some coaching challenges throughout regions during the earlier years. The consultant used OSKARS (coaching model), focusing on practice with fidelity, and providing monthly coaching to supervisors. One respondent reflected that peer-to-peer coaching happened more spontaneously, and was seen as very effective, such as when caseworkers would go to another office to present a tool they had created for better incorporating HomeWorks language into their case work.

From data gathered in the *final round of interviews*, respondents, whose roles included mentoring staff in some of the more technical aspects of HomeWorks, said that they felt confident in their ability to do so, particularly with regard to the UFACET. This mentoring took various forms, including helping a worker to score the UFACET with challenging cases, going out with a worker and modeling how to do the UFACET or trouble shooting while the worker did it, and helping to develop a family plan based on the UFACET outcomes. Other examples of coaching discussed by respondents included demonstrating concepts, walking through the goals and steps of a case, helping caseworkers to use a protective lens rather than focusing on the definitions of abuse (e.g., rather than assessing how much of a red mark duct tape left on a child, figuring out why the child was duct-taped to begin with). Several respondents commented that the coaching was more informal and needs-based, and that "at this point in the position, they need to ask for us. Like we've done all the mandatory stuff, and so now we just kind of go out and give them what they ask for."

One significant component of the supervisory process that several respondents discussed during the final year, was the leadership academy geared towards supervisors and child welfare administrators (under development during the summer of 2018). It was widely recognized in stakeholder interviews that there had not been a consistent, successful coaching component to HomeWorks, despite early efforts:

> We've struggled to be able to really put something in place that I think is consistent or really sustained…But the one thing I am happy about is they are building coaching into our leadership academy and they're putting it in every module. And they're defining specific coaching kinds of activities to teach the leaders how to coach those supervise.

One respondent acknowledged that through HomeWorks, it became clear that coaching needed to be a well-thought-out component of any new initiative, and leaders should ask themselves, "what is the coaching plan for this?" Another interviewee suggested that there was a need to have a role that oversaw coaching efforts and helped ensure consistency of coaching efforts across regions.

There were many efforts to determine the effectiveness of HomeWorks in reducing foster care through analysis of available data and collaborations with the University of Utah, but according to the WLT observations, the overall results were indeterminate at many points, in part because the implementation was at various stages in different regions and because of possible confounding factors. One problem

identified in the meetings was that some out-of-home caseworkers and residential care therapists saw their role as working with children, and therefore did not work as effectively with parents and caregivers. One potential solution to this problem was to re-conceptualize reunification as a primary goal for performance-based contracts with providers. Other informal efforts to monitor the success of the program included reviews of in-home cases to assess what types of cases were being opened, the range of those families' needs, and differentiating where Protective Factors were more relevant versus those where families had more intensive needs, such as mental health and substance abuse challenges.

At a WLT meeting on October 15, 2017, data concerning how placement decisions were made was presented from a Decision-Making Ecology study with legal partners. Feedback garnered from sixty percent of the state's GALs and eighty percent of the state's Attorneys General indicated that legal partners mostly thought that DCFS services met clients' needs and that caseworkers usually had adequate skills to perform their jobs, but not adequate time. The results also indicated that legal partners wished to continually be involved in education and feedback related to HomeWorks.

Regarding quality improvement processes, respondents from the *second round of interviews* referred to several tools that were used to assess progress and highlight challenges. The UFACET report was now fully developed, but only newly available; the SDM report was still in the process of being developed. These reports drew from the two assessments and could be made available to select employees through the SAFE system. The interviewees frequently discussed the importance of the Qualitative Case Review (QCR), which was a review of different aspects of cases conducted once or twice a year to ensure that regions were in alignment with DCFS policies and procedures and that HomeWorks practices were evident in the cases. One respondent discussed the value of the HomeWorks Data Report, which evaluated various components of the project, including number of families served, recidivism, in-home versus out-of-home cases, and demographics. These data were seen as especially helpful in informing next steps. Additionally, state level administrators were described as having a strong presence "in the field" across regions in order to continuously receive feedback on challenges and successes, as well as to provide coaching and mentoring. Some respondents also appreciated the formal evaluation component of the waiver because of the independent perspective it offered, which allowed administrators to appreciate strengths and limitations from a more objective view.

One interviewee described the way that some data had been used to improve processes already, such as the survey data from providers, which was used to re-write provider contracts to require evidence-based practice. And finally, one suggestion with regard to quality improvement processes was to develop a family survey that captured families' experiences with HomeWorks in a more purposeful way, including assessing whether caseworkers helped families build protective factors or helped them cope with stress.

The concept of saturation was first addressed in the *third round of interviews*, which covered a period in which some regions had achieved saturation and others were in the process of being assessed for saturation progress. Some respondents observed differences in the rates at which regions were accomplishing saturation and attributed this to both lessons learned from early phases of implementation as well as strategies some regions used to incentivize caseworkers for infusing HomeWorks into their practice, as illustrated in the following quote:

> So, for example… I think we have the benefit of comparing like, Northern Region with Western Region, the first with the last. And, I would be surprised if Western Region doesn't reach saturation a lot quicker than Northern did. But, there's some very specific things, in [that] they benefited from the rest of the roll-out, and such. But they're also doing some very specific things, like they actually give out Oscar awards for supervisors, administrators. Where they actually – if you learn the concepts, and you can articulate them, [and] demonstrate them, [making them] measurable and tangible. It's gotten a little bit competitive, which is nice, again. But, for me, that region (Northern), initiative and effort translate over into increased likelihood of saturation.

Furthermore, one respondent suggested that the Division was getting better at training with each rollout and could see the progress reflected through higher saturation scores at earlier points in the process for newer regions. Other ways they observed evidence of saturation was in the use of HomeWorks language by the courts, or by looking at data provided by The University of Utah's Social Research Institute (SRI). Many interviewees brought up the important point that saturation was only one marker of success, and that sustainability was the key to long-term success with HomeWorks. Respondents stressed that daily processes that integrated HomeWorks principles into practice were more important than saturation numbers:

> …we do see saturation as an important milestone, but we don't want them to think that's [the only thing] we're striving for. This is just an indicator that practice is starting to look more consistent. Now, let's bring it up so that it's consistent across everybody. And so, we're having those conversations with our region leadership.

One interviewee also noted the state's changing role from implementation and training to oversight, which involved more technical assistance for specific issues and guiding caseworkers through particular processes now that they had a better handle on the general concepts.

When interviewees from the *final round of interviews* were asked about which components of HomeWorks contributed most toward saturation, they responded that it was the initial training and rollout. Post-implementation supports like brown bag trainings and mentoring upon request helped caseworkers fine-tune the concepts and tools. Others noted that staff appreciated saturation celebrations in the regions, the swag and program materials they received, and resources like the HomeWorks website. All stakeholder groups endorsed the belief that the availability of leadership to provide impromptu coaching and conduct on-site visits was instrumental in helping regions reach saturation.

Next, several key points related to funding HomeWorks came through poignantly from stakeholder interviews in the final round. First, interviewees consistently commented on how the leadership team incorporated HomeWorks into DCFS practice in a way that was not reliant strictly on waiver funding, as noted by one respondent: "We've built [HomeWorks] into the way we do business, so it's budgeted, and it's supported." Also, respondents identified other funding streams that would begin or continue past the end of the waiver period. Several pointed to the Family First Prevention Services Act (referenced above), which was described as "one hundred percent compatible with HomeWorks," in that it contained significant funding for prevention efforts that would strengthen community and in-home services. Other ongoing funding sources that were viewed as supporting HomeWorks included Promoting Safe and

Stable Families, Family Support Funds, Family Preservation Funds, and adoption savings that may be used for in-home services. Overall, state level leaders indicated that they would always be looking for funding for additional services to support the HomeWorks framework, and so far, funding limitations had not been a significant barrier to implementing HomeWorks according to plan.

On the other hand, particularly during the second and third rounds of interviews, many respondents voiced concern about funding for appropriate resources to make HomeWorks successful. One respondent foresaw several negative impacts of the hiring freeze, including less bodies in the field, higher caseloads and stress levels, and not having enough resources for caseworkers to do their jobs well. Some respondents tied the lack of funding to their perceptions that money should have been freed up from foster care or that there should have been more seed money rather than expecting to see the money at the end. Respondents pointed to multiple areas where funding was needed, including training, staffing, and resources to support caseworkers, support which they felt was crucial for going forward successfully.

Funding for and access to resources (especially in-home services) were described as an ongoing challenge, in significant contrast to the vision of abundant resources many had imagined. However, it was clear from observations that the WLT focused a great deal of energy on increasing awareness of available community resources through the development of the Community Provider Directory, which was created after assessing findings from a staff survey intended to gather regional knowledge of and gaps in resources. The team also created a Community Collaborative Toolkit, which was intended for regions to use as a means of growing and enhancing connections with community providers. These tools were continuing to be strengthened into Year Three.

Turnover was another ongoing challenge in maintaining and sustaining HomeWorks throughout the waiver period. Although WLT members at a 2017 meeting expressed concerns about turnover impacting project success, it appeared that the Division continued to implement HomeWorks as intended despite high turnover rates. The leadership academy was one effort to address turnover, as it was widely noted that supervisory level development would help reduce turnover rates among caseworkers:

> Yeah, we always have caseworkers who are not being paid enough, and we have caseworkers that are overburdened by the number of cases they have. We also are experiencing a pretty high turnover in supervisors which we have not experienced before and my philosophy, along with a number of people, is the real work happens at the supervisor casework level, and if you don't have supervisors that are really supporting these caseworkers, they are always going to have a problem.

The WLT intended that, by addressing issues at the supervisory level, they could help prevent challenges that many caseworkers faced when they lacked strong supervision.

One respondent from the *final round of interviews* pointed out that turnover was a natural part of child welfare, and it was necessary to figure out how to function with it, noting that "you can't wait and do good practice once you don't have any more turnover." Other explanations for high turnover rates pointed to the field of child welfare being relatively young and continuously underfunded. One respondent called for legislative action to better fund child welfare and make it possible for people to stay longer term.

Sustainability was the final topic examined in the study. With the impending end of the waiver in 2018 (although they were able to apply for, and received, a one-year extension), the WLT began discussions of a 17-month plan for HomeWorks. These discussions included what success looks like, with some initial responses suggesting that UFACETs would be done with 100 percent of families, caseworkers would be consistently connecting protective factors to the UFACET, and caseworkers would thoroughly understand the protective factors and use them to interpret the needs and strengths of families. In terms of filling service gaps, DCFS took steps to integrate their provider directory into 211, offering access to more resources to integrate in service plans.

During the *final round of interviews*, state level stakeholders were asked about what measures had been taken to ensure the sustainability of HomeWorks beyond the waiver implementation period. Many respondents pointed to ongoing educational initiatives, such as HomeWorkables, which are short video clips on Protective Factors that focused on one issue at a time (e.g., child development). Similarly, many respondents said that refresher trainings, need-based training, and technical support for specific issues, like UFACET, were all fundamental to sustaining HomeWorks. The quote below summarizes some of the key efforts undertaken to ensure sustainability of the framework:

> So, you know, HomeWorks really is just an enhancement of our practice model, and so-and it's actually been woven into all of our new employee training. It's just part of our vernacular, now…the Protective Factors are in the closure statements at the end of our CPS investigations now, it's-the language is in our court reports. We do send out these monthly, what we call, HomeWorkable videos to keep HomeWorks' concepts on the forefront; they're these one-to-three-minute videos, just kind of remind people of what we're expecting. It's in our qualitative case review now, in some of our probe questions. To be looking for some of the HomeWorks stuff we have a HomeWorks Google site that's full of activities and handouts and videos and things to help bolster what we're hoping to see happening with our families.

Additionally, respondents highlighted the many ways that HomeWorks was integrated into the structural framework of DCFS, such as holding HomeWorks trainings for all new employees, continuing utilization and certification of tools developed for HomeWorks (such as the UFACET), continuing new documentation expectations, and maintaining a focus on Protective Factors through trainings and in case review processes.

Interviewees from the *final round of interviews* strongly indicated that HomeWorks was not a separate project or program that would come to an end with the end of the waiver period, and that the waiver component of HomeWorks had gradually become invisible over time, as evidenced by the following statement:

> It's not, like, a standalone program. And I think that was an evolution for us, because I think when we first started training, it did sort of feel like, "I do my job, and then I do HomeWorks." And now it's more like, "No, my job is HomeWorks."

Another respondent echoed this point: "There are a lot of things the waiver provided, opportunity-wise, but the way we went with practice was totally not dependent on the waiver." This perception of HomeWorks – being financially sustainable and well-integrated into regular practice – was echoed many times throughout the stakeholder interviews.

Interviewees also described potential barriers to sustainability. Resource development was acknowledged as an under-developed area that leadership had barely begun to touch, though it was noted that there was a broad plan for needs and a foundation had been laid, which included expanding the service array partially through the Family First Act. Referencing these efforts, one respondent added, "If we can really have a rich array of those services and available at, you know, reasonable distances from most people, that will be a huge next step for HomeWorks." However, one stakeholder questioned the capacity of the Division to assess its own resources even once they have been further developed.

In addition to resources, several respondents expressed concerns about turnover and saw it as a potentially significant barrier to the sustainability of HomeWorks. One stakeholder was apprehensive about being able to maintain saturation rates because of frequent turnover and wondered if this would lead to a loss of focus on continuing HomeWorks. Likewise, another respondent warned of the importance of not getting tunnel vision affecting other initiatives, knowing there would be many new ones, so that the Division would not lose any one piece of HomeWorks that makes it function.

Other suggestions for ensuring sustainability that came from the *final round of interviews* included continuing to make leadership available for regular, on-site communication and training, continuing to have collaborative relationships with legal partners, improving the skill set of supervisors and Child Welfare Administrators, and honing processes for case review, peer review, and staffing observations, since some of these components were covered more formally by the waiver evaluation team.

Waiver Impact

Respondents identified a variety of ways that HomeWorks had impacted various aspects of DCFS systems and processes, including child safety and well-being, client characteristics, CPS and caseworker practice, family engagement, general organizational aspects, and services.

During the *first round of interviews*, respondents spoke of evident changes in family engagement after HomeWorks was implemented. The program was described as increasing engagement and leading to more meaningful conversations with families. By the *final round of interviews*, there were several ways that respondents saw stronger family engagement as a result of HomeWorks implementation. Some examples included better information gathering through the UFACET in order to understand families' needs more holistically, greater understanding of families' strengths through use of the Protective Factors framework, less of the checking-the -box approach and more efforts to understand reasons behind neglect or abuse, and generally being more helpful and intentional with families across the board. Some respondents pointed out that families themselves were saying their interactions had been better with DCFS:

> We've had enormous response from parents saying that they have a much greater connection with their case worker at a CPS level than they ever have before. I actually think, even though it may

> be hard to track, that's a direct result of this original philosophy of keeping kids home whenever possible.

Generally, respondents attributed better family engagement to a higher level of transparency through HomeWorks as well as the robust tools and frameworks that caseworkers were provided with as a foundational part of the program.

When respondents from the *final round of interviews* were asked to provide a rating on the ability of the Division to keep children safely in the home as a result of HomeWorks, interviewees rated the initiative very highly. One respondent said it was a nine out of ten, compared to a three out of ten prior to HomeWorks; another gave a ten out of ten rating, with caveats; and one said it was good, on an excellent/good/average/poor scale. Many respondents emphasized that there was nothing magical about the program itself, rather there were several components that combined to make it effective, and that it was necessary to utilize all the tools and resources available and do good casework to be successful. Others pointed out that the program's effectiveness depended on whether adequate assessments were made and whether there were enough resources, noting that the Division still did not have a rich package of resources. One respondent offered that the main way HomeWorks helped keep children safe was that it used Protective Factors to help parents reduce risky behaviors, but that the safety plan was the ultimate tool that kept children safe.

There were also a variety of responses in the *final round of interviews* to questions about whether there were noticeable changes in client characteristics as a result of the waiver. Some respondents suggested that there were generally more complex cases during the waiver implementation compared to the prior timeframe, but it was unclear whether the actual initiation of the waiver had affected types of cases the Division received or whether this was social phenomenon. Some specific characteristics reported by respondents were adolescents with higher mental health needs, increasing numbers of sibling groups in cases, and co-occurring substance abuse and mental illness. Regarding substance use, one respondent noted that the opioid crisis was affecting many DCFS families, and another observed that "meth is still king" in one region. One stakeholder suggested that the Division was working with more families that historically would not have been considered for in-home services, such as substance abuse cases, and that many of those more complex cases would have been immediate removals prior to HomeWorks. Therefore, leadership and caseworkers were having to grapple with providing the right resources for families that historically would have been served through alternative service routes.

Many respondents pointed to changes in practice as a result of the waiver. One respondent from the *first round of interviews* described feeling more confident in explaining to judges why children were not being placed in foster care, and a judge acknowledged being more aware of services and resources for parents, as well as looking more at favorable parental attributes, as opposed to solely focusing on negative characteristics. Many respondents noted an increase in collaboration and open communication with legal partners, the benefits of which extended to children and families. One response indicated that Attorneys General were starting to ask different questions as they prepared to represent DCFS in court, and to focus on in-home services before considering removal: "We've got them asking questions in different ways." This increased collaboration was also evident in the many requests DCFS representatives received to present at conferences.

However, there was marked concern expressed in the *first round of interviews* about the increase in workload since the project began, as respondents felt that caseworkers were "being asked to do more work and with no more resources, no more manpower, no more positions," with the feared result being that caseworkers "are going to have to cut corners." There was concern that caseworkers would be placed into the position of taking short cuts with the UFACET; already some caseworkers were not completing the assessment with families in cases where there was limited time. One respondent noted that caseworkers' high caseloads made it impossible to do HomeWorks in the interactive way it was intended. Another respondent added that many caseworkers felt the program was not as effective as it should have been or not at all, articulating the belief that many of the cases ended up in removal anyway. Discussions at the WLT meetings also suggested that caseworkers were tired and stressed, especially CPS caseworkers. On this note, WLT members agreed that CPS caseworkers were struggling because they were more attuned to the legal aspects involved with cases and the HomeWorks framework essentially changed CPS philosophy, so they might have taken longer to adapt. With this in mind, the group discussed ways to present the HomeWorks philosophy to CPS differently before or during future training.

Respondents from the *second round of interviews* saw many ways in which the waiver impacted practice, both within DCFS and with external partners. First, in terms of case worker practice, some interviewees saw direct connections between HomeWorks-specific tools, like the UFACET and SDM, and the ability of caseworkers to confidently make assessments:

> …you've got all these very thoughtful assessments and evidence bases that we're utilizing that puts a little more assurance, that if I do walk away from this door step today, there's a darn good chance that everything is going to be okay. Or that, you know what? This is why the hair is sticking up on the back of my neck, look at these scores.

This perspective was supported by case staffing observations from the same year, which showed that when the UFACET and SDM tools were discussed, they were seen as reliable tools to help guide decisions about how to proceed with cases. Respondents also viewed casework under the HomeWorks model as more team-oriented and collaborative, removing the burden of responsibility from just one person. One interviewee expressed pride in the way that HomeWorks had become regular practice when it was previously "a dream," and suggested that caseworkers appreciated the difference, as indicated by the following description of a case review in which a family was interviewed about their experiences with DCFS and their caseworker:

> And [the mother] talked about "when my worker comes out, you know, he's here for an hour, hour-and-a-half, he comes with specific plans to work with me and help me and I feel like he really is helping me. He's helping me, you know, become better and stronger." And then, as part of that QCR discussion, they asked the worker, "Well, tell me about how you prepare to go meet with this Mom." And he talked about, "I sit down with my supervisor and we talk about what protective factor am I focusing on with this family, and how am I going to do that with this discussion?"

This anecdote demonstrates the explicit use of protective factors in caseworker practice and the way that some families feel genuinely supported through this framework. Many respondents spoke to this perceived change in organizational atmosphere, with one referring to it as a "tipping point." In this new version of DCFS, the focus was on supporting families up front, and many caseworkers reportedly felt like they were doing real social work through HomeWorks.

In the *second round of interviews*, state level respondents discussed changes to their own leadership style. One talked about the commitment to getting input from regions before implementing anything new (such as rolling out another training), commenting: "[We are] realizing we can't just keep throwing additional things on the regions and expect them to just be able to implement." It was evident from this interview data as well as the observations from WLT meetings that regional communication and involvement was a substantial focal point for state level employees. Leadership meetings, like the WLT and the state Leadership Team Plus (SLT+) continued to incorporate regular discussions and updates on HomeWorks, working on efforts like effective coaching and addressing differences in how regions used the UFACET and incorporated Protective Factors in casework.

Regarding the impact of the waiver on external stakeholders, respondents from the *third round of interviews* perceived there to be variability. Interviewees pointed out that some hesitancy still existed among certain judges because they were nervous about keeping children in the home, especially with substance abuse cases. Other judges were described as champions of HomeWorks, though, and respondents could see a difference in the way they used HomeWorks language and asked about specific processes and tools in court, like the UFACET.

With regard to changes in CPS practice, based on feedback from the *final round of interviews*, respondents indicated that there had been many efforts to move away from being allegation-focused and towards viewing family functioning and well-being through the Protective Factors lens. Many stakeholders agreed that CPS had become less punitive, as highlighted by the following statement:

> …an example would be, you know, just as opposed to going out and saying, oh well, a father that leaves his four-year-old outside a daycare at five in the morning in freezing weather, if you're just allegation-focused, you're like clearly, that's neglect. That's a problem of non-supervision, and that's wrong. But from a Protective Factor lens, saying well, kind of, what's going on with that, that made that okay?... Meaning, if the father is like, "my daycare fell through today. I'm in a situation if I'm late or absent one more time, I lose my job, and then I'm homeless. I know this was the worst parenting decision ever, but I was that desperate." You know, then my intervention starts looking at concrete supports and daycare issues, and some of the social connections or support you can lean on.

state level leaders have reportedly encouraged a more explicit focus on understanding the underlying causes of allegations rather than simply documenting abuses, and respondents observed a gradual shift in this more strengths-based approach among CPS caseworkers.

A few themes emerged from discussions during the *final round of interviews* on the waiver's impact to caseworker practice. One was that many caseworkers were able to translate HomeWorks concepts into

practice, such as using Protective Factors to develop activities for families, being able to articulate families' needs based on UFACET outcomes or developing tangible tools from shared examples of working with families. One interviewee provided an example of how some caseworkers took initiative with this process:

> …[caseworkers] took a concept, moved it into a tool that they created, that then allowed us to share it with the other regions, and stuff. And it's the same thing with the HomeWorks Google site. What started out with us trying to provide resources and ideas, and things to staff has evolved over time to where it has just been staff contributions and sharing.

It was also evident from WLT meeting observations that leaders made strategic efforts throughout the course of the waiver to help caseworkers operationalize the Protective Factors and incorporate HomeWorks language into family plans and court documents. However, it was also acknowledged that caseload size was still a barrier after waiver implementation, and one respondent pointed out that high caseloads added stress and decreased quality of work, "You can only put out so many fires at once." Additionally, one interviewee indicated that some caseworkers still thought of HomeWorks as something separate from their daily job, and there was still work to do to ensure that all staff incorporated the concepts more thoroughly into practice.

An examination of data from the *third round of interviews* indicated that WLT members reported visible signs of stronger integration of HomeWorks across Department staff, although there was still some concern about ensuring newer staff learn the processes and tools in a timely manner. In discussions during the *final round of interviews* about ways the organizational systems and processes had changed since waiver implementation, several interconnected themes emerged. First, some respondents noticed that cases seemed to be closing faster overall and children were spending less time in care, especially after in-home services had been provided. Perceptions regarding shorter lengths of time in care were supported by data discussed at the WLT meetings. Respondents also felt that caseworkers seemed more open to doing in-home services rather than going straight to removal, though some data provided at an early 2018 WLT meeting suggested there were more out-of-home cases than in-home cases.

Some interviewees saw changes in resource development and use after HomeWorks. Some resource development reflected the need to enhance services, such as substance abuse, but other examples included the use of personnel to creatively address problems for families who did not respond to traditional approaches. One respondent gave the example of utilizing clinical staff more in cases with a potential removal in order to prevent that removal, offering the example of using a behavioral coach for a very low-functioning mother, rather than limiting the use of behavioral coaches to people with a disability.

More broadly, respondents from the *final round of interviews* spoke to the changes in the very concept of child welfare driven by components of HomeWorks. Specifically, it was widely noted that the Division made a shift in its orientation towards families, from being focused on compliance to being more nurturing and supportive of how to genuinely help families make behavior changes for the safety and well-being of their children. Some respondents credited the trauma movement with this change, suggesting that the widespread acknowledgement of trauma from removal sparked a change in child welfare that penetrated its very framework and operating systems. It was widely agreed that Division

procedures, tools, and goals had aligned with a vision of being less reactive and more intentional in determining better solutions for how to react. As one interviewee commented, “I think HomeWorks is the only civilized way to approach child welfare.”

Finally, during the *final round of interviews*, feedback regarding changes in services since HomeWorks implementation focused largely on the readiness of the Division to continue offering essential services after the waiver funding ends. Most respondents agreed that there would not be any significant reduction to services after the waiver period was over, and many highlighted the funds available through the Family First Prevention Services Act could bridge the funding sources for resources that were developed through HomeWorks. However, one respondent expressed concern than particular services were at risk of being underfunded without the waiver, such the Peer Parent program, expansion of mental health services for families not eligible for Medicaid, some behavioral services, and services for disabled children.

Stakeholders also pointed out there were still areas of services and resources that continued to be underdeveloped, described by the following statement: “That need [for resources] continues to exceed readily available resources for some of the more challenging things like substance use, like mental health.” Other examples included services in rural areas, intensive outpatient services, and more resources for the “back end” of foster care. One respondent suggested that collaboration between DCFS and the Division of Substance Abuse and Mental Health could help in enhancing some of these resources, and another pointed out that opioid-related services could also be increased through other funding streams.

Northern Region Results

The Northern Region of Utah was the first region to implement Utah's waiver. Initially, a pilot was rolled out October 1, 2013, with other offices within the Northern Region implementing by April 1, 2014. The Southwest Region was next to implement on November 1, 2014 and Utah's other regions (e.g., Salt Lake Valley, Eastern, and Western) did not initiate implementation until 2015. For this reason, Northern is unique in that it has been operating under the IV-E Waiver for the longest amount of time.

The *first round of interviews* in the Northern Region took place from January to March 2014. Stakeholders interviewed included leadership from the Office of the Attorney General, judges, GALs, state and regional DCFS leadership, caseworker supervisors, CPS caseworkers, in-home caseworkers, and peer parents. Respondents had been in the field for a range of a few months to 20 years. Identified roles specific to Utah's IV-E Waiver or HomeWorks implementation varied considerably due to the variety of key stakeholders included in the analysis. Examples are detailed in the section below.

Staff in the Office of the Attorney General saw themselves most often in the role of helping to make decisions during case staffings regarding whether to remove a child or offer in-home services. These stakeholders discussed how their role had changed because of HomeWorks implementation because the theory behind petition and removal decisions had shifted: "the philosophy has shifted a little bit. I noticed that in the staffings."

Child welfare administrators, whether they worked at the regional or county level saw their role with HomeWorks falling into six primary domains: problem solving and conflict resolution; team players in system coordination with internal and external stakeholders; maintaining ongoing education on topics relevant to the waiver goals, including mentoring, supervising and providing technical assistance to staff; leadership and motivating staff; developing assessment tools such as UFACET; and quality and financial monitoring and quality improvement. A clear finding from the data was that child welfare administrators were key drivers in HomeWorks implementation. One CWA explained, "It's barrier busting; if there are some barriers that come up that might have to do with community partners or other DHS entities, then I try to step in." Many CWAs had tremendous input into HomeWorks implementation because of their role in organizing and participating in trainings such as regularly occurring brown bag meetings where HomeWorks principles are reviewed specific to each case staffing. Another effective training opportunity seems to have been one region visiting another region to learn from their success. One CWA explained, "We saw how they implemented HomeWorks. So that was really a good, good, good experience; we had a chance to ask questions and get their feedback." Those in monitoring and oversight capacities gave examples of determining client eligibility for services, monitoring state budget for HomeWorks, contract monitoring, accounting for funds expended and those projected.

regional administration saw their role with HomeWorks largely falling into three domains: leadership of HomeWorks rollout and ongoing implementation efforts, staff supervision, and increasing capacity of the system to maintain more children safely in their homes. Additionally, staff at this level saw themselves as the point person or go between in liaising with the state leadership team and coaching their own staff on the ground. A program manager explained, "I'm the point person, at least on our team, to get it implemented and coach our staff. I've got five in-home workers, so it's been my responsibility to coach

them and try to get them onboard and let them know everything is going to be okay. Hold their hand a little bit."

Supervisors of caseworkers maintained a similar coaching role with program managers but saw themselves reviewing their caseworkers' decisions and actions at a closer level of detail on each case to determine whether HomeWork principles were being implemented. Caseworkers most often mentioned two primary roles in HomeWorks implementation: learning HomeWorks principles and implementing them to prevent children from coming into foster care, and in conjunction, learning how to use the UFACET assessment tool for making case decisions. Caseworkers interviewed all had in-home caseloads but often carried foster care cases as well. Those caseworkers who referred to themselves as CPS caseworkers most often stressed applying HomeWorks principles in-home at the time of investigation in an effort to collaborate with parents and provide the services to a family in a voluntary capacity. A CPS worker explained, "We make the first initial contact there and we try and work services with the families so they don't come into working long term with CPS. So we do a lot of the HomeWorks in the front, in the beginning." Specific to UFACET, caseworkers stressed their role in ensuring the assessments are conducted in a timely manner as a case transitions from CPS to the adjudication hearing to the ongoing caseworker.

Peer parents saw their role in HomeWorks implementation falling into four main activities: spending time with parents in their home providing guidance and parenting advice; implementing the STEPS curriculum; and working with parents on their PIP (Parent Instructional Plan) that includes goal setting and attainment specific to their family and case. One peer parent explained, "We use the STEP curriculum depending on the age of the children. There's different books you can use to really gear it towards their needs. We work with them directly to get the goals that they want." Peer parents discussed the role of trauma and healing from the trauma, as they saw their role as partially helping parents cope with past or present traumatic experiences such as domestic violence or substance abuse.

The *second round of interviews* in the Northern Region occurred from February through July 2015. This round included 31 participants including six DCFS administrators, three supervisors, seven caseworkers, four judges, five GALs, three staff from the Office of the Attorney General, and three other DCFS staff.

The *third round of interviews* took place from October 2016 to January 2017 and included 21 stakeholder interviews. Stakeholders interviewed included staff from the Office of the Attorney General, judges, GALs, state and regional DCFS leadership, caseworker supervisors, CPS caseworkers, and in-home caseworkers. Respondents had been in the field for a range of 15 months to 29 years, with the majority of interviewees having been in the field for five or more years. Identified roles specific to Utah's IV-E Waiver or HomeWorks implementation varied considerably due to the variety of key stakeholders included in the analysis. Examples are detailed in the section below.

For judges, GALs, and staff from the Office of the Attorney General interviewers did not ask what these types of stakeholders saw as their role in implementing HomeWorks. Sparingly, this question was asked of regional leadership and caseworkers. DCFS regional leadership saw their role with HomeWorks falling into five areas: integrity and consistency of implementation, demonstrating positive and informative

communication within teams, identifying and overcoming barriers, maintaining a high level of knowledge regarding HomeWorks, and ultimately, helping families have better outcomes.

Caseworkers most often mentioned two primary roles in HomeWorks implementation: applying HomeWorks principles to prevent children from coming into foster care, and in conjunction, using the UFACET assessment tool for making case decisions. Caseworkers interviewed all had in-home caseloads but often carried foster care cases as well. Those caseworkers who referred to themselves as CPS caseworkers most often stressed applying HomeWorks principles in-home at the time of investigation in an effort to partner with parents and provide the services to a family in a voluntary capacity.

The *fourth round of interviews* took place from March to April 2018 and included 15 stakeholder interviews. Stakeholders interviewed included staff from the Office of the Attorney General, judges, GALs, regional DCFS leadership, caseworker supervisors, CPS caseworkers, and in-home caseworkers. Respondents had been in the field for a range of one year to 30 years, with the majority of interviewees having been in the field for five or more years. Identified roles specific to Utah's IV-E Waiver or HomeWorks implementation varied considerably due to the variety of key stakeholders included in the analysis. Examples are detailed in the section below.

As with the *third round of interviews*, interviewers did not ask judges and staff from the Office of the Attorney General what they saw as their role in implementing HomeWorks. Intermittently, this question was asked of regional leadership, supervisors, CPS caseworkers and caseworkers. Caseworkers and their supervisors most often mentioned two primary roles in HomeWorks implementation: applying HomeWorks principles to strengthen protective capacities and prevent children from coming into foster care, and in conjunction, using the UFACET assessment tool for making case decisions. Caseworkers interviewed all had in-home caseloads but often carried foster care cases as well. CPS caseworkers had two different points of view regarding HomeWorks. One viewpoint was that HomeWorks did not apply to CPS: "CPS doesn't use a whole lot of HomeWorks." The other perspective was that applying HomeWorks principles, especially the protective factors in-home at the time of investigation, reflects an effort to engage with parents.

Leadership

Leadership commitment to and involvement in the implementation of HomeWorks was a theme that emerged strongly during the *first round of interviews*. Numerous interviewees acknowledged strong commitment from leaders at the state and regional offices as a factor that facilitated implementation. Similarly, several respondents reported that leadership support of the waiver was an important facilitator of successful implementation. It was also noted that among the leadership there was a long history of wanting to move towards in-home services, and that the waiver provided the opportunity to do the implementation. One interviewee described the "excitement and enthusiasm" that was communicated by state and regional leaders. Leadership involvement was operationalized in several ways: cross-education of state leadership team members about all facets of the implementation so that everyone understood and could communicate about all aspects of HomeWorks; frequent and regular on-site presence of state leaders in the region, "like never before;" state leaders doing on-site problem-solving and coaching in the pilot offices with supervisors and caseworkers; the role of the regional administrator as a bridge between

the field and state leadership staff; and the ongoing communication, problem-solving, and team work between state and regional leaders about HomeWorks.

Some challenges and concerns were also identified regarding the role of leadership. One concern expressed by a few respondents was the need for more public commitment from upper level leadership at DHS, including the new Executive Director. Top leaders were often placed in the role of being the public face for HomeWorks with key constituencies including the Legislature. Furthermore, while most respondents felt that there was a strong sense of commitment coming from the administration and upper level leadership of DCFS, there was not as strong a sense of support at all levels of the organization. It was reported, for example, that some supervisors openly expressed very negative attitudes towards HomeWorks, which hindered implementation at the practice level and may have influenced the attitudes of front-line staff.

One challenge expressed at the direct service level was a lack of certainty about whether state level leaders understood the reality of implementation at the office, team, and caseworker levels. Some examples offered were setting realistic caseload sizes, acquiring resources for the services and supports required for in-home cases, and putting into place a coaching and mentoring plan. A final concern expressed by some participants was whether leadership commitment would continue when some tragic results occurred with an in-home case instead of blaming the caseworker. This topic was openly discussed at some WLT meetings, where the need for strong organizational standards and boundaries was identified.

Findings were mixed during the *first round of interviews* regarding whether there was shared accountability for the success of HomeWorks. On the one hand, leaders and many key stakeholders at both the state and regional level agreed strongly that there was a strong sense of shared accountability within DCFS at both the state and regional levels for successful implementation of HomeWorks. These interviewees described an environment that was characterized by teamwork, a clear division of tasks and responsibilities, and a willingness to help with one another in order to get tasks accomplished. Other interviewees identified some challenges around accountability. A concern expressed by several interviewees was a belief that there were no identified outcome measures or indicators for HomeWorks at either the system level or the child and family level. Another concern reported by several respondents was that other key partners in the child welfare system, including judges and GALs, did not share in the accountability. Finally, concerns were raised that the shared accountability would not be sustained: “We have this blind spot of how we move beyond implementation to sustainable success. We can’t mentally abandon this and put it on auto-pilot.”

Shared accountability at the individual child and family level was also raised as a concern by some interviewees. It was noted that caseworkers alone should not bear this responsibility; it should be shared with child welfare supervisors and administrators, judges, and other representatives of the judicial system; and that everyone should be asking: “Was there something else that we knew or should have known that we didn’t know in making this decision?”

The use of a strategic planning process in the implementation of HomeWorks was another area explored with interviewees. Some respondents felt that this was a strength; they described the use of workgroups with clear tasks, leadership involvement on all workgroups, and timeframes that were being met; this

perception was affirmed in reviewing agendas and summaries of some workgroup meetings. One respondent summarized the concerns about strategic planning as "barriers of resources, barriers of beliefs, and barriers of time and effort." Examples offered regarding the challenges were pressures to roll out the first pilot before actually being ready, the time needed to change personal beliefs about what is best for families, and insufficient person-power to get tasks accomplished. When asked whether any key groups were excluded from planning, groups that were mentioned included Intake, CPS, and external groups such as judges and GALs.

During the *second round of interviews*, there was wide agreement that leadership had been both very committed to the HomeWorks framework and very involved in its implementation. Many positive statements were made about individual administrators being "on board" or being a "cheerleader" for the program, as well as being helpful in coordinating resources and services. There was a theme of leadership proactively working through challenges and continuously making adjustments based on feedback from staff.

Some concern was expressed about the division between administration and the frontline caseworkers, in that some respondents felt there was a disconnect between those who "have to do the work" and those who oversee it, that key leaders were "missing that little piece." One respondent said, "The state office, it's really hard to feel like they truly understand what's going on, on the frontline." Another noted that while leaders were effective in guiding the overall implementation of HomeWorks at the state level, the local implementation did not seem specialized enough and specific needs were not addressed as well.

Additionally, many interviewees said there was shared accountability between key leaders and the rest of the staff, exhibited by region administrators being "protective" of HomeWorks. However, some respondents expressed the burden they felt to make the program work under an increased workload and thought they may be blamed if the program failed. Respondents noted that administrators celebrated the successes of the program and gave credit to caseworkers for "good" work, but many felt that the expectation to make the program work fell much more heavily on the shoulders of caseworkers.

Heading into the third year of waiver implementation, there was continued momentum in encouraging the HomeWorks framework through language, problem solving, and coaching. Some respondents said that HomeWorks was "all we talk about" at meetings, and that staff were continually using language related to the project in the community. Interviewees saw leadership as very supportive in both the coaching and mentoring aspects as well as working through challenges and helping those still struggling to "cross the bridge." As stated by one respondent, "They are supporting everywhere you go, from the top to the bottom. The state office is very supportive and it trickles down to us and to the community."

During the *third round of interviews*, participants were generally highly positive about the involvement of both state and regional leadership in the implementation of HomeWorks. Words that respondents used to describe the state level implementation team included "amazing, flexible, adaptive, very available, super wise about keeping it in the forefront." One summary comment was, "I think it has been the best implementation of anything that the Division's ever done." Perceptions were also highly positive about the regional leadership team and its role in implementation.

Participants also described a trickledown effect that occurred: "it went from upper echelon down to the CWAs, to the supervisors, down to the regular caseworkers and the excitement came steamrolling down." Regional leaders described their level of involvement with HomeWorks as a major role. Finally, one respondent discussed the role of "informal leadership" in addition to administrative capacity that helped make HomeWorks "the way we do business, and making it an expectation that it happens." This informal leadership occurred through caseworkers who became HomeWorks experts and champions.

An external stakeholder, on the other hand, expressed a different view about leadership involvement in HomeWorks. This perception was an uncertainty about how much the leadership involvement had impacted the enthusiasm or behaviors of supervisors and caseworkers. This view also was expressed by some internal stakeholders who wished that both state and regional leadership had been more involved with implementation, in terms of connecting with outside entities including the legal offices and community partners.

For this set of respondents, beliefs about shared accountability were highly correlated to roles. There was consensus among caseworkers and child protective investigators that accountability was not shared, and that if HomeWorks failed, blame would fall on them. "I can guarantee it's not going to come from the top that it fails. It'll be the caseworkers didn't do their job," one respondent stated. Even when these respondents acknowledged that persons in higher up roles may take some responsibility, the perception was that the caseworker would be the person held most responsible. "So I think it would be equally throughout, but, I think, it would start from the bottom and go up."

The perception of supervisors was that supervisors were viewed as responsible for the success or failure of HomeWorks. One supervisor commented that there were times when there were competing priorities and holding caseworkers accountable for HomeWorks got put aside in order to address child safety concerns, particularly at times of crisis. Another observation was that there had been very little recent information or communication from leadership about HomeWorks. As one respondent expressed, "It's been quite some time since I've heard or received anything that HomeWorks is actually working."

Regional leaders, on the other hand, shared two beliefs: there was shared accountability and, leaders were primarily accountable for HomeWorks success or failure. One leader referred the previous evaluation, finding that line staff believed that they would be blamed: "Caseworkers have the feeling that, if it flops, they're responsible for it, and if it sails, we are responsible for it." This respondent expressed a sadness about this belief and uncertainty about how to change this perception. In contrast to the perceptions of frontline staff, then, leaders clearly expressed the belief that they were accountable for outcomes associated with HomeWorks.

There was limited discussion in the *fourth round of interviews* about the role of either state level or regional leaders in the implementation of HomeWorks. One point of view from a regional administrator was that participation by regional leaders had been strong since the beginning of implementation and remained strong, "We meet every quarter with the state office staff that rolled out HomeWorks. We talk about any barriers, any issues, things that we need to address. Things like that. So it is still on our radar." A conflicting perspective was that that there had been "a falling away from it" over the past few months and there was a need to get back on track. When asked why this had occurred, the response was that

leaders needed to focus on many issues and, "once we focus so much on HomeWorks we are kind of neglecting other areas." One area of agreement was the need for continued leadership support at both division and regional levels for sustainability.

Vision and Values

During the *first round of interviews*, respondents discussed the rationale for the waiver as trying to prevent children from coming into care when they can safely be kept at home. The belief expressed was that far more effort and resources were spent when children were removed from their families, and that removal causes trauma for children and for parents. Several participants commented that there had been a trend over several years in Utah with increasing numbers of children in foster care and far fewer children receiving in-home services, partly because existing family preservation programs were cut due to budget reductions.

There was strong consensus across stakeholders at all levels that the goal of HomeWorks was to keep children safely at home. Almost all of the respondents stated this goal. One respondent characterized the goal as a change in focus: "home and family, rather than removal and foster care." Some respondents included other goals that were related to this primary goal, such as improving caseworker skills, particularly with in-home services, increasing resources for in-home cases, adopting a standardized protocol for conducting assessments, and having multiple individuals, or multiple agencies, involved in making decisions about families. One respondent felt that more clarity was needed about the goals of HomeWorks, especially regarding how success would be measured.

Findings were varied regarding whether there was a shared vision for HomeWorks both within DCFS and with system partners. As one participant noted, "We're working on it, it's part of the roll-out." Within the department, several interviewees stated that there was a strong shared vision among the leadership at both the state and Northern Region levels. The vision aligned with the goals of HomeWorks: to keep children safely at home and strengthen parent capacity, and to return children home sooner when they were removed.

Below the leadership level within DCFS, respondents expressed that there was less clarity and less agreement about the vision. One reason was that there was consensus on the goals but questions remained about implementation and the impact on practice. A related concern was that leaders did not understand "what it takes" to make the necessary changes at the practice level to deliver in-home services competently. The second area of concern expressed was lack of agreement about the vision, especially among some supervisors and caseworkers including protective investigators: "Very clear divide within the office." Some reasons noted were outliers with a "wait and see" attitude, concerns about lack of interest and/or skills in doing in-home services, and a lack of support on individual cases from the legal system.

Most respondents in the *second round of interviews* agreed there was not yet a shared vision regarding HomeWorks outside of the agency, especially among the legal partners: judges, guardians ad litem, and attorneys. Some respondents noted that these groups included advocates with different goals for children and for families and that acquiring a shared vision with them was very challenging. One related concern

expressed was that some leaders believed that the training and education of these groups "is done," and did not understand that ongoing education and teaching would be necessary.

When asked about their personal vision for HomeWorks, there was consensus about supporting and teaching parents the skills they need so that children could remain safely at home. Several interviewees noted the need to increase the resources for services and supports for in-home families, including the realization that some families were not Medicaid eligible, and that other funding would be needed to pay for mental health and substance abuse services. Some frustration was expressed due to the expectation that the waiver would "free up" resources for this purpose, yet that had not occurred.

Personal visions also included the cultural shift that was needed so that judges, law enforcement and other legal partners understand and embrace the shift from child safety to child well-being. A related wish was that caseworkers would be competent in doing in-home services, and that legal partners would develop confidence in DCFS' ability to effectively serve children at home. Another piece of the personal vision expressed was that the system would move to a greater prevention focus: "I want families calling us… for help." Finally, a few respondents discussed their hope that the agency would be able to take the planning process that is being used for HomeWorks and replicate it with other projects including goal setting, resource development, cultural infusion, task follow-up, and attention to casework practice, including mentoring and caseload size.

Respondents during the *second round of interviews* had broad consensus in the way they understood the vision and goals of HomeWorks, except for a few consistent areas of hesitancy. There was strong agreement that HomeWorks should bring the focus back to strengthening and empowering families and providing more intensive services in order to maintain safety. Some common outcomes that respondents hoped the program would bring were more time and a stronger relationship with families, a break in the generational cycle of dependence on the system, and more community awareness of and participation in the HomeWorks model.

Even when respondents agreed personally with the vision of HomeWorks, they also expressed concern about how to successfully implement the program without further traumatizing children, especially in cases where parents were not seen as having children's best interests at heart. A significant part of this concern was not having resources in place for caseworkers or families to access easily and quickly, especially for higher risk cases.

Another area of continued discrepancy in terms of having shared vision for HomeWorks was a perceived division between staff who were "on board" and those who were resistant. This separation most often occurred between veteran staff, who were "a harder sell" or had been through many changes and were skeptical about the waiver being any different, and newer staff, who were trained in HomeWorks from the beginning and did not know any other way. There was also continued discussion of particular sectors of the agency, like CPS, not necessarily having the same vision as the rest of the agency, which many felt was due to inadequate training.

Furthermore, several respondents pointed to external agencies that did not seem to fully share in the HomeWorks vision and erred on the side of caution when considering keeping children in-home. These

partners included judges, GALs, and probation caseworkers. One respondent noted that with cases heavily tied to the judicial system – such as sexual abuse, domestic violence, and extreme drug use - HomeWorks may not have a big impact because these are typically higher-risk cases and legal partners will still seek removals. However, even with the noticeable distinction between caseworkers and partners who have "embraced" HomeWorks and those who have not, respondents seemed to see movement towards a shared vision overall, as the community began trusting that children would be removed appropriately in more serious cases.

Data from the third year of implementation reflected this momentum and a need to have a "constant focus on HomeWorks" and to "keep it up front," as some caseworkers seemed to think it would be a passing phase, while others, even veteran employees, felt that they were moving in the right direction. One respondent noted the importance of constant communication between all regions and parties in order for the implementation to be successful. There was discussion about caseworkers being excited about HomeWorks because they felt it matched their background in social work and their desire to truly help families. Even though reports continued about differences in opinion between DCFS and legal partners, there were continuous efforts to talk through and mediate those issues. Respondents all remained firm in their vision that the "overall goal is, of course, a safe and happy, healthy home for our kids, and permanency."

In the *third round of interviews*, there was consensus across participants that HomeWorks aligned closely with their personal vision and values, including a research-based belief that children do better if they can remain safely at home; lower caseloads would offer case managers more time to work intensively with families; making more services available to families would help families become healthier, with fewer families returning to care; and that HomeWorks offered the opportunity to do what social work teaches. The strongest agreement was on the value of keeping children with their families; twelve respondents expressed this belief. One external stakeholder noted, "If every case was a family preservation case, I really believe we would never have another termination." Two challenges were noted related to carrying out the HomeWorks vision: a lack of resources, especially related to drug treatment, and conflicting court expectations.

When queried about the rationale for HomeWorks, respondents stated that its primary purpose was to keep children with their families and reduce out-of-home placements. As one supervisor noted, "Parents make mistakes just like all of us make mistakes. And if they're able to cooperate with the division and work on their environment so their environment is safer for their kids or be cooperative with a safety plan to make sure that their kids are safe, I don't know why we would take them into foster care." The second highest rationale offered that HomeWorks aligned with social work values and practice. A regional leader summarized the rationale for HomeWorks as follows: "I think the overarching thing is that we want to serve families better."

There was also strong agreement among both internal and external stakeholders regarding the following goals of HomeWorks: keeping families together safely, strengthening families so that they become a stronger unit, educating and skill-building with parents so that they are more successful, increasing the number of services and resources offered in the home, and helping families "heal as quickly as possible

with the least amount of trauma to them." One external stakeholder agreed with the goals noted above but added a word of caution regarding caseworkers' high caseloads as a challenge to implementation.

There was consensus among most participants that a shared vision of HomeWorks was widespread at Division, state and regional levels. There was also concern expressed that HomeWorks had been in place in the Northern Region for three years and was in danger of becoming stagnant. It was further noted that some experienced caseworkers, who had seen programs come and go, still believed that this could be one of those "come and go" programs. A clear strategy was described for focusing on teams without a shared vision through monthly meetings with supervisors, reviewing the model with supervisors and caseworkers, and strengthening coaching activities. Another participant described a recent regional supervisory meeting where caseworkers demonstrated five to seven HomeWorks activities used with families, so that supervisors and CWAs could understand better how caseworkers were interacting with families. One challenge identified was that HomeWorks was not being used with families whose children were in foster care. The suggestion was made that the UFACET be completed with these families.

Respondents also agreed there was less shared vision about HomeWorks with outside partners in the Northern Region, although progress was identified. One participant commented that community partners agreed with the values of HomeWorks but some viewed it as, "It's just a DCFS thing." On a positive note, one participant commented that at a recent conference, a provider did a presentation that "was all about HomeWorks," and noted the value of having a provider discuss HomeWorks with other providers and community members. A supervisor made the following summary statement about shared vision: "I think overall people want to be able to keep the kids in the home. I think that's a huge overall vision that not only us but the overall child welfare system has and I think that's been a good shift."

When discussing judges, it was noted that judges had been trained on HomeWorks and some judges were making efforts to rely on caseworkers' judgment regarding keeping some children in the home. Another participant observed that some judges embraced HomeWorks because it was offering families more services and giving parents more direction. However, another respondent noted that there were fewer cases going to courts than in the past, and this made some judges and GALs nervous.

There was limited discussion in the *fourth round of interviews* about the role of either state level or regional participants in the implementation of HomeWorks. One point of view from a regional administrator was that regional leaders' participation had been strong since the beginning of implementation and remained strong: "We meet every quarter with the state office staff that rolled out HomeWorks. We talk about any barriers, any issues, things that we need to address. Things like that. So it is still on our radar." A conflicting perspective was that that there had been "a falling away from it" over the past few months and there was a need to get back on track. One area of agreement was the need for continued leadership support: "I think support from the agency and support from administration and just continuing to offer us new resources, new ways to connect with the family… just making sure that we continue to use it."

Environment

There was general agreement during the *first round of interviews* that the leadership of DCFS both at the state level and in the Northern Region was committed to the successful implementation of HomeWorks.

Interviewees recognized that this commitment had played out concretely with the very frequent presence of state leaders in the region, and by their active engagement with supervisors and caseworkers regarding the practice changes. In a similar manner, it was reported that regional leaders were in active dialogue with staff about implementation, including participation in staffings about difficult cases.

Several challenges were reported, however, related to the DCFS organizational climate. One dilemma mentioned by some interviewees was sustaining over time, without the initial excitement and close attention to implementation drivers. At the pilot sites, there was variability among caseworkers in their acceptance of the shift in emphasis towards in-home services. As one leader explained, leaders needed to acknowledge the additional burdens on caseworkers, minimize other new initiatives that would impact caseworkers, and create additional support capacity for them, including a coaching and mentoring plan.

A critical component to implementation of any initiative is effective communication, both within and outside of the organization. Although DCFS appeared to recognize the importance of having caseworkers, supervisors and regional managers communicate issues and concerns to leadership, respondents indicated that the waiver's rollout was primarily top down. However, a communication workgroup had met and articulated important goals and outcomes relative to this concern. For example, one workgroup goal was to work with all staff, starting with intake, so that they could adequately communicate talking points about HomeWorks with stakeholders with whom they interacted.

Support for HomeWorks by the external players in the child welfare system was a perceived barrier. Many respondents agreed that the legal partners, especially judges and GALs, were not fully on board regarding the value of in-home services; some mentioned there was a "show me" attitude and that partners needed confidence that families could be helped, and children would be safe with in-home services. Others mentioned a concern that HomeWorks was not a solution, but rather a way of prolonging an inevitable removal. A suggestion drawn from the data was that DCFS continue to prioritize and communicate the prioritization of child safety over any policy change.

In contrast, there were some judges who saw immediate merit in increasing home-based services and were supportive if they could see it working for specific families. One respondent explained:

> What I like is, if we can deal with the problems at home safely, it's like, I want you to deal upfront and in the environment we live in and these are the people and, you know, they're only going to be so good, but just help them get as best as they can, and let's move on. So, that's why I like HomeWorks. And I like spending the money upfront on the front end of when families need it rather than trying to pick up the pieces on the back end of this thing, where you got kids and families who are in real crisis and it's just a mess.

Findings were mixed regarding support for HomeWorks from providers. One comment was that DCFS needed to clearly communicate with providers what it wants, and that relevant performance indicators be written into their contracts. Additionally, residential and foster care providers needed a specific communication and outreach strategy; a decrease in out-of-home placements would threaten their financial bottom line and viability as an organization unless they received technical assistance and

communication regarding adapting their service array to fill a growing need for in-home services and diversion or early intervention.

Another environmental aspect explored through the interviews was political and community support for system change. Some interviewees commented that Utah was a conservative state and that some prevalent beliefs would be useful, such as: government should stay out of the lives of families, family is valued, and children should be cared for by their parents. On the other hand, one respondent noted that there were two environmental variables that were highly challenging in any child welfare system: poverty and substance abuse. Another comment was that the federal government, the legislature, and the Auditor's Office needed education regarding the time it takes to implement system change. Regarding community support, interviewees felt that community support was developing, and this support was needed from organizations such as churches to engage them in providing informal supports for families.

At the point of the *first round of interviews*, stakeholders primarily shared that the area of system collaboration and external communication was in its preliminary stages. Initial meetings had been conducted with some stakeholders such as mental health providers, GALs, and judges, but collaboration had not yet taken place. The DCFS Communication workgroup had articulated several key goals that included fostering an understanding among external stakeholders of the population to be served, the vision and philosophy behind HomeWorks, and the process involved in a HomeWorks case. Another important goal was to encourage joint responsibility community-wide for ensuring success of the HomeWorks model and its implementation over time. Teaming with partners around service provision on specific cases to avoid duplication of services was another critical component identified by respondents.

DCFS reportedly had several long-term goals regarding external communication and collaboration with stakeholders who impact children and families. The agency's hope was that Legislators would develop an increased understanding of what data to ask for and feel comfortable working with the Department when sponsoring bills related to the provision of in-home services. Another common theme was the desire for the Legislature to commit additional funding to the child welfare system in order to ensure successful implementation and continuation of the HomeWorks model. DCFS was considering different approaches for communicating with stakeholder groups, including web-based information and other online communications such as blogs, press releases, multi-media products and brochures and pamphlets.

One goal of the HomeWorks project reported by interviewees was to strengthen coordination with community partners and identify and improve the resource base available to support parents and children. The DCFS workgroup dedicated to service array and development of community resources conducted an in-depth inventory of community services that address prevalent child welfare needs or that positively impact domains of child and family well-being. Related goals included: determining to what extent evidence-based or evidence-informed services were available in communities, particularly services focused on trauma, neglect, mental health, or substance abuse; making trauma-focused training available to providers; and identifying gaps in services and prioritizing needs for developing additional resources within the community.

There was unanimous agreement during the first round of interviews that the availability of an array of appropriate in-home services and supports was a major obstacle for successful implementation of

HomeWorks; "sparse at best" was how existing availability was described by many. The belief expressed was that when at-risk families were served at home, available, accessible and evidence-based services must be in place to ensure child safety and child well-being. Hope was expressed that regional authority would be established to create contracts to expand local resources such as peer parenting and in-home counseling. A related issue was that strategies should be developed to fund mental health services for families who are not Medicaid eligible.

Some important themes emerged during the *second round of interviews* related to the general environment of HomeWorks and its implementation. Overarching themes included: significant problems with service availability and accessibility; frontline caseworkers feeling overburdened with cases; and confusion in roles among community partners. However, these issues were combined with many positive outlooks on different aspects of the HomeWorks project, such as a general sense of support from supervisors, enthusiasm for the potential of the project, and a growing solidarity around working together.

The lack of adequate services was one of the most consistently noted problems. Many respondents felt they were not able to do their job well because they were restricted by the limited types and availability of services. This problem was often exacerbated by the notion that the success of HomeWorks was contingent upon having more services, yet many felt there were either less services or services were more difficult to access; they saw this restriction as "backwards to the HomeWorks model." One respondent, for example, stated that "the lack of resources is glaringly obvious," and it felt like the agency was setting families up for failure because the expectations for them to participate in services that were so restricted were unrealistic. Many respondents also noted the difficulty of accessing specific services, such as mental health service, domestic violence education and supports, and substance abuse treatment. Others mentioned the need for more Spanish-speaking services, childcare, and medical care for dental and vision treatment.

In terms of support to carry out work aligned with the HomeWorks ideology, many caseworkers vocalized challenges with workload and additional activities required by the model. Some respondents described feelings of "burnout," being "slammed," or "bombarded" with new in-home cases. However, the sentiment of having too much work was almost equally matched with statements about loving HomeWorks because it was "what social work is all about" or "it's positive for the families," or feeling that home visits were more meaningful now. The contradictions in these two sentiments point to the tension between the strong desire many respondents felt to make the program work and the frustration they felt with the lack of proper structural support.

In terms of communication with external partners, although some respondents pointed to positive momentum, there was continued disagreement between several partners and DCFS. From some perspectives, external partners attending an agency-sponsored open house seemed excited about HomeWorks; many attendee-respondents discussed the need to communicate more about HomeWorks and promote collaboration. Overall, data from these interviews highlighted a continuous effort to "get everyone on board" and educate community partners about this "different way of doing things." There seemed to be more momentum with judges in terms of education and support, although a lack of clarity still existed regarding which cases were deemed HomeWorks and how they could differentiate their services and treatment. Furthermore, some judges and GALs were still perceived as not having "faith" or

"trust" in caseworkers' ability to make appropriate decisions about safety, while caseworkers described the legal team as an "impediment" or "barrier," or as "getting in the way.

It was further reported that some community partners had "risen to the occasion" of working specifically within an in-home framework; the agency had partnered with specific organizations to overcome barriers, and some advocates had developed "tight relationships" with families and were more helpful to caseworkers. In one location, a GAL worked in-office with caseworkers, which made a "huge difference" in smoothing out communications with the legal side.

Within DCFS, support for HomeWorks among frontline caseworkers was described as variable. Most respondents agreed there was widespread support for the concept of keeping children in the home. With regard specifically to HomeWorks, however, it was reported that some staff had bought in to the intervention, while others still had not. More experienced caseworkers who had been with the agency for many years were identified as being particularly resistant to practice change.

Administrators emphasized that change is difficult, and some employees become stuck in their ways. They also recognized that caseworkers who had been with DCFS for a long time have seen numerous initiatives come and go over the years, and this sense of temporariness was another factor fueling resistance. In response to this challenge, administrators expressed the need to continue to voice their support and make it clear that HomeWorks was here to stay. In contrast, newer caseworkers were characterized as being relatively quick to buy-in to HomeWorks, particularly since many of them had never worked with any other practice model.

Variation among respondents was also seen in their perceptions of the degree of staff support and buy-in. Some expressed the belief that there had been improvement over the past couple years and there was increased buy-in among staff. On the other hand, some respondents voiced the perception that support was waning. A supervisor, for example, articulated that "We go in waves, and right now we're in a low, and we're trying to motivate our caseworkers to start being HomeWorks minded again." This perception stood in contrast to the messages they received about the Northern Region reaching "saturation," as a number of respondents expressed a strong sense that there was still a lot needing to be done to improve implementation.

Respondents identified several specific challenges they perceived to be barriers to obtaining greater support and buy-in among staff. One issue was the basic nature of the child welfare field, which was characterized as a crisis environment in which it can be difficult to stay focused on implementation. A related issue was workload. Many respondents indicated that caseworkers were struggling with high caseloads, and this presented a challenge in meeting the expectations of HomeWorks to work more intensively with families. A third issue that was raised was a perception among some caseworkers that HomeWorks had not been effective. The fact that caseworkers perceived HomeWorks as an ineffective intervention further diminished employee morale, and it may have contributed to staff feeling they were not successful in their job.

Some respondents, particularly supervisors and administrators, described strategies they used to encourage HomeWorks and support staff in their implementation efforts. One respondent expressed a

commitment from the administration to fund additional services and support caseworkers in strategizing about new ways to meet clients' needs. As well, supervisors offered examples of strategies they used in their offices to support practice change, including discussion of HomeWorks principles during staff meetings; focusing on a "protective factor of the month;" creating a HomeWorks resource room; and even providing incentives to caseworkers. Another supervisor described her effort to create monthly challenges for caseworkers to encourage application of the protective factors during their home visits, but was unable to get approval to provide monetary incentives. Without incentives, the initiative met with limited participation from a small number of caseworkers. A final theme from frontline staff was the perception that communication from leadership was limited and they wanted to have greater input in planning and decision-making activities.

During the *third round of interviews*, respondents perceived that, for the most part, there was strong support and buy-in for HomeWorks among community partners. It was noted that there was some resistance early in the implementation rollout, but support had grown as partners gained greater understanding of the new approach.

Respondents from DCFS recognized that community support was critical to the success of the intervention. Collaboration among system partners was generally described as quite good, and was seen as a strength of the child welfare system. "I think up here in the Northern Region, there has been the ability for all the partners to come to the table and work really well together which really benefits the kids," a legal partner stated. Respondents within DCFS agreed with these sentiments, expressing the perspective that the Northern Region system partners generally shared the same goal of trying to do what was best for families, resulting in a lot of teaming and collaboration.

Given the perceived importance of community support and buy-in, a critical component of the implementation process was educating and communicating with community partners. The perspective shared by DCFS, particularly at the administrative level, was that communication with system partners was very strong, and that HomeWorks had become ingrained: "now it's just part of our conversations." Conversely, external stakeholders who participated in the interviews expressed the sentiment that communication about HomeWorks had dwindled since the initial rollout, and there was a need for greater communication to occur.

System partners generally supported the vision to keep children in the home whenever possible. Although there was generally a perception that considerable community support for HomeWorks existed, some partners continued to express concerns about implementation and how DCFS was ensuring the safety of children in the home. For example, a GAL, articulated that, "I think the concept is great, of course. I think, there needs to be more of a concrete plan to verify that the kids are safe." It was reported that seeing the research and the tools that were being used helped to address some of the concerns among community partners.

Respondents did note there was variability in the extent to which particular GALs, judges, and legal partners were on board. Reportedly, some partners continued to be resistant to certain aspects of the HomeWorks intervention, as implementation had shifted some of their roles and levels of involvement. The shift towards voluntary services and a decrease in court intervention, in particular, was seen as a

source of conflict. Among some respondents, particularly frontline staff, there was also uncertainty about the extent to which there was awareness and understanding of HomeWorks among various community partners. Staff at the frontline reported that they did not hear community partners talking about HomeWorks very much, and that they did not really see changes among external stakeholders that reflect adoption of the HomeWorks framework. Despite various training and communication efforts on the part of DCFS, it appeared that those on the frontline continued to encounter limited understanding and incorporation of HomeWorks among some community partners.

One area of particular concern was a perceived lack of political support for HomeWorks. Several respondents, both within DCFS and among partner agencies, articulated a need for greater legislative support. Responses indicated that the state office had been in communication with the legislature to explain HomeWorks and attempts to solicit support, but these efforts had not met with success. Lack of funding continued to be a significant challenge, and the legislature continued to push through budget cuts that limited the ability of DCFS to implement the array of service interventions necessary to meet the needs of children and families.

This limitation leads to the final theme emerging under the Environment domain during the *third round of interviews*, that of insufficient services and resources. Respondents described the need for additional resources as a constant struggle. Interviewees from DCFS expressed that they had good community partners, but the problem was simply the need to expand the service array and an overall lack of options to do so. Some respondents reported that the resource situation had improved somewhat, pointing to expansion of some intensive family preservation services, but limited service availability remained a considerable challenge. A number of respondents, on the other hand, reported that they had not seen an increase in resources since HomeWorks began. Specific services that were reported to be lacking included substance abuse treatment, particularly inpatient treatment, and domestic violence resources. Administrators mentioned that they were engaging community partners to explore options for expanding the service array, but the lack of funding for resource development presented a significant barrier.

In addition to a general lack of service availability, challenges with access to services were also identified. Numerous interviewees discussed lack of transportation, particularly in rural areas, which typically were far from service locations. Developing resources within rural communities was described as difficult since they generally lacked a sufficient client-base to sustain services. Lack of flexible office hours presented another barrier. In particular, the drug testing facility was mentioned by several respondents as having extremely limited hours of operation. Finally, long waitlists for services was reported as a significant problem. Respondents reported that the lack of sufficient services had a significant impact on the success of HomeWorks, reflecting that the current service array was not meeting the needs of children and families. Simply increasing the frequency of caseworker's visits was not enough to address safety concerns. The bottom line emphasized by respondents was that they needed to have the services available to implement HomeWorks effectively, "especially considering that services are essentially the backbone of HomeWorks." Respondents felt disappointed by the lack of resource development, which they had been told would be part of the HomeWorks implementation.

In the *fourth round of interviews*, respondents identified a number of strengths and challenges related to the DCFS organizational environment as well as the broader community environment. Within DCFS,

interviewees described support for HomeWorks among frontline caseworkers as variable. Most respondents agreed there was widespread support for the concept of keeping children in the home. With regard specifically to HomeWorks, however, it was reported that some staff had bought in to the intervention, while others still had not. The most buy-in reportedly was among new caseworkers because HomeWorks was the training curriculum they received on hiring and now, they accepted HomeWorks as "business as usual." One challenge identified was that some caseworkers who embraced HomeWorks preferred to have all in-home cases, but this was not possible in rural areas. Another barrier was that some families were resistant to services and "do not want our help."

Respondents pointed to several specific challenges they perceived to be barriers to obtaining greater staff support and buy-in. One challenge, was the basic nature of the child welfare field, characterized as a crisis-driven environment where it could be difficult to stay focused on implementation when caseworkers were constantly managing crises. A related issue was workload. Many respondents indicated that caseworkers were struggling with high caseloads, thereby presenting a challenge in meeting the expectations of HomeWorks to work more intensively with families.

Regarding external stakeholders and community partners, respondents perceived that, for the most part, there was strong support and buy-in for HomeWorks. It was noted that there was some resistance early in the implementation rollout, but support had grown as partners gained greater understanding of the new approach. Some respondents at the administrative level, for example, described how agencies specializing in foster care were especially resistant in the beginning due to the implications that there would be a decreased need for their services. Some of these agencies expanded their focus over time to include offering in-home services to families. Respondents from DCFS recognized community support as critical to the success of the intervention, including system partners sharing the same goal of trying to do what is best for families. Reports that there was a lot of teaming and collaboration for each family were summarized by one CPS worker, who expressed, "We try to build these teams of support for our families so that once we are gone, they still have this group of people there to help them."

Education and communication about HomeWorks with legal and community partners continued to be viewed as a critical component of the implementation process. Respondents noted numerous trainings and conferences that continued to take place in the Northern Region to inform community partners and stakeholders, such as GALs, AGs, and judges, about HomeWorks. The perspective shared by DCFS, particularly at the administrative level, was that support by system partners was strong.

Some DCFS respondents did note there was still variability in the extent to which particular GALs, judges, and legal partners were on board with HomeWorks. The shift towards greater use of voluntary services was noted as an ongoing source of conflict. A regional administrator commented on this challenge: "We have a couple of judges and guardians who feel like no family's problems will ever be fixed unless we bring them to court." A second barrier identified was that defense attorneys sometimes wanted to limit services to the initial allegation rather than accepting the service needs identified through the UFACET assessment. For example, the assessment could identify mental health and/or substance abuse concerns that the defense attorney does not want to acknowledge because they were not part of the original allegations. Another respondent noted that HomeWorks did not include any expectations for the court system to embrace its values and principles. In addition, as another participant noted, lack of control

was a challenge of child welfare: "Unfortunately, it is not a process the division drives. It is a process that we get to participate in."

In response to this challenge, several participants emphasized the importance of continued efforts to engage the judiciary including training and educational events. In addition, it was suggested that the state office – rather than the region – conduct some of the education because of a misperception by the judiciary that HomeWorks was not the standard statewide and it was not being implemented in other regions. Another emphasis was the importance of sharing data about family outcomes with the judiciary; specifically, that recidivism rates are not higher for families voluntarily served by HomeWorks than for those who go through the judicial process. The most favorable perceptions were about GALs, their willingness to participate proactively in team meetings and their awareness of what was on a family's service plan. There were mixed perceptions about AGs, with some respondents expressing that the AGs work for the Division and were on board, and other respondents stating that the AGs emphasized safety and removal too quickly and too often.

In summary, the perception of DCFS participants about external stakeholders and community partners regarding HomeWorks was that "there was still a little bit of a strain, but it is also not something that is super negative and high conflict." The belief was that the Division would continue to take a stand about being more client-centered and that not every child needs to come before the court in order to be safe.

The final theme under the Environment domain was insufficient services and resources for families. As in previous data collection phases, a number of respondents reported that they had not seen an increase in resources since HomeWorks began. Specific services reported to be lacking included substance abuse treatment, particularly outpatient treatment, and mental health treatment. Reports also pointed to crisis management services, such as food and housing options. "When people are in crisis, it is harder to teach what HomeWorks is, and it is harder to help people learn about resilience and all of these other things if their basic needs are not being met." A related theme was that while HomeWorks promised new funds for services, there was disappointment this did not occur, despite the needs assessment surveys that were conducted. One regional leader commented, "One of the major criticisms that our region had of that project was that we were promised that it was going to create all these new resources for us." In addition to a general lack of service availability, respondents identified continued challenges with access to services. Numerous interviewees discussed lack of transportation, particularly in rural areas, typically far from service locations. Another need identified was more prevention and family stabilization services, such as Families First.

The perceptions of respondents were that lack of sufficient services had a significant impact on the success of HomeWorks. Respondents expressed that the current service array was not sufficient to meet the needs of children and families. A related perception was that without needed services, HomeWorks would not be effective. One respondent described HomeWorks as the roadmap that describes what parents need to be successful, "but I do not think that HomeWorks is the answer to what the problems are."

Stakeholder Involvement

During early implementation, leadership conducted Q & A sessions with staff to learn more about what was working in the field and what was not. A suggestion that arose from the data was that these types of sessions should be recurring to find out what issues come up as HomeWorks progressed and implementation spread to new regions. Another stakeholder mentioned the challenge of a staged roll out with the IV-E Waiver, specifically trying to generate excitement in regions that would not experience changes for a few years.

There was mixed feedback during the *first round of interviews* about involvement of front-line staff, although there was agreement that it would be critical to sustaining HomeWorks and achieving positive outcomes. One sentiment was that waiver information flowed one way – from leadership – rather than truly involving front-line staff from the beginning. Another stakeholder felt that, although trainings had occurred and information was shared about waiver implementation, no one had asked caseworkers and supervisors who were in the homes on a regular basis what they thought should happen or what would improve services. Alternately, one stakeholder gave the example of involving two front-line caseworkers as well as two front-line supervisors on an implementation work group that developed a risk assessment tool (the UFACET). This workgroup also asked front-line staff to pilot test the instrument in each region. Feedback from the pilot test and frontline staff helped leadership refine the assessment process.

An example of early success at engaging external stakeholders was the role that Utah State University was playing in teaching families how to cook, budget, and focus on nutrition. Another example was a public relations staff line item added by DCFS using waiver funds to help with overall networking with the community. Although there were some strengths identified with involving external stakeholders, respondents generally felt that HomeWorks was not a community driven initiative, but rather a DCFS driven program. There were mixed feelings about why this was the case. Some stated that community meetings had not gone well, others felt they simply had not taken place, and a third sentiment expressed that it might be too early in implementation to engage some groups.

It was commonly reported that mental health and residential service providers had not really been engaged, in addition to drug and alcohol treatment services. Some respondents were concerned about the disconnect between residential services providers were currently offering and the basic goal of HomeWorks to prevent out-of-home placements. It was generally felt that three important stakeholder groups to target were GALs, judges and mental health providers. Sharing early outcome data with judges and the Office of the Attorney General was recommended as part of HomeWorks education efforts with external stakeholders. Another suggestion that emerged from the data was to involve legislators; for example, asking a legislator to serve on a Quality Service Review (QSR) team so they had a firsthand look at front-line service and casework.

In terms of implementation planning and family involvement, there was agreement among respondents that not much had been done to date, although some initial activities had been tried. DCFS leadership explained that foster parents had been involved, having an opportunity to share input through community cafes, but birth parents and children had not been involved at all. The Department did try to plan a meeting in conjunction with the Parent Advisory Group in Logan but ran into barriers. One, was local culture; the meeting was planned on the night of an important football game and had to be canceled at the

last minute. The other issue DCFS struggled with was the difficulty of trying to recruit former clients or recurrent clients to give feedback on how the Department could be doing things better. Given the challenges encountered, DCFS turned over the area of family and child involvement to a researcher at Utah State University who would run focus groups. DCFS hoped that a neutral third party may have more success in recruiting participants and get straightforward feedback.

In summary, findings from these initial interviews indicated that stakeholder involvement was mixed during the initial implementation of HomeWorks. Within DCFS there was strong leadership involvement in planning for implementation, including leadership from the Northern Region. Interviewees agreed that there was not much involvement of external stakeholders, such as the judicial system and providers during the planning stage. As roll out of the pilot in the Northern Region began, there was some outreach and education with the legal partners. It appeared that the judges and GALs in the region continued to have some reservations about in-home services but were open to dialogue with DCFS. Front-line staff reportedly were not involved in the early strategic planning phase for HomeWorks, but leadership was open to input and sought feedback from staff on how implementation was going, challenges they experienced, and what types of support they needed. Families and youth had minimal or no involvement in HomeWorks planning or implementation.

There were mixed responses during the *second round of interviews* about whether various stakeholders had been involved in the planning and implementation process. Many respondents said they were not asked to be involved, especially in the planning phases, and many were unaware of the extent to which different stakeholders were involved, family and youth in particular. According to several responses, however, DCFS staff seemed to have been well integrated into the implementation process and were taking ownership of some of the processes.

Some respondents spoke of many efforts to involve and educate community partners, including judges, GALs, and service providers, reporting they had seen “nothing but lots of communication, people working together and talking,” while others described the relationship with legal partners as “hit or miss.” One respondent pointed out that some of the lack of unity between the agency and the courts may be a result of handling voluntary HomeWorks cases internally, which meant that judges and guardians would not see as many of these cases.

While most responses at all levels indicated that family and youth were not asked to be involved in planning and implementation, many saw them as being involved in implementation simply by virtue of participating in the program and its new tools. Families were described as “using the tool” and reading with their children more, and some caseworkers were asking families what they wanted out of services and what was going to work for them. Ensuring that the families had a strong understanding of the process was important to several interviewees, yet there was still a sentiment that the agency was not “tapping into” family involvement.

Staff involvement was described mostly with reference to the implementation and feedback process. While most staff agreed that the implementation was a “top-down” process, some felt they had an important role in helping to develop the program. Several respondents felt that staffings and other meetings were important parts of the implementation process, and through these, staff could collaborate,

brainstorm, and share ideas and tools to help problem-solve common challenges faced by many others. Several respondents noted that their doubts and concerns were heard and that "the state" listened to their feedback and suggestions. The data indicated that, overall, staff were more "in charge" and were running staffings and meetings as well as coming up with agendas and plans.

In the *third round of interviews*, respondents expressed varying perspectives with regard to ways in which staff had been involved with the waiver planning, decision-making, and implementation. Responses from the administrative and management level emphasized efforts to involve staff. The administrative team and supervisors in particular were described as being heavily involved in planning and decision-making processes. Administrators also indicated that there had been concerted efforts to engage caseworkers in the process, such as including them on panels or workgroups.

In contrast, however, some respondents indicated that staff involvement had been limited or that their involvement did not have a meaningful impact on the project. For example, some expressed that initially there was greater staff involvement up-front, but there was a sense that staff input did not result in the changes needed. Caseworkers who participated in interviews, for the most part, expressed that their involvement in planning and decision-making processes had been limited. Caseworkers stressed that their perspectives and experiences were critical to informing the implementation process since they were more grounded in the current realities of families and the barriers that were encountered in the field.

Responses also indicated a lack of joint planning efforts with external stakeholders, with differences in perceptions of "involvement" emerging between respondents from DCFS and other stakeholders who participated in interviews. Among DCFS respondents, trainings and presentations provided to external stakeholders appeared to be interpreted as "involving" external stakeholders in the implementation process. These meetings and trainings were described as the primary means for garnering community support.

Responses overall indicated there had been substantial efforts to communicate with system partners about the goals of HomeWorks and what it meant in terms of changes in child welfare practice. It was less clear whether information about the impact HomeWorks had on child and family outcomes was communicated to these partners. There were no examples offered about ways in which these stakeholders had actually been engaged in planning, decision-making, or implementation efforts.

The lack of involvement of external stakeholders in such processes was made even more apparent in the responses provided by those who were interviewed. Two AGs, three GALs, and two judges participated in interviews; while some acknowledged they received training on HomeWorks, they all explicitly stated that they were not involved in planning efforts. As one stakeholder clearly articulated, the notion of 'involvement' typically implies having the opportunity to provide input, share opinions, and even make suggestions. These seven respondents from external agencies were all unaware of any such opportunities to participate in planning or decision-making activities.

Finally, the majority of respondents indicated that families had not been asked to provide input about HomeWorks or been engaged in planning or decision-making processes related to HomeWorks. Several respondents did discuss ways in which families were engaged at the practice-level, emphasizing that

families participate in the UFACET assessment and provide input into their own case. Respondents generally indicated, however, that families were not involved at a broader system-level. At the same time, family input was perceived to be valuable and important among many respondents who expressed beliefs that greater family input would facilitate buy-in and help the child welfare system to better meet the needs of families and children. In this regard, there was considerable support among respondents, and particularly among frontline staff, for creating opportunities for greater family voice and participation at a system-level.

There was limited discussion in the *fourth round of interviews* about stakeholder involvement with waiver planning, decision-making, and implementation. Regarding the involvement of DCFS staff, one respondent noted the lack of involvement of CPS in HomeWorks implementation, "The CPS team from the very beginning was left off the HomeWorks boat." Examples offered included lack of involvement in the mandatory roll out training activities and a mandate for certification in the UFACET, yet not using it. Another DCFS respondent commented on the importance of letting caseworkers have a voice in the ongoing implementation and revisions to HomeWorks.

Responses also indicated a lack of ongoing planning efforts with external stakeholders. The perception of the external stakeholder respondents was they were initially encouraged through trainings and receiving written information about HomeWorks, but this communication had not occurred for the past two or three years.

Organizational Capacity and Infrastructure

During the *first year of implementation*, most respondents felt that the current DCFS policies and procedures were well-aligned with the waiver goals, and reported that historically DCFS policy had supported in-home services. Some revisions to policies and procedures occurred prior to the start of the implementation roll out, including development of policies and procedures for the new assessment protocols and incorporation of the Strengthening Families Protective Factors Framework (SFPF). DCFS received technical assistance from the National Resource Center for in-home Services (NRCIH) and the Center for the Study of Social Policy (CSSP) on the development of in-home practice guidelines and incorporation of new practice principles into the pre-existing DCFS practice model.

Respondents perceived that HomeWorks fit well with and built upon the pre-existing practice model, although some noted that there was still work to do in further developing and revising policy. In-home practice guidelines, in particular, were reported to be "sparse" and "outdated." Guidelines for determining what cases were appropriate for in-home services and what cases required removal also arose as an issue of concern among respondents, especially for external stakeholders such as judges and GALs. Shortly into implementation, there were concerns that Structured Decision Making (SDM) was not being used as intended because the policies were not adequate, and a workgroup was assigned to clarify those practice guidelines.

One challenge identified by respondents was a perceived disconnect between policy and practice.For example, although most felt that the written policies were aligned with the goals of the waiver, there were some perceptions that practice did not always follow what was written in policy. From the leadership perspective, there was a need to change the mindset of some front-line caseworkers. From the perspective

of front-line caseworkers, on the other hand, policy was not always realistic or informed by experiences in the field; this could be another reason for some of the disconnect between policy and practice.

One strength of the waiver reported by respondents was an openness among the leadership to obtain feedback from front-line staff and learn from their experiences as they attempted to implement HomeWorks at the practice level. DCFS leadership had been collecting feedback from front-line staff about what was happening on the ground, including what was working and what was challenging in terms of implementation, so that the approach could be revised and refined as they moved forward with the waiver roll-out. Respondents reported that they would need ongoing technical assistance at the leadership level around implementation, including guidance on effective implementation processes and ensuring sustainability.

Training was identified as an important component of the organizational infrastructure to ensure staff had the necessary knowledge and skills to implement policy and procedures effectively into practice. New procedures that were introduced to the pilot sites included the SDM assessment for CPS caseworkers, the new case transfer process from CPS to the in-home worker, and the HomeWorks practice model. One concern was about who received the HomeWorks training: stakeholders expressed that it was important for all caseworkers to receive the full training, including CPS and foster care caseworkers, so that everyone knew the model.

Another concern expressed was that the trainings did not clearly translate for caseworkers into how to implement new procedures into practice. Challenges with the implementation of SDM by CPS caseworkers were identified early on, as there were discrepancies in when and how they were using the tool. A CPS workgroup was put together to investigate and address the problems that were occurring. Their conclusion was that caseworkers did not fully understand how to use the tool correctly and lacked the support needed to implement effectively. In response, the workgroup began developing regional experts to provide ongoing support and technical assistance in implementing SDM.

Similarly, caseworkers expressed concern about how to know if they were implementing HomeWorks into practice effectively. Regarding the UFACET tool, specifically, there were questions about how to actually use the results of the assessment in their casework, as well as a need for more specific guidelines on how to administer the instrument. The instrument received a mixed response during the first round of interviews. Some caseworkers found the UFACET to be a useful tool for assessment and case planning, while others did not find it very useful and primarily saw it as extra work. In addition to the new assessment tool, caseworkers expressed that they would like to have more tools and resources they could take into the home, such as activities they could do with the family, lesson plans, books and tools to provide more structure to in-home sessions.

Overall, respondents perceived a need for ongoing training and follow-up sessions, as well as ongoing technical assistance at the front-line to ensure effective implementation. In addition, caseworkers always needed resources and experts available to them to answer questions and problem solve with implementation struggles. To address implementation questions and needs among front-line staff, DCFS implemented staff “brown bag lunches” that focused on practice implementation. Some caseworkers

found these sessions very helpful and appreciated the initiative taken by leadership to get involved at the front-line level.

Considerable concerns were expressed about the skills and competency of caseworkers to provide in-home services. A common perception, especially among external stakeholders, was that there was great variability in caseworker skills. Judges and GALs wanted to see the "best" caseworkers assigned to HomeWorks cases because of the higher level of risk involved. Furthermore, they emphasized that they needed to see more detailed and specific plans to address the risks in the home. Concerns were identified, with regard to the lack of clinical training and skills of caseworkers and the implications for caseworkers' ability to appropriately assess the family. To help with addressing some of the clinical concerns, DCFS included clinical consultants to serve as advisors on the HomeWorks teams.

Retention of caseworkers was another critical issue raised in the interviews. At some offices, there were a large number of new and inexperienced caseworkers, including supervisors. One of the positives that arose out of this situation was that these caseworkers had no previous notions about what things were like before the implementation of HomeWorks, so they took to the model more quickly than some of the more seasoned caseworkers who were used to "the way things were before." Judges and GALs expressed concern about inexperienced caseworkers taking these cases, given the higher risk that was involved. Front-line staff had significant concerns about the implications the waiver might have for their workload. Efforts had focused on keeping caseloads lower and workloads reasonable for HomeWorks cases, using a weighted caseload system that was being tested in the pilot region, but there were also questions raised about the long-term sustainability of these lower caseloads and what the implications would be if they could not be sustained.

Another theme arose concerning supervision and quality assurance processes. Respondents emphasized the importance of monitoring, supervision, and coaching to ensure effective implementation: "We need to do things with fidelity and sustainability. Good training, mentoring, supervision. I think that it means that the local implementation teams and program administrator team need to keep an eye on data and how things are being performed." These processes appeared to be severely lacking. Leadership was working on identifying what kinds of reports and data would be useful, reporting that the quality assurance system was largely still in development.

During the *first round of interviews*, supervision emerged as an area of considerable concern, with respondents indicating there did not seem to be any clear or consistent supervisory processes in place. During strategic planning meetings in the fall of 2013, there was discussion about the need to identify a coaching and supervision framework; however, it appeared that no framework had yet been implemented. Respondents stressed that caseworkers needed ongoing coaching and mentoring to support the development of new skills. In addition, they also needed regular feedback about practice strengths and needs. Another challenge was that supervisors were learning the new practice and processes at the same time as caseworkers, so they did not necessarily have the expertise to provide the coaching and mentoring that was needed. Front-line staff and supervisors expressed that no one monitored practice fidelity, and no one shared data with them related to quality of practice.

Funding to support in-home services emerged as the last major theme during the first round of interviews. Respondents emphasized the reallocation of funds from foster care to in-home services as key to this project and were very supportive of this concept. There were concerns expressed about the sustainability of funding, however. Respondents perceived that more funds were needed to fully support the program, and that legislative support was necessary to allocate state funds to in-home services. In addition, respondents expressed a need for funds to go towards broadening the current service array and to provide needed services for families that "fall between the cracks." In the current system, there were families that either did not "fit" the services currently available through DCFS, or that did not have insurance and did not qualify for Medicaid. These families were unable to get the services they needed. Furthermore, some services that were previously available had been cut or reduced over the years due to lack of funding. DCFS leadership hoped to free up more foster care funds in the future to support the development of programs to meet identified needs and service gaps.

Some major themes related to organizational capacity and infrastructure from the *second round of interviews* included funding problems, caseworker competency, training fulfillment and need, and use of assessments. Respondents also made several comments about specific policies and procedures that were not aligned with HomeWorks implementation.

Interviewees were very vocal about funding challenges, particularly their dismay about a hiring freeze that was in place. People described the hiring freeze as having a significant effect on program outcomes. The hiring freeze, coupled with what many perceived as an increased workload, led to what one respondent described as a "perfect storm," where less funding, hiring restrictions, and more work combined to make it nearly impossible to perform well. Several respondents expressed frustration with the restrictions on how funding could be used, including Medicaid and private insurance, which had their own restrictions on funding services, especially mental health services. Funding restrictions also applied to using funding for more necessities, like "groceries for two weeks" or rent one time, which respondents felt would alleviate some of the immediate stress on the family and also provide more emotional security. In general, respondents called for the agency to contract with more providers, especially in the private sector, and for community resources to "come on board with the strengthening families' model" so that families could still access services after cases were closed.

Although there was some perceived growth in caseworker confidence and ability following the implementation of HomeWorks, there were several areas that interviewees highlighted as needing improvement. One area of concern was whether caseworkers could properly evaluate mental health and clinical issues. Another commonly discussed issue was that caseworkers sometimes had difficulty in assessing risk and that there were discrepancies in how caseworkers assessed risk levels. On the other hand, there was one description of caseworkers becoming "experts" in HomeWorks and supervisors seeking them out for input.

In terms of training, DCFS staff mostly agreed that there was a significant amount of training at the beginning of the implementation, and that it was necessary and helpful. Even though there was not as much formal training afterwards, many respondents viewed "brown bags" as beneficial continuous training, and as "crucial for idea exchange." Several respondents discussed the "activities" piece of the HomeWorks program and had difficulty understanding how games and sidewalk chalk activities, for

example, related to the overall mission, or they saw this type of interaction as "condescending." This aspect of the program coincided with what some respondents saw as a need for more training on "engagement skills," or "connecting the dots" on how program components related to the new philosophy.

There was also frequent discussion of CPS needing additional training, as some respondents saw them as inappropriately applying HomeWorks to high-risk cases, such as sex abuse or serious drug cases. CPS was described as being "out of the loop" when others were trained, and many respondents felt they needed further training to "catch up." External partners, on the other hand, noted the absence of training after the initial implementation. Legal partners like GALs residential services and attorneys said there was "quite a bit of training" in the beginning, but that some of it was "mushy," meaning it was not very relevant to their role (referring to SDM). Some stakeholders described the training they received as very little, and included only materials, presentations, or a "casual meeting."

Respondents' discussions of assessments reflected a wide range of familiarity with and opinions about the utility of tools introduced in the HomeWorks rollout. Some caseworkers said they liked the UFACET (often better than CANS) in that it helped identify weaknesses with a family and they could target their interventions to specific needs, such as drug use. Others said that UFACET felt more "cold" and "jumps from subject to subject," and did not provide a result or suggestion like the CANS assessment. There were several calls for streamlining assessment tools. One respondent spoke of not trusting the tool's safety assessment, believing it scored outcomes with lower risk than the worker's observations.

Supervisors spoke of their lack of confidence in coaching around the UFACET because they did not use it. With regard to SDM, most respondents who discussed it said that it was very helpful, and it was a better way to articulate why a situation was bad rather than a "gut feeling." One judge described its helpfulness in decision-making and wanted it submitted frequently to help evaluate cases. Many respondents noted their desire to see more evidence that HomeWorks was "working" in order to have a stronger "attitude shift."

Although many respondents indicated that policies and procedures were generally in alignment with the goals of HomeWorks, they also pointed out specific instances where they felt there was misalignment. For example, when children were placed with relatives, it was unclear how or to whom to provide services. Another respondent noted that the policies and procedures could better match the ebb and flow of when services were needed, adding that there was often an influx of cases around the time school ends, as school personnel wanted to make sure children were taken care of when they were not in school. Caseloads went up accordingly. Finally, a CPS worker discussed the need for having more room for time extensions in order to appropriately determine needs in some cases.

Overall, data from the second round of interviews indicated there had been progress in addressing many of the challenges identified during the first year. Many respondents agreed that caseworkers were growing more comfortable in processes and engaging more with families, which was seen as a positive for the program and organization overall. However, there was still concern about caseworkers' ability to properly assess safety and that some were still operating with a mindset of "fear and liability." There were more positive discussions of engagement with the UFACET and its use as a tool through which families could

voice concerns and focus on most needed areas for services. Regarding judicial processes, respondents discussed efforts to keep HomeWorks cases out of courts because too many people become involved and families get overwhelmed with responsibilities to so many parties. There were also calls for more SDMs being "brought into the courtroom" so that judges could better see how risks were being evaluated. Respondents mentioned the need for reviewing the coaching and mentoring processes, and that these components currently required a lot of attention. The region had implemented mandatory two-hour refresher trainings for caseworkers. Finally, respondents were still interested in seeing evidence-based research on whether HomeWorks was "paying off."

Findings from the *third round of interview* indicated that policies and procedures were generally aligned with the goals of the waiver and revisions to align with HomeWorks practice had been made as needed. It was noted that changes to DCFS policy happened quickly when a policy was identified as inconsistent with the HomeWorks philosophy. A few areas for improvement were indicated. Primarily, interviewees described inconsistency between legal procedures such as court orders and casework practice that was guided by the UFACET and Structured Decision Making (SDM) process. In addition, interviewees reported that high caseloads had a negative impact on HomeWorks practice, indicating that caseload guidelines be changed to be consistent with the HomeWorks model. It was also suggested that DCFS policies could offer more structure and guidance for caseworkers and supervisors to implement HomeWorks practice successfully.

Interviewees described several important factors related to training and technical assistance needs. First, at this point in the waiver and HomeWorks implementation, most interviewees expressed a preference for ongoing shorter refresher training and coaching that would reinforce the initial HomeWorks training. Specific topics of interest were protective factors, structured decision-making, and coaching. One respondent commented that new staff was at a disadvantage because they had not received the in-depth training that accompanied the Northern Region rollout. Interviewees also acknowledged that because the Northern Region was the first to implement HomeWorks some of the training was not cohesive or inclusive of all necessary elements and required subsequent training as new components were added. In addition, it was reported that not all leadership received training on the Outcome, Scaling, Know-how and Resources, Affirm and Action, and Review (OSKAR) coaching model and the training that was received was not comprehensive enough to fully implement the model. Interviewees external to DCFS, including judges and GALs, reported receiving little or no HomeWorks training or information. These stakeholders requested more information on the UFACET and SDM process, to understand the suggestions caseworkers made based on these tools.

Interviewees were asked to comment on the extent to which caseworkers had the necessary knowledge and skills to implement the waiver successfully and whether any skill building was still needed. Several interviewees emphasized the importance of individual caseworker skills and utilizing a strength-based approach to the success of HomeWorks. However, it was noted that high caseworker skill could not overcome the challenge of high caseloads and an inadequate amount of time to dedicate to each family. Interviewees indicated that leadership's modeling HomeWorks skills, such as parental resilience, would be helpful for caseworkers. In addition, respondents requested a specific and directive HomeWorks teaching guide for caseworkers. Interviewees suggested that caseworker skill level might benefit from

more training and coaching in these topics: SDM, translating HomeWorks to language and practice that is family friendly, safety planning, and managing voluntary cases.

Interviewees identified several strategies used to improve family engagement including: completing the UFACET to get to know families and build rapport, using HomeWorks activities during home visits, having a strength-based approach, and always treating clients with respect. One interviewee made the suggestion to use HomeWorks with families at the beginning of a case to overcome engagement challenges. Spending face-to-face time with families in their homes was identified consistently as an important factor in building family engagement and a beneficial aspect of HomeWorks. However, as stated previously, high caseloads had a negative impact on family engagement.

Also noted regarding caseworker skills, stakeholders expressed the need to tailor the HomeWorks and protective factors language to fit the needs and skill level of each family. The need to balance using the model and meeting basic needs with families in crisis was also emphasized. Another respondent identified a for Spanish language HomeWorks materials. Finally, a judge voiced their desire to treat parents with more respect within the child welfare system overall: “I wish the system in general treated them more like parents with problems than criminals. And I do think HomeWorks may be designed to get away from that mentality, but it’s still an adversarial process.”

Interviewees identified both strengths and needs related to using the UFACET tool. Identified strengths included: helping to identify family needs and guiding service recommendations, informing level of risk, strengthening family engagement and building rapport; moreover, it was a transparent assessment process, completed collaboratively with parents. One of the reported challenges of using the UFACET to inform service referrals, was that resulting recommendations were not necessarily consistent with court ordered service requirements, making it more difficult for caseworkers to engage families in service planning.

A consistent theme related to supervision was the use of coaching to support professional development and skill building of both supervisors and caseworkers. Interviewees reflected that coaching was still relatively new, and staff were continuing to determine how it could best support practice improvement. Some reported holding structured monthly or weekly coaching sessions with supervisees, and others reported using coaching on an as needed basis. Several interviewees found the OSKAR coaching model to be a helpful guide to the coaching process. Other supervisory strategies to support best practice included: shadowing caseworkers on home visits, helping to translate HomeWorks into family friendly and developmentally appropriate language, attending family team meetings, observing and assisting with caseworker’s completion of the UFACET, holding monthly individual staffings, and pairing caseworkers who were early HomeWorks adapters with those who needed support.

Interviewees shared mixed feedback concerning the quality improvement process being used in the HomeWorks implementation. They found that data was being received to inform decision making and identify areas for practice improvement, but access to data varied by staff level. For example, stakeholders in leadership roles had access to state and regional data, while caseworkers and supervisors relied on qualitative case-level information. Caseworkers and supervisors reported processes used to assess quality and inform practice; these included: reviewing cases for use of HomeWorks language and

practice, the quality case review process, caseworker-supervision meetings, team meetings, and the use of HomeWorks resources such as binders, handouts, the website, and training. Interviewees at the administrative level reported receiving state level HomeWorks data and meeting with state leadership to review data on a quarterly basis. Regional leadership also reported the use of case-level data, shared by supervisors to encourage and recognize quality caseworker practice in the region. To know whether HomeWorks was successful, interviewees expressed a desire to see longitudinal outcome data comparing pre-waiver to post-implementation measures, such as length of time in care and recidivism rates.

Concerning waiver funding, overall, interviewees emphasized the need for increased funding and resources to support HomeWorks implementation. Specifically, it was stated that increased funding was needed to hire more caseworkers and increase caseworker pay to reduce caseload size and turnover. Additionally, interviewees expressed frustration with not being able to help families more easily with basic needs such as electricity and food. Increased funding for access to and availability of services was identified as a need, specifically substance abuse treatment and mental health services, where there was reportedly a waiting lists to see a therapist. It was also noted that funds were needed for HomeWorks materials for family activities.

During the *fourth round of interviews*, several themes emerged that were consistent with previous findings. Some interviewees commented on the importance of individual caseworker skills and utilizing a strength-based approach to the success of HomeWorks. A second strength noted was the UFACET, because it required caseworkers to focus on concrete supports as well as a targeted approach to services that would be helpful to a family. Another observation was that using evidence-based tools such as the UFACET made casework practice more consistent. However, one participant noted that high caseworker skill levels could not overcome the challenge of high caseloads and a lack of resources. One interviewee pointed out that in-home cases were more time intensive, because the risk level determined the number of home visits each month; for example, high-risk cases were to have home visits three or four times each month and creating a family-specific safety effort took more time and effort.

Interviewees identified several strategies to improve family engagement. These included taking time to build trust with families, especially those with previous contact with DCFS. One interviewee made the recommendation to use HomeWorks with families at the beginning of a case to overcome engagement challenges. A judicial respondent identified the use of voluntary services as a strategy for engagement because the focus could be on helping parents to be better parents without the pressure of judicial involvement. When there was judicial oversight, this respondent discussed the importance of communication with parents so that they understood the process and and what steps they needed to take. “If those parents do not understand what is happening, I think they get confused, they get worried, and they get defensive.” As stated previously, respondents noted that high caseloads had a negative impact on family engagement. As described by one interviewee, higher caseloads meant that caseworkers were just “putting out fires and trying to stay afloat” rather than having the time to do activities with families and connect them to resources and services.

Similar to the previous round of interviews, a consistent theme relating to supervision was the use of coaching to support caseworkers’ professional development and skill building. When asked about the components of the coaching sessions, both supervisors and caseworkers agreed that the sessions consisted

of case staffings. Respondents consistently indicated that role-playing was not used during supervision. Many respondents reported structured monthly sessions with supervisees, and others reported coaching on an as needed basis. One interviewee mentioned use of the OSKAR coaching model. However, the interviewee noted that OSKAR was used less frequently and/or completely now that supervisors and caseworkers knew the HomeWorks model. Other supervisory strategies to support best practice included: reviewing the UFACET and case plan for each family, monthly individual staffings, and using experienced caseworkers as coaches and mentors with new staff. In discussions with supervisors about coaching, the perception was that HomeWorks was one of many topics that were reviewed

Overall, interviewees emphasized the need for increased funding and resources to support HomeWorks implementation. Specifically, two respondents discussed the need to reduce caseload size: "I think we really need to reevaluate what an appropriate workload is, feels like the load is unmanageable at times for our caseworkers." Another concern was not being able to help families with basic needs such as electricity and food. It was reported that each of the CPS supervisors had a team budget, which could be easily accessed by CPS caseworkers to help "bridge the gap" when families were experiencing short-term financial challenges. Examples of how these funds were used included repairing a washing machine or a water heater, paying an electric bill, or paying rent for one or two months. After the waiver ends, the concern was that these funds would disappear, and more children would come into care.

Respondents reported a number of strategies they believed contributed to the region reaching saturation, defined as the point when case managers were consistent in their implementation of HomeWorks. At the organizational level, activities mentioned included: a strong emphasis by state and regional leaders on the implementation of HomeWorks; the mandate for UFACET certification; the creation of a common language and frame of reference for practice; and training events and activities including pre-service trainings for CPS caseworkers. At the caseworker level, strategies noted included: helping caseworkers learn how to utilize the resources in HomeWorks: increasing worker accountability by having caseworkers share the activities they were using with families and their success stories; mentoring and coaching by supervisors; and open communication about what was working and what was not working with individual families. The strongest theme that emerged about saturation was the importance of state and regional leadership focus on HomeWorks.

The *final round of interviews* also included a question about facilitators and barriers to the sustainability of HomeWorks. Two themes emerged about facilitators: a continued focus on HomeWorks by leadership at both the regional and state levels, and tools for caseworker practice that will continue after the waiver ends. Several respondents identified training and technical assistance as key strategies for sustainability, offering examples such as monthly HomeWorks meetings organized by supervisors where caseworkers shared responsibility for planning the agenda, ensuring that HomeWorks was included in pre-service training for CPS and caseworkers, the state office distributing "HomeWorkables," and concrete supports from administration, including "new ways to connect with families," short videos and monthly emails addressing a specific topic related to HomeWorks.

Stakeholders identified two specific tools, the UFACET and the structured decision-making model, which they believed would be sustained. Many respondents found the UFACET was a highly valuable tool for casework planning, rather than assuming what families needed without talking to them about their needs.

One supervisor discussed how valuable the UFACET was for caseworkers: "A lot of my workers really enjoy the UFACET… they love using it to engage with families to assess their needs… We use it all the time and it helps us pinpoint what services are needed for families." In addition, administration demonstrated its support by mandating UFACET certification for administrators, supervisors, CPS and caseworkers. Another structured support for CPS was noted: "When we go in and close our case, we have to spell out those protective factors and what is… what falls under that protective factor for each family."

Discussions identified funding as the greatest barrier to sustainability, including funding for caseworker positions so their caseload is manageable and funding for services and supports for families. Regarding funding for services, the concern was that, for some families, those resources are what made it possible to meet their needs in the home and stay outside of the dependency system. "We do not want to be bringing kids into foster care so that they can get the services they need," a respondent explained. Another respondent expressed a concern about some community partners buy-in for HomeWorks, describing a cloud of skepticism that remained: "I think the fact that we choose to work with families in the home, outside of the court system, I think that makes some of our community partners a little anxious and nervous."

Waiver Impact

In the *first round of interviews*, respondents' perceptions about HomeWorks impact on child welfare practice - both potential and actual – reflected the waiver's very early stage of implementation. In general, stakeholders reported that focus shifted toward utilizing in-home services and there was greater flexibility concerning how to increase child safety without placement into foster care. For example, allowing or offering parents temporary respite to alleviate immediate risk factors without requiring court involvement or a foster care placement was mentioned as a safety plan option not considered prior to HomeWorks. Court personnel, stakeholders reported cases being recommended and accepted for Protective Services at case initiation, when in the past, prior to HomeWorks, these cases would have resulted in the child being removed from the home. Some respondents expressed concern that HomeWorks might lead to over utilization of in-home services, even when high risk indicated a need for court involvement. Some stakeholders perceived that this had already occurred, with serious implications for child outcomes.

The first round also saw emergence of a primary theme regarding positive impacts and strengths of HomeWorks; specifically, it offered caseworkers the opportunity to spend more time with families in their homes, thereby allowing them to build stronger relationships with parents and children and better understand their strengths and needs. Stakeholders added that an increase in caseworker home visits was an expectation of HomeWorks and they were already seeing this take place.

Stakeholders also expressed their belief that it was more effective to work on parenting skills when children remained in the home. Potentially a facilitator of the HomeWorks model, was its perceived alignment with traditional social work values and some caseworkers' preference to work with a family within their home.

Although strengths and optimism toward HomeWorks were expressed, respondents also indicated that the components, primarily the use of UFACET and SDM, had been implemented in varying degrees within the pilot region. Representatives of the court system expressed that they would like to have ready access

to completed assessments and increased communication with caseworkers in order to build confidence in case recommendations made as a result of the assessment process. Furthermore, although the intent was to develop specialized in-home teams, findings indicated that caseworkers were not just doing in-home; they were still carrying foster care cases, and for some staff, more foster care cases than in-home.

HomeWorks' impact on practice was also viewed in regard to workforce capacity and development for caseworkers. To be fully staffed, many new caseworkers were hired prior to and during waiver implementation. Some expressed this as a potentially positive factor, since new caseworkers would be trained in HomeWorks at the beginning of their employment. However, others expressed this as a challenge because new caseworkers typically carried smaller caseloads. Related to supervisory practice, it was noted that supervisors were learning HomeWorks at the same time that they were responsible for training caseworkers in the new system. Supervisors also indicated that as the role of caseworkers shifted toward working with families in the home instead of foster care, the role of supervisors also shifted toward having more "hands on" opportunities to mentor caseworkers on issues such as family engagement in the home environment. Furthermore, DCFS' high rate of caseworker turnover in the first year of implementation, was identified as another factor impacting supervisors' workload and the workload of existing caseworkers, both contributing to slowing the pace of implementation.

The lack of sufficient time was reported as a potential barrier to HomeWorks implementation. The frequency of in-home services family visits was considered a positive aspect of the model; however, respondents raised caution about the amount of time this would require of caseworkers. The expectation of frequent visits to ensure child safety was inconsistent with the concern that caseloads would not be low enough to meet the expectations. Time came up as a factor for other stakeholders as well, including CPS caseworkers and GALs. Given the desire and expectation that partners participate in consultative team meetings for in-home cases and potentially partner with caseworkers, some were concerned that they would also need reduced caseloads.

An expansion of the service array was emphasized as necessary for in-home services to be successful. As well, increased communication was needed concerning changes in the service array and availability of services to support children remaining in the home. Stakeholders indicated they understood the waiver would include an expanded service array, but it was not clear what that would mean.

A consistent factor that emerged from the analysis was that to move to the next stage of implementation and see the desired impact, stakeholders needed to develop confidence and trust in HomeWorks. For example, CPS caseworkers and caseworkers needed to trust that community supports for families receiving in-home services would be available and accessible. The court system, including judges, attorneys, and GALs, would need to have confidence in CPS and caseworkers' ability to communicate consistently and comprehensively about risk assessment, family status and service activity; they would also need to experience consistent and sufficient caseworker practice to support in-home services.

Findings indicate that the impact of HomeWorks on GALs had not been realized in the early stage of implementation; however, concern was expressed that, due to a lack of court involvement, GALs would not be included on in-home cases early enough in the process to be responsive if a family did require court involvement. While these concerns were noted, Department leadership and court personnel clearly

expressed their desire for GALs to be involved on in-home cases to represent the rights of the child. Similar views were expressed about the impact on the court system and the role of judges. The power of judges and the legal system in child welfare decisions was emphasized, and the need for judges to have confidence in the HomeWorks model and caseworkers' abilities (as previously mentioned) in order for the waiver to be successful.

Regarding program impact during the *second round of interviews*, two salient themes emerged regarding changes in practice for both DCFS and legal partners: palpable differences in engagement with families and repercussions for the organizational atmosphere. Changes in practice were most noted by caseworkers, who agreed widely that they had stronger engagement with families, including more open communication, more time, and more working with them on their goals. Even external partners agreed, noticing that caseworkers were doing more frequent visits and were more "hands-on" with families. Several respondents spoke of being able to use the tools to effectively help families in a targeted way, rather than just "checking up on them." Caseworkers also discussed taking more initiative and being creative in finding resources to help families meet their needs. However, there was a perception from the legal community that caseworkers were reluctant to ask for removal, even when they should, or that they were set on the idea of keeping children in the home.

From the judiciary side, interviewees noted that judges appeared to be "on board" with HomeWorks and were using the language, and drug courts were showing interest in how HomeWorks could help with their families. Respondents from the judiciary stated their desire to see more information from caseworkers in terms of how often they were visiting families, how they were providing services to safely keep children in the home, and what specific tools they were using to make decisions. Concern was expressed over what some saw as a focus on program success undermining child safety. This was paired with uneasiness about judgment calls on which cases would be HomeWorks cases. One judge observed that there were more requests for removals for higher risk situations, which had been allowed, but only with very specific court orders to ensure child safety. This speaks to the slightly increased support perceived by respondents from the judiciary.

Attorneys also noted a change in philosophy: "In situations where previously we would've viewed the risk as too high, now we slow down and think about if it's possible to keep kids at home;" the belief, however, was this meant, at times, children were not safe in the home. A GAL respondent also said that they might not ask for removal immediately and would instead ask more questions and give it a chance, when previously they would have removed a child. In addition, many respondents felt that the HomeWorks program was providing services that were more preventative, allowing the agency to deal with problems on the front-end, before they got "out of control." Respondents noted that this preventive aspect helped to eliminate some involvement with courts and ultimately, help to genuinely strengthen the family.

There were many positive responses that pointed to increased family engagement and well-being as a result of the waiver. Some respondents described seeing children benefit from the activities and therapies or observed how playing games with children helped them with specific needs, even though the children only saw the games as fun. Other respondents remarked that parents were using and implementing HomeWorks tools in their lives, reading with children, and "doing what they're supposed to be doing."

On the other hand, some respondents felt that budget restrictions meant parents were not being drug tested enough to ensure safety and proper safety plans were not always in place.

The impact on the general organizational atmosphere was expressed in terms of an unrealistic workload and lack of services, leading some respondents to conclude that the program was "backfiring really fast." Many responses also emphasized that whether children or families had Medicaid significantly affected their ability to get proper treatment. Several respondents added housing was also problematic; even if families were approved for housing, there was a long wait to gain entrance, which was not previously the case. There were also multiple discussions of some cases just not fitting the HomeWorks model, such as parents with chronic substance use problems.

In the *third round of interviews* regarding waiver impact, respondents discussed three levels of impact. First, they discussed impact on the legal process, including GALs, the judiciary, and removal decisions. Second, they discussed impact on practice, inclusive of CPS practice, supervisory practice, caseworker practice, family engagement and family well-being. Third, they discussed impact in terms of impact at the organization and services offered.

The dominant theme regarding impact on GALs was an increasing positivity toward in-home services rather than removals. This was attributed to: the shared value that children were better off remaining at home, if the necessary services were there to support child safety; increased partnering between DCFS and the GALs at staffings; and GAL's increased knowledge of and confidence in DCFS assessment data such as SDM and risk level. This collection of interviews was the first time GAL respondents articulated that there were some fetal exposure cases where they were now willing to try leaving infants in-home with the right context and supports. One GAL respondent explained that, in cases where the mother had been testing clean, had moved in with a grandparent, was cooperative, or if the father was clean and willing to care for the infant, then with the right supports the removal of the infant into foster care was no longer necessary.

From the perspective of caseworkers, they also noticed that they were winning GALs over by demonstrating positive results with in-home services. One stakeholder interviewed mentioned that the waiver had caused those designing service plans, such as GALs in collaboration with DCFS, to think outside the box about what could benefit each child and to reach out to resources that would not have previously been considered. Second, caseworkers reported increased contact and partnering with GALs, particularly at case staffings. Finally, the third way that GALs were reported to feel more comfortable with increasing in-home services as opposed to removing children, was a better understanding of and confidence in case specific assessment data. Caseworkers described having this data as a way of facilitating conversations with GALs in areas where they had specific concerns.

Results of the waiver's impact on judges were murky. There was obvious confusion both on the side of the judiciary and on the side of DCFS. Across interviewees, responses were fairly unanimous that there was little if anything said about the waiver impacting judge's decisions to keep a child in the home versus remove. Instead, respondents said that what impacted removal decisions was which judge heard the case and the judge's interpretation of the facts of the case within present law. Respondents added, however, the expanded array of services offered through HomeWorks gave the judge some wiggle room in ordering

services for a family. One notable finding was that judges did not feel they were getting the answers they needed from DCFS to consider incorporating HomeWorks principles into Court orders. A recommendation voiced by the judiciary was that DCFS identify which cases were HomeWorks cases at the time of petition and make that known to the Court. Another important finding was that judges did not have SDM or UFACET information on cases.

The finding that DCFS interviewees did not mention a lack of assessment information going to the judges may have been a factor in stakeholders' confusion in the courtroom. All interviewees agreed more information should be shared with judges and two themes emerged here: First, interviewees expressed that it was potentially confusing for judges to hear a CPS worker argue for removal and then hear a HomeWorks caseworker argue for in-home services after a removal had occurred. Second, interviewees suggested that caseworkers be much more concrete about the specific services they could put into place for a family through HomeWorks.

Data that clustered around themes specific to whether the waiver had an impact on removal decisions came primarily from judges, as they had the authority to order removals. Perspectives varied. In a few cases, judicial interviewees indicated that HomeWorks had prevented removals and helped families over the long term. Stated another way, HomeWorks was perceived as giving parents more chances before a permanency decision was reached. Less optimistic, but still positive, was the sense that if nothing else, HomeWorks had helped parents learn how to access resources.

These stakeholders raised a number of concerns. First, they were still seeing many removals since HomeWorks, although the nature of the cases had shifted from immediate removals to delayed removals where in-home services had failed. Judges indicated that some cases before them were listed as protective supervision yet should not have been categorized at that level. Further, some wondered if the push to implement HomeWorks had effectively dissuaded DCFS from being involved in cases where they should have been involved. Second, there was concern that DCFS was targeting high-risk cases for HomeWorks and these cases should have been removals; in-home services failed in many of the cases, and resources that could have been more appropriately spent on lower risk families were wasted. Judicial stakeholders believed there was a population of lower risk cases that absolutely could and would benefit from what HomeWorks offered, but there were no resources available to them because DCFS was prioritizing HomeWorks resources for high-risk families. Third, because assessment data were not being shared with judges (as mentioned previously) there was concern that these assessments were more subjective and based on parent self-report of items like criminal history, rather than a DCFS review of offense data. Finally, it was offered that HomeWorks cases be re-evaluated at more frequent intervals.

Next, interviews included discussions around the perceived impact of the waiver on different types and aspects of practice inclusive of CPS practice, supervisory practice, caseworker practice, family engagement and family well-being. First, CPS caseworkers acknowledged that the change to HomeWorks had been difficult initially. However, CPS respondents indicated unanimously that the change had been a positive one and things were getting easier as caseworkers increased their familiarity with the new model and as the resources available to offer families were expanding. Two concrete themes emerged from CPS interviews in terms of how the waiver had impacted their work. First, CPS caseworkers reported they were now working to find the right fit of resources with the family, rather than simply handing them a

generic resource list and walking away. Second, there was a shift in the way CPS caseworkers handled cases. They expressed a realization that families needed a lot of help in the first six to eight weeks before a petition was adjudicated. This meant a change in the practice of simply leaving the work to the caseworker who would eventually take over their case and it meant getting services started much sooner for families in need.

Feedback on supervisors and their practice in relation to HomeWorks was another area of unanimous positive regard among interviewees. Supervisors were perceived as being fully on board with HomeWorks, sending a clear message to caseworkers about the importance of HomeWorks and offering clear training and guidance on HomeWorks. Most staff felt their supervisors genuinely liked and believed in HomeWorks, with the caveat that supervisors were also savvy to issues that at times impeded implementation. Supervisors felt that HomeWorks had influenced both the content and nature of their supervisory activities, as well as more generally the cases they dealt with on a day-to -day basis.

In terms of supervisors' specific activities with caseworkers, supervisors reportedly provided one-on-one coaching on a regular basis. Supervisors indicated they had tailored the content of the one-on-one sessions to reflect the principles of HomeWorks. For example, each month they might have a caseworker select one of the HomeWorks principles, such as parent engagement, and that session would focus on how the caseworker could apply this principle to her cases. Supervisors also reported follow-up activities where they would set reminders to check back with a caseworker to see how they were doing with applying the principle in practice, and whether they were logging it. Caseworkers felt that supervisors helped them by giving them ideas, examples of good practice, and offering them different approaches and strategies to try with a case. Caseworkers also found it helpful when supervisors pulled out the HomeWorks manual and reminded caseworkers what was in it.

Another practice identified as being helpful was shadowing caseworkers in the home, which included either supervisors shadowing caseworkers in order to give pointers on improvement, or peer to peer shadowing among caseworkers to learn from each other. Supervisors explained that some caseworkers needed to be guided toward HomeWorks principles, versus often newer caseworkers would come up with ideas on how to implement the principles into practice on their own. In these cases, the two caseworkers might be paired up so they could learn from one another. In addition, supervisors tried to give public credit via email to caseworkers who were developing new and innovative ideas to implement HomeWorks on their own. Finally, it was interesting to note that supervisors themselves were also receiving one-on-one sessions with their supervisor, who most often was a CWA, and that in turn, CWAs were meeting with regional leadership to work on the same type of HomeWorks principles and application to practice within the supervisory context.

Stakeholders offered a variety of ways that the waiver had impacted caseworker practice in a positive way. First, caseworkers felt as though they were connecting families to more, and more relevant resources. The UFACET was perceived as helping caseworkers improve their families' safety and risk assessments and better tailor interventions to individual families and their life circumstances. HomeWorks was also credited with helping caseworkers understand why building protective factors is important and how to go about it. Case practice was perceived as being more inclusive, through partnering with and engaging families. HomeWorks was also credited with caseworker practice

transitioning to more frequent contacts with families. An element of risk taking was discussed as a new shift in case practice. One stakeholder summarized that they no longer removed because safety could not be ensured, and that the philosophy had shifted to force people to accept that no one's safety in life was ever completely ensured.

Casework was also seen as moving back toward a therapeutic model. Caseworkers reported feeling like they had more permission and support to be a provider, while still continuing to connect families to additional resources. Finally, there was a sense that involvement in families' lives had become less prolonged in cases where long-term system involvement in the past may not have really been necessary. A caseworker articulated, "We make sure to handle [things] and then we get out, we don't languish and go for months and months and months. It's just not helpful."

Data in terms of the extent to which waiver implementation had impacted was quite positive. First, interviewees saw HomeWorks as essentially a more skilled form of family engagement, so by the act of implementing HomeWorks, engagement was perceived to be increasing. Second, HomeWorks implementation felt to stakeholders like a return to fundamental ideals and values of social work. Parents were reportedly more open since HomeWorks to digging deeper into the root causes of some problematic parenting behaviors. The tools HomeWorks added to caseworkers' portfolio of family activities were reported to facilitate more meaningful engagement, develop better and faster rapport with families, and identify more parental strengths. What seemed to be fundamental from the interview data in this area was that HomeWorks had effectively moved caseworkers and parents out of a conflicted relationship where caseworkers were viewed as authoritative, dogmatic and punitive, toward a more partnership-based model simply by keeping children in their homes and giving parents a second chance.

Change takes time, as noted previously, and there were areas of family engagement noted for further improvement. First, it was suggested that engagement was best facilitated in cases where the caseworker genuinely believed in the HomeWorks model and genuinely believed parents had the ability to do the work and change. Second, it was openly acknowledged that the extent to which families were involved in determining what requirements were listed on their service plans could be improved upon, and further, it was believed that if families were consulted more often in the development of the service plans, they would be more likely to complete services.

The interview data in terms of whether there was a shared perception that families were doing better as a result of HomeWorks was split between positive and negative reviews. Starting with the more positive viewpoints, stakeholders expressed that families were doing better because parents and children were not being treated separately from one another and then expected to reunite and be successful. Further, some interviewees remarked that recidivism seemed to have decreased in recent years across their cases, and that parents' outcomes (though not specifically defined) seemed to be improving overall.

Alternately, some stakeholders expressed that HomeWorks was unilaterally not working.
First, there was an indication that there had been a marked increase in removals into out-of-home care at the time of the interviews (late fall 2016 to winter 2017), which left some interviewees discouraged about HomeWorks. Second, a belief was expressed that HomeWorks was not as helpful in harder drug cases or domestic violence cases, and that it showed more potential in alcohol abuse, marijuana use, identifying

mental health issues that impacted daily functioning (e.g. keeping a house in order), and assisting with parental stress within the context of poverty.

In the *final set of interviews*, discussions about the perceived impact of the waiver centered on different types and aspects of practice inclusive of CPS practice, supervisory practice, caseworker practice, family engagement and family well-being. Stakeholders presented several examples of how HomeWorks had impacted caseworker practice in a positive way. First, the views of caseworkers, supervisors and administrators were that safety assessments were more comprehensive and tailored to the strengths and needs of each family. Both the Structured Decision-Making model and the UFACET were perceived as helping caseworkers use a systematized approach to assess families on safety and risk and to make interventions more tailored to individual families and their life circumstances. As one respondent stated, "We are not operating on our gut anymore." This respondent emphasized reliance on the tools regarding whether to open a case. Two respondents from the judiciary reflected on how they had seen this change. "What I have seen is that we are much more likely to try voluntary services before we file a Protective Supervision…and we are much more likely to have Protection Supervision Services try and fail before we remove." One caution expressed more than once was that many of the positive impacts on casework practice would not remain if caseloads increased.

The impact of HomeWorks on CPS practice was more nuanced. Perceptions were primarily positive and expressed in terms of a stronger intent to keep children home rather than remove, a more collaborative approach that prevents judicial involvement, and offering services to families before closing cases. The Northern Region was conducting a CPS pilot that focused on early identification of families with 'lightweight" allegations so there could be a quick resolution and case closure. This pilot had resulted in earlier case closures and smaller caseloads---a very positive outcome.

CPS practitioners identified some negative impacts of HomeWorks. A few participants reflected that with some families, CPS staff knew that efforts to prevent removal would not be successful but there was still a requirement to try. "From a CPS standpoint, I think that sometimes we end up chasing our tails with the program, and it is less successful. I think that a lot of times, children really should come into care, and it feels like we are trying to do our job with a hand tied behind our back." Another participant noted, "There are cases, and there are situations, where it is not going to work, no matter how many of the practices we put into place." One of the suggestions in these situations was that administration listen to the recommendations of line caseworkers in making decisions about how to proceed with individual families. Several respondents expressed disappointment about a recent decision to discontinue Family Stabilization, a program offered by CPS where cases could stay open for 45 to 60 days. Their belief was that some families could be successful in improving their parenting skills but needed more time to do so.

The perceived impact of HomeWorks on family engagement was remarkably positive. Casework practice was perceived by many respondents as being more client-centered ("It gives the family more of a voice") and strength-based than before the waiver, resulting in active strategies to engage families in identifying both strengths and challenges, and in creating useful service plans. As one line worker explained, "I think for me, going into a home with respect for the family, without judgment for the family, and just really trying to communicate with them on a person to person level and not an agency to person level, has been

helpful." What seemed to be fundamental from the interview data was that HomeWorks had effectively moved casework practice toward a more partnership-based model.

Results on HomeWorks' impact on the region's partnership with the judicial system were mixed in the interview data. Division views included courtroom judges' lack of emphasis on HomeWorks protective factors, differing views about HomeWorks by various judges, a lack of buy-in by some judges and GALs, coupled with a belief that child welfare should be a court-driven process, and judges' disappointment that their docket load had decreased. One respondent described the struggle, stating, "I even think that in some cases, the expectation is that you came into this system struggling in one area, and you are not going to leave it until you are white middle class." Another perspective was that judicial differences in beliefs was to be expected and "I think that is a healthy way to keep us in check." In addition, another perspective offered was, "I think a lot of the judges, if you can show them that they (the family) are progressing, they do not have a problem supporting it."

The interview data reflected both positive and negative views in terms of whether families were doing better because of HomeWorks. Many respondents agreed that HomeWorks had a positive impact on family well-being, pointing to data that showed decreases in recidivism (i.e. families returning to the dependency system), increases in families seeing child welfare as supportive rather than directive, and moving families through the system more quickly. As one caseworker described, "I like seeing the change that comes from it. I like seeing them become stronger, I like seeing them become more empowered, taking more control over their lives and acknowledging it… I have had some really successful cases where, from the beginning of the case to the end of the case, they do not even look like the same person."

Finally, interviewees frequently mentioned that, since HomeWorks implementation, there was a tendency and support for being more creative when thinking about what services were right for each family. A greater variety of resources within the community was being considered for families, and again, services were perceived as being much more tailored to individual family needs and circumstances. The one caveat was the issue of rurality as a mitigating factor to effectively expand the existing service array, as well as simply getting families the services that they needed in a timely way.

Southwest Region Results

Implementation of HomeWorks in the Southwest Region began November 1, 2014. Three rounds of interviews with regional stakeholders were completed as part of the process evaluation. Interviews were conducted with 21 stakeholders during the first round of data collection (February to June 2015), 19 stakeholders during the second round (October 2016 to February 2017), and 16 stakeholders during the third round (July to August 2018). Stakeholders interviewed included judges, GALs, peer parents, DCFS leadership and child welfare administrators at the regional level, program managers, casework supervisors, CPS caseworkers, and child welfare caseworkers. Respondents reported they had been in the field for a range of a few months to 30 years at the time of their interview.

Respondents self-identified their roles specific to Utah's IV-E Waiver – or HomeWorks implementation – and their roles consistently varied according to the structural role they held. At the regional level, Child Welfare Administrators (CWAs) saw their role with HomeWorks as being responsible for leading implementation efforts with supervisors in their region. They described specific tasks which included, coaching supervisors and caseworkers on how to implement HomeWorks at the practice level and reviewing case record documentation to ensure the presence of HomeWorks language. One CWA reported using a community resources collaborative toolkit to form a county-specific collaborative to develop substance abuse resources. Currently, the collaborative is working with the Lieutenant Governor's Office and 12 other counties on an intergenerational poverty project.

Supervisors saw themselves as "very hands on" and directly responsible for ongoing, successful implementation of HomeWorks at the practice level. "Make sure that the language is being used in assessments, in the plans, that we're reviewing UFACET and HomeWorks in the team meetings, and then I review the activity logs so I can see that HomeWorks activities are being used," one supervisor explained. Another supervisor, relatively new to DCFS, noted that HomeWorks is the only program model that they know and that HomeWorks involves "just working with the families to make sure that kids are safe, but they can stay in the home while we are working with them to improve situations." A third supervisor described HomeWorks as "preserving families by implementing the five protective factors." Supervisors also placed a strong emphasis on mentoring and coaching their staff to ensure that staff was using the UFACET to guide service selection and the protective factors to identify strengths and needs that were appropriate for a family.

Caseworkers and child protective investigators described a broad role in implementing HomeWorks with families: "We use HomeWorks in everything we do. All the UFACET assessments, our service plans, [and] our child and family plans. The parents are participants in that." One caseworker described in detail how the worker introduces and explains each protective factor to families. For example, during the review of social connections, the caseworker encouraged the family to invite their supports to service planning meetings and become part of their team. This participant also noted that the HomeWorks terminology was introduced in the first key meeting with parents and again in developing the service plan, encouraging parents to become familiar with the terminology.

Leadership

In the *first round of interviews*, region participants reported that state leadership showed their commitment by being available onsite in the region and remotely, problem solving and answering questions. Stakeholders also mentioned that state leadership tried to help newly implementing regions by acting as a conduit for sharing materials across the regions.

Key leaders' significant involvement in the implementation process emerged as a common theme in this round of interviews. A case worker expressed a sentiment shared by interviewees: "we just have had excellent support from the state office down." Types of involvement centered on the following activities: training, shadowing, mentoring in the field, demonstrating lessons learned in the Northern Region implementation, helping to assure consistency in training curriculum and communications to staff, and instituting feedback loops to assess knowledge acquisition.

Leadership also demonstrated their involvement through trainings, such as the brown bag trainings. Interviewees expressed appreciation for the times state or regional leaders worked alongside caseworkers in a shadowing or mentoring capacity:

> They've been at our staff meetings. They've been here to shadow and mentor. They've been here on separate days. Blocked certain time. Been out in the region. Out in rural areas in the state where we don't have services. They're out in the field and the trenches with us and they've been very supportive. And that's come from the state office, let alone what our administrators and our supervisors are doing.

Leadership involvement was also seen in how early lessons in other regions were applied to encourage the Southwest Region's implementation. Northern Region staff shadowed their colleagues and Southwest staff and leadership "… went to the Northern Region to see how they structured their staffings. They also went out on a couple of cases with them and brought back good ideas to disperse to the rest of us." Another stakeholder articulated the focus of these efforts: they were not about mistakes that were made, they were about applying early implementer knowledge to knowing what had to change in order to successfully implement HomeWorks.

Still another element of leadership involvement concerned their attitudes; respondents described how approachable leaders were and how they encouraged staff at all levels. Leadership was described as providing useful feedback to caseworkers about how they were doing and supporting their continued implementation efforts. A caseworker expressed, "I think that they strongly encourage us and I think that they see [HomeWorks] as a good tool to help our families."

A second theme that emerged was consistency in training curriculum and messages to staff. An interviewee explained, "the point is, it's the same thing that they're training everybody on. One region isn't getting taught apples and another region taught oranges. It's all unified that way." Additionally, interviewees mentioned that they had participated in feedback loops to assess training knowledge acquisition and they saw this as a positive aspect of implementation. "They're doing a good job of assessing how well we're understanding it, too, by asking us to participate in interviews and online quizzes and evaluations," explained a caseworker.

Three target audiences of key stakeholders that had not been included in planning and implementation processes were identified: First, the informal leader, those leaders at the practice level rather than the state or region administration level. One respondent described the situation this way: “we have some informal leaders that I hope we don't forget the power and the influence that they have. My opinion is they're going to make all the difference in the world. We'll get everything set up, lined up but, some of the informal leaders will push this over the top.” Second, the need to include judges and attorneys was emphasized. Respondents stressed how important it would be for DCFS’ external stakeholders, such as the judges and attorneys involved in investigations and removal decisions, to become knowledgeable about the goals of HomeWorks. One respondent expressed that inclusion of these partners in HomeWorks communications and trainings might ameliorate the challenge of law enforcement or legal partners having the perception that DCFS caseworkers would not take action if there was risk to a child. Third, respondents recommended greater inclusion of the Practice Improvement Coordinator (PIC) in HomeWorks trainings, particularly trainings specific to the UFACET. Although the PIC was included in the initial administrative training, respondents offered that their inclusion in ongoing training could be beneficial in reducing any assessment processes or tools that became duplicative with integration of the UFACET and related HomeBuilder tools.

Responses during the first round of interviews lent insight to the complexity and challenges of assuming shared accountability for HomeWorks outcomes. Two overarching themes emerged: regional implementation might be too new to push down accountability for outcomes; and, accountability for children lay primarily with the case worker. There was a sense that if implementation went well, leadership would be supportive, but there was uncertainty concerning how they would respond if something bad were to happen. A commonly held viewpoint was that final accountability or blame would be placed on the caseworker if a child was harmed.

The first round of interviewees raised strategic planning as a third theme. They questioned planning decisions, such as implementing by region, rather than by office, believing the staging contributed to a sense of secrecy and lack of communication and indicated it would have been better for state leadership to provide more open communication about the implementation plan. Other respondents affirmed the implementation decision, finding that the Northern Region pilot contributed to Southwest’s readiness to implement. They also voiced support for logistical decisions, such as ongoing technical assistance from the Northern Region and responsibility for scheduling the Southwest’s brown bag trainings. They added that the rollout plan allowed identification and resolution of logistical problems that could be applied proactively to situations in other regions to avoid similar challenges.

During the *second round of interviews*, participants were highly positive about the involvement of both state and regional leadership in the implementation of HomeWorks, expressing a consensus that all necessary leaders had been involved. Responses about leadership involvement primarily focused on the role of state leadership in implementation. One consistent theme was considering that the HomeWorks rollout was far better executed than previous initiatives. “The way that HomeWorks was rolled out has been far better than anything the division has ever done when there is a big, significant change in how we do business,” one respondent stated. Factors attributed to this success included: effectiveness of communication about HomeWorks and the accessibility and presence of state leadership in the region,

such as participating in brown bags and accompanying caseworkers on home visits where there were challenges within the family.

Other respondents identified more examples of state level responsivity and support, recounting that, as regional implementation was approaching, the WLT invited the regional administrator to participate in their team meetings as a full partner in implementation planning. In the same phase, the WLT came to the region, meeting with and briefing legal partners about HomeWorks. Participants also recalled that, even after implementation, the state leadership team continued to ask questions about progress: "I don't think there's ever a meeting that we are in, where we're not talking about HomeWorks," shared one respondent. Additionally, the state leadership team promoted cross-regional sharing of implementation strategies and successes.

Interviewees at the practice level were less aware of implementation roles of state and regional leadership but discussed how their supervisors participated in the rollout through coaching and mentoring staff. One worker noted that another strength was leadership who participated in brown bags and home visits understood casework. "I feel like she has a general understanding of what casework itself looks like. So, we are not being given directions from someone who doesn't understand," this caseworker explained. Another respondent raised the challenges concerning perceptions of unequitable accountability and expectations for the implementation for supervisors of adoption, kinship, and child protective services. Respondents believed this perception of inequity prevented the framework from being fully adopted and implemented throughout DCFS.

The questions about shared accountability for HomeWorks outcomes were strongly associated with respondents' roles. Caseworkers perceived that they would be the most accountable if HomeWorks failed: "I think it's easy to say that everyone has a shared responsibility and the accountability when things are going good, but when maybe things are not going so good, it is easy for people who are not as involved to wash their hands of it." One supervisor articulated that supervisors were the most accountable, because they knew whether line caseworkers were implementing HomeWorks as intended. Voicing support, other supervisors, affirmed the principle of shared accountability within "the trickle-down" accountability structure. Their responses did not diminish caseworkers' perceptions that they were the most accountable.

Upper management, on the other hand, clearly saw themselves as fully accountable for the expected outcomes of HomeWorks. "We have to make sure, as administrators, that we are doing what has to happen to get that saturation," one respondent stated. And another: "I think that we send the message out that child welfare is broader than just DCFS. I think we communicate that it's a community's responsibility to help kids stay home and be with their families." Another respondent expressed the wish that a system of care initiative simultaneously taking place re-enforce this message of shared accountability across different systems for at-risk families.

Findings from the *third round of interviews* indicated that leadership continued to take an active role in maintaining and strengthening HomeWorks implementation. Administrative level respondents described regional leadership team meetings where they focused on the HomeWorks principles and identifying areas in need of improvement or ways to better incorporate the principles into different areas of practice. As a program manager described, "Every meeting that I go to that's for supervisors and administrators

and on up, they're focusing on some element of HomeWorks. And then, you know, they oversee to make sure that its trickling down to our teams through staff meetings. So, I mean, it's just really part of our overall philosophy in training, it's not going away."

Additional respondents affirmed the role of leadership in maintaining the focus on HomeWorks: "We've just got to keep that out there, you know, that we're focusing on it and we're assessing where we're at, how we're doing, and making adjustments as we go along." Regional level respondents also endorsed the state office for support throughout the implementation process, and their ongoing role in providing technical assistance and consultation.

Caseworkers emphasized the importance of support from leadership, although they had differing perspectives. One point of view was that administrators' buy-in was visible, and leadership's demonstration of support for HomeWorks was critical to bringing staff on board. The other perspective was that caseworkers received inadequate support from leadership. A CPS respondent elaborated,

> If the admin and people above would remember what it's actually like to do the work and go to bat for the workers… They burn them out and they don't see, I don't see anyone going to bat for, you know what? Hey, we do need lower caseloads to do this work, like we need, you know what I mean, a manageable caseload. And I don't see that. I just hear we need to do more with less.

There was limited discussion of shared accountability during the final set of interviews. Responses suggested that there was a greater sense of shared accountability throughout the child welfare system, not just within DCFS, but among the legal and court system partners as well. An administrator described, "When our law partners try to keep us in check by using those things, all of the tools that we talk about and all of the verbiage and all of that, that's when you know that you've achieved what you want to achieve. Everybody's on the same page… I think that's win-win, and that's kind of what we have now." A judge echoed the responsibility of judges to hold the state accountable and ensure a fair balance between protecting children and protecting the rights of parents. At the same time, an administrator acknowledged that caseworkers continued to feel the brunt of responsibility for the families on their caseload, suggesting an ongoing need for leadership to demonstrate and reinforce shared accountability.

Vision and Values

Interviews explored stakeholder perceptions regarding the rationale and goals for the waiver, the personal visions stakeholders had for the waiver, and the extent to which the vision and values were shared throughout DCFS and the broader system. During the *first round of interviews*, responses regarding the rationale for the waiver strongly focused on keeping children out of foster care and preserving families while maintaining child safety. Across stakeholders, three primary themes emerged: aligning practice with the research base on long-term outcomes for children, supporting good practice that was already in place, and increasing access to families and better assessment tools. One stakeholder succinctly summarized these points: "It's a program that is implemented to meet the statutory and constitutional protections of parental rights by generating a universal risk-assessment tool. And then trying to come up with the services in the community to help the parents be more able to care for the kids, rather than removing them."

Stakeholders referred to the research base regarding the traumatic effects of out-of-home placements, incidents of child abuse while in foster care placements, and poor long-term outcomes for children aging out of foster care. They shared concerns based on their reading about long-term outcome studies of children in foster care and their knowledge that children generally want to be with their families. Respondents acknowledged that the trauma of removal could be worse than the original trauma experienced with a biological parent.

It was further expressed that HomeWorks was mainly putting a name to good practice that was already taking place. A respondent explained, "I'm just going to come out and say it - it just seemed like it was a more effective way of using our practice, that was research based, and had the support of the federal agencies." Stakeholders at the practice level similarly mentioned that it seemed like a more conscious naming of a philosophy and goal they had maintained for some time. They saw HomeWorks as a way to increase access to families and employ better assessment tools. Assessment tools such as the UFACET were mentioned as helping to direct and drive interventions with families. One challenge with the model's requirement to interact and engage with families more often was that caseworkers felt they needed to work more hours and supervisors wished they could hire additional staff.

The majority of stakeholders shared three primary goals: prevent child removals, strengthen families, and increase the intensity and appropriateness of in-home services. HomeWorks was a good fit with the goal of preventing most children from being removed from their homes. Strengthening families was viewed as a goal that had always been important, but HomeWorks seemed to focus effort to help families over the long term. When tasked with focusing more on family strengths, caseworkers mentioned that barriers to engaging families seemed to lessen; an interviewee explained, "We are focusing on the positives and having parents be a part of that change process. We are asking 'What do you think needs to happen?' And 'what do you think would help?'"

Providing in-home services tailored to the needs of the family and appropriately monitored via repeat completion of the UFACET was identified by stakeholders as a strength. One stakeholder described how the UFACET was used to identify risk factors and, "As we work on them, we can convert those risk factors into protective factors." The group expressed hope that confidence in the model would continue to grow over time.

In discussing the changes respondents would personally like to see come out of HomeWorks, several values emerged. First, stakeholders expressed that their personal vision for HomeWorks was to do as much as they could to keep children safe with their families. A supervisor explained, "I would like to see fewer kids end up in foster care. I have heard their stories and I can tell you, even though they were being kept relatively safe, safety isn't the only part of life. There's well-being as well, and it was really the well-being of those kids that was lacking." Another stakeholder affirmed the idea that children's well-being might be just as important as the safety issues that normally gained precedence in placement decisions. Stakeholders further expressed the hope that their work would become more tailored to each family's needs rather than simply focused on child safety.

Second, the protective factors and the concept of strengthening families resonated with interviewees trained in social work when family preservation was the gold standard. "It's really nice to feel like a

social worker again," stated one caseworker. Stakeholders talked about wanting better, less adversarial relationships with the families they served, and felt that HomeWorks was a program that could get them there. They also expressed alignment of their social work training and the tools they were encouraged to apply to their in-home work.

Third, interviewees hoped for increased efficiencies in their work with children and families. Some discussed the assessment process, hoping that the UFACET would become the only assessment they needed to complete, which would reduce time spent on paperwork. Others discussed the path a case went through from CPS worker, through the court system, to either in-home or out-of-home caseloads; hoping that HomeWorks might increase the timeliness and information sharing of the process.

Fourth, interviewees hoped for more resources, particularly in rural areas, for both services and caseworker positions. There was a sense in the more rural parts of the Southwest Region that while good in theory, increasing services and time spent with a family was not possible in practice until more money was committed to the initiative. Respondents also questioned the quality of services, suggesting that what might work in larger areas like Salt Lake Valley might require both more money and more creative thinking in rural communities.

Fifth, stakeholders desired to gain the trust of partners and the community that DCFS could maintain children safely in their homes without foster care. There was discussion around a philosophical shift in parental and children's rights, with respondents commenting that previously the system had perhaps shifted too far on the side of caution, causing unnecessary trauma to children and families from frequent removal. Finally, there was a desire for the principles of HomeWorks to be integrated into practice to the extent that it would become the norm rather than a conscious action: "I want to come to the point where they begin using it without thinking about using it, it just flows from within."

Generally, most interviewees in the *first round of data collection* felt there was a shared vision to keep children safely in their homes whenever possible. Several interviewees offered that, while it was unlikely staff could remember all the protective factors, they did have a good understanding of the overall goal. Similar perceptions were shared about community partner stakeholders' knowledge of HomeWorks; while community stakeholders would not know the SFPF Framework, interviewees felt that they did understand that HomeWorks meant more contact with families and more one-on-one support for parents.

Several challenges were also identified with regard to ensuring a shared vision: the newness of the initiative, rural caseworkers having few opportunities to apply HomeWorks, a hiring freeze and corresponding lack of caseworkers to implement HomeWorks. Other stakeholders questioned whether HomeWorks was anything new.

Seasoned caseworkers who had seen several policy and practice changes unrolled by DCFS over the years, were reportedly harder to enlist in the enthusiasm and investment in HomeWorks. This was not the case with newer hires. One respondent explained, "In the past, the seasoned caseworkers have been able to see that maybe some of those assessments or some of those tools that have been rolled out haven't been very successful. And so I think that maybe there is some hesitation in HomeWorks even now." A more optimistic perspective was shared by another stakeholder: "I think that we are on the same page as far as,

even before HomeWorks, what our vision was and even now, I think it's still the same, I think the practice is just starting to focus a little bit more directly to our vision that we've always had." Overall, responses indicated that the vision for HomeWorks was not entirely shared across all stakeholders, though many respondents expressed similar perceptions of the vision and goals.

During the *second round of interviews*, respondents consistently noted that the vision for HomeWorks was for families to remain intact while receiving in-home child welfare services, focused on family preservation and increasing children's safety. Other responses added to that vision a reduced need for DCFS involvement with families, increased number of caseworkers who specialized in HomeWorks, lower caseload size aligned with a family preservation model, and decreased workload to spend more time with families.

One stakeholder emphasized the goal of increasing effectiveness when working with parental substance abuse and understanding "how to keep children safely at home when parents have an addiction problem." This stakeholder described a need to change the culture within the child welfare system and the broader community of believing "that any parent who is using drugs does not deserve to have their children and they should be removed. We're trying to change that culture and come up with ways to keep kids home even though their parents are struggling with an addiction." It was further explained that the challenge to this shift was lack of resources, such as community-based substance abuse treatment. In addition to improving substance abuse treatment services, this respondent described a global HomeWorks vision involving bringing resources to the family, especially in rural areas, instead of expecting the family to go to the resource.

While in agreement with the values and strategies of HomeWorks, one interviewee believed the focus should be on all families, rather than solely on those receiving in-home services. As described by this person, the "mindset" should be changed to "HomeWorks means the best home for every child, improving the home of every child whether they're in care or not, instead of just an in-home program. It's just good practice all the way around." Furthermore, stakeholders emphasized a need to increase concrete supports available to families for HomeWorks to be successful.

A secondary goal of successful HomeWorks implementation was identified as improved perception of and respect for DCFS by the community. In addition, it was hoped that increased respect would lead to an increase in community partners working with DCFS toward achieving the goals of HomeWorks.

Aligned with these goals, respondents described the overall rationale for implementing HomeWorks as keeping children safely in their homes with their families and reducing recidivism. Stakeholders described an essential component of achieving this goal was the provision of resources and supports in the home and community to improve family functioning, and, as one stakeholder described, to work in "partnership with families." The introduction of evidence-based assessments was viewed as an important part of HomeWorks, contributing to improving casework skills and practice and creating consistency across the state. The research that supports keeping children safely in-home and preventing removal was also described as an important reason for implementing HomeWorks.

Queried about the presence of shared vision, values, and goals, stakeholders voiced belief that there was a high level of consensus among DCFS state and regional leadership and most direct staff and supervisors. But the lack of sufficient resources at the beginning of implementation, especially in rural communities, resulted in some caseworkers' initial hesitancy. That was overcome when they saw slight increases in the availability of resources. While the need for more services and resources remained, caseworkers reportedly appreciated the flexibility of HomeWorks in allowing them to pay for community-based services and supports.

Furthermore, interviewees shared the perception that philosophically, all partners and stakeholders agreed with the goal of safely reducing foster care placements and keeping families intact. Lack of buy-in, they added, was related to poor understanding of HomeWorks tools and strategies and the lack of confidence-building positive outcomes.

Stakeholders reported variability across the region's judges concerning the extent to which they and other legal partners shared the vision and philosophy of HomeWorks. One respondent described judges who were very aligned with the goal of safely keeping children in their homes, while another characterized the legal partners in their area as having "that removal mentality." However, this stakeholder believed that while the legal partners were "not there yet, they're moving that way," toward a shared vision of keeping children in their homes when possible. Another respondent perceived some of the legal partners to have "a wait and see attitude" concerning the effectiveness of HomeWorks. Respondents believed an important component to gaining the buy-in of judges and legal partners would be the availability of additional resources to support children remaining in their homes safely.

Finally, responses provided during the *third round of interviews* were largely consistent with the previous findings regarding the vision and goals for HomeWorks. The primary objective identified consistently across respondent groups was to keep families intact while ensuring child safety, or as one administrator phrased it, "safely reducing the need for foster care." This goal of the waiver was the most common understanding shared by external stakeholders in particular, and was described by some respondents as a paradigm shift. Related to this goal, stakeholders noted the trauma of removal as a significant part of the rationale:

> What we do to kids when they're removed can be equally traumatic to what they're dealing with in their current situation. So, I've seen kids age out of the system, I've seen kids not go home, you know, and sit and linger in the system and they basically stagnate, you know, which creates a whole 'nother avenue of life-long PTSD and trauma.

A second goal identified by respondents was to increase family strengths – their protective factors – and the tools available to families to address their own issues in the future without DCFS involvement. As one administrator described, "HomeWorks is a way of opening their eyes to the realities of being a better parent and giving them the skill set so they can achieve that. I think everybody wants to be a good parent. I think a lot of our families just don't know how to do it." Third, a few respondents described a goal of HomeWorks as creating more meaningful home visits, such that caseworkers were engaging families in learning and skill building activities during visits. Finally, a fourth goal identified improvement in

caseworker assessment skills, specifically the incorporation of evidence-based assessment tools such as the UFACET and SDM.

Most respondents indicated they were aligned with the vision and philosophy behind HomeWorks. One respondent summarized, "I think it's the right thing to do [keeping children in the home] … And I think it's better for kids. I think it's better for families. I think it's better for our society, too." Stakeholders universally expressed the belief that families should be kept together when possible, supporting an overarching goal of the waiver.

Responses were somewhat mixed about the extent that the vision was shared among stakeholders. The majority of DCFS respondents felt that, internally, the vision was largely shared, although it was reported that some caseworkers still were not on board. One respondent characterized variability in the extent to which people embraced the vision as, "You know, there's a blending. I don't think there's an absolute yes, everybody buys off on it 100 percent of the time, but they buy off on it sometimes." Regarding external stakeholders, however, there was a stronger perception that not all community partners bought in to the vision; for example: there continued to be community partners who advocated for the removal of children and did not prioritize considering how to keep children safety in the home. At the same time, it was generally perceived that understanding of and support for the vision had improved.

Environment

Findings from the *first round of interviews* indicated that there was preliminary support for HomeWorks, but implementation was still in the early stages. Staff expressed support for what they perceived to be positive aspects of HomeWorks. These included appreciation of the focus on strengthening families, supporting the idea of helping children remain in their own home if possible, and having concrete tools (e.g., website, manual) to use in their casework. There was also positive feedback regarding how HomeWorks was rolled out and the accompanying training. A respondent explained, "The way they presented it has been good. And they've done it in pieces, and so it hasn't been overwhelming. They haven't just thrown it at us and said, go out and do it." Interviewees talked about trainers getting into the meaning behind different protective factors, and that this type of explanation was encouraging and facilitated acceptance of the HomeWorks principles.

Respondents further emphasized the importance of a hands-on approach, whereby staff would become more proficient with HomeWorks and begin to buy-in as they went out into the field and attempted to implement new practices. Additionally, it was reported that administrative and supervisor support were crucial to encouraging staff support. As one respondent explained, "I think just the continued support administratively, the hands-on, the willingness to mentor and shadow, the support we receive from our supervisors. I think those are all major contributing factors to the success of this program. And people having good positive outlooks." It was suggested that just as HomeWorks teaches listening skills and ways to work through client resistance, the same principles of a strength-based approach and positive practice model were also helpful with staff who encountered obstacles to implementation of HomeWorks.

Challenges to gaining full support of the HomeWorks initiative included lack of resources and challenges unique to rural areas, caseworkers feeling like HomeWorks was nothing new or just another new program, and concerns about child safety. There were several concerns expressed that, while the

workload was increasing with HomeWorks, the resources were not. There was concern that caseworkers with already high caseloads would simply have more work added to their plates.

One of the overarching themes regarding the organizational environment was the sentiment that change is difficult. Staff support was perceived by respondents to be variable – a "mixed bag" of caseworkers who had embraced HomeWorks and caseworkers who were still resistant or hesitant to fully come on board. Some caseworkers, they described, were on the fence about it and waiting to see whether the new practice model would really catch on; others were resentful and deeply resistant. Additionally, some respondents expressed concern that there might be times when child safety could be put more at risk in an effort to maintain children in their homes, and that certain cases were not appropriate for an in-home services approach. Newer caseworkers were reported to be more amenable to HomeWorks, while some of the older caseworkers – in their positions for many years – were perceived as still stuck in old ways of doing business. Respondents also believed that staff support would increase once they started to see some positive results from HomeWorks.

Respondents also provided feedback about DCFS' communication processes about the HomeWorks implementation. Interviewees commented that leadership was very approachable when they had questions and responded promptly with helpful answers. Another positive viewpoint expressed was that staff from the Southwest Region had visited with caseworkers in the Northern Region and had an open dialogue around any areas of concern regarding HomeWorks implementation. An interviewee reiterated, "Northern has been great. They're sharing whatever they can with us." Again, it was expressed that leadership and supervisors' willingness to hear both positive and negative feedback, along with requests for more resources, helped keep communication flowing within the different levels of the organization.

Challenges experienced in the Southwest Region's communication around implementation had to do with a lack of information around the initiative prior to roll out, and the perception that there were some duplicative processes inherent to adding the UFACET assessment. Some Southwest staff were frustrated because they heard HomeWorks was being implemented in the Northern Region and did not understand why information about the initiative could not have been shared with Southwest at the same time. Staff identified duplicative processes such as the risk and safety assessments completed by CPS not transferring to the ongoing caseworker, thereby requiring the caseworker to repeat the assessments. It was also noted that the UFACET was not connected directly to development of the service plan. A stakeholder explained, "We've got caseworkers doing their service plan over here on this program and then we've got the web-based program for the UFACET. There's no blending".

Support from the broader community and child welfare system partners was similarly described as variable during the *first round of interviews*. Many community partners were perceived to be provisionally supportive, but wanted to see results from HomeWorks before they fully bought in. Interviewees shared that judges seemed to be getting used to caseworkers using HomeWorks terminology in their court reports. In cases where there were judges newer to their positions, DCFS leadership held educational meetings for them.

Some community partners, however, were seen as being more resistant or difficult to work with. One respondent reported that even some of the AAGs were resistant and tended to be strong advocates for

child removals. However, some respondents believed that in time, community partners would begin to come around once they began to see positive outcomes. An interviewee explained, “It’s still pretty new. I think they’re kind of holding back to see if it really is going to work.”

One area of uncertainty among stakeholders was what to do with substance abuse cases. One interviewee summarized this uncertainty: “There's confusion among all of us about where do we stand, what does the research show that we should be doing with not only mothers that are using during pregnancy but mothers and fathers; the environment. Are you able to parent if you [use drugs]?” Finally, the community resource collaborative toolkit was discussed as one vehicle to help layout a process to bring community partners together where conversations such as the one regarding substance use and parenting might begin to take place.

Respondents further expressed that it might have been too soon in local implementation efforts to have established clear and consistent communication with external stakeholders to support HomeWorks. An interviewee described, “We want to reach out and have everybody understand this and collaborate on this, but it feels like we're just kind of learning it ourselves still… I think when we start using it then the people in the community will also start using it and understanding it.” Training for external stakeholders was an area mentioned that could be augmented in addition to increased resources. Increased resources, specifically, was suggested to convince judges to buy into HomeWorks. Interviewees suggested cultivating providers who could offer immediate, temporary respite services to stressed-out parents.

Regarding overall system collaboration, interviewees discussed two strengths in this area: the helpful nature of meetings and success working with judges. Multidisciplinary meetings, local inter-agency council meetings, youth meetings, and meetings with the court were all mentioned as positive vehicles during which DCFS could build on relationships and collaborate among allied agencies. They were also mentioned as opportunities to train and educate system partners on HomeWorks principles. Furthermore, interviewees perceived some early successes in collaborating with judges because judges seemed to like the use of SDM. A stakeholder shared, “They're [the judges] interested in SDM, they know what it is, they use that vocabulary, they have dialogues in their court hearings, what does SDM say, or the caseworkers say SDM says this risk level, then they're having more confidence in that than just a case worker's opinion.” Judges also expressed some level of optimism that SDM might help organize decisions and positive changes for families.

Regarding challenges related to system collaboration, stakeholders again identified that transitioning a case from CPS through adjudication with the court system and then onto DCFS for in-home services was much slower than it should be for families. Interviewees shared that in an effort to overcome this hurdle, DCFS staff were going into the field alongside CPS caseworkers in order to begin building relationships with families at that ground level, as opposed to waiting two or more months for the process to unfold. Additionally, interviewees expressed some frustration around which cases qualified for peer parenting services. One interviewee shared that when they requested peer parenting for families, they had received some discouragement from using the service. The perception was that this discouragement probably stemmed from an overall lack of resources, but it was shared as being in contrast to the goals and message behind HomeWorks.

Finally, data related to the service array and resources during the *first round of interviews* was largely deficit based, indicating that there were many service and resource needs for the Southwest Region to effectively implement HomeWorks and serve families. Relapse prevention was identified as one of the top needed resources to maintain children safely in their homes, as were substance abuse providers and clinicians in general. Respondents described the rural nature of the Southwest Region, and the one residential substance abuse provider, had a wait list of several months. The only other treatment provider was an agency that provided outpatient services only. More therapists, caseworkers, and foster parents were also requested during the interviews. A hiring freeze was mentioned as having increased remaining caseworkers' caseloads without the ability to replace those caseworkers who had moved on. Housing and transportation were also listed as ongoing needs for clients, and interviewees shared that they had recently lost the ability to provide bus passes for their clients, which had negative impacts for families.

During the *second round of interviews*, respondents noted several strengths with regard to the organizational environment, including strong leadership support for HomeWorks, an agency focus on continual improvement, an emphasis on open communication, sharing, and peer learning among front-line staff, and a commitment to recognizing and rewarding successes. "I think the constant, not necessarily pressure, but constant instruction, constant reinforcement of HomeWorks from the top down is something that... I think if that constant support is being implemented it'll get there," one respondent expressed.

A few interviewees spoke about HomeWorks in terms of the practice becoming part of the culture of DCFS. One administrative-level respondent, for example, explained, "Our teams that focus on the in-home services… [are] doing a really good job of, you know, kind of creating a culture of… working with the HomeWorks model, and… supervisors have set up a good expectation of, you know, this is how we do the work." A caseworker noted that the practice was well aligned with the pre-existing philosophy of the agency, and an administrative-level respondent observed that the HomeWorks philosophy aligned with the reason many caseworkers entered the field in the first place, which was to be a change agent and help families improve their situation. These factors helped to facilitate the uptake and buy-in of HomeWorks among caseworkers.

Respondents generally perceived that most caseworkers and supervisors were supportive of HomeWorks. It was reported that initially, older caseworkers were more resistant towards the practice change, but that even these individuals were coming around to it. In discussing her initial resistance towards HomeWorks, for example, one caseworker explained that the main issue was poor understanding of the model early on, which translated into a lack of support for it. This respondent emphasized the importance of clear communication and training to ensure that staff fully understand the practice and the reason for the change. The overarching sentiment expressed was that caseworkers were seeing the value of HomeWorks and becoming increasingly supportive as a result. An additional observation was that there was still some adjustment occurring among foster care and CPS caseworkers, since initially only in-home caseworkers were targeted for roll out of the intervention, but there was widespread buy-in to the philosophy of HomeWorks, even if certain caseworkers were still figuring out how to implement it into practice.

One challenge that was noted was caseload size and the amount of staff time that true implementation of the practice required. Caseworkers might be supportive of the philosophy, but they might not have the time to visit families as frequently as they should or to engage families as much as they would like. Being

in a rural community further exacerbated the situation, as it could require several hours of travel to visit one family. Another challenge that was identified was lack of understanding among specialized support staff who might not have been trained on HomeWorks. One respondent expressed that it would be helpful if there was greater understanding among staff of the different roles and positions within the agency and how caseworkers could better support one another.

The dominant perception during the *second round of interviews* regarding the broader community environment was that the majority of community partners supported the concept of keeping children in the home as long as they were safe, although they might not all know the HomeWorks program by name. Specific partners that were discussed as being on board included mental health providers, Attorneys General, GALs, defense attorneys, and judges, although it was noted that there was some degree of individual variability among these stakeholders. For example, one judge expressed enthusiastic support for HomeWorks and a belief that it focused on the best interests of children, while another judge was more cautious in expressing support, as exemplified in the following narrative:

> Generally, I'm in favor of it. I think, in some ways it goes against historic practice to some degree, and against intuitive practice to some degree… I think we all have an intuitive reaction to keep kids safe, and when parents are smoking meth every day, it's a little hard to envision a scenario where they are not going to be at-risk. But… most of us are wise enough to at least defer to some degree to statistics and, overall, kids, if we leave in the home, they're going to do better, you know, to a point. So, conceptually, I'm in favor of it. But I think at times the pendulum swings too far that way. I think at times there's a push to leave them in the home when I just don't think it's the right thing to do.

Schools were described as on board to some extent, but with considerable variability across the districts. Although some respondents expressed uncertainty about whether community partners were even aware of HomeWorks, others reported that there was awareness and open communication with these stakeholders. For example, interviewees described hearing judges talk about the UFACET in court and reported that community partners and providers had exhibited an understanding of protective factors.

The community environment was further characterized by respondents as one in which there was willingness to engage in discussion and where partners were supportive of one another. "I think that there's a good dialogue between the parties," a GAL stated. A supervisor expressed that, although there were limited community resources, community partners and providers were always willing to come together to collaborate and problem solve. It was reported that community partners participated in various collaborative committees and roundtables, such as the Table of Six, which included judges, public defenders, Attorneys General, GALs, mental health providers, and other community partners. At these meetings, DCFS provided training and education on various components of HomeWorks, such as the SDM and UFACET, and also shared data and results related to HomeWorks.

In addition, efforts were made to involve community partners in staffings and family team meetings in order to include their feedback and input. It was reported that HomeWorks items were part of the agenda for these meetings, so they provided an opportunity to further reinforce the concepts among partners and providers. Finally, it was also reported that caseworkers spent time educating community partners about

the HomeWorks philosophy when they encountered confusion or misunderstanding among these stakeholders.

Several respondents expressed that there was still some resistance among certain community partners, who were described as having a "wait and see what happens" attitude. Law enforcement in particular was described by a number of interviewees as not having fully bought-in yet. A few also indicated that they still experienced resistance from legal partners on occasion. A caseworker expressed that when legal partners such as the judge are not on board, it could prevent the caseworker from implementing HomeWorks with that case. Some concern was also expressed that community partners might view cases that ultimately resulted in a removal as evidence of failure. While partners were generally perceived to be supportive, respondents identified community partners' resistance as a potential barrier to the success of HomeWorks.

The general public, on the other hand, was described as a "mixed bag" in terms of their support for in-home intervention. It was noted that there had not been as much education with the general public, which meant that they often made judgments about the child welfare system based on their own predispositions. A few respondents expressed that there was a need to reach the broader community. There was also a perceived need to garner greater political support. One respondent reported that the legislature had not been very supportive of DCFS in the past, and another expressed that they would like to see the legislature informed about HomeWorks research base, since they controlled the funding that was needed to support implementation and sustainability.

Finally, lack of sufficient resources, particularly the array and capacity of available services, continued to be described as a significant barrier during the *second round of interviews*. Respondents identified domestic violence, mental health including child psychiatric services, substance abuse treatment, services for special needs children, affordable housing, and transportation as critical resources that were either inadequate or lacking altogether for some communities. Providers were described as being "spread very thin," and wait lists for some services, such as inpatient substance abuse, were reported to be as long as nine months. Respondents expressed grave concerns that, in some circumstances, children were left in a home where severe substance abuse was occurring because no services were immediately available. The widely held perception was that DCFS needed to invest more in expanding the service array. In the words of one community stakeholder, "I think DCFS could do more to get us more services. They swing a bigger club. They know the politics. They could do more."

An administrative-level interviewee expressed the feeling that HomeWorks implementation had been "underpowered," explaining there was initial belief that additional resources would accompany the roll out, and it was disappointing when this did not happen. While it was reported that there were some small increases in certain services, such as increased capacity of the Families First program, resource development had not been anywhere near what was expected or what was needed from the respondents' perspectives. A caseworker explained, "This seems to be the problem in our office… There are some positive things, but at the end of the day it is a good idea, but it is a good idea without the means to do it the way that it should be done."

Lack of resources was reported to be particularly challenging for rural communities, where services were both sparse and difficult to access because they were spread out geographically and not easily reached by public transportation. Substance abuse was by far the most frequently reported problem for the region, with an expressed need to expand the availability of both residential treatment programs where parents could bring their children, and intensive outpatient treatment services.

Considering the challenges presented by a lack of resources, one perceived strength of HomeWorks was that caseworkers provided some interventions directly, and thus were not entirely dependent upon external services. However, it was reported that caseworkers were stretched thin due to caseload sizes and the amount of travel required, and could not provide everything to meet families' needs; so there was still a need to expand community resources. One respondent further noted that in response to limited resources, the agency had become much more creative in thinking outside the box, for example, by utilizing informal supports such as relatives or churches as providers of safety management services. A couple of respondents added that additional funds had recently come into the regions to develop community resources, thus offering some hope of improving the situation and expanding the array of available services.

Findings from the *third and final round of interviews* indicated that, at this point, staff had overwhelmingly bought into and embraced HomeWorks, and the framework was largely ingrained within DCFS' organizational culture. "I mean, it's just the way we do it, right?" one CPS worker stated, reflecting the sense that HomeWorks had become 'business as usual' in the region. Another respondent noted that everybody within the agency was "on the same page and everybody's using the same language and skill sets." While it was acknowledged that there had been some resistance to HomeWorks early in the implementation, the dominant perception was that resistant caseworkers had either come around to the practice change or had left the agency and moved on to other things when they realized these changes were not going away. One perception as to why the philosophy had been so strongly embraced was because it reflected what many viewed as simply being "good social work" practice. Another reason identified in the interviews was the administration's strong support for HomeWorks.

Respondents in the final round of interviews discussed some remaining challenges with respect to staff support. One significant challenge continued to be the amount of extra time that HomeWorks cases required, which could be particularly challenging if caseloads were higher than recommended. Another challenge was that some caseworkers continued to have concerns about the safety of children in the home and struggled with trusting families in certain situations. As one CPS worker noted, "And if [the in-home worker] don't agree with our decision to keep them home, they almost work, you know, in a counter-productive way to get the child removed." While it was perceived that this was not the norm, it was expressed that there continued to be some "pockets of reluctance." Some frustration was also expressed among frontline caseworkers that administrators were out of touch with the reality of casework, and as a result, the guidance they provided was not always viewed useful or realistic. Furthermore, it was noted that there was still work to be done with fully incorporating HomeWorks into foster care cases, since the initial implementation had focused on in-home caseworkers, and expansion to CPS and foster care began later.

Support for HomeWorks among the community and system partners was described as variable, although many respondents noted that support had increased. It was reported that some partners bought into the philosophy more than others. For example, one respondent identified a community partner who had become an extremely strong advocate for in-home services, while certain partners continued to resort to removal as their first consideration. A CWA elaborated:

> When we meet and staff some difficult cases, I think the first reaction oftentimes is still the kid needs to be removed, you know. 'Let's think of a residential placement,' or, 'Let's consider a placement.' I find myself and my staff frequently having to slow things down, back up and say, 'Well, wait a minute. Before we get to that point, what would it take to keep the kid in the home?'

Even though the region was several years into implementation, it was expressed that some stakeholders continued to have a "wait and see" attitude towards HomeWorks. A similar perception was that community partners were waiting to see if HomeWorks would stick, since they had seen many practice changes come and go over the years. At the same time, it was noted that numerous community partners were very responsive and open to being engaged as supports for in-home cases.

External stakeholders who participated in interviews generally expressed support for the philosophy of HomeWorks and keeping children in the home, if child safety was ensured. Some of their responses, however, indicated that they did not always agree with DCFS as to which cases were appropriate for in-home services. One specific concern was inadequate resources, particular substance abuse services, to keep children safely in the home. Another concern was lack of trust. Speaking to these issues, a judge who expressed strong support for keeping children at home explained,

> The one barrier I think that exists is not being able to trust that if we are involved in the family's lives, that we can keep the kids home and the parents will keep the kids safe. So, what happens is because we can't trust, for example, substance abuse disorder, some, I feel, think it's just easier to take the kids out of the situation. So, one of the things we've got to start developing is trust that the HomeWorks system will work. That we can create the kind of relationship with the parents that we need to keep kids safe. We need more folks that can go into homes like a Families First program or even just caseworker availability to visit once or twice a week to make sure those kids can stay in the home. I would much rather have someone stopping by a home every day to check on a family than have those kids taken out of that home. So, if we could expand the availability of eyes on the family at home, we could alleviate that trust issue and we can make sure that family knows, "hey, we're here. We're helping but we're also watching you to make sure you do this the right way."

Respondents also called for more support from the legislature. The primary concern was whether HomeWorks was adequately funded, and the need to ensure that legislators were on board with both continuing to fund in-home services and preferably, increasing funding. Several respondents identified the need to allocate more funding in order to hire more in-home caseworkers; related to funding, there was concern that, as the state realized decreases in the number of foster care cases, the legislature might cut child welfare funding rather reallocating those funds to sustain and expand in-home services.

Finally, respondents during the *final round of interviews* unanimously described a lack of adequate services and resources as one of the greatest barriers to success, repeatedly expressing that the Southwest Region did not have the necessary resources or funding to fully achieve the goals of HomeWorks. The sparsity of services in rural communities was a commonly reported challenge. As one respondent explained, "I still think we need to focus on the rural areas, especially just the array of services that we have available to provide to families that are effective and that, you know, will have an impact on safety and allow us to keep kids home." Expanding on this issue, it was explained that part of the challenge was that there was not enough financial incentive for providers to set up offices in rural areas since there were not enough clients, and as a result there was a need for providers from larger areas to be willing to travel to rural communities. Another respondent indicated that this was a concern from the beginning that state leadership did not adequately address:

> When they rolled out HomeWorks, as I was talking to the person that they had kind of put over it… I said, "You're asking me to make chocolate chip cookies without any chocolate chips." I said, "So where's my chocolate chips?" And meaning resources… So I said, "You guys are rolling something out… and you guys have this expectation… but you have not given us what we need to do the job."

Responses indicated that concerns over services and resources were still prevalent, had not been resolved, and reflected disappointment expressed by many stakeholders that the waiver had not provided more resources. Lack of substance abuse providers (or insufficient substance abuse services) and a lack of providers who spoke Spanish were the most commonly reported gaps.

Stakeholder Involvement

For the most part, staff during the *first round of interviews* did not feel they had the opportunity to shape HomeWorks implementation. Respondents did indicate, however, that there had been opportunities to express the need for more resources in rural areas of the region. Additionally, stakeholders discussed a strong partnership and engagement between service level staff and state level administrators. While it was acknowledged that engagement varied by individual worker, it was expressed that those who sought answers or for their voice to be heard by the State Office were heard. Staff further reported that they had been involved in and continued to be involved in and benefiting from brown bags and peer-to-peer learning; for example, one regional office visiting another. Being able to have a frank discussion about logistics from one implementer to another, rather than speaking in hypotheticals, was reassuring to the newly implementing region.

There was limited information from the first round of interviews regarding ways in which external stakeholders had been involved in planning and implementation for HomeWorks. It was noted that stakeholders from education, juvenile justice, GALs, the Office of the Attorney General, and welfare were part of a quality improvement committee focused on HomeWorks and changing the mentality around placement decisions and removal rates. Additionally, a need to better engage and improve collaboration with the drug court was identified. Interviewees perceived that drug court staff did not understand the strain of multiple demands experienced by parents.

Inclusion of families and youth in waiver planning and implementation was described as both a struggle and an unknown. Respondents' acknowledged that it could be hard reaching out to parents and asking them to volunteer their time as advocates when DCFS was the entity that made child placement decisions based on things parents may have done wrong.

During the *second round of data collection*, most front-line staff who participated in an interview (both supervisors and caseworkers) indicated that they had not been involved in any planning or decision-making processes; their primary involvement had been in receiving training and working to implement HomeWorks into practice. Several further expressed that they were not aware of any opportunities to be involved, while a few reported that they knew of other staff or offices that had been involved. One supervisor, however, described ways in which the staff in her unit had been engaged in developing activities and materials at the local level to support staff in the implementation of HomeWorks:

> My staff has been really involved with coming up with ways to like organize their protective factor activities. One of my employees made like a [INAUDIBLE] drive with all this stuff on it. Another one like printed off binders of everything. My senior assistant case worker has made things for all of the caseworkers like little cards to take with them on home visits and we have done things to celebrate like in staff meeting and they choose like their reinforcements, what they want, if they're doing well. Like just little things like that that's just kept it at our forefront and kept it on our minds.

Administrative-level respondents seemed to be more aware of ways in which staff were involved in the development and refinement of HomeWorks. Since there had been considerable staff turnover, many current staff were not a part of the initial development and implementation process. Two respondents discussed the importance of staff feedback throughout the implementation process and described DCFS as being open and receptive to feedback from front-line staff. "That was the approach the whole way; gaining feedback, being open to receive feedback from staff, and involving them in the processes," one respondent described. Another added that, "There's a lot of cross feeding [sharing across regions] going on. But there's a good feedback path, too. And there's an openness to be receptive to that." One respondent noted that the agency relied a great deal on feedback from front-line staff but felt the process could be more formal.

Additionally, another respondent reported that DCFS had established workgroups to help with the development of various components of HomeWorks, which included staff from each region of the state, and that the state had staff pilot various components and provide feedback in order to refine the model and tools. One caseworker reported that she was a member of a workgroup and expressed that DCFS had been very receptive to the feedback that she and the other workgroup members provided, adding that she had already seen changes based on their input. Thus, it appeared that there were some opportunities for staff involvement and input, although not all staff were aware of or offered such opportunities.

Regarding the involvement of external stakeholders, most interviewees indicated that they had not been included in any planning or decision making for HomeWorks, but they had received training and education from DCFS on the new model and the shift towards greater use of in-home services. It was reported that trainings were provided to GALs and peer parents. Furthermore, one respondent described

the Table of Six, an initiative aimed at engaging judges. This effort was intended to ensure that judges had the necessary information to support HomeWorks.

Several respondents from DCFS expressed a need for greater training and engagement of community partners. While it was reported that many community partners had heard of HomeWorks by this time, there continued to be misunderstandings or limited knowledge among stakeholders. One respondent discussed the issue in detail:

> I think there's still a misconception out there, to some degree, about what HomeWorks is, and I always take the opportunity to correct the thinking when it comes up in meetings or whatever… That HomeWorks is just in-home services. Because a lot of times, you'll hear it used interchangeably, that HomeWorks is just providing in-home service. And that, you know, and my correction is, no, HomeWorks is an approach, it's not just about providing in-home services. It's an approach to, you know, help strengthen parent capacity to safely care for their children, regardless of where their children are located at the time that you're trying to do that. So they can be out-of-home, but you still use the philosophies and the approach of HomeWorks, with the idea that you're trying to make home work again, right?

Respondents identified local mental health and substance abuse providers, drug court, law enforcement, and education as critical stakeholders who needed to be educated about the HomeWorks initiative. Respondents expressed a sense that these partners were not "on the same page" and did not understand child welfare practice or the requirements of the child welfare agency.

There was also widespread consensus that parent and youth representatives were not involved in planning or decision-making processes. Many interviewees expressed little awareness about whether such efforts existed, especially among front-line staff. A few respondents conveyed the perception that the agency could make more of an effort to solicit family feedback. In the words of one respondent, "I think they're the experts of their own lives. They know what's gonna be beneficial to them and their families. So, I think at the very least getting their feedback and how is this really helping?"

Another individual reported that obtaining family feedback often happened informally rather than formally, such as during family team meetings, when the family might be asked to share their opinions on the services they received and what they still needed. One administrative-level respondent reported that there had been some effort to engage families formally, but it had not been particularly successful. This individual stated that it was challenging to engage families because often they did not want to participate, or encountered barriers that inhibited their participation.

At the case-level, on the other hand, respondents described families as being very involved in planning and decision making related to their individual case. It was reported that families were engaged through the UFACET and family team meetings. As one caseworker explained, "We try to help them have a voice in what's happening and kind of in developing their services to help, you know, to what they need." Another caseworker elaborated as follows:

> They're heavily involved now. We're doing our assessment with them in those homes. They're heavily involved in those child family team meetings. I make sure that they know that, you know what? These are your meetings; we're here to try to support you. I want you to come up with ideas of things that would best fit your needs for your family. I think they take a major role in that. More than probably before. I think they always have, but not to this extent.

Through these processes, it was reported that families were given the opportunity to provide their input and feedback, although challenges with family engagement remained at the case level. High caseloads and limited caseworker time presented significant barriers to families and may have prevented or limited the extent to which they were engaged.

Finally, very limited feedback was provided during the *third round of interviews* in relation to stakeholder involvement. One CPS caseworker noted the importance of obtaining input from caseworkers on the ground, explaining, "Over the years I've seen people come in or moved quickly to administration. And then they've got their ideas, and they just aren't logical at all if you look at them." In contrast, this respondent expressed that frontline caseworkers could best provide feedback about which practices were effective.

External stakeholders that participated in this round of interviews unanimously reported that they had not been involved in any planning efforts related to HomeWorks. One respondent from the GAL program discussed multiple trainings that she had attended to learn about HomeWorks, as well as educational materials that had been provided by DCFS. Additionally, a couple respondents described their involvement at the case-level, for example, participating in family team meetings or discussing with DCFS the kinds of services being provided to a family on an in-home service case. There was no discussion regarding the involvement of family or youth representatives during this final round of interviews.

Organizational Capacity and Infrastructure

In *first round of interviews*, emergent themes related to organizational capacity to implement the waiver in the Southwest Region included policy and procedures, funding, technical assistance and training, supervision, assessment protocols, caseworker skills, family engagement, oversight and quality improvement processes.

First, stakeholders indicated that there was a strong sentiment among those driving policy and procedures that HomeWorks was here to stay. An interviewee commented, "If you don't want to do it, you better find a new job. We've got our policy in place, and our marching orders, and we do it." Second, some challenges with implementing HomeWorks were noted around the need for standardization of communication processes, access to updated user-friendly practice guidelines, and procedural issues using various assessments. A respondent mentioned that there seemed to be much confusion regarding case decisions: "You ask ten different people what should happen on one case and you get ten different answers, there's just ten different opinions." Updating practice guidelines was described as an ongoing process at the time. As one administrative-level respondent stated, "We are in the process of revamping the whole thing…I'd hate it for another state to say, 'Hey, send me your in-home guidelines.' I'll be like –

hold on a minute, let me just clean up a few pieces." Thus, responses indicated that work was still needed to fully align policy and procedures with HomeWorks.

Awareness and use of updated practice guidelines were indications of procedural issues with various types of assessments ranging from tracking information for quality assurance to the roles and use of assessment tools. For example, a caseworker mentioned the contrast between the Child and Adolescent Needs and Strengths (CANS) assessment and the UFACET assessment: "CANS gives you a result at the end of the assessment – this is the level the child should be at, and the UFACET doesn't - it's kind of up to your own judgment... it's nice to have a recommendation to follow and then we can override that suggestion or not." Major themes related to assessments, were the workload of caseworkers and their interest in having an integrated assessment tool supported by integrated online systems. Another major theme was that the building up of the UFACET was intimidating but walking through the assessment in trainings and having hands-on practice was helpful. Finally, it seemed as though the UFACET was still undergoing development at the time of the interviews, as questions arose regarding its arose.

Next, funding was raised across numerous interviews as a substantial challenge. Issues included pay rates and work load of caseworkers, the need for more community resources, parents' ability to pay for services if they did not qualify for Medicaid and funding the system enough to be able to individualize service plans and treatment. Concern was raised that the region's low pay for caseworkers resulted in hiring very young caseworkers with little or no previous experience with children or child welfare work beyond their degree program. A second concern was caseworker turnover due to lack of opportunities to advance to higher pay rates within DCFS. Additionally, there was the perception that HomeWorks increased the work load per case without any increase in pay rates or decrease in caseloads. Interviewees further articulated a need for more resources within their local communities in order to better serve families, particularly with regard to funding services for families that do not qualify for Medicaid.

Another major topic of discussion from the interviews was the provision of training and technical assistance related to HomeWorks. Main themes that emerged were the importance of sharing the HomeWorks vision and tools with partner agencies and contractors, training follow-up sessions such as brown bag meetings, and the importance of not only learning the theory and tools of HomeWorks but getting the chance to practice it as well. In multiple interviews, the importance of collaboration with partner and contracted agencies was raised, and DCFS staff expressed the need for such agencies to know the vision and language of HomeWorks in order to implement it successfully. A respondent noted that presenting about HomeWorks at conferences held by partner agencies and community organizations was a positive way to make connections and train on HomeWorks. Commentary regarding staff training showed that providing initial HomeWorks training, sharing best practices among offices, and ensuring follow-up training in the form of brown bag meetings were positive implementation strategies for HomeWorks. Sharing resources and tools seemed to be a positive practice and there was a positive attitude regarding online HomeWorks resources.

Respondents also spoke on the topic of family engagement. Themes in this area included the importance of being perceived as genuine with parents, getting parents interested in the process of change, overcoming resistance to change, and having DCFS adapt its organizational reputation from watchdog to parent resource. Interviewees discussed how to generate interest among parents to pursue positive growth

and change. One issue mentioned was helping parents realize that smaller changes were not as difficult and starting somewhere was better than remaining in a place of feeling completely overwhelmed with their individual circumstances. A concrete suggestion was made that staff be allowed to make color copies of handouts, which they felt might be visually more appealing, less likely to be tossed aside with other handouts, and help facilitate learning.

It was also stated by several interviewees across roles that both parents and staff would be changed as DCFS changed their practice to target and build up existing strengths of families. A caseworker described, "If we're in their lives more often in a supportive role, pointing out what their strengths are, they might actually see that maybe we care, and then I think that we could overcome some family resistance." A respondent stressed that DCFS needed to be seen not just as a policing agency, but as a resource to families: "I think sometimes parents are reluctant to come to DCFS when they have issues because they're fearful of how DCFS will react."

Finally, respondents during the first round of interviews discussed oversight and quality improvement processes that were in place related to HomeWorks. Three central themes emerged: assessments happening within shorter timeframes, supervisors were increasingly open to negative feedback, and the QCR audit was not capturing the quality of home visits. First, respondents indicated that the UFACET process helped speed timely completion of assessment, an historical area of struggle for DCFS. Second, improving the implementation process called for supervisors and the leadership team to be open to negative feedback and suggestions, and not just to positive comments; this feedback was important for fine tuning and midcourse corrections. "Dialogue is good," stated an interviewee, "there has to be a balance between positive and negative." Third, it was expressed that the current QCR audit did not necessarily capture the quality of visits with a family and focused primarily on quantity. It was suggested that data on the quality of visits might be important to ongoing efforts to implement and build on HomeWorks practice.

Data collected during the *second round of interviews* provided greater insight into the development of organizational capacity related to HomeWorks. First, respondents expressed mixed views regarding whether their organization's current policies and operating procedures were in alignment with the goals of HomeWorks. On the positive side, some stakeholders expressed that it helped them fine tune what had already been the agency's goal: keeping children safe and returning them home whenever possible. Respondents expressed a difference between HomeWorks implementation and what had been available; HomeWorks brought more concrete tools to implement DCFS' vision. One administrator stated that they felt it helped caseworkers "meaningfully intervene in a way that's going to have some impact."

Second, respondents described specific steps that had been taken to incorporate HomeWorks into practice, for example, having HomeWorks as a standing agenda item at team meetings and making sure service plans were based on each family's UFACET. As a result of these steps, respondents talked about having more of a focus on the long-term goals for a family, and service plans were much more individualized than they had been in the past. In-home practice guidelines had also been reviewed and adapted to fit HomeWorks.

Although these more positive themes were present, substantially greater amounts of data clustered around lack of resources to implement HomeWorks, areas still needing to be brought into alignment, and many concrete suggestions for policy and procedure change. There was significant discussion regarding barriers to full HomeWorks implementation, including: caseload size, a required 40-hour work coupled with a low pay rate, seemingly ignoring increased travel time in rural areas. Interviews with administrators and caseworkers showed they recognized these challenges across the region and understood how they prevented caseworkers from implementing HomeWorks to the intended and desired level. For example, conducting four, monthly home visits per case was described as an unrealistic goal given current caseloads. A caseworker from one of the more rural areas of the region spoke to these challenges:

> There are some positive things [about HomeWorks], but at the end of the day it is a good idea without the means to do it the way that it should be done. For example, one of our HomeWorks homes is about a six-hour round-trip to the home, so when you include the visit you are looking at a full day to do one visit. If your UFACET comes back and says that you need to go four times a month that is one day each week and 20% of your workload which is impossible to do. There isn't any way to do that with 15 to 20 cases. Even though we say this to the people in Salt Lake, unless you take that trip, you don't understand it and they tell us that they sympathize with us but they keep telling us that there is nothing they can do.

Interviews consistently indicated that addressing these challenges for rural areas needed to happen in order to fully embrace and implement HomeWorks. Another member from a rural office lamented, "we are a jack of all trades and masters of none," referring to the many hats they wear when they have mixed caseloads and the formidable travel distance challenge with face-to-face contacts in rural areas. There was discussion in interviews that the idea that a visit with a family had to include the children all four times a month was both daunting and also left out an opportunity to check up on parents when children were not present. The suggestion was made that the requirement be changed to require children be present for two of the four home visits per month, and also take into consideration the particular level of risk.

The federal guideline to limit the work week to 40-hours was also raised. At the time of these interviews, a recent change had occurred for supervisors. Previously, they had been exempted from the 40-hour limitation because if they worked more than 40 hours one week they could "float" excess hours to the next week, thereby accommodating the ebb and flow of casework demands. With the new federal rule, if their income fell below $50,000, they were prohibited from such flexibility. Staff were coping by spending time "in preparation" for home visits, with encouragement from above to make the time spent with families as worthwhile as possible, since it might be more limited than HomeWorks guidelines suggested. Though not overtly stated, it appeared that the time caseworkers and supervisors spent "in preparation" for HomeWorks activities might have involved working extra hours and not reporting them.

The next area that respondents felt might need to be brought into better alignment was development of a policy that forced other system partners (specifically, juvenile justice, mental health, and education) to participate in HomeWorks. Interviewees spoke about how it was difficult getting these systems partners to team meetings, and how policy might be able to change that through requirements and audits. They also discussed how these system partners were much more likely to have one-sided views of what was going on with a family, with their experienced limited only to the child.

Stakeholders also raised issues that might be addressed by tweaking current training. First, it was expressed that the UFACET was largely based on self-report by families, but within the context of a child abuse or neglect situation, parents may minimize the extent of their substance abuse or domestic violence history. One caseworker stated, "Self-report is probably where we run into most of our issues with the UFACET tool itself." It was recommended that trainings incorporate how to address parents' dishonesty, so caseworkers were not in situations where they knew the self-report was not accurate, but they did not know how to approach the family to get more accurate information.

Second, interviewees asked that their trainings be updated to reflect more real-world families. A supervisor described the dilemma:

> It's rare that we have an in-home case that looks like that where a mom and dad are married and the kids are living in the home. Most of our in-home cases look like multiple homes, several divorces. Several different fathers and sometimes the training and the policy doesn't match that and a lot of questions come up. We have a lot of custody issues come up that I don't feel like our policy really leads us to answers.

There was discussion concerning antiquated policy and its focus on the nuclear family; it needed to catch up with the current divorce rate. Caseworkers also called for training that included guidance on how to handle custody issues with the HomeWorks framework.

Finally, stakeholders discussed how service plans were written. They understood the desire to have service plans be more individualized and based on the UFACET, as well as the requirement that they be updated every six months. However, respondents reported that most of the service plan was free-form text box; the suggestion was made that adding check boxes to specify whether a recommendation was originating from the UFACET, Court, or both, would be very helpful. In addition, if there was a way to add check boxes for completion of tasks or to indicate progress on tasks – making updating the plan easier – respondents offered that service plans could be updated even more frequently, better matching the fluidity of some cases.

Funding again emerged as a significant issue during the *second round of interviews*. Responses centered on hiring more caseworkers, meeting families' financial needs, funding additional clinical services, and the need for community fundraising efforts. It was reported that more caseworkers were needed in order to reduce caseloads so caseworkers could spend more time with families, a central tenet of the HomeWorks model.

Second, respondents talked about needing more funding to meet families' needs in a variety of ways, such as buying gas cards, bus passes (where public transportation was available) or other means of transportation, rent assistance, and assistance with other basic needs. Third, respondents sought funding for additional services, reporting that, at the time of the interviews, there was a ten-family wait for the Families First program. Respondents also talked about the impact of budget cuts over the years:

> We've lost all of our division's early intervention positions over the years. I've been here for 18 years; I've watched us lose domestic violence programs and positions where we were offering intense services to victims and coordinating services for perpetrators. We've lost our youth service programs where we had early interventions in those homes before those kids came into care. I've watched our FAB team that worked with the communities and in the schools and mental health. We've lost those positions. We lost our family preservation positions, and without those other positions available, this is simply impossible.

Families who no longer or never qualified for Medicaid were a significant category of need when it came to funding services that would be helpful to their case, or in many instances, were necessary for parents to complete their service plan. Specifically, for families not on Medicaid, psychological assessments, substance abuse services, and clinical services in general were not covered and a barrier to full HomeWorks implementation. The region also required mobile crisis response teams to better address the needs of families more quickly.

Finally, the need for community fundraising was recognized. While staff did not feel this was something that they could necessarily take on internally within DCFS, there was a strong desire to have a community member or council of community members who served as liaison with foundations who could provide resources, envisioning that DCFS could provide detail around service gaps in meeting the needs of children and families in local communities. Also discussed was the need to "build community infrastructure" in the areas where state level DCFS could not assist with generating additional funding. Some upper-level respondents did indicate that the state had recently allotted a pool of extra funding to be spent on prioritized needs identified by the region. It was not clear at the time of these interviews to what extent each level of respondents knew about this additional, though limited, pool of funds.

Regarding the provision of training and technical assistance, respondents had uniformly positive things to say about trainings, and generally were quite satisfied. Conversations in interviews primarily focused on suggestions for the next level of training that was needed. First, respondents discussed the need for hands-on training, moving beyond PowerPoint presentations toward observations of caseworkers during their home visits, as well as carefully going over reports caseworkers had completed and working with them on the inclusion of HomeWorks language. A supervisor explained:

> Finishing touches isn't something that's really been done in this office in the past, it's something that I'm going to try to learn to start doing, which is you know, going through their plans and their team meetings and their minutes and their agendas and kind of evaluating the whole picture, how good are we doing at addressing this issue, this issue, we covered this. I'm going to be doing one or two of those a month with my workers so that would probably help them if they were getting that kind of feedback.

This idea of more in-depth training and technical assistance was important to the Southwest Region. Specifically, although caseworkers knew that they should be in the home four times per month, they wanted trainings that got down to exactly what their contacts with the family should look like. An example was provided during one of the interviews of a session at a recent supervisor's conference that was a big hit with staff because it both provided a success story example (e.g., a family and case worker

spoke about their experience with HomeWorks and why it worked for them); twelve break out tables offered specific activities that caseworkers could master and bring home to the families with whom they worked. Regarding HomeWorks activities specifically, a need was expressed to have trainings around "more meaningful" activities and how to do those activities on home visits. Respondents mentioned that, while they were trained on some basic activities, they felt these activities simply scratched the surface. An additional area of training respondents felt was needed, was drilling down on the UFACET, helping caseworkers better understand which and how many factors led to checking a "yes" or "no" on the assessment tool.

Furthermore, respondents wanting training to address some of the region's specific barriers to implementation. Discussion about the region's high turnover rate led to calls for ensuring new caseworkers were adequately trained. Another prominent issue was how best to provide HomeWorks training to the most rural offices, where caseworkers did everything from HomeWorks cases to CPS to foster care. One clear suggestion was to select one team member from each of those offices and train them more in-depth on HomeWorks, and referring in-home cases solely to that case worker, if possible. Another suggestion was simply to respect the variance in roles of caseworkers who attended HomeWorks trainings and acknowledge within the structure of trainings that caseworkers in rural areas wore many different hats.

Supervision was identified as another important aspect of implementation. The majority of responses indicated that supervisors had achieved a level of comfort in mentoring on HomeWorks. Responses varied in terms of whether coaching sessions were specifically scheduled with a supervisor or if coaching sessions were ad hoc, less formal or preplanned. Interviewees were encouraged to discuss coaching in terms of what they had experienced, as opposed to confirming whether a specific type of activity was completed with them. Not surprisingly, they described that the frequency of coaching sessions varied from once a week to once a month. All of the Southwest interviewees described coaching as a one-on-one activity rather than a group activity. Respondents felt there was variability in coaching styles to match the different styles of supervisors, and this variability was acceptable so long as it produced mastery of the HomeWorks concepts. Respondents also felt that coaching sessions were tailored to each individual caseworker and their coaching needs. Caseworkers described their supervisor making suggestions about something specific to try with families, agreeing they would review how things went the following week.

Some interviewees described coaching sessions as making the work more palpable or real. For example, an administrator described, "as far as the Strengthening Families Protective Factors, I have a pretty strong grasp of what those are. [But] some of the areas that we struggle in is really how to strengthen them within a particular family. What it is that we use to address, you know, social connections?" Coaching sessions were thought to get at more of these hands-on specifics. Another administrator talked about how typically social work was reactionary, and that the process of coaching would hopefully transition the HomeWorks process to being more thoughtful and planned.

Coaching was discussed in terms of supervisors' demonstrating mastery and use of the HomeWorks language and having other caseworkers and supervisors share what worked in their own practice, thereby facilitating peer learning. Additionally, interviewees talked about coaching in terms of helping to put the

"finishing touches" on implementation. In this regard, coaching was an opportunity to review the status of each caseworker's implementation of the concepts into practice and help them get to the next level.

Stakeholders also described taking feedback from the initial results of the saturation study in the Southwest Region and incorporating areas that needed to be changed into their coaching practice. One of the initial findings from the saturation study was that some caseworkers were struggling with having a negative attitude about HomeWorks or saying that it was not any different from what they had already been doing. An administrator wondered, "What do we need to do to help them change their perceptions and their attitudes? And it might be different from one worker to another. So, it was actually taking all of those things and, strategically, let's go back to work." Administrators also discussed coaching at the upper levels, so that the coaching process extended from regional administrator through caseworker. The notion of both "finishing touches" and moving people to the next level of implementation existed at all levels.

The level of caseworker skills in conducting a family assessment using the UFACET and SDM was another theme explored in the interviews. Three caseworkers commented that open communication and continued training, especially connecting the UFACET to the service plan, were the keys to successful implementation. There was agreement that the trainings already offered had been useful as far as explaining the intent of the UFACET, but that more training was necessary to address its application to service planning and court documentation. From the perspective of a supervisor, the use of the UFACET had many positive impacts: "I've seen families, parents more engaged. I see our ability to assess and document progress increased with the UFACET." This respondent also described the difference between a worker "just being here for my home visit," and being more involved in actually helping a family with specific issues.

Respondents added that another strength of the UFACET was that it was measurable, and that with periodic administration, one could identify the specific areas where there was or wasn't progress with a family. A GAL also spoke about the positive impact of the UFACET on caseworker practice and reiterated the need for ongoing training for caseworkers. This respondent recommended that GALs receive additional training on the UFACET so that they could participate more actively in team meetings regarding use of the results. A judicial respondent was aware that the caseworkers were completing both the UFACET and SDM, and noted with regard to the SDM, "Every time I have a Shelter Hearing, I require it and they get them to me."

Regional leaders agreed that use of the UFACET and SDM were helpful in making accurate assessments, in helping caseworkers be more confident in their decisions, and in measuring and monitoring whether caseworkers were making a difference with families. Leaders also agreed on the need for more training for caseworkers on both assessment tools. One leader identified an unexpected result: "Initially, we really got rolling with the SDM and the UFACET and we were finding that, actually, because of what they were saying, we were removing when we might have normally left the children in there… We had more information." This perspective suggests that incorporating better assessment tools might lead to increased removals, but perhaps with greater confidence in the decisions that were made.

There was strong agreement across participants that since the introduction of HomeWorks there had been improvement in caseworker skills, especially in the area of family assessment. A supervisor described

how training had been helpful in improving caseworker skills, stating, “We just recently had a training on how to get the items from UFACET into our plans and into the court reports. And I know that's just paperwork but every time you do that it ingrains it more in your mind of the big picture.” Another respondent noted that more focused training was needed for some long-term caseworkers with ingrained ways of approaching families that did not align with the HomeWorks model.

Respondents also identified challenges related to improving caseworker skills. One challenge noted by several respondents was caseload size. As described previously, numerous respondents identified high caseloads as a significant barrier to effective implementation. One respondent offered the following explanation of why lower caseloads were important:

> You know when they first train it, they said that it doesn’t take more time and I don’t agree with that. I feel like it does take more time because if you are going to have a beneficial home visit, it requires planning ahead of time. It requires looking at the case, looking at the assessment, looking up like activities or information that would help the family best. You can’t just go in and [just] always be spontaneous.

The view of another respondent was that effective implementation required a weighted caseload of 15 or lower depending on the number of children in each family. With caseloads any higher, there was a risk to both the relationship and one-on-one teaching between the caseworker and the family. Given the rural nature of the region, one recommendation was to set up a specialized unit for in-home cases with a reduced caseload.

Interviews during the *second round of data collection* also explored factors that facilitated reaching saturation, only recently achieved in the region. Two related themes emerged regarding facilitators: a consistent focus on HomeWorks and a strong implementation framework. Respondents in various roles discussed the value of focus by everyone, including the state team. A caseworker commented, “Just constant focus, I think, constant focus on it I think is helpful.” Front-line staff also knew that HomeWorks was important to their supervisors: “You know, they talk a lot about that. And then the work is passed along.” Another participant described focus this way: “So again, this large emphasis of sticking with brown bags, sticking with training, sticking with different aspects along the way to keep encouraging that no, this isn’t really going to go away, this is part of our practice.”

Some respondents described in detail the staged implementation of HomeWorks. “Well it started with the education, you know. Here is what it is, here is the value. And then, the next step is bringing people on to the philosophy, and then the practice, the mentoring that needed to go along with it,” as one respondent explained. During the implementation process, the region adjusted many forms and procedures to reflect the new way of doing business, such as including the UFACET on the 24-hour staffings and listing the five protective factors on the team meeting forms. One respondent noted that HomeWorks was now the way of doing business, and that new caseworkers would learn that this was the practice model for the region.

Finally, respondents also discussed information they received to support continuous quality improvement related to implementation of HomeWorks. There was strong agreement that quality-related information

was available, although the types and forms of information differed. Respondents in regional leadership positions emphasized the use of quantitative data for performance indicators, such as the frequency of UFACET administrations. According to one respondent, an information analyst was available to run special data requests. For example, if a region's removal numbers were higher than the norm, the analyst could develop a report with detailed information regarding the types of cases and family dynamics. In addition to statistical data, a child welfare administrator mentioned the value of data received from supervisors through the "supervisor finishing touches" process. This process, a monthly assessment review of an individual case, now included the HomeWorks checklist.

Respondents at the caseworker and supervisor levels emphasized the value of different types of qualitative data and feedback, such as what happened at the brown bags and team meetings, including having other caseworkers share stories and insights about what techniques they used with their clients. One respondent noted the value of anecdotal case information, and that the overall message was the importance of the caseworker's relationship with the family and the degree of effort to help the family achieve their goals. Another participant commented on the value of reading minutes from team meetings "to see the dialogue that's happening in relation to the HomeWorks, how well it's working, the processes, how much it is being talked about, those kinds of things." A supervisor described how, when he/she accompanied a worker on a home visit, the feedback to the caseworker was much more concrete. Thus, responses suggested that a variety of information was being utilized to inform quality improvement regarding HomeWorks implementation.

Several similar themes related to organizational capacity emerged during the *final round of interviews* in the Southwest Region. Additional feedback regarding policy and procedures was limited, but one responded spoke to the need to fully integrate HomeWorks into all areas of practice (e.g. CPS and foster care), not just in-home cases. While it was acknowledged that this was occurring, the process was described as "choppy." It was not clear from responses whether more was needed in order to fully align policies and procedures with HomeWorks, or whether this was primarily a practice issue. Respondents also identified other areas where clearer guidance was needed including: how to best respond to substance abuse cases, determining when it was appropriate to implement in-home services versus removal, more comprehensive guidelines, as well as training for safety planning.

Respondents generally felt that caseworkers were effectively implementing HomeWorks into practice and were demonstrating the necessary skills to do so. As one respondent stated, it was widely viewed by staff as "the way we do business." It was reported that time constraints and caseload sizes continued to be ongoing challenges, but caseworkers were finding ways to work within limitations. An emphasis was also placed on continuing to ensure that home visits were meaningful and purposeful. Additionally, a few recommendations were offered in relation to caseworker skills, such as increasing utilization of motivational interviewing, which was perceived to be a highly effective but underutilized practice for engaging families. Another recommendation was to provide more opportunities for peer mentoring to help caseworkers who may not have fully bought in yet or were struggling with implementation: "Mentoring them with others that may be more successful at it and how they engage families 'cause sometimes, you know, we get a defeated attitude that's like, you know, I don't know if this is gonna work." Finally, a judge expressed the need for caseworkers to better explain and justify their safety assessments in court, providing specific reasoning as to why they believed a child was or was not safe.

Consistent with previous findings, the assessment tools implemented under HomeWorks (UFACET, SDM) were identified as highly effective and a strength of the practice model. One identified strength was that the assessments supported caseworkers in tailoring service plans to families' individualized needs. The fact that the assessments were evidence-based was also noted by respondents. Another strength was that the UFACET was seen as a useful tool for guiding a conversation with the family, and also highlighted family strengths as opposed to focusing only on deficits. Finally, respondents appreciated that the assessments provided concrete guidelines for caseworkers: "We're not just going by gut feeling or doing some wishy-washy thing. We've got a framework that specifically says if they're, you know, at this level of risk, make this many home visits."

Trainings and technical assistance for HomeWorks were generally described as another organizational strength, also consistent with previous findings. Respondents in this round of interviews did not offer much feedback regarding ways training could be improved or identify additional training needs. They did indicate, however, that some respondents did not have a strong grasp of HomeWorks or familiarity with the framework; knowledge seemed to vary by role and reflected the fact that initial rollout focused on in-home caseworkers. This finding suggested a need for more widespread training on HomeWorks throughout DCFS to ensure that all staff had a clear understanding of the practice model and how it impacts their practice.

Findings related to supervision were also very similar to those reported in the previous round. Once again, the majority of respondents indicated that supervisors and administrators were fairly comfortable and confident in mentoring on HomeWorks. There was, however, one CPS supervisor who expressed that he/she was not familiar enough with HomeWorks to mentor on it, and that it had not yet been integrated into CPS practice.

It was reported that supervisors accompanied caseworkers in the field fairly regularly and attended family team meetings as part of their supervisory activities. Coaching included activities such as walking through the caseworker's completed UFACET and service plan and assessing the extent to which they reflected HomeWorks guidelines, as well as asking caseworkers directly where they needed help. "Finishing touches" were also noted again in this round as part of the supervision process. Also, as previously reported, coaching and mentoring were continuing at every level, from the regional administrator down to caseworkers.

Regarding saturation, respondents identified a number of local facilitators, including ongoing training and brown bags, staffings, mentoring, and resources provided by the State Office, such as the HomeWorks website and HomeWorkables. One respondent noted that the support received from the State Office had been a substantial facilitator:

> From the state office level on down there's just been really good… They've been very responsive, and they've come down and whenever we've needed, and asked, and provided, you know, technical assistance and consultation, and helped us to work on that.

It was also reported that discussion of HomeWorks had been embedded into regular staff meetings and case staffings. One way this was achieved was by adding the protective factors to meeting and staffing agendas. Furthermore, it was reported that staff meetings included discussions of how caseworkers were implementing different components of HomeWorks and sharing "aha moments." Mentoring was described as another critical factor in achieving saturation, including the use of "finishing touches." The requirement that staff complete regular recertification for the UFACET was also noted.

In thinking about sustainability, many of the same points identified as facilitators in reaching saturation were identified as factors that, it was believed, would support sustainability. For example, continued trainings and technical assistance, focusing on the application of HomeWorks principles during staff meetings, ongoing coaching and mentoring, and quality assurance processes such as the QCR, were commonly identified by respondents as factors that would support sustainability. As one respondent noted, "Keeping it on the forefront is the biggest thing." Another important factor that was identified was support and buy-in for HomeWorks at all levels, but particularly from leadership, which respondents indicated had been strong and would hopefully continue. Additionally, one respondent noted the role of "champions" at the local level, and the ways in which these individuals could be used to maintain momentum: "I think that we kind of have some champions in the region of those people that tend to just really highly excel towards HomeWorks, and we're able to bring them into training."

As before, issues pertaining to funding were widely viewed as substantial barriers to sustainability. First, the need for funding to hire more caseworkers was noted. Respondents emphasized that HomeWorks services were more time intensive, and caseloads needed to be kept down. Several respondents specifically identified the need to redirect savings from foster care to fund in-home services but were skeptical as to whether the legislature recognized this as a priority. Second, there was an identified need for more funding for services, especially in rural areas. One respondent noted, "It's becoming more and more expensive this work, dealing with substance abuse, dealing with mental health and trauma, but I think that investing in it early on for the long road will actually be more financially beneficial than trying to treat people when the problem is out of control." This response reflects the idea that spending more money upfront could realize cost-savings down the road, if the agency was able to prevent an escalation of the problem. Additionally, one respondent expressed that if DCFS wanted to expand the service array in rural communities, they would need to make it financially worthwhile for providers to go out to rural areas. Furthermore, one respondent indicated that it was unclear where funding for HomeWorks would come post-waiver, reiterating the idea that reallocating cost-savings from foster care was likely the best revenue source, although this would require legislative support.

Finally, turnover was again identified as a barrier to sustainability, although it was not discussed as extensively as in the previous round of interviews. Among those respondents who addressed it, turnover was generally accepted as part of the reality of this work. As one respondent described, "And I know that it seems like there's never any stability. You've always got change. That's the one constant is change, but just frustrating as an administrator, and even more so as a supervisor. It just seems like you're always one worker short on every team." These responses expressed the sense that offices were never functioning at full capacity, which made it difficult at times to focus on issues such as practice fidelity and quality assurance. Another responded added, "When you are short staffed, you start to operate on a... kind of a... just a survival, putting out fires all the time." It was further noted that constant turnover required offices

to constantly get new staff up and running, but that process took several months to get new staff up to speed.

Waiver Impact

Responses from the *first round of interviews* provided data about the waiver's impact in five primary areas: removal decisions, impact on legal stakeholders (e.g., judges and GALs), organizational impact, impact on caseworkers and practice, and impact on children and families.

First, regarding impact on CPS practice and removals, stakeholders were unanimous in their description of a pendulum shift toward maintaining children in the home and away from removals into out-of-home care. Furthermore, stakeholders discussed more partnership between CPS and in-home caseworkers, and earlier engagement with families to avoid adversarial relationships between parents and DCFS caseworkers. A stakeholder explained, "I think we're seeing a difference even on the view of the division alone and the rapport that we're building early on because I think that affects our success with interventions."

Second, stakeholders discussed whether HomeWorks had an impact on judges and GALs. Generally, stakeholders believed that judges and GALs were on board with waiver principles, but perhaps retained more reservations about leaving children in the home and caseworkers' ability to assess safety and risk. A GAL shared, "There are just certain cases where I feel like, you know, I know the goal is to keep the kids home, but maybe that's not the absolutely best thing at the time. So I just think sometimes in certain situations it makes it a little bit more difficult for me as a guardian."

Next, interviewees were asked to discuss any organizational impacts of the waiver on DCFS. One theme concerned how applying a strengths-based framework not only helped parents but helped caseworker's perceptions of and rapport with the families they served. A second positive impact was a shift to focusing on the whole family rather than just the child, so that children were not returned home without the parents receiving treatment and services. Finally, respondents observed that the time it took to complete assessments seemed shortened; this had been an area of struggle in the past. Interviewees linked this positive gain to the UFACET.

Amidst many positive impacts, respondents were clear that implementing HomeWorks in the region had stressed an already underfunded system trying to withstand the coinciding impact of a hiring freeze. Interviewees expressed that HomeWorks principles and increased contact with families seemed like a good idea in theory, but they were never offered lighter caseloads, more caseworkers, replacement caseworkers to offset those who had left, higher pay rates, or opportunities for advancement.

Interviewees further discussed the impact of the waiver on staff and casework practice. Caseworkers shared that they now spent a good deal of time with families discussing the protective factors, as well as conducting research on their own about age specific tools that could be implemented used by the parents with their children. One respondent shared, "I think for me personally, HomeWorks is more engaging, more therapeutic -- in engaging clients to want to help themselves or to help their children." Caseworkers' challenge to spending more time implementing these new tools with families, however, was loss of caseworker and supervisor positions within a continued hiring freeze.

Irrespective of the pressures, caseworkers reported excitement about a perceived return to more social work activities and engagement with the families they served. One stakeholder explained, "I've always tried to focus on strengths, but even more so now than ever. And instead of us going in there with, 'You know what, these are all the things that you're doing wrong,' I think we're starting to try to say, 'Okay. These are things that are major strengths for you that we want to just continue to improve and grow from here.'"

Finally, interviewees discussed the impact of HomeWorks on children and families. Caseworkers reported that parents were learning and benefitting from the SFPF Framework. For example, at home visits, parents were observed reading with their children and participating in exercises like drawing a genogram to look at family relationships and social supports. A caseworker stated, "I'm seeing major, major improvement in home cases where we're working really closely with peer parenting programs and focusing on protective factors to educate our families."

Ongoing challenges with families were also raised. A stakeholder described, "It's just going to take a little time, but it's been an excellent program and hopefully will continue to improve and make change in lives of families that sometimes are a little resistant to change. You're talking about generational cycles of violence [and] of poverty here." Caseworkers also acknowledged that it was not just willingness to change as a parent, but also willingness to see DCFS in a different light given a history of pendulum shifts in child safety and family preservation that undoubtedly impacted removal rates. A caseworker stated, "I mean it's hard for families to be accepting of the Division of Children Family Services. We haven't had the best name through the years. And in their mind, we were there to remove children. We're not there to offer interventions and support services to keep their family together."

Finally, both legal and DCFS stakeholders questioned whether there were perhaps some families that required removals but had children left in the home due to the goals of HomeWorks. A stakeholder explained, "I do have a little bit of a fear that we're pushing HomeWorks so much, that I hope it wouldn't be to the point to where our goal is to keep a child in a home so much that we start sacrificing their safety." Another interviewee added, "I do worry that we might cross that line of keeping a kid in a home longer than what's really safe just so that we can say we kept this kid out of care."

During the *second round of interviews*, respondents were able to provide more in-depth assessments of the waiver impact. First, they discussed impact on the legal process inclusive of impact on GALs, the judiciary, and removal decisions. Feedback regarding the impact that HomeWorks had on GALs was mixed. From the perspective of the one GAL interviewed, HomeWorks was a great idea and the right thing to do, although there were still cases where the GAL disagreed with the Department and recommended that the child be removed. Asked to clarify whether HomeWorks had an impact on their own removal decisions, the stakeholder offered, "Yes, absolutely it's had an impact. In fact, I can't think of anything that has had more impact than the HomeWorks program. On all of us. On Guardians, on the caseworkers, on even service providers. I think it's a great positive movement and it just needs to be tweaked." An administrator within DCFS, on the other hand, described more of an adversarial relationship with one GAL in the region, explaining that the GAL was recommending removals not just for safety issues, but for quality of life and environmental issues.

In discussing the impact of the waiver on judges, stakeholders for the most part felt their relationship with judges was no different than before HomeWorks. Respondents indicated that there was good communication on both sides, and judges for the most part fell on the same side as DCFS. Respondents also indicated there had been an uptick in judges asking questions in HomeWorks language, asking to see the UFACET tool, or asking if something could be done in a case that they had just seen done for another family. Thus, HomeWorks seemed to be catching on in the courtroom, albeit slowly and gradually. An administrator explained that, at first, there seemed to be a "huge pushback" from the legal system regarding HomeWorks, but now they were starting to see the HomeWorks language being used.

Some of the respondents, who felt it was still a work in progress in terms of working with judges around the goals of HomeWorks, explained that in part, the slow progress was due to the DCFS caseworkers not yet being fully comfortable with the HomeWorks language and process. A caseworker explained, "I think everybody is still trying to just get familiar with it. I think we're still trying to see it roll out in our courtrooms and with our legal counsel. I think we're still uncomfortable with it… And we're still trying to figure out our role and how to maybe present that." On the other hand, respondents indicated that they had seen more judges willing to close cases where things were going well but services were not yet completed, which was perceived by some to mean there might be some trust in the HomeWorks process.

With regard to whether HomeWorks had impacted removal decisions, the answer was uniformly yes. An administrator expressed the view that, "There's a changing culture from the culture of removal to you know, let's first try and do what we can to keep kids home… And also not only that, but if [it's] right, and if their needs are being addressed and it's safe, let's move kids back home sooner if they did have to be removed." Stakeholders also mentioned that having data from the UFACET and SDM to present in Court gave caseworkers more concrete data with which to advocate for fewer removals. However, there were important clarifications. From the perspective of the judiciary, while HomeWorks led to fewer removals, it was uncertain whether HomeWorks impacted permanency.

Respondents also discussed how removals for parental substance abuse were more complex than they seemed from the outset. A judge, for example, explained they did not feel that substance abuse on the part of the parent necessarily constituted immediate grounds for removal of the children. However, with the substance abuse comes associated friends and acquaintances such as drug dealers and criminals who would be placing the child at repeated risk. Judges felt more concerned about the home environment of a substance abusing parent and whether that was a safe enough place for a child. They were not as concerned about the actual drug use, particularly if services were ongoing. DCFS caseworkers similarly talked about substance abuse being particularly complex, and that from their perspective, HomeWorks helped children stay with their parents while helping to give parents the skills and resources to achieve sobriety.

Next, respondents discussed the impact of the waiver on practice, inclusive of CPS practice, supervisory practice, caseworker practice, child and family engagement and well-being. While data was very limited in terms of impact on CPS practice, one respondent described a general change in the mindset with which they approached their work related to HomeWorks:

> I feel like that when it first came out, I had this mindset that oh, well, this really just applies to in-home and foster and I did mostly CPS. But the more that I did CPS, I could see that I was using it in my, you know... maybe informally because I wouldn't always do a UFACET with my CPS cases… But just the whole mindset of when I go out to a home and I'm assessing safety, I'm also assessing ongoing risk and what factors came into play that led to this situation.

In terms of impact on supervisors, interviewees described having more contact with families and increased use of protective factors and HomeWorks language at team meetings. Supervisors felt that casework in general had become more structured and more concrete because of the UFACET assessment tool and SDM process. Respondents also talked about an increased emphasis on coaching. Furthermore, some expressed feeling an increased accountability and responsibility to families than they might have experienced before; one administrator described:

> I have a stronger feeling of responsibility to provide the families out there that we're working with the best quality product that we can at the time. And maybe that's why … just recognizing, like I said, people who didn't want to get on board, helping them gently exit the system because they didn't want to. Because I think families deserve that. And it's likely their last chance of trying to keep their family together if we're involved.

Regarding impact on caseworkers, respondents talked about HomeWorks giving caseworkers more concrete tools with which to accomplish their work and speak about their work to others. In turn, caseworkers were viewed as having more confidence and more empowerment to create meaningful change in a family's life. One caseworker described, "I think it involves spending more quality time with our clients and actually trying to make changes in their lives." Second, the UFACET created a more positive dynamic whereby families could suggest areas where they wanted help and caseworkers could gain a better understanding of the family from the family's perspective.

Third, respondents talked about the shift from caseworkers working primarily in a monitoring capacity toward caseworkers providing services in the home. In the past, a caseworker would have primarily been in the role of putting together a service plan and then stopping by the home to make sure everyone was doing what they were supposed to be doing. With HomeWorks, the expectation had changed; now in-home caseworkers were expected to have the skills and abilities to provide direct services to the families they were working with to address their needs. An administrator reiterated, "I want our caseworkers to be an intervention themselves, and I encourage them to go to trainings to fill their toolbox with skills they can use out there in the field."

Fourth, caseworkers in rural areas felt that HomeWorks had increased the tension in their daily work and the work load was at times unrealistic. Caseworkers from the rural areas were quick to say they thought HomeWorks was great in theory; the concept was not the issue. The problem seemed to be that their caseloads looked fine on paper to folks from more urban areas, but once the required visits were implemented, and without leadership really having to live the problem of three-hour, one-way drive times, these teams felt very much stuck "between a rock and a hard place."

Regarding the impact on child and family engagement and well-being, interviewees felt that parents were more engaged as a result of HomeWorks. Completing the UFACET with a family helped caseworkers understand things better from the family's perspective. As the caseworker got to know the family better through this process, everyone became more invested in the success of the case. Interviewees talked about the parent-caseworker relationship being improved because parents felt like they were really being helped, and the process led to fewer defensive reactions.

Responses were mixed with respect to whether the HomeWorks process had increased child and family well-being. Some respondents felt HomeWorks had already improved family well-being. A peer parent stated, "When you're being educated and you're being invested in… when someone is showing you that they care and taking the time to walk you through that process, you're going to see drastic improvement." Another set of respondents fell in the middle on this topic. They stated that HomeWorks did have potential to make a positive difference in families' lives, but significant barriers stood in the way of full implementation. An administrator explained, "We're still suffering from the transition of losing a lot of employees. We've lost resources over the past year… we've organizationally changed."

It was reported that one county in particular was struggling with a recent increase in removals and foster care cases. The process of understanding why those numbers had spiked seemed to be complicated. Leadership was examining theories such as larger sibling groups than the prior year; for example, groups of five, six, or seven siblings were coming into care at a time. Another suggestion was that a temple was being built in the area, and perhaps that brought new families to the area who were in crisis. An administrator explained, "Our foster care numbers are really high and HomeWorks wasn't going to make a difference in a lot of the cases that we had to remove because of safety. I mean, that was the bottom line."

Finally, respondents discussed impact at the organizational level. Reviews were mixed regarding the impact of HomeWorks on DCFS. On the positive side, one administrator expressed the trend that there seemed to be more agency on the part of staff to make a difference in families' lives, stating: "One of my favorite changes that I've seen is probably our desire to have the caseworker be a change agent, as opposed to a compliance monitor." However, most other respondents expressed concerns about unintended consequences of HomeWorks implementation, including a concern that the focus on in-home services had led to a decline in the quality and quantity of available foster care placements, and that more children were having to be placed out of county because DCFS was no longer developing foster care placements. Some respondents felt there was an underlying pressure to do in-home services at all costs. And finally, the issue of teams arose, an issue particularly in rural areas where caseworkers saw all types of cases. These teams wished for a designated person to be trained in HomeWorks and solely take in-home cases because the HomeWorks model was not really fitting the cases caseworkers were seeing (e.g. out-of-home care).

Interviewees were also asked how HomeWorks implementation had impacted services. The consensus among interviewees was that it had not impacted services. As one judge explained, the DCFS budget and the economy "are what they are." Services were still lacking, specifically, substance abuse treatment, mental health treatment, affordable housing, and realistic drug testing were areas of continued need. Peer parenting was seen as being more consistently available than in the past, and while respondents did not

see the service array expanded as a result of HomeWorks, there was recognition that the required four monthly home visits with families was a significant change in and of itself. If caseworkers were doing more clinical activities with families, this may be important to take into consideration when discussing impact to the service array.

During the *third and final round of interviews*, respondents identified impacts of the waiver in three primary areas: child welfare practice and services, removal decisions, and child and family outcomes. A number of positive changes to child welfare practice were articulated. Among external stakeholders, identified changes included the incorporation of better assessment and decision-making tools, the use of assessments to develop more individualized plans, and the greater overall effort to connect families to services and supports in order to keep children safely in the home. DCFS stakeholders similarly identified better assessments and better utilization of resources to keep children in the home as key impacts of the waiver. The incorporation of evidence-based assessment tools was viewed as a significant strength of the waiver, facilitating and improving overall decision-making. A CPS worker elaborated,

> I think that the structured decision-making model has been really helpful in recognizing the difference between imminent safety issues versus risks, identifying what risks are there and what strengths are in place and how the risks can be managed through safety planning. I think that before that identifying that and how to do it was more ambiguous, especially for workers as you go into court. And you have a judge that's very protective, which is great. Or, other partners that see the risks and they say how do you manage this? And so, being able to identify what those risks are and how they can be managed helps us to better articulate a plan that's feasible versus before it was just like more ambiguous. You know, either it was like you're safe or you're not safe. And this just isn't reasonable. How do we keep them safe? Versus now, it's like, no, here are the protective factors, here are the strengths and the safety planning that we've done to mitigate the risk and so these kids can be safe in the home.

Additionally, respondents from DCFS noted that HomeWorks had increased the tools that caseworkers had available to them to work with families, and caseworkers were having more purposeful visits with families, where more concrete safety planning was occurring. It was also expressed that the SFPF Framework had been largely incorporated into practice at this point and was expanding into CPS and foster care cases, leading to more consistency in practice across the system. Another positive impact noted was the incorporation of trauma-informed practice.

A few respondents also indicated that the region had seen the expansion of some services targeted specifically to high-risk families. One program mentioned was Families First, which, it was reported, had been previously unavailable in parts of the Southwest Region. Another program that was mentioned was the SMART team, which provided crisis intervention. Furthermore, it was noted that caseworkers themselves were becoming change agents through the implementation of HomeWorks, and thus were directly providing some of the services needed by families. On the other hand, numerous respondents noted that an ongoing challenge in the region was an overall sparsity of services, and this continued to be a concern that the waiver had not increased resources to the extent that stakeholders had expected or felt was necessary.

Next, there was widespread consensus that HomeWorks had impacted removal decisions, and that there was a general change in philosophy throughout the region towards trying to maintain children in the home. As one respondent expressed, "We are not just knee-jerk pulling kids into care." Another described in greater detail the shift in thinking she had observed:

> I know that there's often comments in different staffings when we're considering removing a child, like, you know, "Back in the good ol' days," or, "Back, you know, back in the day this would've been a removal, but it's not anymore." So I have seen that change, that paradigm shift with our agency and even with our partners. This is just anecdotally, I don't have the stats, but I know that from my observations we are more consciously asking that question, "What can we do to keep kids in the home?"

This perception, that there was an overall trend of keeping more children in the home that would have been removed in the past, was shared by a large number of respondents. It was further noted that all partners were using safety and risk assessments, as well as consideration of the availability of concrete resources to mitigate safety concerns to inform decision-making.

Some respondents also expressed the perception that legal partners had become more open to HomeWorks and showed more willingness to try in-home services. Several specific changes were noted among legal partners. First, it was reported that HomeWorks terminology and concepts were increasingly being used in court by legal partners. For example, judges and AAGs asked about the assessments and what efforts had made to keep children in the home and safety plan with the family. According to one respondent, there was a sense that everybody was on the same page, and the Court was increasingly holding DCFS accountable to HomeWorks.

Judges were overwhelmingly described as supportive. Several respondents noted that there had been considerable turnover among the judges, and new judges who had come on board were perceived to be highly supportive of the HomeWorks philosophy and strong proponents of keeping children in the home. An administrative-level respondent explained,

> We have a difficult time getting past a judge to try to remove a child for good reason, which I love. But he knows when we're coming in and asking for removal, he knows what questions to ask. "Have you gone over parenting skills with this family? What's their resilience like?" So he's asking all these questions, and if you haven't done those things he's less inclined to remove.

Among AAGs and GALs, perceptions were more mixed as to whether they had come around to HomeWorks. It was reported that there were still some "wait and see" attitudes from these stakeholders. A few respondents expressed that it was improving and that these stakeholders were seeing the positive outcomes from HomeWorks. In contrast, another respondent indicated that certain legal partners, particularly GALs, continued to be very resistant and did not view HomeWorks as effective. GALs who participated in the final round of interviews, however, offered examples of how their ways of thinking had changed as a result of HomeWorks. One GAL shared that, "In recognizing that I want to remove more than DCFS, I try and counterbalance that by coming up with reasons why we need to leave the kids in the home. And the more I study it, I think that there's good solid evidence that, you know, the kids are better

in the home if it can be done at all. So, I'm trying to educate myself that way and evolve." This individual also expressed that he/she had become more aware of the economic struggles that most DCFS-involved families were facing, and therefore more empathetic towards their situations and open to considering in-home services as a result. Another GAL described a case in which he/she had advocated for removal, but DCFS had disagreed. In hindsight, the GAL recognized that DCFS had made the right decision:

> And even though at the time I was frustrated [LAUGH], you know, and it wasn't because I was frustrated because I felt like, oh, I'm right and you're wrong. I was frustrated because I was like, oh, my gosh, why aren't we doing what seemed to me like the obvious answer? But they managed to build in safety for the kids when it turned out, hey, that they were able to provide other services that helped them stay home. And I thought, oh, okay, well, that was a good learning experience for me.

These narratives indicate that GALs had begun to reconsider their perspective as a result of HomeWorks, and although they still struggled with an inclination towards removal, they were gradually becoming more open towards in-home services. The findings suggest that while there may still be work to be done to increase the confidence of legal partners, considerable progress has been made.

The final topic examined was the impact of the waiver on children and families. First, respondents indicated that they had observed some significant changes in the characteristics of cases and families that they served. Most commonly, it was reported that they had seen an increase in drug use. A few respondents also noted an increase in domestic violence cases, and one respondent described an increased severity of cases, whereby they were seeing more children who were severely traumatized and more fetal substance exposure as compared to the past. These changes generally were not attributed to the waiver, but to changing social circumstances. However, these perceived changes were viewed by some as making it more challenging to implement HomeWorks and raised questions, as noted earlier, about which types of cases were appropriate for in-home services.

Regarding how HomeWorks had impacted child safety and well-being, respondents indicated that, for those families where it was appropriate to implement in-home services, HomeWorks was largely effective. It was emphasized that there were always going to be cases that required children to be removed, and DCFS would not be able to intervene effectively with all families. As one respondent noted, the parents need to be willing to engage in services for HomeWorks to be effective. For families that did engage, most respondents indicated they felt HomeWorks was effective in keeping children safe. A caseworker expressed that it gave families "a better chance." Similarly, a CWA described it as giving parents more opportunities, identifying an example of the impact she observed where parents were starting to use the Protective Factors language and apply the concepts to situations that arose in their lives.

While respondents were generally optimistic about HomeWorks' impact, they also indicated there was still room for improvement. One respondent expressed that she would like to see earlier intervention with prevention services to get families the help they needed before the situation became severe. Another noted there was still a need for more resources in order to better serve families and be able to meet all their needs. Increasing the availability of services and resources to support family preservation appeared to be the most pressing need identified by respondents to increase the impact of HomeWorks.

Salt Lake Valley Region Results

Implementation of HomeWorks in the Salt Lake Valley Region began April 1, 2015. The process evaluation involved two rounds of interviews with regional stakeholders. The first round of interviews was conducted from December 2015 through May 2016 and included 27 stakeholders. The second round of interviews was conducted during July and August 2017 and included 15 stakeholders. Stakeholders interviewed included Office of the Attorney General, judges, GALs, state and regional DCFS leadership, caseworker supervisors, CPS caseworkers, and in-home caseworkers. Respondents had been in the field for a range of one and a half years to 26 years.

Their identified roles specific to Utah's IV-E Waiver – the HomeWorks – implementation varied considerably according to the position they held. Regional leadership, including Child Welfare Administrators (CWAs), saw their role with HomeWorks as spearheading and leading implementation efforts in the region; their tasks included problem solving around implementation issues, coaching and supporting supervisors on how to implement HomeWorks at the practice level, and the provision of training and technical assistance for supervisors and caseworkers.

Supervisors reported they were directly responsible for ongoing successful implementation at the practice level to ensure that "they [caseworkers] follow the HomeWorks model." Tasks described included going with caseworkers on home visits and to team meetings, checking their entries in SAFE (Utah's child welfare information system), and conducting quality assurance reviews on cases. A CPS supervisor commented regarding their role in integrating HomeWorks into all aspects of practice: "Well, HomeWorks is not a program; it is part of everything we do." This view was reiterated by a CWA: "It's sort of just become an integral part of our work now," and by a case manager: "Even in the ladies' room, the protective factors are on the wall. So, they are making sure it's very visible in our building… If we are staffing a case, they will ask for a copy of the UFACET."

Caseworkers and child protective investigators focused on their role of implementing HomeWorks with families. A child protective investigator explained: "HomeWorks, to me, it's like the second phase of the investigation. Providing the family with the support that they need." A case manager described their role as "So I get to help use it. I take the program out to families in-home, do activities with them, try to increase their protective factors, try to increase their knowledge so that hopefully we won't come back."

A legal system partner described their role as providing "reasonable efforts to allow the family to reach their permanency goal… I would like every parent to feel they got the best opportunity that they could be given to be successful." This respondent also specified tasks related to this role: brainstorming with the client about how to address outstanding issues in their case plan, asking clients to develop their own solutions to unresolved issues, and communicating to the client about what is expected of them legally in order to be successful.

Leadership

During the *first round of interviews*, participants reported high levels of leadership involvement by state and regional administration, based on continued administrative monitoring and feedback from leaders, as well as leaders' willingness to seriously consider feedback from staff and recognize barriers to

implementation. There was mention of numerous trainings beginning with the State Office followed by numerous regional HomeWorks trainings and discussions: "We do a lot of HomeWorks discussions, from our admin team. When we have our own little regional meetings, those come up quite often and I think from knowing people, at least in our region, some of the admin team, I know they really support HomeWorks." In addition, it was apparent from responses that caseworkers were receiving ongoing feedback on their performance and skill development. It was noted that the provision of numerous trainings on HomeWorks and the establishment of clear expectations for when to use tools were useful: "All levels of management have done a pretty good job as far as letting us know what the expectations are and then providing us with education to do the work and use the tools."

Challenges to leadership involvement were also reported. The region experienced a leadership transition at the time of implementation, and as a result, many interviewees said that because of multiple transitions at one time, their own roles in HomeWorks were not necessarily clear. Respondents explained that it would have been helpful to have a clear idea of their roles in HomeWorks prior to the implementation of the program in order to better focus their attention during HomeWorks trainings. Interviewees in regional leadership roles mentioned that they received information from the state leadership team, but that state leadership was not actively engaged in the planning process for the waiver. There was also a general feeling of some disconnect between state level and regional level administration about day-to-day process needs and a need to involve leaders external to DCFS.

Support and buy-in among the regional DCFS leadership were apparent in all interviews, though with some caveats. Regional leadership was perceived as highly committed and responsive to worker input and ideas, and they were recognized for tailoring training specific to caseworkers' needs from the beginning of the implementation period. A member of the leadership team expressed that there was a common intention to make HomeWorks language a key part of how discussions were conducted at the leadership level. Additionally, some caseworkers saw the commitment through regional funding allocations: "I feel like they're putting money toward getting as many caseworkers as we can. Because we know that when your numbers are high, you're just not doing the work that you need to do when you have high caseloads. So I think they understand that and they focus on that."

Feedback related to strategic planning in the region was very mixed during the *first round of interviews*. The creation of a highly invested WLT was a critical first step in implementing the HomeWorks framework. One interviewee referred to participating in a feedback survey to contribute to developing the region's strategic plan. Another respondent expressed that implementation seemed to be occurring in a very streamlined, uniform fashion, which gave the impression at all levels that strategic planning had taken place. However, some interviewees did not feel as prepared to implement: "I don't think our region was ready to start, the HomeWorks teams aren't ready, the structure is not in place yet."

Responses regarding shared accountability for project outcomes also varied. The Salt Lake Valley Region created new teams for implementing HomeWorks, establishing a "strong cohort of employees who are invested in HomeWorks" and "see that as their identity as DCFS workers." This team was perceived as carrying accountability for HomeWorks program success with the recognition that HomeWorks needed to become a division-wide philosophy in approaching cases from the beginning to ensure necessary success of the framework. On the other hand, caseworkers expressed feelings of greater accountability: "The

expectation is set you know, they provide us with educational opportunities and kind of like roll it out and the expectation is really on the caseworker."

Several stakeholders mentioned that HomeWorks was more at the forefront of in-home caseworkers' way of handling a case, in contrast to caseworkers assigned to permanency cases. There were two different perspectives on this situation. One was that any caseworker with a caseload should consider themselves a HomeWorks worker, whether they were formally part of a HomeWorks team or not, implying that it was a shared value that HomeWorks principles be embraced by all staff. The alternate perspective was that HomeWorks was not as applicable for caseworkers who were tasked primarily with permanency cases rather than in-home cases.

There was also a perception in the Salt Lake Valley Region that the WLT might be a bit protective of identifying any ongoing problem areas in HomeWorks. One interviewee described, "I feel like there has been a little bit of siloing from the top, that we don't wanna tell you anything, but we're gonna tell you it's great, it's working, it's wonderful, we've worked out the bugs. But I think it's good for us to know what those bugs are." In addition, there was a general sense of not knowing what outcomes were being measured, or how outcomes were being measured and evaluated.

During the *second round of interviews*, the majority of responses remained highly positive about the involvement of both state and regional leadership in the HomeWorks implementation. Participants primarily focused on the intensive hands-on support of state leadership during implementation. "We've just had a lot of contact with the State Office… we meet with them monthly or every other month, and in the beginning, it was more often than that," one respondent described. Consistent with feedback from other regions, the rollout of HomeWorks was much better executed than previous policy reforms. "The rollout process was perfect, and we've never rolled out any program like that ever before. And they continue to be present and around. They're available," a respondent stated.

Factors that reportedly contributed to this success included effectiveness of communication about HomeWorks, including the hands-on training, videos and messages about HomeWorks, and the accessibility of state leadership, including their responsiveness to questions from case managers, participation in the brown bags in the region, and making implementation "fun" to the extent possible. Another tangible support for implementation from state leadership was funding for a consultant that was coaching with line staff about HomeWorks.

Frontline staff in particular appreciated the availability of the leadership team. One case manager, self-described as "stuck in my ways," commented, "This is nice to just have some additional support and to know that if I have a question on the UFACET, I am able to contact the higher ups. I don't have to wait for my boss to contact his boss to contact the higher ups." Another line worker made the role of leadership analogous to the role of social connections for families: "If they understand what HomeWorks is and we can count on them when we call for backup or support… like social connections, right? If we call them and they're there, then that helps."

One identified gap in leadership involvement was the Attorney General's and the GAL's Offices. A respondent explained that, "I think if we could get them involved in some of the meetings… like section

chiefs be part of these conversations, that could enrich their understanding… help them better understand the why of HomeWorks and give us some feedback when they question what we are doing or they disagree with us." The hope was, that with this increased understanding, a middle ground could be found on cases where there was currently no agreement.

Consistent with findings from other regions, participants' views about accountability were associated with their roles in the system of care. Reflecting on the way things should be, a child protective investigator offered, "To me, everyone that has some sort of calling or authority or responsibility to provide safety for the child should be held accountable. And have the same accountability and the reward of having a family successfully complete a program or maintain the safety of the family." At the practice level, however, the general perception was that there was too much accountability at the worker level. "That is why their life expectancy is so short. They have got to figure out a way to make that less focused on the caseworkers themselves," one respondent explained. The view of another line worker was that if HomeWorks failed, the accountability would be between the supervisors and the caseworkers. A supervisor offered this perception: "I would hope it would be somewhat shared. My opinion is always that people higher up should be taking more of the responsibility. They are the ones that are setting the standard and the expectations and so, ultimately that does kind of fall on them."

Upper management, on the other hand, saw themselves as accountable for the outcomes of HomeWorks. One leader shared regional efforts to understand, from systematic data collection about family characteristics, what were the factors and conditions that influenced removal decisions. Certain criteria, such as one or both parents incarcerated, homelessness, or methamphetamine dependent, appeared to be drivers in these decisions. The question posed by one leader was whether there were some cases where these barriers might be mitigated through a strong safety plan or intensive in-home services.

In summary, the perceptions of interviewees in the Salt Lake Valley Region were that key leaders were actively involved in HomeWorks implementation in ways that were helpful and promoted full implementation. There was also agreement that key leaders in the child welfare system were educated about HomeWorks, although one respondent recommended further education for upper management in the Attorney General's and GAL's Offices. Regarding the degree of shared accountability for the outcomes of HomeWorks, respondent views varied according to their roles. These findings were largely consistent across both rounds of interviews.

Vision and Values

Key stakeholders expressed awareness during the *first round of interviews* that political changes over time influenced whether removal decisions were made very conservatively with a heightened awareness of risk or, with an emphasis on keeping children in the home. As they described, part of the rationale for HomeWorks was to reduce the trauma of separating children and families and to keep more children safely at home. Stakeholders perceived that DCFS desired HomeWorks as a new practice model because it more closely aligned with a social work (rather than a legal) framework. Stakeholders spoke at length about the benefits of maintaining children safely in their homes with their families and working hard with families within the HomeWorks framework before attempting more invasive interventions: "Children are so much better served in their homes with their families. If we can effectively make change with the parents in the home, it's just better for kids." There was also a deep appreciation expressed among some

interviewees about how it felt to be a parent in need of help. One interviewee explained their perception that foster care sets parents up for failure: "It's easy to lose home if your kids aren't in your house, so if you're a parent trying to work on some issues… [HomeWorks is preferable]." Another articulated, "Once a case goes into Court or foster care, it's really hard for families to get their kids back."

There was recognition among stakeholders that social workers and legal partners had different priorities and different working timeframes. Caseworkers also recognized that foster care was necessary, but that more can and should be done with families prior to a removal decision to keep families together whenever possible. HomeWorks was desired by DCFS as a standardized framework to be more proactive with families through the use of family engagement tools; it was seen as formalizing good case work, and it was hoped that the formalization process would bring additional funds.

There was a clear and ubiquitous understanding among stakeholders that HomeWorks was an operative framework to increase the intensity of in-home services to stabilize families, maintain familial balance, keep children safe, generate awareness of support services, and prevent families from returning to DCFS through the recognition and strengthening of protective factors. A few stakeholders also mentioned Structured Decision Making (SDM) and better assessment tools as facilitating the practice goal of making good case work decisions based on the evidence presented.

Interviewees further described personal vision and values related to HomeWorks that aligned closely with the rationale and goals of the waiver. Stakeholders reported that they would like to see HomeWorks grow so that caseloads for HomeWorks and foster care were balanced out over time: "Hopefully we see changes in the community, and we do good enough work that we're preventing more of those foster placements from occurring, so that we're needing more in-home workers." For HomeWorks to grow, interviewees recognized that it was necessary to show prevention of removals. One caseworker highlighted that the HomeWorks framework allowed many ways to creatively engage with and support families. Many stakeholders echoed the idea that removal causes trauma and part of the general vision of HomeWorks, as well as their personal vision, was to reduce the trauma of removal for children and families by keeping children in their own homes, as expressed by one respondent:

> I'm convinced that whenever possible, it's better for children to remain safely in their own homes... for me, that's the most encouraging thing about HomeWorks, we now understand, and I think what we have a commitment to. Children do better in their own families and our work is to try and help them be there safely.

Stakeholders also expressed that this value was not held by all, particularly community stakeholders, and that changing it would take time. Explained one interviewee, "They see an upset in a family and their first thing is 'we'll call DCFS and get this kid removed.'"

While there was continuity in how stakeholders described waiver goals and rationale, stakeholders did not agree that there was a consistently shared vision and set of values throughout the region among different worker positions and external stakeholders. Generally, stakeholders perceived a shared vision for HomeWorks as a family preservation and permanency model that aligned with past practices. The implementation for this framework, however, was perceived to be more purposeful and organized than

past implementations. HomeWorks team members shared a vision of keeping children safely with their families, but there was uncertainty about whether non-HomeWorks teams in the region shared the same level of excitement, especially if and when cases were passed on because children could not be kept in the home.

There was overall agreement that the principles of HomeWorks were shared by in-home caseworkers in the region and that the state had presented a very clear mission and motives to keep children in their homes. However, there was some uncertainty about re-structuring positions and teams to support the HomeWorks model as well as some concern over differences in vision between offices in the region. This concern was especially apparent regarding staff who were not on designated HomeWorks teams; many were unsure of how they fit into the new framework and vision: "the goal was everyone works cases as if they're HomeWorks cases, so I wish it was a little more clear, and there was a little more focus on CPS and foster care. Because I think we're really clear about the in-home piece," one respondent explained. Though it was reported that CPS caseworkers did not totally share in the vision, responses showed they had an increased awareness about HomeWorks and were asking about it in case transfer meetings.

The recognized, inherent conflict between social workers and members of the legal system was in the process of being worked out through continuing education and conversation between DCFS and external stakeholders. While the end-goal of keeping children safe was the same, the framework for attaining that goal remained at odds. Social worker and legal timeframes were perceived differently, with more time pressure coming from the legal system. For example, there was individual variability in the legal system:

> The court is still trying to get used to [HomeWorks] and depending on the attorney [and judge], some of them would like us to get involved sooner than we do versus trying to maintain without them. I went to a court hearing where we did our HomeWorks process; we had our safety plan, we had this, we had that, and the judge looked at us and said, 'I don't think that is enough,' and she wasn't happy with us.

During the *second round of interviews*, respondents consistently agreed that the rationale for implementing the IV-E Waiver was to reduce instances of removal and foster care placement, and to strengthen the ability of DCFS to help keep children with their families, especially those who could benefit from services but did not need court intervention. Similarly, some respondents saw the rationale for HomeWorks as a way to provide more intensive voluntary services up front, thus reducing cases going through the court system. One reason frequently cited was that the trauma of removal was at least as bad as the trauma of remaining in the home, with many respondents citing a strong research base in this field. One respondent described the HomeWorks approach as working through the trauma rather than shifting to another kind of trauma. Additionally, many interviewees saw the purpose of the waiver as a redistribution of resources and funding between in-home and foster care services, with one person describing the waiver as a way to reallocate funding that was tied up in foster care. Other respondents saw the rationale of the waiver as a way to provide more structure and accessibility to the family preservation model with which many caseworkers were already familiar.

Respondents widely agreed that the goals of the waiver were to reduce the trauma of removal and provide intensive services to families in order to safely keep children in their homes. Several respondents

emphasized the importance of educating and empowering families through use of protective factors in order to create more stability at home and avoid continuous involvement with the court system. Interviewees also mentioned that connecting families to community resources long-term was integral to the goals of HomeWorks. Finally, some comments reflected caseworkers' understanding that a goal of HomeWorks was to provide more guidance and direction to their practice, rather than "just sitting on the couch and talking about American Idol" with their families. For them, the waiver was as much about refining internal practice as it was about changing interactions between DCFS and the families they serve.

Respondents had many ideas about what they would like to see achieved as a result of the waiver. Many interviewees were hopeful about HomeWorks and felt that the objectives of having stronger connections with community partners and families would not only lead to better outcomes for children and families, but an improved image of DCFS as well. Regarding community partners, one respondent wanted to see an improved partnership between DCFS and the judicial system, explaining that the two could be at odds with each other because DCFS was operating according to a particular philosophy (HomeWorks) and the judicial system was not, and had ultimate power over decisions. This respondent also hoped to see legal partners view the UFACET and SDM as legitimate measures, allowing for smoother interactions and stronger agreement on the use of such tools as evidence.

Some respondents wanted to see better funding for in-home services with stronger commitment from the state to fund the project long-term. Along with this wish to have a more stable funding source was significant interest in having manageable caseloads and hiring more caseworkers in understaffed areas. One respondent expressed the need for HomeWorks caseworkers to have more authority to operate according to the waiver protocol of spending more time with families before getting courts involved; some felt pressure from legal partners to do court-ordered services rather than voluntary. Multiple respondents stated their desire to see in-home services, rather than foster care, make up the majority of DCFS cases. Overall, respondents envisioned sustainability and hoped that leaders would continue to work through challenges and find ways to ensure maintenance of the HomeWorks philosophy.

The majority of respondents expressed that their co-workers and DCFS leadership shared the same vision and values of keeping children safely in the home and that HomeWorks was "not a program, [but] a way of doing child welfare." Some respondents mentioned that this vision was shared mostly by in-home caseworkers but that it was spreading to foster care caseworkers as it became more engrained over time. Others felt that the concepts were well understood, even among CPS caseworkers. Many respondents noticed that legal and other community partners seemed to be responding more favorably to HomeWorks, and that judges, attorneys, and social workers were all starting to speak the same language:

> Courts and community partners [and] other stakeholders outside of DCFS are jumping on board and they're getting it. They see what we're looking at… I think, at the very least, they understand what our intent is and what's… where we're trying to take this, even if they haven't completely bought off on it yet, so… But I think it's going more smoothly than I anticipated, frankly.

One respondent noted that some judges and attorneys were asking for language around protective factors and the UFACET to be tied into court reports.

On the other hand, some responses indicated digression among external agencies or partners, described as being unclear about the goals of HomeWorks or how it should function for them: "I think each individual system has their own vision of what it should be, and they don't mix very well yet." Additionally, some respondents described legal partners as having a different interpretation of risk than DCFS, leading to disagreement about efforts to leave children in their home in instances when they otherwise might have been removed. While these differences in vision showed improvement from the beginning of implementation in this region, they remained a notable barrier to a more unified partnership among DCFS and external agencies.

Environment

Environment was discussed in terms of several factors, including the organizational climate of DCFS, staff support, communication with external stakeholders, community and political support, and available resources. There was nearly universal staff support (caseworkers and supervisors) for HomeWorks expressed during the *first round of interviews*. For the rollout of HomeWorks in the Salt Lake Valley Region, caseworkers were interviewed to be on the HomeWorks team, resulting in a self-selected team of individuals highly passionate and committed to carrying out HomeWorks. For this group, the HomeWorks framework and relationships with families was at the core of doing good social work. Caseworkers also praised their supervisors:

> He's looking for specific language in our logs so he knows that we're using it and holding us accountable for that. And we [have] staff[ings] weekly or as needed, so he knows what's going on in the cases and says, "okay, have you tried this?" And you know, "I've noticed you've worked on these four protective factors, how about this fifth one?"

There was support expressed from both new and old staff, with older staff acknowledging that sometimes it was difficult to shift gears and systems of practices. Apart from the HomeWorks-specific team, it was generally believed that staff in the region supported HomeWorks: "I think in general employees like the idea [of HomeWorks]. Some caseworkers would prefer doing foster care cases because you have more control of things. You know where the kid is. You know that they're safe, for the most part."

One issue that arose in the interviews, however, was the feeling that long-time caseworkers saw HomeWorks as the latest program of many rolled out during their careers, and they resisted doing things a different way. However, there was also a strong feeling that resistance was lessening and caseworkers who were initially opposed were beginning to embrace the key principles of HomeWorks.

In relation to community and political support, DCFS stakeholders expressed a strong desire for community education and not wanting to be perceived as the "bad guys" in the community. Concern was expressed by interviewees that while information regarding the volume of calls and cases DCFS takes on was publicly shared, individual stories (due to issues with confidentiality) were not. Interviewees also discussed the media's tendency to report information about removals or child deaths, while avoiding articles regarding positive aspects of the work DCFS does for children and families. This idea was echoed more than once by multiple interviewees:

> [We need] more awareness in the community of what DCFS does because if we make the news, it's always because of an awful, horrible case. So that's very much the stigma that is attached to DCFS versus we really do try to keep families together and even if we remove a child, we're still trying to keep them with family. And that removal is last resort, not first come.

Education and time were expressed as needed elements for community buy-in to HomeWorks. There was concern from community stakeholders that children would be left in dangerous situations. There were mixed opinions of community buy-in; for example, courts were perceived as questioning HomeWorks, but there was the idea that time, greater understanding of the HomeWorks framework, and seeing statistical results would build support in the court system. There was a general feeling that there was a lack of community support due to lack of knowledge and negative perceptions of DCFS by families, or concern for child safety by courts and schools. Results or a "successful track record" were perceived as necessary to grow community buy-in.

Courts were often perceived as particularly problematic in achieving support and buy in. As one respondent described,

> The biggest change that I would like to see is the judges get more onboard with it because they obviously feel a lot of liability when working with these families, but it's our caseworkers that are in the home….like with anything else, once they start seeing a successful track record, they have more...evidence of support.

The increased referrals of clients for intensive in-home family therapy was well received, respondents believed, as it increased business for therapists. It was also noted that identifying funding sources for service providers would promote buy-in.

There was little knowledge among stakeholders about the types of outreach carried out in the community beyond worker-initiated word-of-mouth as they connected with service agencies and schools. There was mention of community-wide immersion events where community partners were invited to day-long activity and information sessions. Outreach at these events varied, with some being well attended and others not.

Regarding political support or outreach to gain political buy-in, one interviewee expressed a desire for DCFS to establish more outreach efforts with the Governor's office to explain HomeWorks and the goals of the program.

One area emphasized by stakeholders was continuing to develop relationships with attorneys and judges. This included suggestions to discuss cases prior to arriving at the courtroom as well as suggestions from judges for caseworkers to include greater specificity in the detail of their reports and to make recommendations in reports: "Make your recommendation. Move your case. Stick your neck out. And by the way, we trust you. We want the recommendation." Regarding communication with the courts, it was also recommended that judges receive SDM updates and safety plans prior to court: "[the judges] want to be in the loop, be part of the strategy."

Interviewees expressed a need to leave families with something tangible that described HomeWorks on one page or a single pamphlet so that they could keep it to read between their first encounter with a CPS worker and initiating services with a DCFS caseworker. A CPS interviewee explained, "I can give them a short spiel about it (HomeWorks), but I'm not one hundred percent familiar with it, so …I tell them it's the best thing for you and they want something tangible. I would love to give them something tangible." This interviewee also shared that they had visited the HomeWorks website and could not find any brief descriptions of the program that they could print to provide to families, and the HomeWorks website was not yet available to the public, so the link could not be shared with families and legal stakeholders as an educational resource.

Finally, respondents also spoke at length about the service array. Access to services and funding for services were the two strongest themes in this area. First, stakeholders recognized that they had access to more resources than other regions; however, there was still a strong call for greater access, especially in cases where resources and services were available but cost-prohibitive, or the wait time was prohibitive of needed enrollment and participation. Substance abuse and mental health-related services were reportedly in high demand. Caseworkers saw parents who wanted to enroll in drug abuse treatment programs but could not afford to or worked with parents who needed concurrent and immediate help with drugs and mental health but could not access services in a timely manner; both availability and access were crucial for maintaining child safety. The critical nature of immediate access to services was reiterated across numerous interviews.

Second, funding was perceived as a major barrier to accessing care, and it was not clear that the waiver implementation had affected funding for in-home cases in a positive way. One respondent described,

> We are struggling right now when we have kids in the home, if they don't have Medicaid or any other insurances for therapeutic resources that can be really difficult. Or if the children need psychological or other testing, that's really expensive. I would really like to see funding shift to some in-home cases as opposed to always for foster care cases.

Therapy was a significant, financially unsupported need for in-home cases. Willingness of some therapists to work with in-home families reportedly varied; many therapists would go into homes, but some were less willing to work with in-home cases involving DCFS because they might become involved in court. Willingness of mental health providers to approve inpatient drug treatment was mentioned as a significant issue, in that clients needed this service but due to the higher cost of the program, it was not recommended by the mental health provider.

Adequate funding was also recognized as a driving factor for wraparound care and aftercare, and housing was reported to be an obstacle for many families. An interviewee explained, "It's difficult for them to focus on treatment issues if they're working on housing and employment and some basic fundamental necessities like that." Another interviewee explained that there was a six to eight month waiting list for county housing, but that these same parents had case plans with permanency goals within nine months' time. Residential treatment programs for men were also seen as lacking and particularly problematic when men needed to be the custodial parent when the child's mother was in prison.

Caseworkers reported creative strategies to match family needs with existing services despite challenges posed by limited availability and funding. One caseworker gave an example of how they arranged for families to pursue treatment when treatment options were not immediately available:

> I say, go to AA or go to these interim groups or get involved with this. You know, and I made up a form for them to have wherever they go, have them sign it, give me their phone number so I can verify that it's being done. Cause at court with all that time before they get in the treatment, what is the family doing?

Furthermore, interviewees discussed a tendency for providers to try out less expensive placement options and levels of care for children with intense needs, see if they fail, and then proceed to more expensive forms of care. "I understand they are entrusted with the public's money," stated an interviewee, "but sometimes you need to get in on the front end of fixing a problem with a kid and not let him/her bounce through a bunch of placements or commit a bunch of crimes before you finally get to the placement or level of care that we need to address the kid's issues." The skill level of therapists was also raised as an issue, specifically, whether they had sufficient client experience and practice handling cases of extreme trauma.

Findings from the *second round of interviews* were fairly consistent. Overall, respondents had positive perceptions of internal support, but many comments indicated mixed opinions about community provider support and a general lack of support among legal partners. The majority of responses reflected a very supportive environment among frontline caseworkers and supervisors. Reasons that staff were supportive of the program varied; some appreciated the focus on keeping families together, and some valued the direction and structure of HomeWorks, including its emphasis on purposeful activities.

On the contrary, one interviewee pointed out that the constant drive towards purpose could be overwhelming, especially considering that many caseworkers struggled with high caseloads. However, respondents mostly expressed positive sentiments about the new approach, with several pointing out that support was so strong for HomeWorks because it was more clearly based on research, and some observing that cases seemed to remain closed more often, rather than reopening a few months after they were closed, which had been common prior to HomeWorks.

Several in-home and CPS caseworkers described their team members as being on board with HomeWorks and willing to work together to problem solve and encourage each other. The sense of support and teamwork shared by respondents was especially important when facing challenges, such as the ongoing struggle to appropriately respond to high-risk cases. One CPS worker discussed the benefit of learning from in-home caseworkers and felt they had learned a lot by hearing them talk about their success stories.

Many caseworkers described their supervisors as being very supportive of HomeWorks, demonstrated by their regular discussion of protective factors and tools and their positive attitude and excitement about the program and its usefulness. One supervisor, for example, was described as "definitely a champion for HomeWorks. He understands the philosophy, does coaching around it, is very clear about what expectations he has for us." These expressions of support by supervisors and other leaders were seen as crucial to the overall acceptance of change, especially their perceptions of poor past implementations.

Some respondents shared feedback about troubling aspects of the program. One commented that HomeWorks seemed to be geared towards White American families and did not sufficiently take into consideration cultural differences in parenting. Additionally, one interviewee posited that some experienced caseworkers still had a hard time reconciling their roles under the HomeWorks framework, particularly those who saw their work in more of a therapeutic light:

> I think they were sort of set in their ways in the family preservation days. They kind of... They were used to being considered therapists, right. Like we considered them the families' therapists in a lot of ways, and they would go out and do family therapy and couples' therapy or whatever it was. And we tried to kind of turn away from that and say "we're not really being therapists," which, you know, for legal reasons, I think that made sense, but I think that that was again a hard transition for a lot of people.

This response suggests that previous family preservation programs in this region had a more therapeutic nature compared to HomeWorks, a finding that was quite distinct from other regions. This respondent felt that the shift to HomeWorks had largely resolved this dilemma, in that it pushed some caseworkers to leave and pursue more therapy-related work, while newer caseworkers were trained in the HomeWorks model and didn't face the same conflict. Overall, respondents shared that the time to practice and get used to HomeWorks helped most to gain their support, and continuing the practice would be even more beneficial all around.

Some of the above-mentioned challenges were explored further in reflections on the DCFS organizational climate. Several respondents brought up concerns with turnover and its impact on the work environment as well as the success of HomeWorks. One interviewee elaborated, "You know, those staff issues were really bad… Essentially they had all of the family pres[ervation] people and clinicians reapply for their own jobs, and not everybody got them back. That was bad news… You don't treat people that way." Other comments reflected frustration with high caseloads and not enough staff to effectively adhere to the model of HomeWorks, especially with its emphasis on spending more time with families. One respondent explained that, although HomeWorks was intended to be a shorter-term intervention, many of the cases were still going through the courts, a factor that was seen as outside the control of the worker. This additional step lengthened the process and made caseloads unmanageable.

While most respondents had a positive experience with the training and implementation of HomeWorks, several expressed concerns about barriers that related to the general climate of DCFS. Some of these comments reflected the distinction made early in the implementation process between in-home caseworkers, who were referred to as "HomeWorks workers," versus CPS caseworkers, who were not, even though they were still expected to implement HomeWorks practices. One respondent felt there was poor communication between in-home and CPS caseworkers and suggested that it would be more effective to have smaller team meetings in order to facilitate better understanding of what each team could offer the other.

Another area of concern related to communication between administration and front-line caseworkers. Some respondents shared the view that front-line caseworkers were left out of important decisions. They

wished for administrators to be more transparent and share more about changes in work processes – such as increases in caseloads - to share more data in general, and to seek input from line caseworkers before making big decisions. Another respondent saw a need for more opportunities for training, beyond just "a child welfare institute a year." This respondent felt that in order to instill confidence in both caseworkers and the community, ongoing training and skill development was essential.

At the same time, many positive perceptions of the climate of DCFS were shared, both by staff and external partners. One supervisor found HomeWorks was personally appealing because of the focus on keeping families together, and that was a major component of job satisfaction. This sentiment was shared by many. An AAG, furthermore, saw a major strength of DCFS was having a core group of people who were "willing to do very difficult work," and retaining high-quality, dedicated caseworkers, even given the difficulties of constant recruitment and high turnover.

There were mixed impressions of the extent to which DCFS and external partners had effective communication and collaboration; there were often perceptions of differences in backgrounds, beliefs, and experiences related to the different types of work with which partners were engaged. Some respondents saw many efforts to communicate with community and legal partners about HomeWorks concepts and goals, ranging from casual caseworker outreach to providers and families, to more formal administrative engagement with state legislators. Several caseworkers described their efforts to communicate regularly with providers about the mission and objectives of HomeWorks, with many suggesting that family team meetings were an important setting for collaboration.

Several respondents referred to cross-collaboration meetings among partners of various affiliations, as well as their roles serving on different committees through which they shared information about HomeWorks. Both supervisors and caseworkers pointed to the region's regularly "immersion programs," where community partners, including providers, legislators, and law enforcement officers, were invited to trainings to learn more about HomeWorks and DCFS in general. Interestingly, one respondent noted that the brief training GALs were given at the beginning of the implementation was only somewhat influential, and that some GALs were looking to caseworkers to gain a better understanding of how they interpreted HomeWorks. This communication resulted in more positive attitudes towards HomeWorks among some GALs.

Many respondents felt that there was room for improvement in communication between DCFS and external partners. While communication among frontline caseworkers and supervisors was typically characterized as strong, some respondents expressed concern that upper level administrators and even state legislators simply did not understand the challenges caseworkers faced because they were not regularly in communication:

> I think DCFS gets put in the role a lot of times of having to kind of bring other people around to it, because, you know, we're the community experts, I guess, in child welfare. But it would be nice to see leadership – and we just don't see this. It might be happening, but we don't see it. We don't get any news of it. So to know that our upper administration is having meetings or contact, relationship with, say, a director of other state agencies, because you still see a ton of redundancy or just sort of ineptitude, I mean, myself included, when we're dealing with other agencies. And

> we do a little bit, but it's like once a year… If these conversations are ongoing, [if] we're aware of them and we help form the agenda, then they see what we're seeing on the ground so that our administrators can communicate what it is we might need, because otherwise I have no idea how they would know.

It was also noted that communication with other agencies like the Division of Services for People with Disabilities (DSPD) and the Department of Workforce Services (DWS) was more challenging than it should be. One respondent suggested there was a natural tension between DCFS and proctor agencies that place children in protective homes. Some of these agencies were perceived to be "milking the system" and keeping children in care longer and at a higher level of care than necessary, which went against DCFS efforts to keep children in homes or out of proctor care long-term. A respondent from a rural area noted the unique difficulty of collaborating with providers because everybody was stretched thin and taking on a lot of work. Likewise, collaborating with parents was described as difficult in small towns and rural areas because it may be obvious if children were removed, leading to fear and avoidance of DCFS. An administrator agreed that, while there were many efforts in place to reach out to external partners, particularly in the legal community, it seemed that there were limited opportunities to reach a wider spectrum of stakeholders and there was room for improvement.

While the need for better communication and collaboration was noted, many respondents simultaneously described support from community partners such as providers, legal partners, and schools as positive, with one commenting that the relationship between DCFS and community and legal partners was "better than it's ever been." One caseworker reported seeing increased communication and collaboration with community partners, especially when ideas and plans were shared, as indicated by the quote below:

> I think from what I've experienced [community support has] been pretty good. You know, I've been able to go to meetings where I said, "Okay, this is an activity we did," and I had one of the community partners say, "Can I have a copy of that?" And so it was just, it was kind of exciting because I could say I'm not just coming into the home and playing with the baby, we're actually doing stuff to try and help. And then they knew what we had worked on and that was one step that they didn't have to do. So in that way, the community partnership was really good, at least in that instance.

In rural areas, especially, respondents discussed the way that everyone pulled together to work through challenges because it was a small town and they had little choice but to be creative and rely on each other.

Interviewees who perceived a lack of community support referred to the community in general as not being on board with HomeWorks or said that support was highly variable depending on which provider or partner was being considered, with some described as being more responsive than others. When considering legal partners, respondents shared mixed views on whether or not there was sufficient support. Many responses indicated that some judges and attorneys were becoming more supportive over time, but GALs were still widely viewed as resistant to the change, expecting DCFS to use a "heavier hand" and intervene more. Generally, judges were still seen as a barrier to successful implementation in that conflicts existed between judicial interpretations of risks and benefits versus the philosophy of risks and benefits under the HomeWorks framework.

Furthermore, many respondents pointed to the variability of judges' opinions, highlighting a lack of consistency in decision-making about removals. One respondent explained, "One of our main barriers is in the court system, just because each case is decided by judges and, you know, depending on the judges' choices and their values and their systems, it changes." Another respondent recalled a conference in which judges discussed their interpretation of a child custody-related law, showing the unpredictability of decisions: "And what it really came down to was, you had 10 judges with 10 different interpretations of the law and they were all saying, 'This is how I'm going to do it in my courtroom.' Some consensus, but on some of the things, you could see great disparity." Thus, despite some perceived progress among legal partners, many respondents still saw a lack of support from the judiciary, which was often seen as unchanging.

Some respondents further discussed the challenge of families and community members being resistant to DCFS, either from past negative experience or from lack of understanding of the emphasis on in-home services, as described below:

> The other thing is sometimes the community in general [is not on board with HomeWorks]. Because we will get people who call and make a report of abuse or neglect. And then, you know, we go in, and using the framework of HomeWorks, we're providing services to that family, wrapping services around that family. But it's something that maybe the person who made the phone call can't see. And so, you know, they get upset because I reported child abuse two weeks ago, and that child is still in that house, you know, because there are people that don't understand that there's in-home services.

One respondent felt that this lack of knowledge extended to other community members, such as students and faculty at the University of Utah who might have interactions with the child welfare system, City Hall, and legislative representatives, and that it was important to provide more education to such groups and individuals.

Finally, consistent with previous findings, responses from the *second round of interviews* revealed unanimous disappointment with the amount and quality of services available, especially considering expectations for increased resources at the beginning of implementation. Some comparisons were made between rural areas, which were described as very limited in resources, and urban areas, which were perceived as being more plentiful. One respondent from a rural community discussed problems such as inadequate transportation, limited therapeutic services, and families having small social networks, leaving them with fewer options for support.

However, respondents from more urban areas also agreed that services were insufficient, especially regarding therapeutic services. One interviewee explained that there was a lack of therapists for families who were uninsured or underinsured, or they took too long to access and families would give up. The following quote demonstrates one respondent's viewpoint that some changes in practice that have emanated from HomeWorks are the very reason that clinical services are difficult to access:

> One thing that we've lost in this region over the last few years – and we've gotten clear direction from our state legal counsel that it's a conflict to be both the investigating agency and the treatment provider agency – but I think we've lost some skill, some ability to go in and work intensively at a clinical level with some families that we used to be able to do, that we're no longer able to do. At this point, we outsource that service. But outsourcing that service, it's very difficult to find anybody in the community who understands family preservation at that level, one, and two, has the ability to respond immediately like we were able to do.

This dearth of available or accessible clinical services remained a significant area of concern for many respondents.

Other respondents felt that more cleaning and homemaking resources were needed for homes that were unsanitary or hazardous and for daycare services so that parents could maintain stable employment and complete service plans. An administrator agreed that programming support and resources were not at the expected level, elaborating on some of the challenges the Division faced in trying to procure new services, such as setting up new contracts with providers. Contracting with DCFS was deemed a "cumbersome" and "unwieldy" process for providers, and many of them didn't do enough business with the Division to make the process worth their time. It was reported that this obstacle was brought to the attention of the State Office, and options for other means of getting services funded were being explored, such as through DHS contracts rather than DCFS. It was also suggested that there was a possibility of alternate funding being available in the coming year to help with needed services, although no further clarification was provided as to what this alternate funding was or from where it would come. One resource that did elicit positive feedback, on the other hand, was the resource website, which was described as very helpful in providing guidance and saving time for caseworkers.

Stakeholder Involvement

Respondents during the *first round of interviews* commonly viewed the planning process and decision to implement HomeWorks as top-down. Salt Lake Valley Region caseworkers were not involved in planning and decision-making on a state level. However, once HomeWorks implementation began in the region, regional administrators had a certain degree of flexibility in how to implement; this was reflected in the creation of HomeWorks-specific teams for which individuals had to apply, with the objective of identifying caseworkers who most closely embraced the HomeWorks philosophy to fill those positions. There was also a general feeling expressed by respondents that feedback from caseworkers was welcomed and taken seriously at the regional and state level.

Involvement of external stakeholders, on the other hand, was perceived as minimal in planning or decision-making regarding waiver implementation. One Attorney General (AG) suggested, "I'm feeling how it's rolling out, I'm just not part of the implementation process." GALs were perceived as most resistant and disinterested in HomeWorks implementation by DCFS respondents. However, GALs interviewed discussed a lack of information sharing and training on the new assessment model. Their understanding that the assessment process was based on an empirical model with some changes left some GALs skeptical of assessments until they saw data on the validity and reliability of the UFACET.

Judges did not feel clear on which cases on their docket were a part of the HomeWorks program, and felt equally unsure of whether HomeWorks was making a difference for Utah. They expressed the need for more concrete information about HomeWorks and how it impacts families and referrals to services (e.g., does it increase referrals?). There was also an expressed need for educating leaders such as judges and the legislature in conversation rather than just telling them about HomeWorks, as well as a need for continuing education with the legislature about how DCFS was trying to work with families. One strength noted was that more community partners seemed to be at the table, which was perceived to have led to some providers specializing more in needed areas such as life skills or parenting.

Family and youth involvement was also reported to be minimal, but multiple respondents stated that family and youth opinions about HomeWorks were important at this stage in implementation. At the time of the interviews, HomeWorks had been in place for eight months, and it was perceived that getting feedback from the families themselves would be helpful. Some stakeholders said that parents and families were involved through completion of the UFACET, which ensured that families maintained more of a voice and more control in the 'strengthening families' process. Other staff were not sure if families could tell a difference between pre- and post-implementation strategies.

Participants during the *second round of interviews* held varying perspectives on the extent to which staff were involved in planning and decision-making processes. Front-line staff generally expressed the view that they were not really included in these processes but were simply told what to do. There was overall consensus that their role was primarily implementation, and they had mostly been involved through brown bags and trainings. One supervisor explained,

> I think of the case worker level, I mean, I don't think they've been very involved in the decision-making about HomeWorks. I mean, I think HomeWorks was kind of rolled out and here it was and here's what you have to do, you know. I don't think there was a lot of collaboration... maybe not even on the supervisor level about how we do this. I think it was sort of like well here's the model, do it.

Similarly, a caseworker described their role as being more of a sales person, taking the HomeWorks practice model and convincing families to buy into it, but expressed that they were not really involved in the actual development. Some respondents further indicated that the lack of involvement and poor communication early on about HomeWorks created a degree of resistance among staff initially and delayed their buy-in.

A few respondents, on the other hand, identified ways staff was involved in planning and development activities. One interviewee reported that there were committees that included staff, although this individual had limited knowledge of the committee's actual role. An administrative level interviewee reported that the State Office had sent out several surveys to the regions to obtain staff feedback and refine the HomeWorks model prior to implementation, although none of the frontline staff who participated in the interviews appeared to be aware of these surveys. A couple staff did state, however, that there were opportunities to provide feedback and input to the State Office regarding what has worked and what has not worked. Supervisors, furthermore, were described as having a significant role in planning for the rollout of HomeWorks in the region and coaching front-line staff on its implementation.

Concerning the involvement of external stakeholders, there was overall agreement that stakeholders were not included in the planning or decision-making for HomeWorks. Their engagement occurred primarily in the form of training during the initial rollout for GALs, AAGs, and judges. These trainings were designed to inform them about HomeWorks, but respondents indicated that their input on the program was not solicited. One respondent from DCFS identified a 'Table of 10' meeting that involved DCFS and the judges as an opportunity for stakeholders to provide feedback but did not have intimate knowledge about these meetings because they were conducted at a higher leadership level. Furthermore, DCFS staff identified several stakeholder groups that they felt needed to be better engaged in the effort, including churches and clergy, law enforcement, probation officers, and therapists. There was a sense that many of these stakeholders did not fully understand HomeWorks or had not yet bought-in to the concept of in-home services. Thus, respondents indicated a need for greater efforts to engage various community stakeholders and build their understanding of the child welfare system.

Finally, most respondents reported being unaware of any efforts to involve family or youth representatives in planning and decision-making processes related to HomeWorks. A few individuals noted that families were very engaged in case planning processes, such as their participation in the UFACET and development of their own case plans. These efforts to engage families were viewed positively, as one administrator expressed, "So now that caseworkers are doing that UFACET with the family, that gives them a bigger voice when it comes to their plan and what's gonna happen in their future." At the same time, however, inclusion of families in their individual case planning appeared to be the full extent of their involvement, which was perceived to be somewhat problematic.

Some respondents expressed that if families had been more engaged in higher level planning, development, and decision-making processes, there would be greater buy-in for the HomeWorks program. Additionally, several interviewees emphasized the value of soliciting families' viewpoints rather than assuming that professionals know best. "We're always going to see things through the DCFS lens and that's going to leave us with some blind spots. And getting some perspective from the people who are actually receiving the services, clearly would provide some additional insight to us," one respondent explained. Interviewees emphasized that families can provide additional insight and offer feedback about what works and what does not work based on their personal experiences.

Consequently, the overall conclusion among respondents was that there could have been a more concerted effort to involve key stakeholders, including staff, community partners, and families, in the development process for HomeWorks. Greater engagement of these stakeholders, it was believed, would facilitate buy-in throughout DCFS and the broader community and increase the effectiveness of the program.

Organizational Capacity and Infrastructure

Discussions of organizational capacity and infrastructure represented an extensive array of issues, including the alignment of policies and procedures with HomeWorks, the abilities of caseworkers, and the provision of training and technical assistance. During the *first round of interviews*, policies and procedures were perceived as well aligned with the initiative. Implementation of HomeWorks was perceived to have standardized practice and provided employees with resources and tools to have meaningful visits with families. There was also a sense that legislative policy and DCFS policy were

slowly coming into alignment. About a year before implementation, the region reviewed in-home policy and made some revisions according to anticipated changes with HomeWorks.

Ongoing trainings were generally seen as beneficial, especially considering high turnover rate of caseworkers and the general opinion that it takes two to three years for new caseworkers to become fully adjusted and competent in their positions. The initial full-day training was also talked about favorably, though it was mentioned that it was a lot of information all at once. It was reported that using the UFACET to better understand the training was beneficial. Quarterly meetings among offices were mentioned as good opportunities to share best practices and resources. Interviewees recommended ongoing training so as not to forget aspects of the HomeWorks framework and technique in working with families.

Interviewees discussed technical assistance that was provided through multiple channels: a website, brown bags and team meetings, and coaching. Stakeholders had mixed opinions about the website; some found it very useful, while others did not like it at all or found it boring. It was recommended that at least a portion of the website be accessible to the public and external stakeholders; this section of the website might have a brief description of the framework, current performance data, and/or examples of success stories through the HomeWorks approach.

Brown bag meetings were perceived to get caseworkers excited about HomeWorks and caseworkers seemed to enjoy them. Supervisors suggested harnessing the excitement generated in brown bags to create follow-up assignments. The HomeWorks team met quarterly to talk about successes and supports in the community. The region administration was trying to figure out how to involve HomeWorks and CPS teams in more coaching opportunities, using the HomeWorks framework in day-to-day practice regardless of whether or not they were working in-home or foster cases. Stakeholders also talked about modeling infusion of HomeWorks as a way to encourage their work teams. Trying tools in the field and then following up through coaching was seen as one of the best strategies and learning experiences.

Caseworkers were generally praised across the board as having the necessary skills to carry out HomeWorks whether they were new to DCFS or not. It was acknowledged that there was a steep learning curve and it could take two years of working in the system to get a handle on cultural nuances within and among families and child protective services. Interviewees expressed the shared perception that there was continued room for improvement in using the UFACET as a family engagement tool. Caseworkers were commended for building rapport with families and for their commitment to families. “I see these phenomenal caseworkers working so hard to help parents change their behavior… Caseworkers are tireless in their efforts to help families even though the public perception and the reputation may be DCFS just breaks families and takes children,” one respondent described.

Stakeholders felt that, in general, families feared DCFS and did not have a clear idea of what DCFS does and does not do, and in their opinion, this hindered family engagement. The overall feeling was that educating families about the HomeWorks framework and increasing voluntary contact with families could help decrease the threat of DCFS in the home. One stakeholder shared:

> I try to tell parents this all the time when they come out on a brand new petition. You know, it's not our focus, in juvenile court, to tear families apart. That's not what we're about. We're about strengthening families. We're about putting families back together who are in crisis. I hate that it's in an adversarial setting. And I keep telling them, you don't need to be threatened by this, or intimidated by this. Oh really? You got a judge sitting up there who doesn't know one thing about me, and he's making decision about my kids. You got a roomful of lawyers. You got a bailiff standing there with a big gun on the side of him. You got all these caseworkers. Who wouldn't be intimidated by that? It's completely intimidating. I wish that we could set the tone right from the beginning that we're actually here to help. We're a child welfare agency.

Caseworkers emphasized the importance of gaining the trust of families and the importance of honest relationships with families. There was some discussion about how to talk about HomeWorks with families to encourage accountability - whether to talk about it as voluntary or court diversion.

One thing that was viewed as facilitating family engagement was the UFACET. The UFACET was seen as a tool that gave families more power and control over how they interact with DCFS and as a tool that helped build rapport: "It's not what a judge is telling you to do. It's what you've identified as things you would like help with." Furthermore, the UFACET prompted caseworkers based on the SDM results with regard to how often they should be visiting families and what tasks needed to be accomplished. This was perceived as useful in managing caseloads. It was also deemed useful by some stakeholders in guiding the assessment of families as well as providing court documentation: "We've always wanted to have kids remain in home if possible. Really this just gives us a few extra tools… and we can show those documents to the court." As a flexible tool, the UFACET can be updated and redone to further assess families when changes have been made.

Supervisors were identified as another important support in facilitating implementation. In regional administrative meeting minutes, supervisors were recognized as key in supporting their caseworkers to implement HomeWorks successfully by "asking the right questions, reinforcing the learning, and making sure people are thinking about [HomeWorks] and using the language." There were some limitations, however. Caseworkers and supervisors talked about the supervisor's role as mentor and addressed the fact that supervisors did not have on-the-ground casework experience using the UFACET and SDM tools, so though they may be knowledgeable about how to use the tools, there was a gap in practice. Supervisors acknowledged that their administrative responsibilities pulled them away from being able to gain experience in the field with those tools.

Staff seemed slightly uncertain about quality improvement processes but mentioned general ongoing monitoring within their region, quantitative data they could pull from their online system to ensure milestones were being met, and some feedback they received based on the Northern Region's implementation of HomeWorks and where that region struggled with waiver implementation. Statistics on the effectiveness of HomeWorks keeping kids in the home were desired by caseworkers, but they did not have access to that information and were uncertain if it existed. The majority of stakeholders were not sure how child level outcomes and impact of the waiver were being measured.

Some preliminary evaluation data had been shared with the region, but to this point oversight and monitoring had not played a major role. However, on the supervisory level, HomeWorks supervisors were involved, checking their caseworker's logs and encouraging use of the HomeWorks language. At a regional level, management shared numbers of children in out-of-home care and in-home care to see how in-home services were impacted by HomeWorks. Some staff also mentioned a previous qualitative review, where scores and percentages had decreased for meeting practice guidelines on in-home cases. It was reported that those results were being addressed by a supervisory team.

Perhaps one of the most significant challenges identified during the first round of interviews was funding, or lack thereof. Generally, funding was perceived as not being used for in-home cases. A perception articulated in interviews was that funds remained dedicated only to foster care cases. "I haven't seen funding transfer from foster care to in-home yet," one respondent stated. Another expressed that, "They say we're going to get resources, but there's just nothing." There was a desire to see greater financial commitment to HomeWorks based on continued willingness of out-of-home service providers and continued lack of in-home service providers based on money trails. Respondents also expressed uncertainty over how involved DCFS finance office staff was in the waiver implementation, and a suggestion was made to involve them to a greater degree to ensure financial resources were distributed appropriately. Funding was seen as key to successful waiver implementation and serving families.

A final issue with funding that was expressed in interviews was low salary levels for caseworkers. A stakeholder commented that DCFS had lost many good caseworkers because the pay was not enough to support their families, and in the end, caseworkers leave DCFS for jobs where they can make ends meet. Other respondents similarly noted troubles with retention and high worker turnover, which could impact the success of implementation.

Discussion during the *second round of interviews* reflected respondents' awareness of the timeframe of implementation, in that many felt there had been ample time to practice HomeWorks concepts and determine which areas of organizational capacity were effective and which ones presented challenges. Also, it was clear that many interviewees were anticipating the sustainability of HomeWorks, giving feedback on what they believed was necessary to maintain an appropriate infrastructure to support the project.

Stakeholders provided substantial feedback regarding policies and procedures, with some in agreement that policies and procedures aligned with HomeWorks and others offering input on areas that were in need of adjustment. Several interviewees felt that policies and procedures were "completely aligned with the vision [of HomeWorks]" or that they were currently in alignment because of recent updates. Some changes included rebuilding safety planning around Protective Factors, incorporating Protective Factor language in materials and processes, starting cases earlier in order to be more effective and preventive, using the SDM to guide procedures, and having supervisors ensure that caseworkers were tying a family's needs and service plans to output from the UFACET. One respondent noted that DCFS was trying to better align some areas of inconsistency, such as fully switching the old SAFE (Utah's statewide child welfare information system) to web-based SAFE and "modernizing" it to be more HomeWorks-oriented (i.e., changing outdated language like "service plan" to "child and family plan"). Another respondent appreciated some of the new materials that helped bring HomeWorks concepts together, like the Strong

Families pamphlet. Finally, one stakeholder felt that, while one of DCFS's strengths was following best practices and having strong policies and procedures, the extent to which they were carried out well depended on the individual worker.

Discrepancies in policies and procedures were noted in a variety of areas. One issue that garnered a lot of attention was determining for which cases HomeWorks was appropriate. This process was described as confusing and unstructured, and one respondent characterized the process, problematically, as "just a decision made by one or two people." It was also unclear to some respondents how exactly HomeWorks applied to in-home or out-of-home cases differently, and many wished for more guidance on this process. The appraisal of risk and type of case seemed to be key factors in some of these dilemmas. For instance, one worker felt that drug cases were beyond the scope of in-home services. Another respondent suggested that there needed to be a middle ground between simply closing a case and giving resource referrals and in-home services, like keeping lower-risk cases open longer and not having to go through so many processes before getting a family immediate services like therapy. One worker described two opposing phenomena that came along with HomeWorks implementation: an increased pressure to keep children in the home, even in high risk cases, and CPS taking in cases where there were no findings of abuse. Both processes were perceived as wasteful and not compliant with relevant policies and procedures.

Other respondents elaborated on more general concerns and opportunities for improving policies and procedures. One wished to see a general streamlining of policies, such as reviewing whether everything that was entered into SAFE was necessary and coordinating more efficiently with sister agencies like DWS. A supervisor proposed re-writing practice guidelines with the HomeWorks framework, since HomeWorks was often still perceived as a separate entity (though others indicated that HomeWorks was already incorporated into practice guidelines). It was also suggested that the administration conduct regular re-evaluations of office staffing needs, since, according to one respondent, this was only done at the beginning of implementation, and in-home teams were seen as more vulnerable to turnover because they were so small compared to foster care teams. Another discrepancy that was brought up was that review audits, such as the Qualitative Case Reviews, did not evaluate HomeWorks concepts at all and thus needed to be brought into alignment with the HomeWorks model. Finally, one interviewee felt that some processes regarding contracts were heavily bureaucratic and impeded efficiency. While many respondents acknowledged that a certain level of bureaucracy comes with large governmental agencies like DCFS, they also found the redundancy and inefficiency to be significant barriers to successful implementation.

Regarding the skills and capabilities of caseworkers, there was a wide range of responses. Several people pointed out the importance of having the right people in the right jobs; in other words, the success of HomeWorks depended on hiring and retaining people who desired the specific kind of work caseworkers do and have strong skill sets to carry it out. One legal partner felt that there were already many well qualified and passionate caseworkers at DCFS, but some caseworkers seemed less suited to or interested in child welfare work. Some challenges that were discussed highlighted the responsibilities of both DCFS and individual caseworkers in ensuring caseworkers had the appropriate skills and abilities. For instance, an in-home caseworker commented that there was a lack of understanding of what HomeWorks was internally, and that some caseworkers were unsure of how to bridge the gap between training and practice. Another interviewee spoke of the importance of caseworkers being creative and finding individualized

responses that worked for each family, emphasizing the inherent responsibility of caseworkers to utilize training and coaching to best carry out their jobs.

Concerns about clinical knowledge and expertise were expressed in terms of feeling that there was not a clear path for new or experienced staff to practice clinical work. As one respondent explained, "I would like to see [DCFS] figure out a way that they can put the expertise of clinical staff to good use… I mean, there's no clinical director, there's no training, there's no process like that." This respondent felt there was a mismatch between the skills of master's level clinical caseworkers and the work they were allotted, like consulting with caseworkers rather than doing clinical work themselves. It was clear from the responses that therapeutic or clinical services were not something caseworkers typically provided under the HomeWorks model, yet these services were described as severely lacking in the community.

With regard to more general caseworker skills, one theme that emerged was the extent to which caseworkers were, or should be, authoritative with families. One respondent said that a barrier to engaging families was when caseworkers assume too much of an authoritative demeanor and felt that caseworkers needed further training in people skills and in listening to and empathizing with families. However, a CPS worker countered this idea and suggested that caseworkers were not authoritative or persistent enough and lacked confidence in guiding their families. This interviewee also observed that some caseworkers were not following procedures in a way that allowed HomeWorks to succeed, such as closing a case without letting CPS know. Another respondent drew a distinction between in-home and CPS caseworkers in that HomeWorks caseworkers were more positive, uplifting, and helped to "make DCFS look good," which contrasted with CPS caseworkers, who were often seen as the "bad guys" because they were the ones who initially brought families into DCFS.

Respondents widely agreed that training and technical assistance were key factors in the current and continued success of HomeWorks. It was clear from the discussions that there were many efforts to provide formal trainings and continuous ongoing support for caseworkers throughout the entire implementation, and many interviewees saw these endeavors as instrumental in the successful execution of the program. While respondents spoke positively about the general trainings on HomeWorks, they most appreciated ongoing trainings, workshops, brown bags, and meetings that addressed specific topics, like Protective Factors. One administrator discussed the intentionality and multiple dimensions of the training process, which was likely what helped in shaping staff perceptions of a cohesive implementation effort: "Then after the training was completed, offering brown bags, coming out and doing follow ups, actually having assignments and having people go out and try this and then come back next month and we'll talk about it when we do the next brown bag."

Many respondents acknowledged the abovementioned presence of DCFS leaders throughout the initial training processes and wished to see continuous ongoing trainings from the State Office. Brown bags were seen as helping to ease uncertainty around what to expect early on, even after general trainings. Multiple respondents also felt that the region's effort to educate staff on one Protective Factor each month was highly beneficial, as it gave them a chance to spend time honing their skills around using that Protective Factor in a more focused way. Several respondents also mentioned the usefulness of the tools that were specific to HomeWorks, such as the UFACET, the website with resources and activities, and physical resources (or resource rooms) that had been created to support the program.

Respondents offered several ideas for continuing or improving training efforts, reflecting that consistent training was key to sustainability; not only should new employees have access to the level of training and mentoring that current staff had, but administrators and supervisors should have continuous training, as they were now responsible for the momentum and continuation of HomeWorks at DCFS. Some respondents felt that upper level administrators should have working knowledge of what caseworkers experienced daily, and that they should be more present in the field in order to gain that knowledge. One respondent felt more training was needed on the UFACET because some caseworkers were not using it appropriately to guide the family plan; instead they were completing the UFACET after creating a family plan. Additionally, many interviewees requested more ongoing training in general, with one suggesting the importance of addressing the variety of cases that can exist rather than focusing on a general approach to casework.

Much of the discussion regarding supervision centered on the value and process of coaching, as well as worker perceptions of their supervisors' support and competence. Several respondents described their supervisors as very supportive, knowledgeable, and able to cover a wide array of skills, including Protective Factors, caseworker skills, resources and tools, and understanding of family dynamics. Some respondents discussed supervision meetings as a time where supervisors listened thoroughly and asked guided questions stemming from the HomeWorks framework, helped caseworkers think through different options, and challenged caseworkers to increase their skill set in various ways. One CPS worker felt less confidence in her immediate supervisor's ability to help with in-home cases, but expressed that in-home supervisors were available and more effective in providing support around HomeWorks-specific issues.

Coaching happened in a variety of ways, ranging from specific meetings reviewing cases or practice skills, to informal interactions that occurred via an open-door policy. Several respondents reported meeting at least monthly for coaching sessions, and then weekly or even daily to touch base on issues, depending on the difficulty of cases or the worker's level of expertise. Interviewees described the content of coaching sessions as a mixture of question-answer discussion, reviewing cases alongside the UFACET, and coaching on an area where a worker was struggling. Several respondents referred to the OSKAR coaching model, through which supervisors identified a specific outcome and used scaling questions and solution-focused therapy. Some supervisors gave the example of asking a caseworker to determine how confident they felt in a particular skill area, and then the supervisor would provide feedback on how they might improve, or they might observe them in the field practicing that particular skill. Though most supervisors and CWAs expressed confidence in coaching and mentoring in HomeWorks concepts in general, some felt apprehensive about mentoring staff on the UFACET because they had not used it themselves in case practice.

Many respondents, both supervisors and caseworkers, had strong reactions against the use of role playing. One worker implied that the heavy reliance on role plays in many caseworkers' educational training contributed to such widespread disdain for them: "I think several people probably still have PTSD from doing so many of those in graduate school." However, even as one worker disliked them, she also acknowledged the benefit of them: "[My supervisor] does a lot of situational cases and things like that. So it brings it down into real life how you're really going to use it versus you know just, there's different ways to break it down and he does a really good job of that." Some respondents also described doing a

more general skills modeling or discussing different approaches and ideas to solving problems. So even though these exercises were within the realm of role play, which most respondents recoiled against, they were still seen as helpful, showing a certain level of acceptance of this type of coaching.

When discussing the administrative level, one respondent felt that this was a missing piece to overall efforts on coaching. From this respondent's perspective, the emphasis on coaching originally focused on or included CWAs, but ultimately moved toward supervisors, and so coaching was seen as lacking among administrative staff. When it did happen, it was described as more "intuitive" and responsive rather than intentional. Aside from this critique, most of the feedback on coaching was that it was happening regularly, and that it was beneficial to caseworkers and their abilities to learn and practice HomeWorks skills.

When asked about what steps had been taken to reach saturation in the region, respondents shared multiple examples of ways they saw HomeWorks being more fully integrated into practice. Many of the steps included informal practices, such as continually checking on in-home cases to see how visits and progress with families were going, integrating HomeWorks concepts and language into daily practice, and utilizing information and ideas from websites, videos, and emails about HomeWorks. Other more intentional strategies included emphasizing Protective Factors during staffing meetings, establishing quarterly HomeWorks meetings for in-home teams (soon to include permanency caseworkers), creating shareable tools like binders for families that focus on Protective Factors, having "HomeWorks moments" where successful strategies were shared during meetings, ongoing training, and explicit coaching by supervisors on Protective Factors. Some respondents acknowledged the need to better integrate HomeWorks into teams not dedicated to in-home services, like foster care. One comment indicated the positive effect of having administrators acknowledge the region's saturation with a celebration, which staff really enjoyed, though it was also described as a rare show of praise. There was an expressed desire for greater interaction between state level administrators and frontline caseworkers, particularly in acknowledging progress.

Regarding quality improvement processes, respondents provided a broad overview of attempts to capture data at multiple levels. Some respondents discussed learning about program effectiveness through data shared during quarterly HomeWorks meetings or through the HomeWorks website. Supervisors and CWAs discussed running reports in SAFE, doing quality assessments on CPS cases, and reviewing numbers with caseworkers regarding how many children were in care versus in-home as well as looking at issues like recidivism rates. Other sources of data that were detailed include newsletters, trainings, and meetings. One supervisor also provided an example of an independently created quality assessment process called Finishing Touches Process, in which the supervisor and case worker reviewed HomeWorks-specific factors, such as whether the UFACET was done with the family or whether the case worker was using Protective Factors every month. This respondent mentioned that other supervisors had taken similar steps and that such a tool had been needed for a long time.

In terms of concerns about quality improvement processes, multiple interviewees explained that the Qualitative Case Review (QCR) process did not effectively measure what it was supposed to and thus led to faulty conclusions about progress under the waiver, since these reviews did not look at implementation of HomeWorks principles. One respondent expressed that it was necessary to understand whether

HomeWorks, specifically, was making a difference, or whether some changes might be attributed to other social patterns. In addition to concerns about the QCR, some respondents felt that, while they greatly appreciated the evaluation component of the waiver and thought that having an independent body review data was much more effective than DCFS staff trying to interpret its own data, it was important to make more of an effort to share that data with frontline staff, who perceived they were not included in evaluation reports.

Finally, funding continued to be viewed as a major challenge to implementation and sustainability. Discussions of funding were largely related to a perceived lack of resources in the region, which was seen as a barrier to fulfilling HomeWorks goals. There were many calls to increase funds for specific needs as well as more generally adjusting or re-allocating the budget to better support long-term funding for HomeWorks. Respondents identified several areas that were consistently in need of better fiscal support. One area was in practical skills that would help low-income families build a realistic foundation and "get out of the hole they're in," such as GED completion, job training skills, and full-time childcare. Similarly, a respondent emphasized that families who cannot afford services but did not need to be court ordered were the ones whose needs were most difficult to meet because of a lack of affordable resources. Residential drug treatment programs were also identified as being underfunded; especially given the region's high rate of drug misuse. One respondent added that it was helpful that more funding was opened for materials to do activities with families.

Some interviewees elaborated on ways in which DCFS and court processes contributed to poor distribution of funds. For instance, a DCFS staff member suggested that one potential reason for over-expenditure was that the court sometimes duplicated processes in cases where a family had already undergone voluntary services because the court wanted to ensure those services were completed under court order, which was seen as more legitimate. On the other hand, one legal partner saw imbalance in the way that funds were allotted, stating that some families will never respond to services, yet funding was continually geared towards them: "I think when you focus too much on the outliers, then you can invest so much into people you're never going to reach, that it'll just eat up what you're trying to do with the other 98 percent of people that probably take five percent of your time." These areas of conflict reflected a broader disconnect between DCFS and legal partners, particularly with regard to differences in how much each entity valued and embraced HomeWorks.

Waiver Impact

The final domain explored the impact of the waiver on various areas, including casework practice, family engagement, removal decisions, and services. During the *first round of interviews*, the greatest impacts were observed for caseworker practice. Caseworkers felt that their home visits were more directed and meaningful as a result of waiver implementation and that the process of working with parents in a directed manner was empowering for parents. HomeWorks was also perceived as providing a clear process for voluntary cases: "Before, especially with voluntary cases there wasn't a whole lot of 'you're going to do A, B, C, and D. I feel like there's a lot more direction." DCFS staff expressed that the HomeWorks framework helped caseworkers build rapport with parents and have better quality relationships, which was viewed as key for helping individuals make behavior changes. It also encouraged constructive problem solving with parents.

Additionally, caseworkers felt that the framework had strengthened their positions and confidence in court because there was language, evidence, and greater substance to back up their practice and arguments: "Being able to use the protective factors language, referring to assessments that we did, I think has been very helpful in strengthening our cases and being able to strengthen our position overall." On the other hand, some caseworkers felt that HomeWorks simply formalized good casework, and that their practice had not changed considerably.

Another considerable impact was the reorganization that took place within the region in order to create HomeWorks teams. One stakeholder described the structure at DCFS as having many different teams; there were frontline caseworkers (CPS caseworkers and investigative caseworkers) and permanency caseworkers who were divided into HomeWorks and foster care teams, as well as specialty teams for kinship. Interviewees reported that only about one third or one fourth of caseworkers were HomeWorks caseworkers, and it was less clear how much of an impact the waiver had on practice among non-HomeWorks staff.

A strength identified by caseworkers was the intimacy of working with families that resulted from HomeWorks implementation: "It feels as if we're giving the parent more hands-on training to be a better parent and to help their skill level in parenting. I like that as opposed to sending the parents to a two-hour parenting class a week. It feels more hands-on, which I think makes more sense to families." Power between families and caseworkers was seen as more equal than before waiver implementation. A respondent shared,

> When you keep it voluntary, you can say okay you put this in the plan because you wanted it and this is your plan and we're going to focus on what you want. But you still don't have your GED; are you okay with us closing the case without you having your GED? It's putting the power and the control more in the family's hands, versus us being in charge. You know we start them off and then it's building them up to be able to say okay this is what you're going to do. We're going to close our case; you still have my number, if something comes up you know how to reach me. But you also know these other resources now that maybe you didn't know about before.

It was reported that waiver implementation impacted family engagement because caseworkers felt that they could take the time to connect with families more and practice social work, rather than spending the majority of time on administrative and procedural tasks. While morale was reportedly good within the designated HomeWorks team, there was also discussion of caseworkers who had very negative attitudes because they wanted to do things their own way. High caseloads had a significant impact on the quality and quantity of contact caseworkers had with parents. There was also concern about increased intensity of contact and not having enough people-power to implement HomeWorks well without overwhelming caseworkers.

Feedback from supervisors as to the waiver's impact on their supervisory practice was mixed, as might be expected during the initial year of an implementation effort. Some supervisors felt their supervisory practice had not really changed with implementation of the waiver. Others shared how HomeWorks influenced their routine: "I'm checking their UFACETs, I'm checking their SDMs, I check the intensity levels of their cases, make sure they are seeing their clients as much as they're supposed to." Many felt

confident in their ability to mentor use of UFACET and HomeWorks protective factors, but also recognized that caseworkers had real-time experience implementing HomeWorks that was different from their own experience with more administrative duties.

Another area where interviewees indicated that waiver implementation had considerably influenced practice was with removal decisions. It was reported that, generally, caseworkers and external stakeholders allowed more time to consider if a removal was the best decision for a child. There was a reported shift in mindset away from automatic removal, and removal decisions were being made with greater caution. As one respondent described, "Let's not panic and remove them automatically, let's breathe, let's take things one at a time. Before it was like, 'oh let's jump in' … [Now] it's like, let's think about this and like let's not make decisions right away." Implementation of HomeWorks was also perceived to encourage more up-front work with families. Caseworkers discussed looking more at-risk mitigation rather than immediate removal. On the other end of the system, furthermore, it was reported that reunification processes were generally quicker.

A disconnect was reported between the HomeWorks framework and CPS caseworkers' role in using and valuing it as a trauma prevention and family preservation framework. It was reported that some CPS caseworkers did not perceive HomeWorks' applicability to their work. However, those CPS caseworkers that participated in the interviews indicated feeling a real push to integrate the HomeWorks framework in adapting their thinking to protect the child by keeping them in the home and helping parents learn to protect their children.

With regard to the waiver's impact on the court system, there was some confusion among judges about how HomeWorks was to be used as a framework in DCFS practice. Judges were not certain how HomeWorks was different from Protective Services Supervision (PSS) or previous family preservation practices. There was an identified need for continued education with judges. Judges provided further feedback that, for in-home cases, communication needed to be improved between caseworkers and AAGs. Additionally, judges wanted clear, detailed court reports because many reports they received were vague and judges could not follow the logic leading up to conclusions. DCFS administration reported that they were looking into making a template to encourage caseworkers to write higher quality reports.

There were some indications that HomeWorks had impacted the perceptions and decision-making processes among court system partners. One judge elaborated on how HomeWorks implementation had changed their practice: "I think that I have joined the bandwagon more so you really better be careful when you remove… I think the talk about HomeWorks, and the need to keep kids home has affected me. I've been… much more careful to remove than I used to be." This judge also believed that DCFS had made some risky decisions that were rooted in HomeWorks, but recognized that, "They have a tall order. DCFS, they're criticized no matter what they do. They're damned if they do, they're damned if they don't." There was little mention of the waiver implementation's impact on GALs, except one guardian who was perceived as particularly proactive and supportive of keeping children in their homes as long as they were safe and it was in their best interest.

Regarding the impact on children and families, interviewees perceived family well-being had improved because HomeWorks was a least-disruptive, least-harm approach for working with families. In contrast,

there was concern from external stakeholders that children may be left in dangerous situations because of HomeWorks. This attitude was acknowledged by DCFS caseworkers and countered by explaining that children would not be left in dangerous situations; they emphasized that HomeWorks was an approach for which there were tools to measure safety and risk. DCFS interviewees felt strongly that if it was not an appropriate situation for in-home services, then the child would be removed. However, by reducing the trauma of removal in many cases through prevention services, trauma-associated risks to child well-being were perceived as diminished. One interviewee explained, "I want them to focus on well-being from the beginning before removals, not just focus on safety. We need to remember the negative outcomes of foster care as well… Removing [the child] is not removing the risk, you're introducing new risks."

Additionally, interviewees expressed that HomeWorks could not help every family. "HomeWorks is for the people who want to change and want help," explained a CPS interviewee, as opposed to families who do not want the services. Furthermore, it was believed that the severity of some parents' mental health needs overshadowed a need for increased parenting skills, and these families were typically turned away from the HomeWorks program. Similarly, another subset of parents was described as those that, even with HomeWorks involvement and perhaps peer parenting, just could not get their parenting skills to the level where they needed to be to keep the children at home. A peer parent explained the difficulty in reaching a point personally where those working on a case have to step back and say "even though we don't want to do this (remove children from their home), sometimes it's necessary."

Finally, there were no perceived changes in services as a result of waiver implementation during the first round of interviews. Barriers to accessing services were shared, as expressed in previous sections of this report. Wait lists for services and funding for services seem to stand in the way of HomeWorks being fully actualized (e.g., making sure families in crisis receive the necessary services right away to potentially avoid the removal of their children). Stakeholders also expressed a need to hire more Spanish-speaking caseworkers to match client demographics.

During the *second round of interviews*, feedback suggested that most respondents felt there were positive changes that had enhanced practice on many levels. Some respondents also pointed to processes or practices that had become more challenging, and some felt there had not been any significant change at all. Most respondents felt that caseworker practice had changed in favorable ways as a result of the waiver, and that enough time had passed that they were able to better determine differences in newer practices and to work out some initial misunderstandings about how and whether to apply HomeWorks to cases. This perspective was shared across different roles, including CWAs, CPS caseworkers, in-home caseworkers, and regional administrator, though some had concerns as well. Several legal partners suggested that there was not really a discernible change in case practice or that some of the changes were not necessarily positive.

One of the ways respondents saw caseworker practice as different since the waiver, was in the cohesion HomeWorks brought to the decision-making and case planning processes. Interviewees spoke of the benefits of all staff consistently using the same processes, tools, and language, and of feeling that there was a better overall structure to case practice with HomeWorks. This aspect of the program was seen as particularly helpful for caseworkers who switched between foster care and in-home cases. Interviewees frequently mentioned the UFACET as a major change, with most respondents pointing to its value in

highlighting families' needs and strengths and in helping caseworkers create plans based on consistent measures. A legal partner agreed that many caseworkers were making "good" decisions based on uniform measures and were better able to articulate their rationale. Many respondents also felt that case practice was more strengths-based under the waiver, largely because of the protective factors caseworkers used to guide assessments. Respondents further described HomeWorks as encouraging a more empowering approach to working with families, rather than a controlling or authoritarian approach. Finally, several respondents felt they were generally more engaged with the community through HomeWorks, particularly due to coordinating services with other providers or working with partners at family team meetings.

In contrast to these findings, one respondent felt that there was a lack of continuity in case practice between in-home caseworkers and out-of-home caseworkers who occasionally worked in-home cases: "I would just like to know how on-board out-of-home supervisors are with ensuring that we're running our in-home cases the same way our in-home teams are running them, and I don't know that that's happening to that same degree." Although it was apparent that some of the tension between in-home and foster care or CPS caseworkers in the early stages of implementation had been mitigated, there were still some lingering tensions regarding how fully each worker or team should embrace HomeWorks. Additionally, a complaint was that caseworkers spent more time managing cases rather than doing more direct work with people.

Legal partners relayed some concerns about the waiver's impact on case practice. Some mentioned that they did not see a real difference in caseworker practice and felt that the Division had always emphasized keeping children in the home. One legal partner emphasized that caseworkers should take some scenarios more seriously, such as emergency removals:

> When we do an emergency removal, we do it because this child is in imminent risk of harm… And sometimes I feel like they compartmentalize things, you know, it's good for this family if we can leave the child there, but also, we have to be able to back that up with facts, and not hopes.

This respondent further expressed the view that HomeWorks tools, such as the UFACET, were not objective, which contrasted with many of the views expressed by other stakeholders. Another legal partner expressed the view that caseworkers sometimes left children in the home longer than appropriate and wished they would remove more frequently.

Most of the feedback about CPS practice under HomeWorks was positive, reflecting many of the sentiments expressed above, but some of it was mixed and pointed to CPS caseworkers' unique role in a program perceived largely as focusing on in-home cases. One respondent emphasized that, while it took some time not to see CPS as a separate program, staff had gained more awareness that CPS was the "first in-home service," meaning that CPS caseworkers were the first ones to come in contact with a family. One interviewee said that one change in practice was in engagement with families, specifically in terms of explaining protective factors and the DCF process before they were assigned an in-home caseworker. Another respondent indicated that HomeWorks was mainly used to assess parents' situations, but that CPS caseworkers generally did not utilize the framework as often as ongoing caseworkers. Another worker expressed frustration with understanding expectations for when to do voluntary cases; sometimes

it seemed that supervisors expected caseworkers to attempt all cases as voluntary at first, and other times it seemed that there were unclear or unspoken criteria about which cases should be voluntary.

Several respondents saw some noticeable differences in supervision practices. One supervisor said that the biggest changes were in utilizing the UFACET and protective factors in case reviews, and in always applying the HomeWorks framework, even in emergency cases. Several caseworkers described their supervisors as very supportive of HomeWorks efforts, including helping them develop laminated documents or other tools to remind them of ways they could use protective factors in their practice. Finally, one respondent shared the perspective that the supervisor position was very difficult to step into for new staff and could be overwhelming, emphasizing the importance of ongoing coaching.

There was consistent agreement that DCFS engagement with families had improved under HomeWorks. One reason respondents said their relationships with families were better was because of the tools they offered, like child development knowledge. Another pointed out that HomeWorks allowed more flexibility in the way caseworkers could help families, including the use of games and activities that helped create a friendly atmosphere. Some respondents suggested that HomeWorks had made caseworkers more understanding of families' experiences, helping them to identify and address their needs more effectively. However, this was not always the case. One respondent said that there was a greater need for caseworkers to understand families' diverse issues in order to communicate the program more practically: "I think sometimes the concepts are a little bit over our parents' heads. We need to step it back a little bit and understand where they're coming from before we can get them to some place better."

A legal partner was also unconvinced that relationships with families were more effective under HomeWorks, noting that sometimes DCFS was "too easy" on parents, and that maybe some of the process should be somewhat uncomfortable for families if there was a problem that was not easily resolved, thus allowing parents to get used to the idea that DCFS will be in their lives for a while. Nonetheless, one respondent felt that, "the work that is happening in the home is better overall," and that it would take a significant number of cases going wrong in order to overturn HomeWorks.

Interviewees expressed mixed opinions about the ways that HomeWorks had impacted GAL practice and perspectives. One respondent said there was no change in decision-making since the implementation of HomeWorks, and that decisions about reunification and permanency were based solely on a child's safety rather than a particular philosophy of DCFS. However, many DCFS staff reported surprise and optimism at the changes they saw working with GALS. One worker noted that relationships with GALs had become more positive over time and GALs were more willing to work with them because of their understanding of HomeWorks. Other respondents recounted experiences with GALs in which they were more interactive with families, more responsive to communication, and more supportive when caseworkers were trying to prevent removals. One interviewee highlighted the need for DCFS to continue to nurture their relationships with GALs through ongoing education and felt that efforts to date were limited.

Comments about changes in judiciary practices as a result of the waiver were focused mostly on judges and attorneys, and sometimes on general court processes. Many respondents shared the impression that both judges and attorneys were more supportive of caseworkers' intentions to do more voluntary and in-

home services and that there was more of a common goal between DCFS and the courts. They gave examples of judges and attorneys integrating HomeWorks principles regularly into their practice, such as suggesting the use of in-home services rather than removal, asking for SDM results or copies of UFACET reports, or ordering more community organizations to work with DCFS. These actions were perceived by DCFS staff as stronger buy-in from the courts than what was experienced before HomeWorks began. A legal partner commented that DCFS had generally been effective in providing more services to families earlier on, but that they often worked with them for a longer period of time. If voluntary cases eventually reached the courts, then this time-intensive process had the unintended consequence of providing a stream of evidence for the attorney of what had already been attempted with a family, making the next steps for court-ordered services or removal that much easier. While this did not help in reducing removals, it did help in improving processes between DCFS and the courts.

Although many DCFS staff held cautiously optimistic views of the impact to judiciary interactions, some still maintained that judges were overly conservative, or that attorneys had not come around to HomeWorks ideas much at all. One respondent said that they were still struggling to get judges and attorneys to trust that they were capable of keeping children safe under HomeWorks, and another said that it felt like "going to battle" when they requested that a child stay in the home. One respondent felt that there was no change in the relationship between DCFS and the courts, and indicated that judges' decisions sometimes ran counter to HomeWorks.

Findings related to removal decisions indicated that most respondents felt there were changes in these processes resulting from the waiver. One interviewee explained that caseworkers were considering what services they could put in place based on the end goal of not removing, which was a change from the way services would be considered before the waiver:

> Nobody was really in a rush to remove kids [before HomeWorks], but it just seems like the workers seem more focused on "What can we put in place to make sure I don't have to remove this kid for sure?" And it just seems like they're looking at their cases a little more differently and getting creative with pulling in resources to keep [children] at home, maybe a little more than they have been in the past.

Another respondent added that, previously, caseworkers would remove a child in order to get them more services, whereas with HomeWorks, they were more confident that they could keep children at home and still ensure they received appropriate services. One respondent suggested that data from a recent audit showed that there were fewer removals being made, and the respondent attributed this to HomeWorks.

Some feedback about removal decisions indicated ongoing confusion about which cases were appropriate to remove children. One respondent held the view that there was a lot of pressure on CPS supervisors and caseworkers to prevent removals, and they were often told they removed too frequently. In some cases that were considered automatic removals, like an infant in a drug-addicted home, caseworkers reported being unsure of whether to remove or try in-home services. One respondent suggested that the research HomeWorks was based on focused on the trauma of removing older children, which did not apply in the same way to infants, and therefore, the risks were not the same. A legal partner also had concerns about interpretations of risk, suggesting that the HomeWorks framework caused DCFS caseworkers to prolong

the inevitable removal, and in the process exposed children to more risk. This discussion highlights the divergent perspectives between legal partners and DCFS staff that have arisen throughout the course of the waiver, where legal partners focused largely on risks of children remaining in the home, while DCFS staff, under the philosophy of HomeWorks, were trained to focus on risks of removal. Respondents within and outside of DCFS expressed the desire for more concrete guidelines to determine which situations necessitate removal.

Finally, discussion of services led to wide-ranging suggestions about how to improve the service array and timeframe in which services can be put in place. First, several respondents, including legal partners, felt there was a noticeable difference in the amount of in-home services available since the implementation of the waiver, especially with therapeutic and wrap-around services. However, one DCFS staff respondent suggested that, at the state level, DCFS should ensure that more provider agencies were in-home focused in the same way they made efforts to ensure that providers were trauma-informed. Another respondent felt that services should be higher-quality in general, and that particular services, like Families First or house cleaning education, should be procured sooner. As described previously, there remained concerns about the insufficient availability of services, with the overall perception that the waiver had not expanded the service array to the extent that stakeholders had expected it would.

Eastern Region Results

Implementation of HomeWorks in the Eastern Region began in July 2015. Training on the coaching model and coaching guides were introduced to region administrators and supervisors in June and July 2015. Caseworkers began implementing HomeWorks into practice August 1, 2015, and certification for the UFACET was completed in September 2015.

Two rounds of interviews were completed with stakeholders from the Eastern Region for the process evaluation. The *first round of interviews* was conducted from October 2016 to January 2017, reflecting stakeholder perspectives a little over one year into implementation. Stakeholders interviewed included representatives from the Office of the Attorney General, judges, GALs, state and regional DCFS leadership, caseworker supervisors, CPS caseworkers, and in-home caseworkers. Respondents had been in the field for a range of nine months to 27 years including seven individuals with more than ten years of child welfare experience.

The *second round of interviews* in the Eastern Region was conducted from February to May of 2018, reflecting the perspectives of 15 stakeholders about two years and nine months into implementation. Stakeholders interviewed included an AAG, GAL, DCFS leadership and child welfare administrators at the regional level, a casework supervisor, a CPS caseworker, a child welfare caseworker, a judge, and a peer parent. Respondents had been in the field for a range of eight months to 19 years, including four individuals with ten or more years of child welfare experience. In both sets of interviews, their roles specific to HomeWorks implementation varied considerably based on the role they held in the system.

In the *first round of interviews*, regional leadership described their role with implementation primarily at the macro level. Specific tasks mentioned were checking in on implementation status, problem solving with child welfare administrators and supervisors regarding challenges, and promotion of HomeWorks both internally and in the community. Child welfare administrators (CWAs) at the regional level saw their role with HomeWorks as lead responsibility for implementation within the region. Tasks described included rollout of training and coaching sessions, problem solving with other state and regional leaders regarding challenges, and the provision of coaching for supervisors and caseworkers.

Supervisors clearly saw themselves as directly responsible for successful implementation at the practice level. “My portion is…guiding my caseworkers on how to use it, reminding them about the HomeWorks website, reminding them about their binders, coming up with ideas of how to help implement and strengthen the protective factors with our families, as we help them with some of the things they’re struggling with.” Another supervisor mentioned with pride a HomeWorks Room that staff had developed. The room includes resources that caseworkers can use with families and activities that parents can do with their children.

Caseworkers and child protective investigators focused on their role in two areas. The first was implementation of HomeWorks with families: “I’m on the in-home team, so it’s primarily HomeWorks-minded.” The second role was the use of HomeWorks in case reviews: “The CPS team here, we use it when we’re staffing cases. We’ll go through each of the five protective capacities, and we’ll list what we’ve noticed from the family: What they’re doing good, what they’re doing bad, what they can improve on.”

External stakeholders perceived their role with HomeWorks to be more indirect. Staff in the Office of the Attorney General, for example saw their role as learning as much as possible about HomeWorks vis-à-vis DCFS as their client. Another attorney emphasized an obligation to represent the interests of children: "I think kids do need to be home but I am also the kids' attorney so I will fight for their rights first and foremost… the strength is that there is somebody to help protect the kids in the system." Thus, stakeholders in the court system did not necessarily identify a direct role on their part with the implementation or support of HomeWorks.

In a similar fashion, participants in the *second round of interviews* identified their roles according to their various positions. Regional leadership, including CWAs, most thoroughly discussed the idea of having a role in HomeWorks, but their characterization of it differed. One leader downplayed their involvement in HomeWorks and saw their role as very limited. Conversely, another leader saw their job as driving practice and making HomeWorks seamless with casework: "Continually talking to supervisors about the why of casework, talking about how we're implementing the HomeWorks model, how we're using the tools and making sure they stay valid tools." Other tasks included integrating HomeWorks into family team meetings and discussing UFACET scores with families.

Supervisors saw themselves as HomeWorks implementers and mentioned using the UFACET to assess families and examine parents' education and job skills. A supervisor described, "My involvement is that I try to implement it. We base our entire foundation of practice on it and the five protective factors." Caseworkers and child protective investigators also saw themselves as HomeWorks implementers, noting that HomeWorks was useful for both in home cases and foster care cases approaching reunification. A legal system partner described their role as learning about HomeWorks and then disseminating and teaching to others in their field.

Leadership

Eastern Region participants in the *first round of interviews* were generally positive about the involvement of both state level and regional leadership in the implementation of HomeWorks. One theme was that the state level implementation team was heavily involved, including being physically present, during the region's HomeWorks rollout. Their ability to connect and relate with supervisors and caseworkers was regarded as a strength, although the limited duration of their involvement was presented as a challenge; in the words of one respondent, "I kind of feel like they came in like a thunderstorm and then you know how it comes in really hard and fast and then it's gone." Respondents noted that realistically the state level implementation team needed to move on to another region but that this presented challenges. Two related points were made regarding timing. First, there needed to be a recognition that the caseworkers did not know what help they needed during the rollout. As one participant explained, "We've finally gotten to the point where workers are saying I'm really not quite sure how to do this and it would be nice at this point, now that we've done in-home visits, to have some of that support back." Second, was that trainers be present in the region after the regional rollout. The desired message was, "We're going to spend time in the office regardless of if we have anything to do; we're just going to hang out, we're going to answer questions, it's going to be informal." The perception of some respondents was that the message from state level leaders was "This is your time slot and now make it work".

The second challenge was uncertainty about the continued willingness of the state level leadership team to "allow the regions, the offices, and the teams that are doing the frontline work to be in control." Respondents acknowledged that there was willingness, but that it would be easy to "slip back into the old patterns of just saying well… this is it, and we think it's the best, now you guys just deal with it." Related issues included the need to listen to frontline staff about what was working and what was not working; allowing caseworkers to share ideas with one another about what revisions would be helpful; and, remembering that the real experts are "people that are working with it every single day with their clients." At the regional level, it was reported that the leadership team was very inclusive. The team had about 50 members and met monthly. One implementation strategy they developed was the "in-home moment of the month." Supervisors typically shared these in-home moments; one example was a supervisor's decision to use the five protective factors as subheadings in court reports so that judges had detailed information about a family's protective factors.

Two additional barriers were identified. First, although supervisors were "encouraged" to facilitate HomeWorks implementation, there had not been strong enough messages about its importance in one-on-one meetings with supervisors. The second barrier was with judicial partners who expressed skepticism about HomeWorks even though it was not fully implemented, "We've got to direct our own work. We need to get in and do our UFACETs and really implement HomeWorks like it was implemented… and then not be asking the attorneys what direction they think we ought to take… because that puts them in the position of directing our work."

Supervisors were highly positive about leadership involvement (both state level and regional level) in HomeWorks implementation. One supervisor noted some early successes in cases where caseworkers were able to convince judges to keep children at home through the identification of family strengths. Consistent with previous findings from other regions, the perception of caseworkers and child protective staff was that supervisors were the key leaders, and that supervisors had been highly involved and helpful during implementation.

Another area of inquiry was shared accountability among leaders for the outcomes of HomeWorks. Respondents identified a number of reasons why there was a higher than usual level of shared accountability about HomeWorks: its resonance with line caseworkers because of its focus on keeping families together and functioning better, the investment of the state team that came to the region to do the training, the follow-up work with supervisors and case managers through activities such as the brown bags, and an understanding by leaders that the regional leadership was ultimately responsible for successful implementation after the initial rollout. As one leader noted: "We are all holding each other accountable to our regional culture, and our regional culture is a culture of HomeWorks." In comparison with implementation of previous projects, the following strengths were noted: more organized and prepared, building on extant research findings in the development of the HomeWorks program model, building an implementation partnership between state and regional leadership, and ownership by supervisors and caseworkers.

Participants also noted some challenges when they were discussing shared accountability. One barrier was a lack of ownership for HomeWorks' success outside of the division (e.g. among mental health, the judicial system). Another challenge was staff shortages in some offices in the region: "We have one

worker trying to keep the whole office afloat, and they can't do it when it's an office that requires four workers to keep it afloat."

Minimal data from the *second round of interviews* coded around the theme of leadership. The majority of the participants who did discuss leadership primarily focused on members of the state leadership team being very responsive and willing to do trainings and adapt HomeWorks to work in each region. A respondent described, "They have been phenomenal on implementing this… I feel like they truly care. When you ask them a question, they get back with you. They'll come down and do a training." A perception was expressed that strategic planning went into the Eastern Region's HomeWorks rollout and that it had been one of the best rollouts in some time.

Vision and Values

The first area of inquiry under this domain concerns the perceived rationale and vision for HomeWorks. During the *first round of interviews*, respondents offered several reasons why HomeWorks was desired: research findings, practice wisdom about what is best for children and families, and DCFS lawsuits. The theme of practice wisdom included knowing that child outcomes are better if children can remain safely in the home while strengthening parents' protective capacities, an acknowledgement of the need to understand a family's culture and what is "safe enough and normal for that kid;" and the importance of a common language and structure when working with at-risk families. One CPS respondent also noted that the implementation of HomeWorks with a family leads to a deeper understanding of what the family is going through as well as better engagement with a family. An administrator echoed this sentiment and noted that HomeWorks gives direction to caseworkers on how to better assess whether children can remain safely at home as well as what resources and supports each family needs. Another leader commented that among the three services that child welfare provides, in-home services were previously the last priority in Utah. Instead, the focus was on removing children, keeping them safe, and placing children into foster care and group homes. Through the waiver, a change had occurred and the focus was on stronger efforts to keep children home.

Next, respondents discussed the alignment of their personal vision and values with the vision of HomeWorks. Consistent with findings from other regions, the consensus of caseworkers and child protective investigators was that HomeWorks was highly congruent with their personal vision. For example, many participants noted that both research findings and their personal values supported keeping more children with their families rather than removal. The trauma associated with removal, personally witnessed by caseworkers and supported by research, was noted as another reason for keeping families together. A supervisor commented that HomeWorks "really fits with my why." Another strength of HomeWorks that was consistent with personal values was its emphasis on showing the Court both what the family was doing and their strengths, and what the caseworker was doing to help families by reinforcing their skills and using community partners for needed services. A third aligned area was the balance between identifying and building on family protective factors and meeting the child's safety needs. One participant noted that families need to be accountable for HomeWorks to succeed; that there needs to be balance between engaging with families and holding them accountable. Another interviewee expressed a wish for more emphasis on kinship caregivers.

The second consistent finding at the line staff level was that HomeWorks was similar to what they had done in the Eastern Region at the practice level for many years: "What I see in HomeWorks is the beginning of our practice model from how we started. The tools that we wanted to use…" Several participants also noted the value alignment with HomeWork's emphasis on family protective factors.

There also was a recognition that it would take time and resources to implement HomeWorks fully at the practice level. In discussing successful implementation, a CPS caseworker with 28 cases made the observation that smaller caseload sizes were a necessity in order to spend time with families, build their trust, and get the information needed to effectively transfer the family to the ongoing caseworker. An administrator commented on the need for experienced caseworkers that have a background in social work. Turnover of line staff compounded this issue: "In some of our offices we've had 100% turnover, and so even though we went to HomeWorks training a year ago in the rollout, three-quarters of the [current] workers had not yet had that full training."

One concern noted by two interviewees was that rural communities in Utah continued to struggle with a lack of services: "Even with the HomeWorks program we still have the same basic services. We have the activities we can do with them to try to engage them… But I would like to see as a result maybe DCFS working with other agencies to bring more here to our rural community; that's really what we need." Another participant voiced a concern that child safety could be in jeopardy if DCFS reduced foster care rates for cost containment reasons without putting resources into service development.

There was consensus among most interviewees regarding the extent of a shared vision of HomeWorks. First, there was agreement that within the Division at both state and regional levels, there was a clear understanding and support among the leadership for the vision and values of HomeWorks. There were mixed reviews regarding a shared vision at the staff level primarily because HomeWorks was still new. Second, there was agreement that there was much less shared vision in the region with external partners, such as the legal system. One respondent commented, "I think (the judge) understands what we're trying to do. I just don't think (the judge) thinks it's the right thing to do." Several reasons for this stance included the need to see proof that HomeWorks was effective, a belief that most children were better off in foster care, and the perception of an inability to provide enough services to keep children safely at home. Another perception was that community partners were slowly coming around, and that legal partners would buy in when there was evidence that HomeWorks was able to keep children safely at home while giving the parents a chance to change their behaviors.

There was strong agreement among both internal and external stakeholders regarding the following goals of HomeWorks: keep families together safely, engage families, strengthen families, and use structured assessment tools with families. Fourteen respondents identified the goal of keeping families together and reducing the number of children who are removed. Closely aligned with this goal, there were several comments about efforts to engage and connect with families. Nine respondents mentioned and described strategies to strengthen families, including improving parenting skills, offering parents the services and concrete supports that they need, and modeling appropriate behaviors for parents. Five respondents defined assessment as a goal, including the use of assessment tools, assessment of level of risk, and the assessment of family strengths.

Overall, responses in the *second round of interviews* about vision and values demonstrated great consistency and a unified understanding of these elements. Respondents consistently agreed that the rationale for implementing HomeWorks was to reduce instances of removal and foster care placement, and to strengthen the ability of DCFS to help keep children with their families, especially those who could benefit from services but did not need court intervention. Respondents also widely agreed that the goals of the waiver were to reduce the trauma of removal and provide intensive services to families in order to safely keep children in their homes. For example, a legal stakeholder explained, "My understanding is that it's a program that DCFS is utilizing to try and get more support services in-home to remedy safety concerns before they remove the kids… before they have to go to that next step."

Yet another nuance expressed by respondents was helping families to achieve what they needed for their children rather than the system achieving it for them. A supervisor characterized it as "helping the family create safety so the kids can come home." Others expressed the desire that families "get something" out of HomeWorks such as tools they could use with their children after DCFS is gone.

Respondents had many ideas about what they personally hoped could be achieved with the waiver, feeling that the system had needed more of a focus on prevention, not removals. A CPS worker stated, "I really like that it's on the family's own home turf. It's in their home, it's working from their strengths and adapting to their current conditions in a healthy way." Respondents also understood the limitations of HomeWorks and had goals for the child welfare system above and beyond HomeWorks. One interviewee hoped for DCFS to possibly fill the void in mental health services in rural areas by utilizing caseworkers, supervisors, and clinical staff who were LCSWs.

A second area touched on by respondents was the desire for lower caseloads. Although caseloads were thought to be close to national averages, the desire was expressed that if caseloads were lower, caseworkers would have more time to spend implementing HomeWorks with families. A CWA explained, "If we could put more effort in five or six cases versus fourteen cases, I feel like we could probably do a better job in keeping plans or making plans that will help keep kids safe in the home instead of going to foster care." A third area discussed was a desire for the courts and legal system to be open to more kinship placements, including both family and friends of the family.

The majority of respondents expressed that their co-workers and DCFS leadership shared the same vision and values of keeping children safely in the home and that HomeWorks was helpful to families. However, it was clarified that this support and buy in among staff waxed and waned depending on the supportiveness of the Court system. Another clarification made was that while there was pretty universal support within DCFS, individuals from time to time would still have to fight the urge to remove in situations where they were not completely sure a child was safe. In addition, some responses indicated digression among external agencies or partners, who were described as being unclear about the goals of HomeWorks or how it should function for them. For example, law enforcement and members of the local community who might be in the position of reporting child neglect were having a hard time understanding that the work of DCFS in neglect cases was typically to help the parents, not remove the child.

One respondent indicated that legal stakeholders knew little to nothing about HomeWorks from their perspective. However, a CWA felt that while legal stakeholders might not know all about HomeWorks,

they were in support of the idea of protective factors and how a focus on strengthening these factors could help families. Still another respondent characterized resistance to HomeWorks within the community in terms of varying attitudes about parenting. Thus, findings in the *second round of interviews* indicated that overall, the vision and values of HomeWorks were largely embraced within DCFS, but support among the broader community was reportedly variable.

Environment

Several themes related to the local environment were explored, including community support, staff support, and the availability of services and resources. During the *first round of interviews* in the Eastern Region, several respondents noted that widespread community support for a new initiative takes time, and that the rollout of HomeWorks had begun approximately one year prior to this round of interviews. The community partners that respondents mentioned most often were those that comprised the judicial system, including judges, legal services, and GALs. Almost all respondents reported that the judicial system had not fully embraced HomeWorks. Many reasons were offered, including a lack of confidence in the new model, a "wait and see" attitude, the need to see some successes with families, a lack of understanding of HomeWorks, and a perception that HomeWorks did not hold families accountable. One interviewee commented that HomeWorks also included a switch from having the legal system in charge to the child welfare system directing its own work.

One respondent noted that during early implementation of HomeWorks, some regional performance indicators had improved, such as fewer children in foster care for extended periods and the ability to keep some children home safely. If these performance indicators continued to show improvement, and child welfare continued to be transparent about case decisions, the belief was that community support would grow.

Two respondents noted other reforms taking place in the region that aligned closely with HomeWorks and could re-enforce its goals. One was the development of a children's system of care, fully endorsed by leadership of the agency, that would align with the basic concepts of HomeWorks. For example, the system of care was funding the implementation of wraparound, which builds heavily on family engagement and the identification and bolstering of family strengths. The other reform underway was Communities That Care, a grassroots community development initiative that was working on a community asset mapping process, with the aim of building on community strengths to address family needs.

In discussing community support for HomeWorks, some respondents made recommendations about how to build community support through external communication strategies, including the need for sponsoring continued training opportunities and dialogue about HomeWorks with various community partners such as the schools, GALs, and law enforcement. With legal partners, especially, many respondents discussed the importance of full training on HomeWorks and use of the UFACET, rather than a brief overview. Caseworkers emphasized the importance of sitting down with partners and using a specific case to have conversations about HomeWorks philosophy and principles and how it applied to casework with this family. Several respondents referred to an existing interagency meeting in the region, Tables of Six, and using this meeting to communicate with partners about HomeWorks. Several respondents also noted that

there was open communication about HomeWorks with mental health partners, especially when planning for shared cases.

A second strategy developed jointly by supervisors was to use the media to educate the community. This six-month plan included an initial public announcement in the local newspaper about HomeWorks followed by a series of monthly articles focusing on each of the five protective factors. The context for both recommendations was an acknowledgement of the community culture that predominated in the region: small towns, a "take care of ourselves" attitude, good teaming, and an existing network of trust and respect to build upon.

One interviewee noted that families involved with the system were buying into HomeWorks because of its stronger engagement strategies, an assessment process that includes identifying parent strengths, and a willingness to work with families. As one respondent explained, the new approach implemented through HomeWorks had facilitated a better understanding among families that, "Okay, DCFS is not out to get me." Another respondent commented that families were very open to the HomeWorks activities related to building protective capacities.

The consensus among respondents regarding staff support for HomeWorks was that most caseworkers and supervisors in the Eastern Region had a positive outlook about HomeWorks and were excited about implementation. Despite the enthusiasm, there was a recognition that, "There's still some struggle getting from the training to the actual implementation." A recent request was for one of the trainers to come to the region and talk with supervisors about how to use the UFACET concretely in the creation of a case plan. Several respondents talked about the barrier of "old ways of thinking." Thus, while there was considerable buy-in among many staff, there continued to be some resistance to practice change among seasoned caseworkers.

Two observations were made about gaining staff support. First, there was an emphasis on the importance of listening to the issues and concerns of frontline staff and supervisors and allowing them to have ownership of the program. Second, staff were accustomed to focusing on "what is the judge going to want" rather than "what do I need to look at" regarding areas such as social connections, parenting knowledge about child development, concrete supports, and social and emotional competence of children. One strategy recommended to address this issue was ongoing dialogue by caseworkers with judges, GALs, and AGs rather than competing with these individuals regarding what are the best outcomes for children and their families.

Service array and resources was another environmental component discussed during the interviews. There was consensus among interviewees that the Eastern Region was a rural area with limited human services or resources. The most commonly mentioned gaps included mental health treatment, evidence-based parenting programs, drug testing, sex abuse treatment for both victims and perpetrators, and domestic violence treatment. A specific example was that courts often ordered psychological assessments of parents. Parents in some areas of the region needed to travel to nearby towns for the assessments and no public transportation was available. In addition, waiting lists for core services could be several months; this was especially problematic because of the maximum timeline of 12 months to reunify children. A concern raised by an external stakeholder related to the limited service array was that the goal of

maintaining children in the home and helping parents to safely care for them can become "an unrealistic goal" if appropriate services and supports were not readily available.

These themes were explored again during the *second round of interviews*. The majority of responses reflected staff buy-in to HomeWorks and the overall goal of maintaining children safely in their homes. Where there was initial resistance to the ideas behind HomeWorks, respondents reported more widespread acceptance, and that caseworkers in the Eastern Region were now doing their best to implement HomeWorks where it was possible. Respondents reported that the protective factors were being addressed in staffings and that HomeWorks language was being used consistently. Respondents also felt the overall HomeWorks process was better at engaging families. Likewise, respondents felt like they were having more success overall with families since implementing HomeWorks. There was discussion about HomeWorks making casework more concrete and more logical to families going through the child welfare system.

Although discussions of community support spanned a wide array of categories, respondents generally spoke in terms of providers and legal partners. Many respondents described buy-in from mental health providers and from a multicultural center that provided DCFS with translation services as well as resources to help families. Another perceived opportunity to create community support and buy-in to HomeWorks was the community group brought together by the local system of care program.

Interviewees who perceived a lack of community support referred to the community in general as not being on board or commented about specific partners' lack of support. First, some respondents discussed the challenge of families and community members being resistant to DCFS, either from previous experiences that involved a removal, or the widespread perception that DCFS's job was to remove children. Second, interviewees had much to say about a lack of support for HomeWorks from specific community partners. Reportedly, law enforcement was not on board with HomeWorks, which seemed in part due to their focus on safety rather than supporting or enabling families to do better. GALs were also reported not to be on board with HomeWorks. A respondent described, "Our guardian ad litem has no interest in HomeWorks, would rather see kids be in a foster home than at home, especially initially, while the parents are going through drug court or whatever they may be going through. That's the biggest barrier." Drug cases in particular seemed to be a point of conflict with GALs. Respondents felt that HomeWorks provided a basis for giving parents a chance to maintain kids safely in the home while they went through drug court and treatment, which was often a lengthy process. On the flip side, the preference of GALs remained to remove children from the home while parents worked through their substance issues. Not much was said specifically about judges in this round of interviews, although the impression was that there was not a lot of buy-in, but rather trying to give caseworkers the benefit of the doubt or to hear them out on arguments for keeping children in home.

The school system was yet another area that seemed conflicted in their relationship with DCFS and HomeWorks. A historical context was provided by one respondent in that there had been a longstanding judge in the area before the current judge who had emphasized educational attainment to such an extent that there was the perception that he routinely kept kids in out-of-home care in order to graduate from high school. Therefore, there was a perception that schools expected DCFS to remove on cases involving children not going to school. Particularly with HomeWorks, DCFS was not able to take delinquency or

truancy cases anymore because those issues were not necessarily specific to or solely the fault of the parents.

Generally, there was some frustration expressed about attitudes of community partners, who in many cases were invited to family team meetings, sometimes months in advance, but did not attend due to hectic schedules or simply the preference to call caseworkers to check in rather than engage in a team-based approach and conversation with families.

There were mixed impressions of the extent to which DCFS and external partners had effective communication and collaboration, often expressed as differences in backgrounds, beliefs, and experiences related to the different types of work with which partners were engaged. Some respondents described efforts to communicate with community providers about HomeWorks concepts and goals, as well as available services for families. The System of Care (SOC) project through the Department of Human Services was again mentioned. Respondents explained that there were SOC caseworkers that work side by side with DCFS in helping the family identify different supports they can use to help keep the kids in their home. Respondents pointed to multi-agency staffings as a useful tool facilitated by the SOC team, where different agencies come together to discuss services available to families.

Many respondents felt there was room for improvement in communication between DCFS and the Court System. This concern was discussed in the most detail of any other form of external stakeholder communication. First, from a judicial perspective, there was a perception that, while DCFS and legal stakeholders commonly did not agree, they were coming together at family team meetings to communicate, and the Court saw this as a significant positive activity. The UFACET was mentioned as very beneficial to have in a Court of Law because it was something concrete that attorneys could refer judges back to. However, communicating with the Court was still perceived by many respondents as a barrier to implementing HomeWorks.

A few different suggestions were made as to how to increase communication and coordination with judges around HomeWorks. First, judges did not seem to know a lot about HomeWorks beyond its basic goal of keeping children safely in their homes and any case specific information they received in Court reports. One suggestion was to include judges in HomeWorks trainings and/or provide specific HomeWorks trainings to groups of judges. A specific concern was that judges might not have been exposed to protective factors terminology, and now, unexpectedly, were finding it in Court reports. Others thought the best communication from DCFS to the Courts around HomeWorks at this point would be to share evidence of success of the HomeWorks program in keeping children out of care while maintaining safety. An interviewee reiterated, “They’re going to have to feel that it works and that’s why they support it. I think the courts have to have more confidence in us and our ability to keep kids safe, keep them home.”

Discussions from the *second round of interviews* revealed unanimous disappointment with the amount and quality of services available, especially considering early expectations for increased resources. The rural nature of the Eastern Region was again mentioned in many interviews. While some services were available, they were described as more “one size fits all services” rather than being targeted to specific needs of each family. The dearth of available or accessible clinical services remained a significant area of

concern for many respondents. Specifically, inpatient treatment for substance abuse was reported to be a huge challenge, with no inpatient programs for parents available in the area. Another area of specific concern was the need for a provider who offered drug testing during evening and weekend hours. Legal stakeholders cited the weekend testing as critical data that was being lost in drug cases and establishing a parent's sobriety. Family therapy was also mentioned as a clinical service that was lacking in the community.

Additional service gaps respondents identified were clinicians to complete psychological assessments and parental fitness tests, and sex offender treatment programs that accepted Medicaid. A legal stakeholder described a recent situation where a parent could not be seen for a parental fitness test for three months in another town, resulting in a significant delay in initiating their services and working on the areas they needed to address to help their family. While the Eastern Region did have Four Corners, the local mental health authority, respondents expressed concerns about therapist turnover rates and a rule established by the agency that families had to call before 8am on a Friday to set up an appointment for the following week. Other respondents felt that more cleaning and homemaking resources were needed for homes that were unsanitary or hazardous, and that affordable housing was lacking for parents going through child welfare intervention. Parents who were low functioning overall but still bonded with their children were identified as a potential group of parents in need of in-home resources.

Stakeholder Involvement

Responses under this domain explored the ways in which staff, external stakeholders, and family representatives had been engaged in the planning, decision-making, and implementation of HomeWorks. Stakeholder involvement was primarily examined during the *first round of interviews*. At the practice level, efforts to involve external stakeholders such as GALs and therapists reportedly focused on inviting them to participate in monthly team meetings. Interviews with external stakeholders such as AAGs and judges indicated that their involvement in planning for HomeWorks implementation was limited, and that there was interest in becoming more involved and more knowledgeable about the reform. When asked about family and youth involvement in planning for HomeWorks implementation, respondents either did not know or stated that there had been no involvement. However, it was reported that the Eastern Region has a Quality Improvement Committee that developed a format for asking for family input about caseworkers. Reportedly, there had been positive feedback about frontline staff from many families.

Regarding staff involvement in planning for implementation of HomeWorks, most respondents stated that their involvement in planning was limited, but the brown bags offered an opportunity to provide input about what was working and what was not working. One example of staff involvement was a relatively new caseworker who understood HomeWorks well and was mentoring new caseworkers in two offices. In addition, this caseworker was working with others to create a template that would help frontline staff take the information gathered on the UFACET and use it to develop the case plan.

Organizational Capacity and Infrastructure

Organizational capacity and infrastructure in the *first round of interviews* examined the following topics: policies and procedures, training, technical assistance, caseworker skills, family engagement, UFACET, supervision, quality improvement process, oversight and monitoring, and funding.

While the majority of respondents expressed that policies, procedures, and practices were well-aligned with the HomeWorks initiative, it was also stated that this process was still in progress. The primary impediments were high caseworker caseloads that made it difficult for caseworkers to maintain the frequency and intensity of family contact established as best practice within the HomeWorks model and high caseworker turnover that resulted in a significant proportion of inexperienced staff. Variability in caseload size and caseworker turnover across the region was described, with some areas experiencing higher caseloads and turnover than others. It was also noted that the statutes and case plan requirements were not necessarily aligned with HomeWorks; HomeWorks was characterized as equally valuing safety and permanency, while the courts prioritized safety. Similarly, one respondent expressed a desire for flexibility in statutory requirements and timelines to accommodate parents, specifically those experiencing substance abuse, who were making progress, but needed more time to achieve their case plan goals.

Overall, stakeholders reported satisfaction with training and technical assistance opportunities to assist with HomeWorks implementation. Specifically, the brown bag trainings, the HomeWorks website, and the responsive and continuous nature of the support that was provided were viewed as helpful. A desire to have more opportunities for peers to come together across regions to share knowledge, experiences, successes, strategies for best practice, and discuss what works and what has not worked was expressed by multiple interviewees. These opportunities would ideally include lessons learned from the state and from other regions about the implementation process.

In addition, interviewees expressed a desire for more on-site training in their region and offices. Caseworkers and supervisors were still learning how the various aspects of the HomeWorks model fit together into practice, such as how to use the UFACET and the protective factors to develop and inform the case plan, and training and support on this process was needed. As the implementation of HomeWorks was still a new process, a theme across interviewees was the need to build confidence in their practice and receive validation concerning the quality of their work. It was suggested that this type of technical assistance could be provided on-site, with specific teams using actual cases to provide real- time coaching about the quality of HomeWorks implementation. One interviewee noted the need to ensure that ongoing on-site training and distance learning opportunities are available to all stakeholders responsible for HomeWorks implementation, including court personnel.

Caseworker turnover was emphasized as a factor that had negatively affected caseworker skill development. As mentioned previously, high caseworker caseloads and workloads in some areas were stated as challenges to implementing casework practice as designed in HomeWorks. In addition, interviewees stated that caseworkers and supervisors were still learning how to bring together all aspects of the HomeWorks model into practice and develop a shared understanding of the model to improve consistency of practice across staff and offices. Successful strategies that were mentioned for improving the skill level and consistency of practice were to incorporate the HomeWorks and protective factors language into team meeting discussions, to visually display the factors language and the model in office settings, and make handouts available for staff and families.

There was some, albeit limited, discussion in the interviews related to family engagement. Interviewees who addressed this topic noted trust between caseworkers and the families, overcoming negative views about DCFS, advocating for parents, and meeting the service needs of the families as key factors to engage families. The common essential element among these factors was the need for repetitive positive experiences between families and caseworkers to overcome the natural barriers to engaging parents involved in the child welfare system.

Interviewees expressed mixed reviews of the UFACET, some characterizing it as a useful assessment tool and others describing it as missing pertinent questions. One stated challenge to completing the UFACET was the amount of time it took to gather the information from the family. It was also expressed that it was not always completed with the depth necessary to fully represent a family's situation. One caseworker who seemed confident in her own family engagement skills approached completing the UFACET as a guided conversation with the family that addressed all the required elements without going through the instrument item by item. Another interviewee described a need to provide court personnel, including judges, attorneys, and GALs, with more information about the UFACET tool, how it is completed, how current and historical information is used, and how it is connected to case planning. Also related to the court procedures, one respondent expressed a need to ensure that the structured decision-making process and recommendations that are informed by the UFACET were transparent and any differences in recommendation across parties were shared with the Court along with the evidence that supported the decision-making.

Feedback shared about supervision in relation to HomeWorks in the Eastern Region was consistent with findings from other regions that supervisors might be at a disadvantage during the roll out due to not having experience using the HomeWorks model and specifically the UFACET tool as a caseworker. Interviewees emphasized the need for supervisors to receive support and coaching from leadership on how to provide effective supervision with their caseworker teams. Supervisors reported strategies for building their own skills and supporting their caseworkers including joining them on home visits to complete the UFACET and reviewing each UFACET with their caseworkers item by item, discussing the information and decision making processes used to determine each score. One caseworker who shared feedback about supervision expressed that while having a good supervisor was important, having support from fellow caseworkers was equally valuable. Once again, caseworker turnover was said to have a negative impact on supervisors and their ability to provide best practice supervision.

Interviewees reported several methods used to improve quality of practice. The primary quality assurance strategy noted by caseworkers and supervisors was the use of team meetings to discuss cases, share program statistics, and encourage a team-based approach that reinforced shared accountability. One-on-one in-office and field-based supervision were also identified as strategies to improve practice. Also noted as means for improving practice were refresher trainings on HomeWorks and visually displaying and using HomeWorks language in the office setting. Caseworkers reported using resources from the HomeWorks website and HomeWorks binder in team meetings to demonstrate the effectiveness of HomeWorks. In addition, the QCR was mentioned as a helpful practice improvement strategy, and it was suggested that HomeWorks be incorporated into the QCR process now that all regions had been trained on and were implementing HomeWorks.

The primary method for monitoring practice was the data dashboard, which shared monthly statistics with caseworkers related to permanency, safety, and well-being measures. The dashboard include measures such as how many children receiving services remained in their family home, how many children were removed and placed in out-of-home care, and caseworker home visits being completed as required. Some interviewees expressed concern that caseworkers were not yet being held accountable for implementing HomeWorks due to the early stage of implementation and suggested strategies should be enforced at the state level for ensuring caseworker fidelity with the HomeWorks model. To improve the process, one interviewee suggested sharing statistical trends from regions that were further along in implementation.

Finally, the topic of funding was discussed as a challenge and limitation to HomeWorks implementation, with the shared view that funding was inadequate. Interviewees stated more funding was needed to support implementation of HomeWorks, specifically a greater investment in in-home and reunification services, wraparound-type supportive services, county mental health services and mental health therapists, hiring of more caseworkers to reduce caseload and workload size to meet HomeWorks standards, and increased caseworker pay. Two funding challenges were raised specific to the region's rural communities: limited availability of all services to support in-home and reunification cases; and low caseworker wages, which negatively impacted hiring and retention.

Discussions of organizational capacity and infrastructure in the *second round of interviews* similarly represented an extensive array of issues. Some of the key themes include aspects of caseworker practice, assessment tools, supervision, saturation, funding, and sustainability. Overall, respondents identified a number of perceived strengths in this area and expressed considerable optimism about the sustainability of HomeWorks.

Several insights were offered regarding caseworker practice and skills. Respondents generally did not provide an overall assessment of whether caseworkers had sufficient skills to carry out HomeWorks effective; instead, indicating that there was variability among caseworkers, and focusing more on what they viewed as critical for ensuring effective practice. One respondent identified the need for safety plans that clearly articulated how children would be kept safe if they remain in the home, emphasizing that they must have "specific safety plans to address the risks that are facing kids." Other respondents expressed the importance of family engagement and spoke of building parents' resilience and self-sufficiency, making casework practice more hands on, and tailoring practice to the needs of each family. The importance of honest and consistent communication was also discussed in relation to effective family engagement.

With regard to the competency of the workforce, and consistent with the previous round of interviews, turnover was perceived to be the greatest barrier in developing the workforce. Primary reasons for caseworker turnover were reported to be the high stress of the job combined with low compensation. Not only did high turnover result in a workforce with limited experience, it also slowed the progress of a case: "So that's a big barrier, when you have a case that's nine months old and they've had four different caseworkers, it just doesn't work. If you had one invested caseworker for that time, that family's gonna be more further [sic] along than they would be otherwise." The high turnover rate resulted in a need to continually train new workers and limited family engagement when families needed a consistent worker on their case.

Respondents recognized assessment as a key component of casework practice and provided diverse perspectives on the assessment tools incorporated under the HomeWorks model. A number of respondents expressed favorable views of the tools, which included the SDM and UFACET. Respondents liked that the UFACET was strengths-based and engaged family input in the assessment process. A legal stakeholder, for example, reported,

> I like their UFACET that they do with parents when they address specific concerns step-by-step and they get the parent's inputs and feeling as to how the family's doing in certain areas. And I think when they break it down step by step… and the parents hear that, sometimes they're more willing to engage in certain services to address specific concerns.

Similarly, an administrator appreciated that the assessment process engaged the family in a conversation about their strengths and needs. Another respondent described the tool as particularly useful for case planning at the front-end, although the required follow-up assessments were perceived to be somewhat tedious and had less utility.

An important caveat discussed by several respondents was that the value of the tools was dependent on the ability of the caseworker to use them correctly. In discussing the SDM, for example, one legal stakeholder voiced concern that "it is still sort of self-reported and you can manipulate that assessment for the outcome that you want." Thus, from this stakeholder's perspective, there were concerns about the consistency and subjectivity of the assessment process. A few respondents were also critical of the tools and the extent to which they were useful in assessing a case. Regarding the SDM, one supervisor disagreed with the way prior CPS cases, including unsupported cases, were included in calculating a family's risk. Finally, a few administrative and supervisory level respondents acknowledged that they did not have sufficient understanding of the UFACET to be able to mentor employees on the tool.

Much of the discussion regarding supervision in the *second round of interviews* centered on coaching strategies, as well as worker perceptions of their supervisors' support and competence. Overall, respondents described their supervisors as being confident in their ability to mentor staff on HomeWorks, and most supervisors likewise reported feeling confident in their ability. According to respondents, coaching encompassed a variety of strategies, and one-on-ones were generally conducted on a weekly or bi-weekly basis. Specific coaching activities reported included: discussing specific issues staff were having on a case and identifying different strategies that could be tried, addressing particular areas of concern with regard to a worker's practice, setting goals for caseworkers to improve, walking through different scenarios together, "game planning" strategies for talking to clients, encouraging use of HomeWorks language, and discussing what has been working and what has not been working with regard to HomeWorks implementation. One respondent noted that a few different coaching models had been introduced, including OSKARS and SOAR, but there had not been an explicit push to implement either model. Responses indicated that there was flexibility for supervisors to coach according to their own individual styles. Additionally, one respondent reported that the region had worked on developing a mentor program to provide additional training and professional development opportunities to supervisors and caseworkers.

When asked about what steps had been taken to reach saturation in the region, respondents indicated that HomeWorks had been extensively integrated into all aspects of practice. Staff meetings and case staffings were two commonly reported activities where HomeWorks was reinforced. “All of our staffings are from the protective factor lens, CPS, regular ongoing case staffings,” a supervisor expressed. “We talk about it all the time. We talk about it in team meetings.” Several respondents emphasized the role of supervisors and management in keeping the focus on HomeWorks. These responses underscored the importance of maintaining an ongoing dialogue about HomeWorks at all levels of the agency. One respondent commented on the use of reflective supervision, a model that encourages caseworkers to closely examine the extent to which HomeWorks principles have been implemented on a case and identify ways to improve implementation was noted.

There was limited discussion of funding during the *second round of interviews.* A few respondents noted that through HomeWorks (and the waiver) they had seen greater flexibility in the use of funds, with more funding available to provide in-home prevention services. One respondent specifically noted greater availability of these funds for CPS cases to prevent removals. Only one individual spoke explicitly of a need for increased funding to expand services, although as noted previously, insufficient availability of services was widely reported. Finally, there was some uncertainty expressed about where continued funding for in-home services would come from post-waiver. It was explained that the belief when they started was that increased prevention work would decrease out-of-home care, realizing a cost savings that could be reallocated to further expanding in-home services; however, this had not yet come to fruition. It remained unclear whether there was legislative support for continued funding of in-home services.

Looking at the factors that respondents believed would support the sustainability of HomeWorks over time, many noted that the same efforts that have been used to reach saturation will also contribute to long-term sustainability. These included: the ways in which HomeWorks had been integrated into practice, the focus on protective factors and HomeWorks principles during staffings and team meetings, and continual conversations about the use of HomeWorks. “It’s going to be sustainable because it’s part of everyday practice,” an administrative level respondent asserted. Several respondents specifically noted the role of leadership in maintaining the focus. Beyond simply reinforcing the expectation among staff, one respondent also expressed the importance of communicating the reason for the practice and building that understanding: “I think they’re understanding the why, and that would be how it is sustainable, is understanding the why of this.”

Another common theme related to sustainability was an emphasis on training. Respondents felt strongly that continued training was important to ensure the sustainability of HomeWorks, including ongoing refresher trainings. The requirement that staff periodically complete recertification on the UFACET was noted as one strength, as well as the provision of refresher videos that were sent out from time to time. One suggestion was that staff complete a refresher training on at least an annual basis.

Some of the challenges to sustainability, on the other hand, were the limited availability of resources and continued worker resistance to practice change. Reportedly, some of the older caseworkers still struggled with implementing HomeWorks into practice and had not fully come around, despite encouragement from supervisors and continuous reinforcement during staffings and team meetings. Furthermore, critical services and resources within certain communities were largely non-existent; this lack of local resources

created significant barriers to efforts to keep children in the home, the family was unable to access the services they needed.

Waiver Impact

Discussion of waiver impact in the *first round of interviews* included several topics regarding changes in practices because of waiver implementation. These included the waiver's perceived impact on removal decisions, CPS practice, family engagement, caseworker practice, supervisory practice, judiciary practice, GALs, child safety and well-being, and service availability and accessibility.

Respondents expressed varying opinions on how HomeWorks had impacted case decisions, from stating HomeWorks had not had an impact on permanency or removal decisions to acknowledging there had been "this shift to trying to keep children in the home." However, this same respondent emphasized that it was required by law to make the "least restrictive, least intrusive" placement decision possible for children involved in child welfare. Judges in the region who responded did not express that removal or permanency decisions had changed because of implementing HomeWorks. However, one judge stated that, although removing a child from their home was rare, the cases where they did remove seemed to be clearer, "which is a good thing also, makes my job a lot easier when there is hardly a question as to whether the kid should be in the home or not." Another outcome that was mentioned was that while it had been assumed that HomeWorks implementation would lead to a greater number of in-home cases, it appeared that fewer cases were now under the supervision of DCFS. Rather, the CPS caseworkers were using HomeWorks with families and offering appropriate services and supports, and not bringing as many families into DCFS custody or supervision.

The CPS caseworkers interviewed identified several ways that HomeWorks had influenced practice with families. These included: an emphasis on teaming, building a family team that included informal as well as formal supports, consideration of the child's developmental level and discussion of developmental stages with families, and use of UFACET and the protective factors to understand the needs of the family. It was stated that the UFACET and protective factors had helped to give direction regarding what needed to be worked on with a family, offering a whole picture of the family "instead of everything that is wrong." Although these benefits of HomeWorks were identified, one CPS worker indicated a lack of guidance and direction from leadership as to how HomeWorks should be used specifically in CPS practice.

Interviewees identified several factors of the HomeWorks model that hold the potential to foster family engagement. First, HomeWorks was described as a transparent and less aggressive approach that allowed more time for the caseworker to develop rapport with families to nurture family engagement. Furthermore, as described by one interviewee, "instead of assuming what the problems are, we have the family tell their story and what led to the current situation." Helping families to understand the protective factors language was also seen as an important step in family engagement. In addition, one caseworker stated that the HomeWorks child and family activities had helped to engage families and change the negative perception families might have of DCFS. One supervisor cited early family involvement by the HomeWorks caseworker – at the initiation of CPS services – as a strategy being used to promote family engagement. The challenges to establishing family engagement were identified as: limited time to build

necessary rapport, families' substance misuse issues, and a perceived lack of personal accountability by some parents for the conditions that led to child welfare involvement.

One practice change noted consistently by interviewees was adoption of the language of the HomeWorks model and UFACET assessment tool in casework activities, including in team meetings, and incorporating the language into required documents such as court reports and case plans. Additionally, it was explained how strength-based assessment using the protective factors had improved the assessment process, leading to a better understanding of the family and prompting positive discussions and interactions with families. Teaming was described as a HomeWorks' strategy being used to build up a family's informal and formal supports so that the child welfare caseworker was not the only part of a family's team. A well-functioning team was characterized as one that includes somebody from the child's school, a mental health professional, the family, relatives, and clergy when relevant.

Interviewees also described how using the SFPF Framework had led to the identification of which factors needed support within a family and methods for helping parents to build their resiliency. The results of assessment had then helped to guide caseworkers to focus case planning and home visits on specific topics related to protective factors. Furthermore, one stakeholder shared that having a standardized assessment process had helped to create consistency in practice. One caseworker reported that the use of HomeWorks child and family games and activities during home visits had helped to increase engagement and reduce barriers between the caseworker and family.

A stated challenge to caseworker practice was the increased amount of time required to complete the HomeWorks model, including the UFACET assessment and increased frequency of home visits. Furthermore, it was suggested that court personnel needed to see more information about the process and criteria that led to a caseworker's determination in the SDM and not just the score of "yes or no."

The majority of interviewees, including caseworkers, supervisors, and regional leadership, who shared feedback about supervision expressed that HomeWorks had a positive influence on supervisory practice. Changes they noted included focus on protective factors, parent resiliency, support for families, family permanency and an overall reinforcement of the HomeWorks model. One supervisor characterized the supervisory role as building the caseworker's confidence in implementing HomeWorks by helping him or her to be successful. A caseworker interviewee explained how a supervisor had helped to support best practice within HomeWorks by reinforcing the order of caseworker activities as "doing the UFACET, then doing the family team meeting, and then doing the plan. Because then the family actually creates the plan and they're more willing to work on the plan."

Stakeholder feedback indicated variability across the region concerning the extent to which judges were perceived to be invested and in agreement with the HomeWorks model. The feedback ranged from seeing judges invested in HomeWorks and using the protocols – UFACET and SDM – in the legal process to believing that the judge was in an adversarial role with the caseworker regardless of the quality of casework. A common theme noted from judges and DCFS interviewees was the importance of sharing HomeWorks outcome data with those in the legal system to build confidence in the model. It was offered that demonstrating success and competent casework practice were the most effective strategies to overcome perceived resistance or cautiousness about HomeWorks. As mentioned previously, judges and

legal personnel expressed the need to have more information about the process and criteria for completing the UFACET assessment and SDM rating system to understand how DCFS safety plan determinations were made for each case.

One supervisor reported successful implementation of HomeWorks with the legal system and stated, "with us the courts have actually been very receptive over our use of HomeWorks and how we are using what we have seen, what we've done with family, what we're focusing on, trying to reinforce with the family." This supervisor described using common language instead of using the HomeWorks language and labels with the legal system. At the opposite end of the spectrum, one interviewee stated, "an issue I have the most is getting our legal partners on board, getting the courts on board and that is where I see the biggest barrier. We are fighting them every single day on the basic philosophy in terms of keeping kids home." The feedback suggested that stakeholders who felt like they had established a good relationship and trust over time with the judge(s) in their area also characterized positive experiences implementing HomeWorks within the court system. Interviewees with divergent perspectives about the impact of HomeWorks on judicial practice shared the views that showing successes, sharing outcome data, and demonstrating competent casework would improve implementation of HomeWorks with the court system.

The consensus expressed by the limited number of interviewees who provided feedback related to the GALs, including two respondents from the GAL program, was that GALs were cautious about keeping children in the family home and unsure about the department's ability to keep children safe at home.

The majority of interviewees did not provide feedback on the impact of the waiver on child safety and well-being. The views that were shared were from court personnel. One interviewee observed that caseworkers might feel pressure based on the HomeWorks model to keep children in the home and due to the team-based decision-making process, caseworkers might not have an avenue for expressing dissenting opinions about a case. One judge stated the emphasis had always been on keeping children in the home, but that the goal was to keep children safe within the circumstances of a case.

In the *second round of interviews* in the Eastern Region, findings explored the ways in which DCFS practice, legal partnerships, and organizational processes had changed since waiver implementation, as well as how HomeWorks had impacted children and families.

There were varying views among interviewees regarding the impact of HomeWorks on casework practice. One area of agreement was a stronger value among caseworkers on keeping families together. Two respondents also noted that this value was accompanied by a commitment to follow through and work with families to make this possible. One legal partner who supported this value observed that sometimes the implicit bias of preventing removals may result in a situation where "sometimes some things are overlooked" that shouldn't be.

Many respondents discussed the value of the UFACET tool and the use of protective factors with families. Reportedly, the UFACET had strengthened the caseworkers' capacity to complete risk and safety assessments and distinguish the difference between these assessments. One caseworker explained how the UFACET scores identified specific areas that needed to be addressed in the child and family

plan. It was explained that the caseworker typically sits down with a family to review the results during a home visit. Then the scores were discussed at the next family team meeting and the team reviewed what needed to happen to change the scores. The use of objective tools also met a need noted by another interviewee: providing clarity with families about expectations and benchmarks. “I think families want to know what I have to do, how I have to do it, at what level I have to do it,” this respondent explained. A third advantage of the UFACET was that the assessment tool helped to individualize a family’s needs rather than using a cookie cutter approach.

Another waiver impact identified by respondents involved the caseworker activities with parents related to building protective factors. One advantage of this framework, as reported by interviewees, was that framing the issues becomes more positive and strength-based. On the other hand, one limitation identified was the limited number of in-home cases due to legal decisions that were made in some offices. However, this respondent also noted that the use of HomeWorks had been very helpful in reunifying families at a faster pace than previously. Another challenge noted by a legal partner was caseworker turnover.

Only one respondent discussed the waiver impact on child protective investigations. The perspective was that HomeWorks was challenging during an investigation because the focus was making sure that the child was safe rather than engaging with families. This individual also recognized that HomeWorks could be incorporated into investigations, but thus far this had not occurred.

Another issue explored in the interviews was the impact of the waiver on family engagement. Respondents agreed that HomeWorks promoted family engagement in two ways. First, the provision of activities that caseworkers can do with families offered the opportunity to interact in ways that were both fun and skill building. “We will never be successful if we cannot help our families grow and develop more,” a respondent expressed. One respondent noted that this approach could be beneficial with families where a child has been removed; if the caseworker did a comprehensive assessment early on and taught the family the skills needed to return the child safely. Second, HomeWorks encouraged “giving families a chance” in ways that were not blaming or stigmatizing.

One legal partner expressed some concerns about the emphasis on family engagement: “It’s really hard to engage parents. I think we need to continue to work on ways that we can motivate families without negotiating away an expectation. There has to be a balance there.” A second concern was that, at times, caseworkers appeared to be following the lead of the parents or a youth regarding critical decisions. For example, an adolescent in care may state that he/she is not interested in adoption. The expressed concern was that the caseworker might accept this decision without offering the opportunity of a clinical intervention with the youth to address their fears and concerns.

The interviews also explored the impact of the waiver on supervisory practice. One supervisor described the use of the UFACET during supervision with CPS caseworkers. This respondent also noted the value of using the protective factors because research has shown that addressing these factors with at-risk families is helpful. Another respondent discussed going out on home visits with caseworkers at least once a month and offering feedback. Finally, a respondent discussed using a tool called Finishing Touches. This document facilitates reviewing a case file to verify that the service plan matches what a family

needs, the permanency goals are appropriate, and that all members are at a family team meeting. After the review, the supervisor meets with the caseworker to offer feedback.

Interviewees expressed mixed opinions about the ways that HomeWorks had affected GAL practice and perspective. One respondent said that the local GAL had a fundamental belief that children were safer in foster care, and that HomeWorks had not changed this belief: "She's not unreasonable. It is just she has a way she thinks about this and thinks kids really are safer in foster care and I don't know how you change that." A GAL interviewee noted that the positive aspect of not removing a child is lessened trauma but also expressed concern that caseworkers do not address safety issues and then these re-occur later. A recommendation by one judge was to use the HomeWorks language in court reports, including specific tasks implemented with each family.

Comments about overall changes in judiciary practices related to the waiver were focused mostly on judges and attorneys, and sometimes on general court processes. One interviewee noted that GALs and AAGs did not always understand the difference between safety factors and risk factors. Another respondent expressed frustration about the deference given to GALs by judges. A recommendation offered by this interviewee was for more oversight and accountability for legal partners.

Finally, a respondent reflecting on the status of judicial partnerships, observed that this partnership had not changed, but that the court had become more willing to give the Division the opportunity to work with families before making the decision to remove a child. Another individual agreed and commented that one reason was that supervisors were working with caseworkers to improve their assessments and case plans, thus building their credibility among judicial partners.

Findings related to removal decisions concerned changes in the way DCFS staff and legal partners approached decisions to remove children since the implementation of the waiver. Judicial interviewees reflected on whether HomeWorks had any impact on their removal decisions. One judge noted doing far fewer removals or terminations of parental rights than in the past but did not attribute these changes to HomeWorks. Thus, the perception was that their experience as a judge was the primary factor affecting changes in their decision-making. Another judge disagreed and felt that HomeWorks had changed decision-making, but also noted the effects of trainings about the benefits of keeping children with their family.

When asked the same question, an AAG responded that HomeWorks had "tweaked" how removal and permanency decisions were made. This respondent reported that she reviews each SDM and UFACET and considers changes in both strengths and weaknesses over time. GAL respondents emphasized their focus on ensuring that all safety and risk issues were identified and asking caseworkers specific questions about what services were in place that would address these issues. One GAL commented about often knowing when a removal was "inevitable" with a particular family: "It just makes me sad that sometimes you have to wait."

There was limited feedback provided in the *second round of interviews* regarding the organizational impacts of the waiver. One specific organizational change occurring in the Eastern Region was the introduction of a mentoring program for supervisors and caseworkers. A former casework supervisor was

selected to do an assessment at each office about both strengths and challenges related to HomeWorks implementation, which would lead to an office-specific plan about both casework practice improvement and, if needed, a wellness plan for caseworkers.

The evaluation also explored whether the characteristics of families had changed since the waiver. A few respondents did not believe that client characteristics had changed. Most interviewees, however, described ways in which cases had become more serious over time. They observed more co-morbidity of mental health, substance abuse and domestic violence, and more parents with a history of abuse. One respondent attributed this change to the creation of a centralized intake process where the threshold of which cases to accept is higher. The higher threshold had reportedly created challenges. First, the belief of respondents was that it was "too late" to effectively intervene with some families. A second challenge was that HomeWorks needed to adapt and develop the skill sets to work effectively with these families in the home. A third challenge, mentioned by several interviewees, was the overall lack of resources, especially services for parents with substance use issues.

Discussion of services led to a wide array of suggestions for how to improve the service array and timeframe in which services could be put in place. First, there was agreement among respondents that the waiver had not led to service innovations beyond peer parenting or to increases in the availability of core services such as mental health counseling. According to one respondent, more than half of the service providers in the region have had funding cuts. One interviewee noted that a system of care initiative in the region had initiated new programs that were helpful, such as skill classes for youth who were suspended from school, and in-home parenting classes. The initiative also had multiagency staffings once a month that included community organizations.

The final waiver impact explored was the impact on children and families. Child welfare respondents were optimistic and positive in their views about HomeWorks. Changes noted included better family assessments, faster reunifications due to the focus on protective factors, the use of family team meetings, and reduced likelihood that families would return to the child welfare system.

The views of judicial system partners were more mixed about the impact of the waiver on children and families. Two respondents expressed concerns about the use of voluntary services with parents with serious substance issues. Confounding issues reportedly were an inadequate drug testing system with lags in getting results, and the lack of caseworker training on addictions. Another challenge reported in the waiver environment was not finalizing permanency, especially with older youth. Judicial partners also identified strengths related to the waiver, noting that the emphasis on keeping families together had resulted in fewer removals and higher reunification rates in the region.

Western Region Results

Implementation of HomeWorks in the Western Region began December 1, 2015, the last region to begin the program. The first round of interviews was conducted between November to December 2016, reflecting the perspectives of 22 stakeholders about one year into implementation. The second round of interviews took place in May 2018 and included 13 individuals at multiple levels of engagement and responsibility. Stakeholders from within the Division of Child and Family Services (DCFS) spanned the workforce, including DCFS leadership and Child Welfare Administrators at the regional level, program managers, casework supervisors, CPS caseworkers, and child welfare caseworkers. Stakeholders outside of DCFS included judges, Guardians ad Litem, Attorneys General, and Peer Parent program representatives. Respondents had been in the field for a range of 5 months to 23 years, including seven individuals with ten or more years of child welfare experience. Identified roles specific to Utah's IV-E waiver or HomeWorks implementation varied considerably according to the various positions that stakeholders held.

During the *first round of interviews*, regional leadership described their role with implementation primarily at the macro level. A leadership decision was made that HomeWorks would become the culture for the region: "That we believe in keeping kids at home, we believe in serving them while they are home, as long as we can do it in a way that they are safe." Related to this vision, all staff in the region participated in any trainings related to HomeWorks and in the Brown Bag sessions. Specific tasks mentioned were checking in with child welfare administrators and supervisors on implementation status, teaching how to use the tools (e.g., genogram is a way of understanding social connections and supports), and promotion of HomeWorks both within DCFS and in the community. One example was encouraging all members of the administrative team to explain HomeWorks to community partners, and to any committees or community Boards. Efforts were made to explain the message through pamphlets, websites, and brief community presentations. Internally DCFS placed a strong emphasis on understanding the importance of parental skill development related to the protective factors, stressing the belief that building these skills would prevent future abuse.

Child welfare administrators (CWAs) at the regional level saw their role with HomeWorks as being responsible for leading implementation efforts within the region. Tasks described included working with supervisors to implement HomeWorks at the practice level, reviewing case record documentation to ensure that HomeWorks language was present, and the provision of coaching for supervisors and caseworkers.

Supervisors clearly saw themselves as directly responsible for successful implementation at the practice level. "I think the place where I fully utilize it [HomeWorks] the most is when we go and look at the service plans, and child and family team meetings, and make sure that the information is starting to get on the plans, starting to get in the team meeting minutes, to where I can actually say: Yeah, we're utilizing it." Another supervisor noted still being in a "learning" phase with HomeWorks. One supervisor commented that HomeWorks offered credibility and a professional role for caseworkers.

Caseworkers and child protective investigators focused on their roles in utilizing the HomeWorks framework with families. Caseworkers discussed the various ways that HomeWorks was implemented with families: use of the UFACET during the assessment phase, teaching parents about the protective

factors and skill building related to the protective factors through the tools, and helping families' access resources such as food stamps or Medicaid. One caseworker expressed some skepticism about the implementation of HomeWorks, and the belief that HomeWorks was 'useless" with some families but that with others, "It completely will work." Child protection staff viewed HomeWorks as primarily useful for in-home or foster family cases. They reported that their HomeWorks focus was on helping families to identify their protective factors: which factors were missing within a specific family and what help was needed in that area, which factors were present, and how to bolster the related skills.

Stakeholders external to DCFS perceived their role with HomeWorks as more indirect. A juvenile court judge perceived his/her role as a "gatekeeper" whose duty it was to balance the interests of the child, the family, and the state. "I literally sit higher than everybody else… so I have this view, and I have to balance everyone's interests." Another role for the judiciary was described as "getting people off center," and was said to occur in times of conflict regarding a case when both parties were polarized. Thus, stakeholders in the court system did not necessarily identify a direct role with the implementation or support of HomeWorks.

Similar identification of roles was seen in the *second round of interviews*. Caseworkers reported using HomeWorks most frequently in their work with families, helping them with financial resources, concrete and social supports, and parent education. Those in supervisory roles were more likely to talk about ways they ensured HomeWorks was a part of everyday practice among caseworkers, such as helping caseworkers to identify protective factors, utilize tools like the UFACET, and find appropriate resources. The types of cases DCFS respondents reported working with were relatively evenly split between Permanency and Child Protective Services (CPS).

Leadership

The Western Region participants from the *first round of interviews* were generally very positive about the involvement of both state and regional leadership in the implementation of HomeWorks, and there was consensus that all necessary leaders had been involved. The perception was that the state level implementation team was heavily engaged, including being physically present often during the region's rollout of HomeWorks. "They're super flexible and willing to come down and really do whatever we need them to do, whether it's another training or staff cases or go out with caseworkers on home visits, or child and family team meetings," one respondent expressed. Participants at all levels, including caseworkers and child protective investigators, shared the perception that state leaders have had an active investment in HomeWorks implementation. One supervisor noted, "I think this is the best rollout they probably have done for a program." Another facilitator of implementation was that Western Region staff had heard about HomeWorks through reports and presentations from other regions and were very eager to "get going and see what you're talking about."

There was strong agreement also that regional leadership was heavily invested in the success of HomeWorks implementation. Participants identified several regional-level implementation strategies including a strong focus on HomeWorks by supervisors in team meetings and individual supervision, willingness to purchase items that helped with implementation, publicly acknowledging and rewarding caseworkers for successes ("winning the Oscar"), and a child welfare administrator who went with a caseworker to observe their administration of the UFACET. Several participants noted a strong focus on

implementation at the practice level from leadership: “What are we doing that’s working? What’s not working? What can I help with? What do you need to be able to do this?”

Participants also identified some potential implementation barriers. First, there was an acknowledgement that active leadership involvement needed to continue, given the early stage of implementation in the region. As one respondent explained, “They just can’t let it drop now. If you drop it now, in a year it will be gone.” Another participant noted that initially, the message was top down: “All we were told was, the state office is coming down and we are going to do it. There’s no ifs, ands, or buts about it, just you’re going to do it.” However, when the region identified some areas that were not working during early implementation, the regional leadership took a stand that some revisions were necessary and made those refinements.

Another area of inquiry was shared accountability among leaders for the expected outcomes of HomeWorks. Several themes emerged regarding this topic. One perception was that leaders at the state and regional level shared accountability equally. “It kind of goes through a chain of command and I feel like everybody is involved in that process,” one respondent reported. Another interviewee stated, “At least in our region, we’re in this together. From the top to the bottom. We’re in it to support each other, to help each other, to encourage each other.” There also was discussion about how the shared accountability had been instilled: the strong and direct involvement of the regional administrator in implementation, making the HomeWorks training mandatory for all regional staff, ongoing conversations with supervisors and staff about the status of implementation, an emphasis on using HomeWorks language such as the protective factors, and rewards for staff that demonstrate understanding of HomeWorks.

Another theme, however, was that it was not possible to assess levels of accountability because there were no benchmarks or “measures of success” for HomeWorks. As one interviewee noted, success thus far was more anecdotal, and that the goal was to help caseworkers know how to use the UFACET and learn about the protective factors. Another participant noted that initially, the hope was that children currently in foster care could be returned to their families, but more recently, there had not been much focus on this outcome. An interviewee with a different perspective, on the other hand, described the region’s efforts to reduce the out-of-home cases in terms of numbers; the maximum was 735 children in out-of-home care. With a concerted effort, the number was reduced to 595 but then bottomed out and crept back up to between 640 and 650, the current level. Several factors in addition to HomeWorks were noted regarding these rates: the hiring freeze, staff leaving, new caseworkers, population growth and poverty.

Participants also noted some challenges when they were discussing shared accountability. One potential barrier was that the judicial system partners might not be fully knowledgeable about HomeWorks. Another observation was that there could be many reasons why HomeWorks fails, and it may or may not be connected to how the model was implemented at the practice level. One participant presented the following scenario as an example:

> So if I were in a region that wasn’t working it, like I see us working it… because I have seen the roller coaster before and [the attitude that] if I wait it out long enough, it will all go away. That would be one thing, as opposed [to], we tried it and we tried it the way it was designed and we worked our hardest at it and we still didn’t get the results. That would be a very different thing.

Several other participants commented that if HomeWorks failed, the blame would fall on caseworkers and their supervisors, although there was agreement that everyone should share accountability for failure. Despite the noted challenges, the overall perception of participants was that accountability for HomeWorks was shared: "So they [leadership] are modeling by the way they rolled it out to us, so we roll it out to our supervisors by doing how they modeled it to us, and they model to their caseworkers that this is the program… and the accountability part follows that all the way through."

Overall, there was relatively little discussion of leadership involvement during the *second round of interviews*, but those who did provide feedback said that leaders were very engaged with staff at all levels throughout the rollout of HomeWorks and that the state office, regional administrators, and supervisors were very effective in highlighting the strengths of the program throughout the implementation. Several respondents emphasized that this was the best program rollout they have seen during their time at DCFS.

Vision and Values

The *first round of interviews* garnered substantial feedback on what respondents would like to see HomeWorks accomplish, their perspective on the overall rationale and goals for HomeWorks, and the extent to which shared values, vision, and mission for HomeWorks exists across DCFS and child welfare system partners.

Concerning personal vision for HomeWorks, several themes emerged across stakeholder responses. These included a desire to see fewer children removed from their homes and placed into out-of-home foster care, greater availability of and accessibility to community resources to allow families to address their needs while keeping the family safely intact and increasing the consistency and professionalism of casework practice across the state.

The intention to have HomeWorks result in a decrease in the number of children in foster care was based on research and belief by stakeholders that removal from home was a traumatic event, being in foster care had a negative impact on child outcomes, and parents could learn and build parenting skills more effectively when children were in the home. In addition, it was expressed that using HomeWorks could help reduce trauma when removal was necessary to keep a child safe. While there was consensus among respondents concerning the vision to reduce placement into foster care, child safety and well-being were emphasized as priorities. As stated by one judge,

> I think for the most part that children are best served in the home. Removal to foster care is very painful and very disruptive. My only concern about an increased emphasis on in home services would be a policy or maybe even political inclination to keep kids in the home longer than they should be, when there is too much risk…So I think that we need to keep the safety and well-being of children and families in the forefront, and any other agendas, whether it's a legislative agenda, or other political type agenda, those need to be set aside in favor of what's good for the children and the families. The children are the most vulnerable ones, and we have to be able to protect them.

Additional personal visions for HomeWorks related to child permanency outcomes included reduced reentry into foster care, reduced recidivism of child welfare involvement, and reduced length of stay in care. One stakeholder shared a desire to have more emphasis on returning children home as soon as the initial safety concerns were addressed and using the tools of HomeWorks to determine when the safety risk indicates a return home. As this stakeholder described,

> What I'd like to see is… we've addressed the main safety concerns, we're not done, but the issues that made us have to remove are resolved, so let's put the kids back now, and it's only been three months, or five months, or six months, but our UFACET and our safety assessments, our SDM, it's all looking better right now. That's when it will be like, "Okay, you're really using HomeWorks now," because you're identifying safety risks, and you're assessing whether there is enough to take them out of the home, and you're assessing when they're good enough to put them back, and you're not just going on these timeframes of, "Well, typically it takes nine months, or twelve."

Another respondent stated that they would like to see the risk assessment used to determine the need for supervised parental visits when a child was removed. This person believed that supervised visitation should not be the default practice, but the decision for supervised or unsupervised visitation should only be based on safety factors.

Related to the use of the tools of HomeWorks, one stakeholder emphasized their vision that caseworkers and the courts would rely on the UFACET as the primary means to assess parental capacity. The expectation was that the use of standardized tools would lead to caseworkers being viewed and respected as child welfare experts making interpretations and recommendations to the Court based on the assessment and their knowledge of the family.

In addition, it was hoped that using the evidence-based tools of HomeWorks, such as the UFACET, would build and strengthen caseworker relationships with parents by leading to greater understanding of family strengths and needs. Also related to caseworker practice, stakeholders expressed the vision that implementation of HomeWorks would lead to more consistent and uniform policy and practice across the state that would benefit children and families receiving services. The stated expectation was that HomeWorks would become standard practice, infused in all aspects of casework and legal process. To accomplish this level of practice, one respondent emphasized the need for continued support of caseworkers who are the ones in the position to provide immediate assistance with families.

Consistent with the stated personal visions for HomeWorks, respondents perceived the overall rationale and goal for HomeWorks to be focused on safely reducing the number of children who enter foster care by increasing funding for and strengthening in-home services and supports. One respondent pointed out the potential for saving money in the long term by investing in in-home services and reducing utilization of foster care. Reducing length of stay, reducing the length of time a case was open, increasing the rate of reunification when out-of-home placement was necessary, and preventing recurrence of abuse and neglect were noted as additional HomeWorks goals related to child outcomes.

Next, interviewees discussed the extent to which there was a shared vision and set of values around waiver implementation. Many stakeholders pointed to the shared value of reducing trauma experienced by children involved in child welfare. Respondents shared the belief that working with families in the home was a more effective way of improving the home environment. As stated by one interviewee, "at HomeWorks, it's in the title." The goals of strengthening in-home services and making sure families have the resources and connections they need to succeed as a family were seen as essential to accomplishing improvement in child permanency and safety outcomes. Respondents emphasized that in-home services could be improved by teaching concrete strategies based on the protective factors that would increase the skills of not only parents and caseworkers, but also children and community providers. In addition, increasing community awareness of resources available to families was seen as crucial to preventing the need for DCFS involvement. As described by one stakeholder, a secondary goal of reducing the number of children in foster care and improving services was improving the community's perception of DCFS.

Bringing social work "back into" case management practice was seen as an important value of implementing HomeWorks, instead of the caseworker just being a "broker of services" and monitor of case plan compliance. As one respondent described HomeWorks, "it feels a little more friendly." To summarize the overall rationale and goal of HomeWorks, one stakeholder stated,

> I'd say the vision and goal is to help families get to a point where they don't need DCFS involvement anymore, helping them identify their own strengths, and then helping them improve upon the areas where they may be lacking in so that it can be a safe and healthy environment for their kids… so that the family can be together in a safe environment.

While most respondents in the Western Region shared that HomeWorks was well integrated within the Department, they emphasized that system wide implementation with external stakeholders was still in the early phase. Stakeholders indicated that partners such as juvenile justice, residential treatment providers, and judges were still learning about the specific strategies that made up the HomeWorks model. Concerning shared values, it was expressed that even if partners did not yet fully understand the details of HomeWorks, they agreed with the vision and value of decreasing the number of children in foster care.

One area identified as in need of improvement was training and integration of CPS caseworkers into the HomeWorks model. It was noted that the role of CPS in implementing HomeWorks, and the way CPS caseworkers should use the HomeWorks strategies in their daily casework had not yet been clearly defined. In addition, it was stated that continued education and training about HomeWorks with external partners would help to increase the level of shared understanding of HomeWorks.

Stakeholders credited systematic statewide implementation that allowed some flexibility and consistent region-based training as essential factors to developing shared vision and values among stakeholders. Furthermore, one stakeholder appreciated that DCFS emphasized not just what was being implemented, but why it was being implemented and the research that supports the goal of safely keeping children with their families.

Respondents from the *second round of interviews* also contributed feedback on waiver goals and rationale. All stakeholders described their understanding of the waiver goals in very similar ways. The

most frequently discussed goal was that of keeping children safely in the home and increasing parents' capacities to care for them. Some participants looked at funding to arrive at that goal, in that diverting federal funding from out-of-home placement services and into in-home services would avoid having so many children come into state custody. Others pointed to stronger family engagement, enhanced protective factors, and increased supports as avenues through which the waiver goals would be realized. Finally, some respondents emphasized a preventative viewpoint, suggesting that working more with families at the beginning of their interactions with DCFS would hopefully lessen instances of crisis, thereby lowering trauma caused by intensive dysfunction and removal.

Some participants discussed specific outcomes they would like to see as a result of the waiver, or their personal vision. One caseworker hoped that continued implementation of HomeWorks would reduce the "red tape" and slow response processes that interfered with getting families what they needed in a timely manner. Another respondent echoed this wish, envisioning a DCFS that was "on the same page" with families from the beginning, and better able to meet their needs more immediately. One respondent also spoke of the desire to see a reduction in families that were repeatedly involved with DCFS.

As with the first round of interviews, there was significant discussion of shared vision and values among the respondents from the *second round of interviews*. Most interviewees from this group agreed that a shared vision existed widely among DCFS employees and partners. Respondents described the vision as keeping more children safely in their homes by providing increased support to families. Achieving permanency, decreasing general DCFS and court involvement, and a change in mindset from "looking down your nose at [families]" to finding their strengths were also seen as part of a shared vision. Although some respondents pointed to individuals who were still somewhat resistant to the idea of HomeWorks, this seemed to be much less an issue in than in past round of interviews. Several respondents attributed the widespread shared vision to two factors: 1) many of the veteran caseworkers who were opposed to change left the Division or eventually came around to the idea of HomeWorks, and 2) an influx of newer caseworkers meant that much of the frontline workforce only knew HomeWorks, and thus, it was not a change in vision but the only one with which they were familiar. When resistance was observed, it was often related to uncertainty about whether caseworkers could uphold the expectations of the program, particularly with regard to how much time it takes to implement the program effectively. One respondent described this as the main outstanding barrier to ensuring everyone was on board:

> I think if caseloads were lower I don't think they'd have a problem doing it at all… So if we can get those to a manageable level I don't think we'll have anybody complaining because it's really what we went to school for, I feel like, is teaching them and helping them learn these skills so they can be better parents and in society, really.

One interviewee pointed out that another reason staff may be hesitant about going along with a shared vision was that they were unsure about whether it was making reductions in removals. There were also some suggestions that for many caseworkers, there has not been a change in vision as much as a change in framework and language. Many respondents said they or their colleagues were already approaching their work with the ideas behind HomeWorks in mind, but now they had more of an explicit structure around those ideas.

Some partners outside of DCFS shared disparate views on whether everyone was rallying around a shared vision. Many legal partners expressed comfort with the idea of keeping children in the home when possible, with the caveat that safety must be carefully considered for each case. From interviews with both DCFS employees and legal partners, there seemed to be more agreement than in past reports around how both entities viewed fundamental approaches to child safety and wellbeing. Furthermore, GALs and AAGs were described as "conversant with HomeWorks," and several respondents indicated that judges were asking to see HomeWorks language in court reports and case plans. There was a sense from the interviews that, where tensions previously existed between legal partners and DCFS staff, there was now more of a unified approach to cases based on a common vision. However, a respondent from a community provider agency was less sure about such harmony, suggesting, for instance, that law enforcement was pessimistic about perceived poor outcomes. This respondent also saw DCFS caseworkers as overly narrow in their understanding of the vision for HomeWorks, in that they were sometimes unable to divert from the goal of keeping children with families, even when it puts children at risk.

Environment

During the *first round of interviews*, responses for the Western Region explored aspects of both the DCFS organizational environment and the broader community environment that impacted the implementation of HomeWorks. Regarding the organizational environment, most respondents expressed that DCFS had provided a very supportive work environment at the regional and local levels. The predominant perception was that the regional administration, local management, and supervisors were largely on board and had been encouraging the use of HomeWorks among front-line staff. Caseworkers reported that they discussed HomeWorks during staff meetings, that their supervisors were generally supportive of the practice, and that there was an open environment where staff could express concerns and talk to the administration about the challenges they encountered in the field. One individual described the focus as "making it [HomeWorks] a part of the culture." This interviewee noted that a great deal of attention had been placed on incorporating HomeWorks language into case notes and court reports, and on ensuring that home visits were purposeful and structured according to the HomeWorks model.

In describing the approach at the local level, one supervisor emphasized that the agency had taken care not to be punitive with caseworkers who were struggling with the practice change. "I don't think we get super pushy with it, we just keep talking. We keep moving," this respondent explained. "We don't get punitive in this, in what we're doing. Because some of them are good workers, they've been around for a lot of years, [so we] just work with them." Another interviewee noted that the State Office placed a strong focus on recognizing and rewarding the good work that was occurring, for example, by collecting success stories from local offices and providing incentives to caseworkers who were utilizing HomeWorks effectively. Caseworkers additionally described the use of peer learning as an important facilitator, noting that they often helped each other with cases and asked each other questions if there were aspects of HomeWorks that they did not understand or were having trouble implementing. Thus, there were a number of strategies that were used to create a positive organizational climate that supported and promoted the desired practice change.

It was also noted that the local administration had been effective in recognizing the ways in which HomeWorks aligned with what they were already doing as an agency. Thus, it was viewed by some not so much as a change in practice but rather as "re-packaging" the existing practice within the HomeWorks language and framework. For example, an interviewee at the administrative level explained that a belief in having transparency with families was a part of local practice long before HomeWorks arrived, and thus they were able to connect the HomeWorks model to pre-existing organizational values about how to work with families.

Interviewees generally perceived support and buy-in among front-line staff to be largely in place, although there was recognition that not all staff were on board. As was observed in other regions, it was reported that the newer caseworkers were more open to HomeWorks, while some of the older caseworkers were more resistant, viewing it as temporary and "another fad." One interviewee noted that the high turnover experienced by the region had been helpful in this regard, as many caseworkers had only ever known HomeWorks. Another respondent discussed the current status of front-line support for HomeWorks in terms of early adopters versus late adopters, thus acknowledging that some caseworkers take longer to accept change. It was expressed that, although not all staff had bought-in, people were gradually coming around to it as they began to realize that HomeWorks was not going away. A respondent at the administrative level, for example, expressed the perception that there seemed to be agency-wide recognition that HomeWorks was best practice and the way DCFS did business now. This individual further stated that there was a visible shift in the mindset of the majority of CPS caseworkers, from being more investigative and "cop-like" in their attitude (e.g., focused on trying to gather evidence against families) towards greater support for the use of in-home services and trying to strengthen families. Caseworkers who participated in the interviews were generally supportive of the practice and indicated that most of their co-workers were on board.

While the organizational environment was largely characterized as supportive, several interviewees did note challenges in terms of the expectations that were placed on front-line staff. A number of respondents emphasized that although staff were not opposed to the HomeWorks concepts per se, the workload was a significant barrier to being able to actually implement the concepts in practice. Thus, some of the resistance that was encountered might reflect the fact that caseworkers simply do not have enough time to spend on each case in order to implement the HomeWorks model properly. Furthermore, a respondent at the administrative level expressed concern that the upper administration (e.g. the State Office) did not sufficiently acknowledge the way that lack of resources affected outcomes. The result was that an unfair burden was placed on caseworkers to achieve positive outcomes without being provided adequate resources. Thus, these findings suggest that in addition to supporting and rewarding practice change, the organizational environment also needed to be one in which leadership acknowledged the limitations faced by staff and provided support in addressing those barriers.

Regarding the broader community environment, respondents reported that many community partners were aware of the goals of HomeWorks and had bought-in to the vision. In particular, mental health providers, judges, Guardians ad Litem, and Attorneys General were identified as largely supportive of HomeWorks, and those stakeholders who participated in interviews expressed their support for the program. It appeared that initial concerns among stakeholders that children might be left in homes that were not safe had been resolved, and interviewees voiced their confidence in DCFS to respond

appropriately to arising safety concerns. Administrative-level respondents reported that the State Office did a lot of work to educate community partners and bring them on board, particularly among out-of-home care providers, who viewed HomeWorks as eliminating the need for their services. A number of respondents at the front-line level, on the other hand, expressed less certainty about the extent to which community partners had been educated and had little knowledge about DCFS communication with external agencies to promote HomeWorks. Some felt that partners might need more training. Judges and guardians ad litem reported that they did receive some initial training and informational materials when HomeWorks implementation began in the region. In addition, a few respondents noted that various community events and meetings were used as opportunities to communicate and provide presentations about HomeWorks.

Although not all respondents were aware of strategies being used to promote communication and collaboration specific to HomeWorks, many reported that collaboration among community partners in general was very good. “We value collaboration in this region,” one interviewee affirmed. Another respondent similarly described collaboration as a strength, stating that, “We work so very well together to support each other in our individual efforts but [also] in the bigger effort which is [to] save the children.” Collaborative meetings with community partners were convened on a regular basis. For example, one such meeting that was described brought together the various partners involved with the juvenile court to discuss barriers and identify solutions. Furthermore, it was reported that at the case-level, collaboration was promoted through family team meetings, which brought together the family and various providers to identify services and resources to meet the family’s needs. Several respondents identified that these meetings as well as other case-specific communications that the caseworker had with providers offered another opportunity for caseworkers to educate and promote HomeWorks with community partners.

While many community partners were perceived to be on board with HomeWorks, it was reported that not all partners were there yet. As one respondent described, some individuals still had “their own opinions,” and thus interviewees emphasized the importance of education so that community partners understood why DCFS was taking this approach. Some respondents perceived that these partners would come around and begin to accept HomeWorks once they saw the positive results. Two community partners in particular who were identified as not being fully on board yet were the school districts and law enforcement. A couple respondents, furthermore, perceived that the general public had not necessarily bought into the idea of in-home services and did not understand the harm caused to children by the removal process. “I feel community… still [has] the mindset of, you know, remove those kids now even if it's a small concern. And then figure it out later,” one respondent expressed.

Negative public perceptions of DCFS were seen as a potential barrier, particularly with regard to garnering political support. Several respondents indicated that political support for HomeWorks was lacking, despite efforts to educate the legislature about the philosophy. One interviewee explained that the legislature did not understand DCFS practice and was easily influenced by isolated incidents that received media attention. Since the legislature controlled funding, the lack of buy-in at this level fueled ongoing funding problems, resulting in HomeWorks being underfunded. In contrast, however, another interviewee believed that HomeWorks would help to improve the public image of DCFS as the community at large became more aware of agency efforts to help struggling families rather than tear families apart.

Another aspect of the environment discussed in the interviews from round one was the availability of community services and resources. A number of respondents identified insufficient resources as a barrier to HomeWorks implementation. One supervisor, for example, described the challenge as follows:

> They want us to do all these visits, they want us to do all these things to keep the children in-home and safe, but we have no way to follow through with that. We have no community services that we can use up front, we have no community partners that we partner with, to try and keep these kids safe in their homes. And they also don't want the workers to have overtime. So you're requiring a lot of the workers without the wraparound services that we were told we would have, and then you're also limiting our time of what we can do.

In addition to some services not being in place at all, it was reported that existing service providers often had waitlists. The need for more substance abuse services, in particular, was articulated by respondents. One individual expressed that there was a need to be "creative" in getting services to families, as the following narrative illustrates:

> I had a case where she was just failing, wasn't doing anything, well actually… I had to get her drug charges to get her into drug court 'cause that was the best available services. So I just kind of worked with the cops and just told them to like, keep an eye out on her and you can catch her with drugs at almost any time, so they ended up catching her and she got into drug court and that's what kind of helped her out. So we have to, that's what I mean when we say, we have to get creative.

As this narrative suggests, lack of resources could result in the utilization of less-than-ideal solutions when caseworkers were faced with limited options to help families access needed services. A couple respondents, on the other hand, perceived that HomeWorks had been effective in increasing resources that were available to families. In particular, Peer Parenting and Strengthening Families were two programs identified as having become more prevalent since the implementation of HomeWorks. Thus, responses suggested that although resources overall continued to be inadequate, some resources had increased through the waiver.

A few respondents at the front-line level also spoke to issues related to the physical environment, highlighting some of the unique challenges of providing child welfare services in a rural area. One caseworker expressed that there was a lot of travel involved, given that the Western Region was extremely rural and some caseworkers covered multiple counties. Thus, a significant amount of caseworker time and money was spent simply traveling out to visit families, a fact that this respondent felt was not really acknowledged or understood at the state level. Another caseworker noted that maintaining confidentiality could be challenging in small towns when everyone in the community knows one another and tend to be aware of what goes on. Finally, it was reported that there was a lack of local foster homes, often requiring the agency to place children outside their county when removal was necessary. This reality, it was perceived, lent further support to the concept of in-home services, since keeping children in-home was seen as a better option when possible compared to removing them from the community. At the same time, limited resources in rural communities made it difficult to ensure the safety of children kept in-home.

During the *second round of interviews*, there was a common thread with regard to staff support and morale that HomeWorks provided a sense of encouragement and enthusiasm about doing social work in a way that felt more authentic than what employees had experienced in past years, and that new employees were happy to be a part of. Many respondents described themselves or their staff as "on board" with HomeWorks concepts and practice, especially with using protective factors to help families. However, many respondents discussed the impact that high caseloads had on caseworkers' morale and on their ability to successfully carry out their responsibilities. Some respondents viewed case practice under HomeWorks as substantially more work. Although many reported being energized by the new focus on family interactions and better serving families up front, they also felt that the caseload size was often unrealistic, especially given the requirements to spend more time with families. This tension between perceived expectation and reality was a source of frustration or worry for several respondents. Additionally, there was discussion of DCFS not valuing or compensating the work of a community provider enough, and it was expressed that DCFS could do a better job of acknowledging how challenging frontline work was and showing appreciation in more meaningful ways.

Responses about whether there was sufficient community support for HomeWorks were mixed. Many respondents said that the community in general, and especially those in the "helping professions," were on board with the vision of HomeWorks but might not have been aware of specific efforts in place. One respondent reported sharing information and gauging community interest through community partner meetings. An example provided was a "family justice night," where community partners and the public could come to learn about various services in an effort to be more engaged in community resources. However, one stakeholder felt that there was not enough awareness among community partners of the overall vision of HomeWorks and that DCFS should be more proactive in communicating the benefits of the program to the broader community. Another stakeholder suggested that the general public was typically indifferent to DCFS, in that they felt that if they were not directly involved in services, then there was no benefit to them. One respondent spoke of drug treatment programs being very supportive of HomeWorks, while another suggested that schools and law enforcement lacked understanding of the challenges and effects of removal and wanted to see DCFS remove children more frequently. Finally, several interviewees, both within DCFS and outside of the Division, shared the perspective that the judiciary and legal partners viewed HomeWorks as beneficial not only to families served by DCFS but to child welfare practice in general. One respondent added a caveat that judges and attorneys did not always seem to "trust the process," but that doing so would ultimately lead to greater family independence.

Several respondents expressed dismay at the lack of understanding by policy makers of what it took to fully support an initiative like HomeWorks. Legislators' desires to see particular outcomes were seen as "divorced" from a realistic understanding of the resources needed to do so, or as one stakeholder put it, "I think legislators… they want a Mercedes Benz when it comes to [outcomes of] the kids and all that, but they're only willing to fund it at a Yugo level." Another respondent expressed the perspective that the state would have to pay regardless of whether or not there was funding for prevention work, explaining that if DCFS did not have adequate funding to carry out intensive services at the front end with families, then more children would end up in custody, which the state would have to financially support. Thus, the respondent concluded that it was better to provide the funding up front.

Interviews also examined communication and collaboration processes between DCFS and community partners, specifically with regard to waiver implementation. The feedback in this area was largely focused on interactions between the judiciary and DCFS. One theme that stood out from this second round of interviews was the strong sense of collaboration and mutual respect between DCFS the judiciary. One DCFS employee described the close relationship and open conversations one office had with legal partners, a phenomenon that did not seem to be norm for other regions. Similarly, a legal stakeholder discussed the ease with which HomeWorks processes could occur when both parties were working towards a common goal:

> I really appreciate the effort that's been put into this program. Whenever I see a case where HomeWorks might be beneficial, you know, and I've sent a request out saying, "Hey, can someone come to our next hearing?" People show up - two or three sometimes - representatives from HomeWorks will show up and say, "Hey, yeah, here's what we can do and here's a suggestion. And if you can enter this order, then we can do that." And, you know, just the problem-solving spirit, the community mindedness of this program, I'm just really impressed with it and really grateful for the HomeWorks program. I'm really grateful for DCFS as a whole and what they're willing to do.

Even when respondents noted that judges varied in their decision-making tendencies regarding risk, they also pointed out that DCFS and the judiciary were able to have meaningful conversations around those differences in points of view. The lack of understanding by the judiciary that may have existed at the beginning of the implementation had improved, according to a DCFS respondent. Likewise, an external partner viewed DCFS communications with the Office of the Attorney General and juvenile courts as strong, adding that child welfare caseworkers seemed to be well-trained for their jobs.

Some respondents pointed out ways that communication processes could be stronger. For instance, one respondent felt that communication with some partners, like mental health providers, was strong, but there were challenges with others, such as substance abuse providers. This was seen as especially problematic because substance abuse was one of the most challenging aspects of working with families and making decisions about keeping children in the home, according to several interviewees. Additionally, there was discussion of legal partners needing to see transparency from caseworkers about what was happening in the homes. This sentiment reflected the broader tension that has existed between legal partners and caseworkers throughout the HomeWorks implementation across all regions and highlights the importance of having open communication and trust for all parties to feel confident in their roles. Overall, communications between DCFS and external partners were described as effective and improved; however, there still seemed to be some areas of concern that warranted further cultivation.

There was wide agreement among the stakeholders that fundamental services and resources were inadequate for addressing families' needs within the HomeWorks framework of providing intensive services to families in a timely manner. The most frequently reported gaps in services were with mental health and substance abuse treatment for both parents and children. Substance abuse treatment services were described as generally lacking, especially in rural areas. For mental health services, stakeholders said that the long wait times sometimes put children in a risky situation because of attempts to keep children in the home while parents waited months to start mental health treatment. Furthermore, in-patient

mental health services that were financially accessible or accepted Medicaid were said to be lacking. One stakeholder pointed out that in the Western Region, DCFS only funded family therapy, and not individual child therapy for children under a certain age, which was problematic when it was only the child that needed mental health therapy. Additionally, one stakeholder discussed the challenges with finding adequate housing, stating that there were many instances in which stable housing was the only factor preventing a family from having their children returned, but waitlists could be up to a year. Factors such as criminal histories and an insufficient number of housing voucher's on DCFS's part also contributed to problems accessing housing.

Stakeholder Involvement

Responses from the *first round of interviews* explored the ways in which staff, external stakeholders (e.g. GALs, attorneys, judges, and other community partners), and parent and youth representatives have been engaged in the planning, decision-making, and implementation of HomeWorks. Interviewees expressed varying perceptions with regard to the involvement of staff in the implementation process. Several respondents emphasized that there had been a strong focus from the State Office on incorporating staff input and feedback. These respondents reported that front-line staff had been given numerous opportunities to provide feedback on the implementation process, including email requests for feedback from the State Office and opportunities to participate in focus groups. According to one interviewee, "Before this all kicked off, and as we were getting ready to, this was years ago, committees were formed... There was one for caseworkers, there was a caseworker focus group, you know. So, as far as getting staff input and things like that, it was, from the very beginning, a focus."

Respondents also described staff involvement in developing tools, activities, and resources for HomeWorks. As one caseworker explained, "They give us opportunities to come up with ideas and different services to help families out… like 'hey, send us your ideas for a video to help out with a certain situation,' and then there were rewards and stuff like that to come up with a good idea or a new way to help out with HomeWorks." An administrative level respondent, furthermore, expressed that, "Where I see supervisors and workers being the most involved is actually adding to the library of tools and things that they have to use… I think that's one of the things that does help pull the slower adaptors along." Additionally, a couple respondents described opportunities to participate in committees or workgroups related to HomeWorks planning and development.

On the other hand, a number of respondents reported that, to the best of their knowledge, staff had limited or no involvement in HomeWorks planning or decision-making processes. Several of these individuals indicated that they were unaware of any opportunities for involvement, other than the expectations placed on them to implement HomeWorks into practice. "No, we didn't have anything to do with it other than show up for the trainings," one caseworker stated. Another caseworker explained, "I don't know that anyone here in particular was involved in the planning of it. In the implementation of it, we would all be involved." Some respondents did acknowledge, however, that it was possible that other staff had been involved in ways they did not know about.

A few individuals, however, very explicitly expressed the perspective that the State Office did not solicit staff input, and felt that the administration had not been very responsive to concerns expressed at the local level. One respondent, for example, described her perception of the State Office's indifference with

regard to the impact that the state's hiring freeze had on implementation efforts: "It's probably with the hiring freeze that we had… that would be two years ago. Don't know that I was all that pleased with the response I got, that I felt we got from state administration. Which was, 'well, gee, we realize it's tough but, you know, oh well, buck up and do it anyway.'" Another respondent characterized DCFS as taking a "top-down" approach to HomeWorks implementation. In the words of this individual, "So the state office said, 'you're doing it no matter what'… It was just, 'you're going to do this, and that's what's going to happen.'" A similar sentiment was expressed by another respondent, who stated, "I feel like we don't really get to give a lot of input on HomeWorks. It's just kind of like, 'this is what we're doing now; now do it.'" Thus, there was a wide spectrum of perceptions among respondents with regard to the extent of staff involvement in the planning and implementation process.

Respondents within DCFS, particularly at the front-line level, generally seemed to be less aware about the involvement of external stakeholders. Only one interviewee from DCFS, who held a leadership position, was able to describe ways in which stakeholders from external agencies had been engaged in the implementation process. This individual reported that DCFS had provided information and trainings to external agencies, including the research that supported the HomeWorks approach and how partners could support DCFS with this effort. Responses provided by external stakeholders who participated in interviews, which included judges, GALs, and representatives from the Attorney General's office, generally confirmed that trainings provided by DCFS were the primary means by which they were involved, although two interviewees explicitly stated that they were not involved in any joint planning or implementation efforts.

Overall, the data suggest that involvement of external stakeholders was primarily focused on informing stakeholders about HomeWorks and soliciting their buy-in, as opposed to their actual inclusion in planning and decision-making processes. Two respondents, however, did identify that they had the opportunity to offer feedback regarding HomeWorks through a collaborative group called the QUICK Committee, which met quarterly and included the Juvenile Court and all community partners who were involved with the Court. "So we were getting updates on HomeWorks through that committee on how things were going. We were given the opportunity to give some feedback or ideas, raise any concerns," one respondent explained. Their perception was that DCFS had generally been open to receiving their feedback.

Finally, with regard to the involvement of parents and youth, the majority of respondents indicated that family representatives had not been included in HomeWorks planning, decision-making, or implementation processes. Many respondents reported that they were unaware of any efforts to involve families in these processes, but several did express the perception that it was important to engage families in this way. As one interviewee explained, "They might have ideas or suggestions that we don't even think of since we're on one side of things and they're kind of on the other." Another respondent, furthermore, expressed explicit concern over children not having a voice in the process:

> I think if the kids had their voices, they would want to be removed in some situations, where they're left to fend for themselves for a while, and then they get removed anyways. So it's kind of a scary thing, where I don't think the kids are even being looked at anymore as to what's best

> interest. We just assume that leaving [children] in the home at all costs, unless we absolutely cannot, is best interest, when that's a whole lot of risk.

The perception of this respondent was that children were not given a voice in the process to express what they wanted, which may or may not have coincided with what the parents wanted.

In contrast to the dominant view that families had not been particularly engaged in the implementation of HomeWorks, two respondents conveyed the perception that there had been a push from the State Office to solicit feedback from families and include their input. Examples they provided included the involvement of families in QIC and the inclusion of family representatives on panels at state child welfare conferences. According to an administrative level respondent, "I think over probably the last three years or so, the agency has done a much better job in getting feedback from families and involving them." A caseworker, furthermore, recounted, "I do know that they've talked about it. That they've included the families and youth and tried to get their input." In addition, some respondents reported that families may have provided individual feedback about their cases, which may have been shared with administration to inform implementation and quality improvement efforts.

A number of respondents, furthermore, emphasized the ways in which families were involved in planning and decision-making related to their individual cases. As one respondent clarified, "At my level, I'm not aware of families… being involved in the planning and all that, [but] in terms of the implementation we're certainly involving them." Another individual described family involvement in the following way:

> Well, I know that we try to involve the family in them determining, you know, what their goals are and recognizing their own strengths, and their own protective factors, and also what areas need more work. So, it's not just us saying to them, 'Okay, here's a list of things we think you need to work on.' It's working with the family so that they can actually see that for themselves so that they… I think it helps them be a little more invested in it rather than it feels like, 'someone told me this is what's going on.'

Interviewees reported that families participated in completing the UFACET assessment, identifying their strengths and needs, and they developed their case plans and were included in child and family team meetings for their cases. The engagement of families at the case level was one aspect that caseworkers, especially, viewed as a strength of the HomeWorks approach.

In the *second round of interviews*, only legal partners were asked about their involvement in the waiver at different stages. Most respondents described having no official part in the planning processes, although some spoke of informal discussions with DCFS representatives in the early stages. One respondent indicated that there was a training for judges that included a follow-up session. Another legal partner shared that there had been extensive communication about cases, including the UFACET, SDMs, and general safety and risk issues. The limited discussion in this area was likely due to the fact that the waiver was in its later stages, and interviews for this round focused more on the impact of HomeWorks rather than the planning and inception of it, which was covered in greater detail in the first round of interviews.

Organizational Capacity and Infrastructure

Findings from the *first round of interviews* examined stakeholder perspectives on policy and procedures, funding, technical assistance and training, supervision, assessment processes, caseworker skills, turnover, family engagement, saturation, and quality improvement processes in relation to the implementation of HomeWorks. Respondents generally felt that their organization's current policies and operating procedures were in alignment with the goals of HomeWorks. Stakeholders reported a positive communication loop between region leadership and state level leadership to make changes as needed. An example of a change that had helped facilitate the goals of HomeWorks was a legislative change that allowed children to be placed with a family friend rather than have to be sent to the home of a family member they had never met. Oftentimes this allowed for closer proximity to the parent and the child's community. Another helpful change was that parent training that was often required was becoming more available online, and requirements around the training had become more understanding of the demands on parents who also worked full-time.

Moreover, stakeholders reported that it was a work in progress, but that a climate had been supported to try to begin to shift more funding to voluntary services, in the hopes that out-of-home placements, which were more costly, could be avoided. One interviewee explained, "If we don't offer those supports, it's going to be a lot more expensive to bring this kid into custody. Lots more traumatic to the kid and to the family. It's going to make them angry, and we're trying to work with them. We'll do it if we need to, but if we can prevent that from happening by A, B and C, let's try it."

One difference that emerged in the Western Region was the issue of how HomeWorks was implemented in comparison to other regions. In Western Region, HomeWorks was implemented on all cases, whether or not they were in-home. Respondents did appreciate the ability to implement differently and the flexibility afforded by the state for allowing that. One respondent explained, "it's funny to hear that a couple of regions, they have a HomeWorks team. So, not everybody does HomeWorks, and you have lots of different cases where HomeWorks is not being implemented." While region-wide implementation was generally seen as a positive because it created a culture of support across cases for HomeWorks principles, clarification was needed on cases where the application of HomeWorks principles was more challenging. It was suggested by one case worker that it might be helpful to have a systematic way of determining whether or not a case was appropriate for HomeWorks. This person further explained:

> Some cases, some families, it can be very effective; some not so much. With some, you can't even think about it, because you're so far away from any of those pillars [protective factors], forget it; we're just working towards adoption, 'cause that's what we gotta do. You're in the black and white of it. This stuff only works with the grey cases, this stuff where the capacity really is there for change; the motivation is there for change.

Motivation of families to participate in HomeWorks activities was mentioned as a critical component. In addition, caseworkers were struggling with cases where the children did not have a legal guardian, family members, or a long-term placement option. A caseworker commented, "That's what I don't like about it, trying to make it look like HomeWorks, when it's really not." It was clear that in these cases, caseworkers needed some specialized coaching, or supervisory teams needed to think about a different set of training

or recommendations for these types of cases in order to help caseworkers implement HomeWorks and use protective factors language and activities, if that was the goal across all cases.

Finally, a better process for making decisions on cases was the most commonly discussed policy and procedure change in support of HomeWorks implementation. In the past, the family's safety plan had not always followed the assessment. Now with requirements in place that the UFACET must be completed within 45 days and the family's plan based on the UFACET, caseworkers felt that the safety plans were grounded in concrete data and better knowledge of the situation. With the sequencing of this process, stakeholders felt that it allowed everyone involved in a case to be less reactive, less inclined to remove, and case decisions were less idiosyncratic based on which caseworker was working a case. Stakeholders clarified that it was not that criteria and policies had become more lenient, but rather that policies and procedures now supported pushing DCFS to try as many things as they could to help a family before removing the children became an option. Others talked about a general climate change based on these policies, such as putting more trust in families, and moving from a practice that was focused on risk and litigation aversion, to one of questioning whether removals really needed to take place.

Respondents were also asked what, if any, changes they felt were still needed to current policies, procedures and practices to make sure they supported HomeWorks implementation. Paper workload and caseload size were the most frequently listed barriers. Regional administration was in sync with the concerns expressed by caseworkers. Leadership strongly felt that to do HomeWorks well, there was likely an optimum caseload size that Western Region was not at. Regional inequities in funding for caseworker positions was raised. Western was said to be third in population behind Salt Lake Valley and Northern, however, in recent years Western's population had grown so that it was very close to Northern Region's population size. While there was a process in recent years where caseworker FTEs were examined statewide and some FTEs were reassigned to Western Region, it did not completely bridge the gap in funding, per respondents. An interviewee explained, "We feel like we're doing good implementing HomeWorks, but we feel like we could implement it 1,000 times better if our caseload average were more like the other regions." Stakeholders requested that a formula be developed and put into practice to make sure that resources were allocated or distributed fairly across regions.

Second, stakeholders mentioned that substance abuse recovery times were typically not in alignment with child welfare permanency timelines. One administrator elaborated, "I honestly think part of HomeWorks has to be sometimes it just can't work, because it doesn't do kids any good to be bouncing back and forth for years and years while their parents work through their own sobriety." With case-based extensions, parents at the most had 24 months to tackle sobriety, which in many cases was not enough time to deal with relapses and underlying issues.

Third, some caseworkers and CPS caseworkers sought more clarity around HomeWorks implementation and activities, and help understanding how their role with families had changed. Some struggled with the idea that all of their visits with a family needed to have significance and value. Some expressed discomfort and a lack of training to be in a more clinical role. Along the same lines, caseworkers were struggling with the creative, think-outside-the-box aspect of HomeWorks. While many heralded this aspect as a positive, there were others with whom it produced discomfort. One interviewee having trouble explained:

> You get it beaten down that you do not think on your own, because there are risks involved with that and you will be held accountable if you do, so we need you to follow along the lines of these rules we've given you. Oh, here's HomeWorks. It's all the stuff you can do with the family. Okay, well, then give me a box to work in, because I'm not going to step out of the box that would get me sued or get someone killed or get me fired or… someone explain it to me.

On the other hand, a CPS worker who was comfortable with HomeWorks implementation expressed the opposite view: "It makes it so we're not real lost, that we can use logic to figure stuff out… I guess it depends on the caseworker too, some of us can think logically and figure it out and stuff, but other caseworkers need clarification." The need for DCFS to understand that there were two different dynamics occurring with caseworkers, and to apply training and coaching to help the group of caseworkers that was more challenged within a think-outside-the-box type of model, could not be more apparent from the dichotomous voices of caseworkers on this topic.

Finally, a concern was voiced that although the region was trying to apply HomeWorks principles to all cases, in the end, the region could not be afraid to give up on HomeWorks and remove for a child's safety if it was not working. A judge interviewed explained that while he was more likely to allow DCFS to try HomeWorks and in-home services before he ordered a removal, when he began to see repeat incidents occur, he was forced to remove. In a region that applied HomeWorks to every case, it may have been even more important to have trainings and discussions around accepting cases where HomeWorks did not work for a family and determining next steps.

Funding was the next theme discussed in this round of interviews. Some respondents contextualized HomeWorks implementation as occurring shortly after a hiring freeze that impacted Western Region in 2012-2013. One stakeholder in a leadership position explained that in many ways, because of that hiring freeze and an economic downturn, the region had already banded together to talk about what could still be done for children and permanency, and keeping children out of the system was a goal that was at the forefront. This helped the region be philosophically ready, though understaffed, to implement HomeWorks.

A second common topic regarding funding was simply that to really implement HomeWorks, despite the hiring freeze being lifted, Western Region needed more caseworker FTEs and lower caseloads. One stakeholder commented, "We do really good work, but we have a lot of stressed out people." Stakeholders discussed the need for better child advocacy with the Legislature for more funding at the front end to save money overall by not allowing kids to come into or need deeper-end services. A judge elaborated, "If you can put the services and the money into the families upfront, you save a lot of money later on because money spent on HomeWorks, for instance, is later saved by not having to remove a child and paying the daily rates for foster care." Hope was expressed that one way to better advocate for front end services was to establish more of an evidence base around HomeWorks via evaluation activities.

A third theme related to funding that arose in several interviews was that funds for children with mental health issues and disabilities were difficult if not impossible to access without placing the child in foster

care. Medicaid funding for in-home cases was mentioned as being problematic. A Guardian ad Litem elaborated:

> DCFS throws a lot more money at cases when kids are in foster care than they will with in-home cases, and I've even had times when I've been frustrated, where we need services and it's a little bit difficult to get services still with in-home cases… Specifically, one I've struggled with is, sometimes, children's mental health treatment and stuff, where it's a lot easier to get that funded if they're in state custody, versus if they're in-home. And part of that's a Medicaid issue, because they're medically covered if they're removed, they've got foster care Medicaid.

In addition, a judge gave another example of an older child with autism who had become violent and difficult for the parents to manage in the home. However, when the child was removed, the child regressed because the placement and community resources could not match the quality of the home environment with the parents, where there were no safety issues on behalf of the parents. Sadly, this child, judge and family were in the situation of losing funding for their child if the child returned home because the parents were not a licensed placement. The case proved to be a very frustrating and sad situation with resources – both lack of them in the community and the siloing of them via regulations that did not support in-home care.

Interviewees were asked to talk about the training and technical assistance they had received prior to the HomeWorks rollout and what more training and technical assistance they might need to fully implement HomeWorks. Across respondents, everyone had been through HomeWorks training and felt that it had been a positive experience. Respondents offered many concrete suggestions about what types and formats of training and technical assistance were now needed, indicating that the larger, more conceptual trainings had served their purpose, and it was time to drill down to specific areas and smaller, team based or individual training. Respondents wanted state level trainers to return to the region, but to meet with small teams and to go out on home visits with caseworkers. "We need to keep them connected to the frontline," stated an administrator regarding the state level trainers. Respondents also clarified that more conceptual trainings were not needed, but more practical application and tips on how to approach the work and do the activities was needed.

In terms of what concrete training and technical assistance would look like, respondents offered several suggestions. One interviewee asked for a training specific to how best to document use of HomeWorks in time logs. Another respondent suggested that when additions were made to resources on the HomeWorks website, the system should send out a "check out what's been added" link in an email to caseworkers. Concern was also expressed that in the Western Region, System of Care and HomeWorks had been rolled out at the same time, and explaining and operationalizing how these programs were similar but also distinct initiatives would be helpful to caseworkers and supervisors. Breaking trainings up into smaller segments over a longer time period was requested so as not to overwhelm caseworkers and to support a more natural learning timeline.

Two additional areas of emphasis emerged within the need for more training. First, Western Region chose to have all staff on all cases attend the state level HomeWorks training. However, while it was more obvious how HomeWorks applied and could be used for in-home cases, CPS caseworkers and

caseworkers with out-of-home cases were struggling to apply the same approach to very different scenarios. These respondents felt "back burnered" and like there was not a clear enough path for how they might still use some of the HomeWorks principles, but potentially at a different level or through more appropriate conversations and actions. This was perhaps a unique training challenge for regions who chose to implement HomeWorks on all cases, and training sessions specific to different types of cases and roles would be very helpful to those focusing on out-of-home care.

Finally, caseworkers, whether they liked it or not, were realizing that HomeWorks activities placed them in a more clinical role with families. Some caseworkers loved the idea of getting to do "true social work." Other caseworkers did not feel this way, particularly those who had been trained and in the field for some time to be in the role of monitoring and service referral. This portion of the caseworker population felt pretty lost, and requested more clarification of their role with families and more clinical training on how to do HomeWorks activities and how to handle disclosure of trauma, and to help family members deal with disclosing the trauma. A caseworker elaborated:

> This feels like I'm either a parenting coach or a play therapist. And we wear many hats for sure, but that's [not one of them]. We're told, "Don't touch," you know. You are not covered by liability. You are not trained to work with somebody should trauma come up, should crisis come up. You're not trained to do any of that, so what is the purpose of this? …Give me an activity I can use, and then put me in a workshop that teaches me how to do it with other people; I would have to be in a group of people who are struggling as much as I am to understand this. You want me to do it; teach me why it matters.

Respondents lacking the clinical training stressed that they needed to feel comfortable implementing the activities with families, and to better be able to connect those activities to the goals of HomeWorks.

Supervision was another area of organizational capacity that interviewees explored. The majority of responses indicated that a level of comfort had been achieved by supervisors in mentoring on HomeWorks. Both supervisors and caseworkers spoke about the goals of HomeWorks being in alignment with the supervisor's personal vision and personality. For example, an interviewee talked about the desire to support parents and families, the importance of linking them to services, and "giving families hope." It was also evident from responses that those supervisors who felt comfortable were able to articulate what HomeWorks was to others. At a basic level, HomeWorks was about providing families with what they needed, and learning to assess the protective factors and quickly figure out which ones the family should be praised for doing well on (to build rapport), and which ones needed DCFS assistance to build up. The ability to focus on the need to build up one or two central protective factors for a family seemed critical to not getting overwhelmed with all of the activities and new language; it also seemed like a more realistic path to making a long-term difference for each family.

Though more the minority, there were issues around supervisors not yet feeling comfortable or taking the time to mentor on HomeWorks and the UFACET. Respondents talked about the importance of supervisors receiving concrete information about what HomeWorks was and why it was important. Supervisors were often in a role of trying to inspire and get their teams excited about implementing something new to help families, but if a supervisor did not feel inspired themselves or was struggling to

articulate what HomeWorks looked like in practice and what the point of it was, this of course impacted all of the caseworkers. A caseworker explained, “I think she thinks it has a lot of potential to be really great… but we’re having trouble grasping it, and I think she’s having trouble as a supervisor giving us a reason to really do it.” Another supervisor clarified that while it was easier to feel comfortable with the UFACET because it was a concrete task, it was a work in progress understanding how it all tied together with the protective factors and activities. “We’re learning this as a group,” explained a supervisor of her learning curve alongside her caseworkers. An administrator indicated that their review of safety plans and court documents, outside the supervisor’s review of them, was a good way to tell if a supervisor was understanding and mentoring on HomeWorks. To the extent that HomeWorks language was included, supervisors were believed to be successfully understanding and mentoring on it.

Interviewees were also asked to describe what coaching by supervisors looked like in everyday practice. Responses varied in terms of whether the coaching session was specifically scheduled with a supervisor as such, or if the coaching sessions were less formal or preplanned. Frequency of coaching sessions varied from “as needed” to “at least weekly” to once a month. One supervisor mentioned accompanying caseworkers on home visits and using the carpool time as the best time to coach. It was also evident that how coaching was set up and how it occurred really depended on the caseworker and the supervisor and what style of interaction they were comfortable with. For example, some caseworkers might thrive on the structure of discussing and applying one protective factor each month, while another worker might prefer to see the coaching as simply seeking advice on a case and brainstorming solutions. Allowing for different supervisory styles and caseworker personalities seemed to be a strength of the system and administration.

Second, interviewees mentioned the use of role playing what they would do on a case and what they would say with families. While some caseworkers thought role playing in a contrived sense was not comfortable, everyone did seem to agree that talking through different scenarios about how to approach things on a case was very productive. This also allowed an opportunity to discuss how to best use the HomeWorks language and to work on one or two protective factors each family needed help with, rather than having everyone feel overwhelmed with all the possible things that might be done. During coaching sessions, supervisors would review family plans that were coming due within a month, UFACET results (making sure the family plan linked to the UFACET), and court documents. They would also review time logs for HomeWorks language and encourage caseworkers to document their use of HomeWorks with families in order to receive the small financial bonus.

Furthermore, while coaching had been attempted in a group, for example within brown bag meetings, it was generally thought by interviewees that coaching was better off done one on one. A more personable approach also allowed supervisors to check in with their caseworkers about any personal issues they might be having that could influence their work or specific thinking/actions on a case. Supervisors could also work through with any resistant caseworkers, policies and procedures they might have overlooked or not yet embraced. Finally, the coaching model occurred at many levels – supervisors were also coached by their supervisors, and so forth. An administrator explained that he sat down with supervisors and asked them to rate how comfortable they were implementing each protective factor and to discuss their understanding of each of them. This administrator would then select a protective factor that the supervisor

scored high on and set up a goal with the supervisor in terms of how he might help his caseworkers get up to the level of knowledge he had on that topic.

With regard to assessments related to HomeWorks, interviewees were asked what they liked and disliked about the UFACET. Responses were overwhelmingly positive, with the one caveat that there may be moments in a case or with certain families who were very angry, where sitting down and completing a long assessment together may not immediately work. That being said, respondents identified several benefits of the UFACET assessment process. First, caseworkers felt it was a good way to start a productive conversation with families at times when knowing the right thing to discuss was challenging. Caseworkers felt it helped them get to know the family faster, at a deeper level. Second, respondents felt that the UFACET elucidated histories of trauma they may not have otherwise known about. A supervisor gave an example of working with a family that they had known "forever," but when he sat down to complete a UFACET he realized that the mother had been through a lot of trauma of which he had never been aware. Respondents also discussed that it shed light on underlying reasons for problematic behaviors, which then helped the caseworker create a safety plan with relevant solutions and goals for the family. Third, interviewees felt that completing the UFACET created a stronger dynamic and working relationship between families and the caseworker. By the very nature of the assessment process, in which the caseworker was much more involved than in the past, caseworkers expressed having more empathy for and understanding of families with whom they worked.

Additionally, the theme of the UFACET creating more concrete and "evidence-based" information for attorneys and judges was again raised. Attorneys felt that it helped them both support DCFS and provide information and guidance to their clients. Attorneys also appreciated that it assessed risk and gave the family basis for a more concrete type of road map through the system, in particular, what the immediate risks and needs were to the family. "It's a wonderful program," stated one interviewee in reference to the assessment process, "I think it has done a lot already to focus [DCFS] efforts and to facilitate much better relationships with the families."

Several important themes emerged in the area of caseworker skills. First, generally speaking, efforts to reduce caseload size were believed to be one key to helping caseworkers have the time to implement HomeWorks in a meaningful way with families. Other more general comments centered on this being a new implementation effort that after the passage of time with consistent use of the HomeWorks language, would come to be more standard practice. Another common response was that caseworkers had been trained on HomeWorks but would need more time to feel comfortable applying the principles and doing the activities, specifically, with families. These more general concerns were part of the learning curve caseworkers were experiencing within the constraints of caseload size, time management, and funding.

However, stakeholders also identified two areas that needed increased attention. First, there was a concern that caseworkers may have needed more clinical training, and that there was a need for more consistency across caseworkers in terms of how they were implementing HomeWorks and completing the UFACET. A GAL explained, "I think if I knew that everybody was consistently using these tools and that they knew how to use them and they knew why they were being used, that would increase my confidence in that." Specific to the UFACET, while it was seen as a strength that it went into deeper detail with families and asked about trauma, caseworkers who in the past were primarily in a monitoring and service referral role

may have found themselves in more clinically complex situations that went beyond their current training. The skill of how to do this type of deeper assessment with a family while not offending them, and handling any adverse reactions that might occur was one that was believed to be present in some caseworkers, but not necessarily in others unless more training were to occur.

The concern for consistency across caseworkers was also expressed: "It goes 'willy-nilly' and you see different results with [different] workers because maybe they haven't been trained on a specific thing that could be more helpful to the situation. Consistency in education and implementation is, I think, is one of the weaknesses right now." There was concern that DCFS was only required to do home visits once a month with families, so that in some cases, caseworkers did indeed only visit once per month, while other caseworkers were reaching out to the family and checking in with them at least once a week. Concern was also expressed about the families who became the "practice" families in the system, while caseworkers learned clinical skills via practicing on real world families, rather than going through clinical licensing hours or education.

Much was said about how caseworkers had been trained on the "what" of HomeWorks, but confusion existed around the "how," which boiled down to clinical rapport and how best to initiate and complete HomeWorks activities. A caseworker elaborated, "The initial pieces of HomeWorks kind of opens you or asks you to think outside the box, which is great; I like to think outside the box. But we don't know how to do it other than just, okay, so do we go out and color with kids? We haven't done anything that shows us the value or the merit of doing this or even how to approach it." Another interviewee talked about how it was easy to appease younger children with craft activities, but the deeper reason for doing crafts was not quite clear. The notion that caseworkers were suddenly doing play therapy with children felt daunting to some respondents.

Second, caseworkers expressed genuine confusion about what HomeWorks actually was beyond completing the UFACET and including certain protective factors in documents and work with families. It still felt nebulous to those in direct contact with actual families. One caseworker mentioned that she asked the evaluation team to explain the difference between the UFACET and HomeWorks to her when they were onsite because she found it confusing. "Are UFACET and HomeWorks together? Is there a program? Are we waiting for the program to roll out? Is there a template? I can't possibly be the only one not understanding its scope," she commented. It was acknowledged by supervisors that the activities and their application were a work in progress, as well as understanding the foundation and importance of consistently including discussion and identification of protective factors, and working to strengthen them with families.

A few respondents from the first round of interviews also commented on caseworker turnover. Western Region at the time of this set of interviews was coming out of a period where there was a hiring freeze. Turnover was estimated at 40 percent, which was considered high. Caseworkers and CPS caseworkers were leaving for either advancement opportunities within DCFS, or they experienced HomeWorks implementation within the hiring freeze time with an expectation that they do intensive work with families for very little pay. A stakeholder questioned current caseload sizes, for example: "When you have caseworkers who are running 18, 20 cases, can they be effective in HomeWorks?"

That being said, there was a silver lining identified regarding the turnover rate – with increased turnover came an influx of younger, new caseworkers who could be taught HomeWorks as an organizational culture and standard way of approaching practice. Whereas caseworkers who had been there many years before HomeWorks might have more trouble embracing the change, the newer caseworkers tended to be more enthusiastic about it. An administrator explained, "We have young workers, who are enthusiastic and who this is the only thing they know. It's a big culture shift that I've lived through and both times it's the old timers who have the hardest time coming along."

Another theme that coded heavily onto the domain of organizational capacity was family engagement. Respondents provided three ways in which HomeWorks had helped them in the area of family engagement: it provided them with more empathy for families, it helped them limit distrust and fear on the part of families which acted as a facilitator to getting to know families better, and it seemed to increase family willingness to take part in most cases. First, respondents talked about after HomeWorks trainings, having a better understanding of why in the past, families had been pretty angry and resentful of DCFS intervention. They shared the common experience of finding that people often felt that a government program was too much of a personal intrusion in their lives, and they did not view it as a helpful resource. "It's much more effective to engage, build trust, try to empathize with folks and realize if I was sitting there and you just took my kids, I'd be mad too," stated an administrator. Respondents talked about the general principle behind HomeWorks of allowing children to remain at home whenever possible, and how not removing children allowed for a better partnership between the family and the CPS and caseworkers from the start. In addition, stakeholders discussed how traditionally DCFS had a bad reputation with families, and that parents were very slow to trust DCFS because they were thinking that any information provided might be used against them to remove their children. A judge commented, "As the program becomes more available and the success is proven and the word gets out, I think families will be much more ready to accept the program and go through it."

Respondents acknowledged that HomeWorks was not for every family and that there needed to be a basic willingness to go through services. However, given this basic level, respondents discussed how HomeWorks was very helpful in getting families more interested in completing the process because the families themselves were able to help craft their safety plans and resources offered. A judge reiterated, "If you can get the parents to come up with some ideas and work with them, especially if they come up with the idea, then they are more readily willing to work the program and get the benefit. But if it's forced down their throat and they resent that, then they go in with, you know, cold feet." Caseworkers also shared that they were in the habit of asking families what they would like to learn about so that caseworkers could spend time with them on those issues, such as developmental stages or age appropriate behaviors.

Interviewees were further asked what steps had been taken to help the Western Region reach saturation, with saturation being defined as "the point where HomeWorks is being practiced consistently with basic fidelity to the way it was designed." Several strategies were offered: making HomeWorks resources and materials readily accessible to caseworkers, peer to peer learning opportunities, observation coaching and review of documents by supervisors, keeping HomeWorks implementation as a consistent agenda item at management meetings, brown bags, focusing on one piece or protective factor at a time so as not to

overwhelm caseworkers, and offering a small financial bonus to caseworkers for documenting how and when they were using HomeWorks in their logs.

Regarding easy access to HomeWorks resources, respondents mentioned that it was helpful to have a physical resource wall, beyond the HomeWorks website accessible via internet. “We can just go to it and grab whatever we want if we can’t get to the website,” a caseworker explained. “It has all the protective factors and then worksheets to use with it so anytime we walk by it we can grab it.” Peer to peer learning was occurring in some areas of the region. Supervisors were bringing in caseworkers who had a higher comfort level at implementing HomeWorks so they could explain to other caseworkers what they did and how they approached various issues with families.

The role of supervisors in reaching saturation was also noted. Many interviewees mentioned that the supervisor would suggest that caseworkers focus on certain protective factors each week or month in their case work, and begin to develop a level of comfort before moving on to incorporate additional factors and activities. This type of incremental learning was also directed to supervisors. Many interviewees explained how the supervisors would review their time logs for documentation as to how HomeWorks principles were being applied, and the corresponding financial bonus that went with this documentation as a reward to caseworkers.

Interviewees were asked what information had been provided to them thus far to support continuous quality improvement processes and to demonstrate the effectiveness of HomeWorks. They were also asked how they received feedback. Interviewees reported regular discussion of HomeWorks at staff meetings, and indicated that emails to remind them to implement HomeWorks were going out. The most commonly mentioned form of feedback was supervisors reviewing logs that caseworkers completed, and crediting caseworkers when HomeWorks language and principles were applied. One respondent indicated there was a small bonus when caseworkers had reached a certain point in implementing HomeWorks to a certain extent. A supervisor detailed,

> We're definitely going through our cases and our service plans, and making sure that the service plan is linking to the UFACET. We're working on implementing, you know, getting the words in there, and the steps, so we're actually working on beefing up the protective factors. We're going through 100 percent of our cases, and looking at each service plan, each team meeting, and seeing what workers are making the steps forward, and which ones are going to need more help.

Caseworkers received reminders from supervisors to make sure to record in the logs the principles, such as social connections and parent resilience, that were discussed on a home visit. A CPS worker reiterated, “They’re following up on our casework and kind of verifying and recognizing when we’ve been doing it. So, I think that helps. Because it’s again, another reminder for maybe some of us that, ‘Oh yeah. I need to do that.’” This routine review of activities on a case was one of a few ways that supported keeping HomeWorks implementation as part of an ongoing discussion, with the hope that at some point in the future it would become a more entrenched form of practice. The formal evaluation of HomeWorks saturation by the University of Utah was also mentioned as beneficial.

Stakeholders emphasized that HomeWorks needed to be a part of daily discussion so that it was not forgotten amidst day to day crises and issues specific to individual cases. Respondents also discussed "normalizing the language of HomeWorks." As one interviewee described, "Just remembering that language when you're doing your meetings or when you're in their homes. Or those two or three protective factors, bringing them up and working on the activities and things like that."

Respondents were also in agreement that it was too soon in implementation efforts to expect to see corresponding changes in administrative data; however, it was hoped that through evaluation activities, the evidence base could be built regarding HomeWorks. A judge explained, "I think you get better outcomes in general if you're relying on evidence-based practices. And I think the more information we get in about HomeWorks, the more the statistics are showing it is or isn't working, that makes us a better system to be able to fix what isn't working, or build on what is working." There was shared consensus that HomeWorks was a work in progress, and that feedback was expected and welcome in order to fine tune implementation efforts.

Stakeholders from the *second round of interviews* provided updated perceptions related to organizational capacity and infrastructure. Feedback on caseworker skills came mostly from legal partners. Caseworkers were described as a strength of DCFS, and as very dedicated to their jobs and willing to sacrifice their time and energy in order to make a difference in families' lives. One respondent said that HomeWorks had given caseworkers the necessary tools to be more effective by prioritizing engagement with families. Another respondent shared a high opinion of caseworkers in the Western region: "DCFS has really great caseworkers, at least in this region. The people that they pick and hire and how they're trained is very, very good. I think that's another strength." However, one stakeholder said that an exception to the rule was that some caseworkers were not effective at holding parents accountable for their required activities, like drug testing, which could lead to safety problems. Overall though, respondents said that caseworkers were responsibly removing children when necessary, whereas previously there were more concerns that they were waiting too long or unsure of how to interpret the rules.

The renewed focus on family engagement with HomeWorks drew enthusiasm from many stakeholders. Some respondents gave insight into specific issues related to family engagement that they felt warranted further consideration. For instance, it was suggested that the Peer Parent program should move beyond a "one size fits all" approach by allowing for longer sessions and allowing follow up with families after cases were closed, so as not to leave families vulnerable and without a reliable support person. Another recommendation was to find ways to better reach parents with ADHD, alcoholism, and drug addiction, and to create a visual program for those who had challenges with reading (and thus, understanding the program). Another idea to improve family engagement in general was to better educate families on how the HomeWorks approach was meant to be a support to families, and not a hindrance, as one stakeholder explained, "I think education could really make a big difference in [families'] buy-in and then the ultimate outcome, and them not wanting to just fight this process and battle the process the whole time." This statement highlights the fact that, while caseworkers and other DCFS staff and partners may have seen family engagement as a strength of HomeWorks, there were still barriers to engaging families because of existing widespread stigma around DCFS as a nuisance to families.

Funding was a topic that drew consistent responses from stakeholders at all levels and roles. Respondents widely agreed that "money is always a problem," and that services were generally underfunded, especially in-home services. Most responses pointed to a chronic problem with caseload size and insufficient staff to carry out the amount of work the Division was tasked with. One stakeholder stressed that caseworkers could not adequately do what the HomeWorks framework required of them with large caseloads, as described in the following excerpt:

> I would think a barrier would be caseload. Because HomeWorks takes a little more investment, takes a little more time. You're not just checking a box, you're actually trying to help a family. And so, if caseloads continue to go up, and on our CPS side they are going up, we just don't have the resources, the full-time employees. We don't have the staff to manage the caseloads. So then my fear is that we will [start] to check boxes… But I'd love to see more people, more caseworkers. Then we could handle the caseload that is coming in, the workload that's coming in. Then we can focus more on the family and spend that time with the families to make sure that they are getting the services they need.

This concern was echoed by many other stakeholders, and most pointed to funding as the source of the problem, as well as high turnover rates.

In addition to funding being a limitation to the number of staff that could take on cases, funding was seen as a barrier to being able to provide necessary supports to families that would allow them to have a more stable environment, as described by one respondent: "It's like we just can't seem to get the money. I feel like so many of our families - the reason they're in the situation, a lot of the times, is money. How do they get to the next step? Money and funding. And there's only so much funds to go around." From this point of view, adequate funding for families may have helped them avoid problems that could lead to the need for other services, thus requiring less intervention from DCFS. A final concern related to funding was that both DCFS and providers who worked directly with families should have been better compensated for the mentally challenging and emotionally intensive work they did. At the time of the interviews (May 2018), it was noted that DCFS administrators were seeking an extension of waiver funding for one year. One stakeholder commented that, regardless of whether they were granted the extension, they would continue with the HomeWorks framework "no matter what," and would have to figure out funding along the way. It was clear from the interviews that funding had always been a challenge within DCFS, but the bigger concern was whether or not the Division would be able to sustain the HomeWorks model once the waiver funding ends.

When Stakeholders were asked about the steps that had been taken to reach saturation in their region, they pointed to both formal and informal activities that they viewed as indicative of saturation. For example, trainings were discussed as a formal avenue for reaching saturation, and types of trainings included the introductory HomeWorks training that all new staff receive, ongoing topical training that may occur through what were once referred to as "brown bag" trainings, and technical assistance that state trainers provided on site. Outside of these more formal initiatives, many respondents saw informal activities as indicators of program permeation. These activities included brainstorming among staff, general encouragement and reminders by supervisors, HomeWorks discussions at various meetings and staffings, communications that highlighted success stories or examples of using HomeWorks, peer mentoring,

resources like the HomeWork website and resource sharing spaces in offices, and workgroups that focused specifically on components of HomeWorks.

Assessment tools specific to the HomeWorks implementation, such as the SDM and UFACET, were widely discussed by stakeholders from the second round of interviews. These tools were regarded as valuable and helpful among stakeholders within and outside of DCFS. Some legal partners considered the outcomes from the SDM to be more objective and derived from a clear and concise process, rather than subjective opinion or theory, therefore giving all parties more confidence in decision-making. Many stakeholders described the UFACET and SDM as transparent and evidence-based, adding a level of reliability to the risk assessment process. Though most respondents agreed that the tools allowed for more objective assessments than past tools, one stakeholder expressed concern about scoring differences that may have occurred based on individual interpretation of the assessment items. For instance, older caseworkers who had more experience and had seen many types of abuse may have been more desensitized to serious abuse, whereas newer caseworkers who had not yet seen extreme cases of abuse or neglect might understand definitions of abuse differently, and therefore scored assessments differently.

Some stakeholders appreciated that the UFACET inherently led to a more robust conversation with families about their backgrounds and current needs, particularly for caseworkers who might not have been as comfortable asking questions about parents' histories: "It's just creating that dialogue with the family. And so I've seen a lot more [cases] where we get to know the families better than maybe in the past." This perspective was complementary to other feedback from the interviews that HomeWorks, overall, involved better approaches to engaging with families. Thus, in addition to facilitating greater confidence in decision-making, stakeholders viewed the UFACET as a crucial link to better understanding how both past and current issues informed family dynamics.

DCFS supervisors, CWAs, and caseworkers were asked about supervision processes and coaching. Respondents described similar timeframes and frequencies of meeting and coaching, though there were differences in how supervisory and administrative staff approached coaching. Typically, scheduled team meetings occurred approximately every two weeks, while individual meetings may have occurred anywhere from daily to bi-weekly, depending on whether they were formal or informal. It was not uncommon for stakeholders to report at least "touching base" with their supervisors or staff daily. Team meetings might involve case staffing, mini-trainings, or general updates on cases. Coaching, on the other hand, was viewed somewhat differently. Interviewees discussed more intentional problem-solving of case issues during coaching, often by walking through protective factors or UFACET scores, reviewing family plans, and occasionally skill building. Most respondents said they did not role play, although they may have in the past. Some respondents also described their responsibilities in coaching as supportive in nature, by "being there" for staff or making it known that they were available to help address obstacles, answer questions, or find resources. Some strategies that were used in coaching were listening and being patient while staff processed information, letting staff vent their frustrations, knowing different personalities and what might work best for each, and asking guiding questions so that staff learned to work through processes independently.

DCFS stakeholders were also asked specifically about supervisors' ability to effectively mentor on the UFACET. Most respondents said they or their supervisors were capable of providing mentorship around

the UFACET, though some supervisory-level stakeholders reported being somewhat uncomfortable mentoring around the tool because they had limited or no experience using it. Some respondents noted that the UFACET training was helpful in overcoming some unfamiliarity with the tool, thereby increasing their confidence in their ability to provide coaching around it.

Stakeholders were further asked about how they saw the philosophy, practice, and policies of HomeWorks being sustained over time, after the official waiver completion. Many respondents suggested that some components of HomeWorks were already integrated into regular practice, thus serving as a catalyst for sustainability. For instance, assessment tools and documentation protocols that were regularly used and shared with external partners already incorporated ideas and language developed for HomeWorks, such as protective factors. Other respondents indicated that informal discussions during team meetings and other collaborations were key to keeping HomeWorks concepts at the forefront of practice until they became a regular part of workplace culture.

Several stakeholders commented on the importance of training, noting that the initial training to implement HomeWorks was very well-received, but some efforts that carried a lot of momentum in earlier stages of the implementation, like Brown Bags and HomeWorkables, had fizzled out or been forgotten. Some respondents felt that incorporating these resources and trainings back into a regular schedule would be important for long-term sustainability. Likewise, it was suggested by several respondents that state trainers should continue to be available for regular assistance on challenging issues and for on-the-ground observation and coaching with frontline caseworkers. Though many respondents saw it as everyone's role to continue the momentum of HomeWorks practice, several respondents indicated that state administrators and other high-level leaders should be responsible for occasionally infusing regions with new ideas or reminders about best practices under HomeWorks.

Keeping caseload size manageable was also a concern shared by numerous stakeholders. Many respondents made the connection that HomeWorks could only be sustainable if caseworkers were able to implement it with fidelity, and with high caseloads, this was not possible. One stakeholder elaborated on this idea: "The biggest thing I can see is making sure the caseloads for the workers stay at a manageable level, because it's like anything else, if you want good work and you want it done with the families, then you've got to have a manageable load." Another respondent pointed out that caseload sizes could only be manageable when there were enough state resources invested in the Division.

A related concern was that caseworker turnover rates were high, adding a burden to caseworkers who already felt that the demands of their jobs were greater than their abilities to perform them. Stakeholders pointed to numerous reasons they believed turnover was so frequent, which included a stressful work environment, "burnout," and low pay. One stakeholder shared the difficulties of doing intensive work for low wages, adding suggestions for what would improve working conditions:

> I know higher pay would be one [thing that would help] because you can't make a living off of what we're paid. And then, just more incentives to stay and make us feel valued. You know, we have to help families, but is there a reason to help us with our trauma and also just to make us feel like we're also supported and valued as well.

These concerns with work environment were shared broadly among stakeholders, including DCFS staff and legal and community partners. Some stakeholders pointed to examples in which frequent turnover had led to disruptions in communicating important information about cases. Other reasons given for high turnover included the desire to spend more time with family, poor job fit, retirement, and medical issues. So although the main concerns were with the high stress environment and poor compensation, it is important to note the perception that the demands of social work were seen as incompatible with certain stages of life or particular life circumstances, thereby limiting the pool of caseworkers available to be hired and retained.

Multiple respondents added that the positive side to having high turnover rates during a new program implementation was that there were more caseworkers who only knew the "new way" of doing case practice, and therefore there was less resistance. There were some suggestions that because of this phenomenon, the current work environment was better than it was in the beginning of the waiver implementation because there was less struggle with experienced caseworkers who were opposed to or unsure of HomeWorks.

Waiver Impact

During the *first round of interviews*, respondents discussed three levels of impact that were used as the frame for this section. First, they discussed impact on the legal process inclusive of impact on GALs, the judiciary, and removal decisions. Second, they discussed impact on practice inclusive of CPS practice, supervisory practice, caseworker practice, family engagement and family well-being. Third, they discussed impact at the organizational level in terms of impact on organizations and services offered.

With regard to impact on the legal process, stakeholders in the Western Region expressed that there had been an overall perceived positive change in how GALs were handling cases, viewing, and interacting with families, and what recommendations they were making to the Court. It was also noted that individual GALs might still be oppositional with DCFS. For example, a respondent described the relationship with one particular GAL, "A lot of times I felt like, sometimes we were almost battling her. We were asking for one thing, she was always asking for another."

One way GALs demonstrated a greater willingness to think outside of the box on cases was by having confidence in the assessment process and the UFACET tool. As many GALs were attorneys, it was voiced that being able to refer to the results of an "evidence-based tool" to determine risk and corresponding services, rather than the perceptions of DCFS caseworkers, was something they felt good about and increased their confidence level. One GAL explained, "It (UFACET) has focused the efforts of DCFS. It has provided more guidelines to do what they're doing and to know why they're doing it. I think that it has strengthened the relationships between DCFS and the families that they're working with." GALs liked the idea of using the UFACET results both in Court and with families to make recommendations and explain the desired change process, because it was considered "real legal evidence." Additionally, one GAL expressed since HomeWorks started, she had begun looking more at the bigger picture and context of the family before making removal decisions. From the viewpoint of DCFS, GALs were more willing to accept reasonable amounts of risk when considering removal situations.

GALs were also reported to be more willing to support the recommendation of DCFS on a case rather than enter the courtroom with a different safety or removal plan. One DCFS administrator explained, "If the worker is skilled with the HomeWorks stuff and presents it to them and identifies, through their language that the SDM was done, and… then I think they're willing to let us give the recommendation, and support us in it. I see that as one of the things that's changed as a result of the HomeWorks." Another aspect of the change process that was articulated was that GALs realized there was not one right or correct fix for each type of problem for all families. In other words, instead of jumping to a cookie cutter type of recommendation, more contextual information about the family was being considered and resulting recommendations tailored to the unique circumstances of each family.

IV-E Waiver impact on the judiciary was mixed and overshadowed by tentative responses, as Western Region was earlier on in implementation efforts at the time of the interviews. Generally, stakeholders agreed that everyone, including judges, was on the same page in terms of the end goal of keeping children safely in their own homes when possible. It was also expressed that the judiciary seemed to have respect for DCFS counsel and staff, and to be in agreement with their overall mission. However, there was also acknowledgement that implementation of HomeWorks was fairly new and the judiciary had not been included in the planning process per se. Supervisors did not feel that caseworkers would necessarily be including HomeWorks principles in court documents and legal discussion as of yet. Further, while some HomeWorks language might have arisen in court, some judges were also said to still make idiosyncratic decisions depending on personal issues or views and level of frustration with any one family.

DCFS was aware of judges' interest in reviewing copies of the SDM. Some problems with judicial review of these documents included but may not be limited to: caseworkers not completing an SDM on a case, user problems with the e-filing system for court documents, and the caseworkers submitting the SDM to the Attorney General for DCFS but then the DCFS attorney did not e-file with the Court. One underlying issue identified was that sharing an SDM as evidence with the Court meant that it became available to all parties in a legal case. A detailed plan supported by an SDM was perceived as a way, in the future, for DCFS to approach the Court with more confidence in what they were recommending for a family. There was a tendency shared to leave it up to the power of the Courts, but a hope that more buy-in and consensus around DCFS recommendations on a case might be facilitated by a more organized and detailed approach. A stakeholder explained, "Obviously the Court makes the decisions, but at the same time, if we go with the plan in place, with the family, you know a very detailed plan, that the Courts will be more open to entertaining that and putting more trust in us than just micromanaging."

Judges indicated cautious optimism, with a simple but stern perspective as exemplified in the following response: "If this is not working, I'll put a stop to it… I'm pretty protective of the kids, and I don't like to gamble with their safety. So, I don't know, maybe where some judges would let that slide, I don't tend to." For judges who had felt a positive impact from HomeWorks thus far, two areas were identified: more in-home resources and the SDM. One interviewee explained the shift:

> There just weren't that many resources before. And so to access certain things, I had to put the child in foster care. I love that that barrier has been removed… I'm really pleased with the increased resources, increased options, and so I'm more sparing in removing kids. Unless I'm really alarmed that there's a pretty immediate risk, I let them stay in the home and let's work

> some things out there and at least see how it goes. If it doesn't work, we can remove then. But before it used to be, oh, there's really no safety measures, there's no standard assessment procedure, I'm kind of making the gut call in court, saying I'm not comfortable with the risk level, so yeah, I feel like it's a more organized, more structured decision-making process as a whole, even for me.

Data for IV-E Waiver impact on removal decisions came from caseworkers, GALs, judges, and Attorneys General. Each had a different perspective, primarily quite positive. First, caseworkers were seeing fewer removals and in cases where in-home services were provided, they were experiencing successes. Second, GALs were feeling confident in the SDM and the standardization of applying the measure to make better case decisions. A GAL explained, "we truly have something that is consistent and it's strong … I really feel that the HomeWorks program and its tools have drastically changed the entire system." Third, judges saw the SDM as an opportunity to avoid trials, which from their perspective tended to delay services to families in more immediate need of them. Judges also reiterated that with the exception of a few, more high-risk situations or situations with repeat harm, that children belonged in their homes, and that removals were to no one's benefit. Additionally, they raised the issue of sustainable change with families in need and teaching the family rather than providing out-of-home care for their child.

Attorneys General were more cautious in their perspective as to whether or not removal decisions had changed as a result of HomeWorks. While they did acknowledge that caseworkers were using and referring to SDMs more often, a concern was expressed that safety plans that included maintaining a child in the home did not have adequate follow through. One respondent detailed, "I worry about follow-through on a safety plan. So we say to a family, you know, 'Do X, Y and Z,' because that's what we've identified as the criteria to protect the child, but then there's no follow-through. No one follows up to see if the family's doing X, Y and Z… And that's happened several times on some of my cases."

The idea that there might be an intermediary type of removal was also discussed and recommended as a way to incentivize change but not remove a child from the home over the longer term. For example, in a dirty home case, a safety plan might call for the child to stay with grandma until the home was cleaned up, with the hope that this would not be for a lengthy period of time.

Impact on practice was widely discussed by respondents from the *first round of interviews.* CPS caseworkers indicated that HomeWorks was more or less something they had been doing, but upon implementation efforts, CPS caseworkers now felt like they had more direction and resources. HomeWorks was said to have put a theoretical foundation to what CPS caseworkers already knew was good practice. One respondent indicated that HomeWorks had encouraged them to be more cognizant of "making contacts meaningful," and clarified that although some caseworkers expressed concern about HomeWorks potentially causing them to spend time they did not have, that it was actually more about not necessarily adding to your hours but making your hours count more to a family. A CPS worker explained:

> I've always used it, but I think I still have to remind myself sometimes to make the contacts meaningful. And that even if they're not happy I'm on their doorstep wanting to talk to them and come inside their house, trying to build a rapport with the family so that maybe if there is something going on, you can kind of break down that initial defensiveness and be able to help

> more. And not that we'd ever be 100 percent successful on that, but I think, just reminding myself to take the time to build the rapport, and take the time to implement some of the ideas of HomeWorks, that it does make a difference in the long run. That's about just me kind of trying to remember it's not just a To-Do list. There's more to it.

CPS caseworkers also acknowledged that one barrier to implementing HomeWorks was that they typically only spent the first 30 days with families and were not the ones to complete the UFACET with the family; therefore this type of rapport building to make a long-term difference in a child or family's life was harder for a CPS worker to accomplish than a caseworker. Nonetheless, the HomeWorks principles had been put into practice as much as possible.

One additional way CPS caseworkers had been impacted by HomeWorks implementation in the Western Region was that removal decisions, and more often the decision not to remove, were being made with less fear that if something went wrong for the child, the CPS worker would receive sole blame. An administrator explained, "I'm starting to see that there's a less fearful type of case management going on. There was a point where people were just too worried about the liabilities of [not removing]." Safety plans with specific requirements were cited as a useful tool that helped support sound decisions on cases without as much fear.

Data was somewhat limited in terms of waiver impact on supervisory practice, likely due to the early implementation phase Western Region was in at the time of the first round of stakeholder interviews, however, respondents mentioned two important impacts: increased usage of HomeWorks language and an emerging focus on each family's strengths. Specific to using HomeWorks terminology, respondents stressed that the HomeWorks language was used in team meetings, staffings, and staff meetings. One supervisor reiterated, "some of them [caseworkers] are getting hit with it quite a few times over a period of a month." There was mention as well of incentivizing caseworkers and supervisors to use the HomeWorks language. Second, supervisors felt that they were more focused, as a result of HomeWorks, on helping to identify each family's strengths, no matter how difficult the case. Overall supervisors were viewed as having a very positive attitude about implementing HomeWorks, although one in their position longer did acknowledge the time it took to retrain oneself to focus on what should be focused on.

Although HomeWorks implementation was relatively new in the Western Region at the time of the stakeholder interviews, several impacts on case practice were noted. First, the UFACET was said to more concretely and specifically be driving development of each family's safety plan. One barrier to this was the time it took to complete the UFACET with a large family, although caseworkers still firmly believed it was to everyone's benefit and led to a more individualized plan and a more knowledgeable partnership. Second, changing the language of staffings to incorporate the protective factors and identification of family strengths was changing the way caseworkers felt about their work and the families they worked with. Caseworkers explained that staffings used to be more depressing because they mimicked court petitions regarding everything bad a family had done, and that staffings caused them to leave their work feeling discouraged. Respondents stated that changing the language of their work had actually changed the way they viewed and worked with families. Another caseworker, referring to transitioning cases between caseworkers, shared, "The caseworker can totally color the case… because of their attitude, how they are and how they run it, how they treat people, they really can."

Caseworkers also felt that HomeWorks allowed for more creative solutions. An example was provided of a mom who was cooperating but not able to attend the required parenting class in person; likewise the father was stationed somewhere and not able to attend in person. The caseworker and mother identified parenting podcasts they could complete on their cell phones and presented this plan in Court. Furthermore, caseworkers mentioned that it seemed to them as though they had more resources to recommend to families now, and more knowledge about such resources than previously.

Finally, the recurrent theme of a return to real social work emerged among respondents. The majority of caseworkers felt pleased that they were now in the role of doing therapeutic activities with families, rather than simply acting as a referrer to clinical services. A caseworker detailed, “We can teach this just as well as anybody else can teach this. Let's do social work, instead of just get them set up with all of the other providers.” Conversely, a countering opinion about this return to social work was also expressed: “We feel like we’re being put in a position of being a therapist where not a one of us is comfortable in.” Thus, while there had been a lot of enthusiasm from many respondents with regard to what was seen as a return to true social work, it appeared that there was perhaps also some resistance to this notion.

In terms of waiver impact on family engagement and well-being, respondents indicated that using the protective factors with families helped to engage them and helped parents to understand their situation better and why DCFS had become involved. One interviewee explained, “Just being a social worker again, I think that’s the biggest piece… you can actually have a discussion on the protective factors, and the families get to figure it out. ‘Oh, this is what I really need to do, and now I know why.’” Another interviewee talked about the process in terms of power dynamics and engaging the family: “It’s not just us dictating to people, you know, ‘Here’s what needs to happen.’ Because I think it helps them feel a little more like they have power, that they’re not powerless.”

Respondents indicated that the UFACET tool helped to focus everyone on the family’s strengths, and helped parents feel like the caseworker, as a result, knew the family and their individual belief system pretty well in comparison to past approaches that may have felt more sterile, generic or cookie-cutter. Interviewees also mentioned that it reinforced the idea that DCFS was intervening to help children stay in the home, rather than showing up at the door to take the children. It was described as conducive of a partnership between caseworker and parents, rather than a more traditional model of the caseworker in a monitoring capacity to make sure parents were not continuing to do something wrong. One respondent believed that it also gave families a much clearer and more concrete road map in writing regarding what they needed to do to get through their time in the child welfare system.

In terms of family well-being, respondents talked about the potential that this more strength-based approach of partnering with families to understand the changes that needed to occur might ideally lead to more sustainable and long-term changes for the family. “It's heartbreaking when you see the families come back in the system,” explained a caseworker. “You know, a family’s been doing so well and all this and then they come back in and so I'm hoping that if we can build some people up, they'll become more resilient and not have to come back in.”

Respondents also identified a few ways that HomeWorks had impacted DCFS and services offered to families at the organizational level. These responses were tentative due to the early implementation stage at the time of the first round of interviews for Western Region. First, it was reported that there were more voluntary cases. Respondents explained that this was a strength as it offered more flexibility in time spent with families because no one had to be in Court, and families were not on the defensive. The flip side to this was that caseworkers were often more challenged trying to get families to complete safety plans because there were no real consequences. Second, Western Region has been able to decrease their number of out-of-home care cases. Third, respondents indicated that HomeWorks helped public perception of DCFS. A caseworker noted, "I think it makes DCFS not look like such an evil organization, that we really do care. I want the family to be together." Fourth, respondents identified increased collaboration among DCFS staff since HomeWorks (e.g., staffings between caseworkers, supervisors and committees), and an organizational reprioritization or paradigm shift toward keeping children in the home and preventing removals. Fifth, respondents indicated that there was an increase in in-home services since HomeWorks, as well as parenting programs. However, it was also noted that Western Region was in many areas quite rural and in-home services in parts were nearly nonexistent in the past.

During the *second round of interviews* for the Western Region, stakeholders' feedback involved discussion of the impact to families and child safety, general DCFS practice, legal partners, changes in removal decisions, and differences in client characteristics after waiver implementation.

In terms of family engagement and well-being, stakeholders were mostly in agreement that child well-being had improved since the waiver implementation, especially with being able to keep children safely in the home. When asked to rate the Division's ability to ensure child safety in the home, the average rating was an eight out of ten. Many stakeholders concurred that when the system was functioning as intended, preventing removals was generally uncomplicated. But there were several barriers to the ideal flow of HomeWorks processes that hindered stakeholders' ability to ensure child well-being. Some respondents brought up the issue of lack of necessary services like housing and substance abuse treatment, while others mentioned issues they saw as outside the control of the Division, such as family willingness to engage in services. There were also some concerns that caseworkers were overburdened, and because of this they were sometimes perceived as eager to close one case in order to move on to the next, or perhaps even uninterested in genuinely helping families.

One respondent explained that the Division is newly focused on being "proactive rather than reactive," but acknowledged that there will still be removals. In such cases, the hope was that DCFS would still work with the families in a way that might prevent future removals. There seemed to be consensus that the approach at the time of emphasizing families' strengths did not mean that caseworkers were ignoring danger signs, although this was a concern brought up throughout the regions in earlier stages of implementation.

It was evident that stakeholders saw improved family engagement as a result of the waiver. Some described interactions with families as more personal and more caring. The following statement highlights one respondent's view on how the family engagement component of HomeWorks was reflective of true social work:

> It's not about checking off the boxes. It's not about going in the house saying, "okay, I was at the home. I saw all the kids. They're all fine." But it's actually talking to them and seeing what's going on with them and how they're handling stress and how the parenting is going. And it's just more like social work, not case management.

This comment also highlights a common theme echoed by other stakeholders, that HomeWorks encouraged a greater focus on caring about parents, and not just the children. Many respondents felt that greater dignity and empowerment was afforded to parents through the program, which they saw as a departure from previous practices. A legal stakeholder commented that HomeWorks gave families a better chance at completing services because it also allowed them to try to maintain important family bonds. Overall, HomeWorks was described as better for families, which many stakeholders appreciated.

Stakeholders were in agreement that caseworker practice had improved under the waiver, particularly in the methodology they used to arrive at assessments. Legal stakeholders said that it was clear that caseworkers were making careful considerations when determining whether to request in-home services or out-of-home placement. They also noted that safety decisions had been more uniform as a result of the SDM, and that court reports had improved since implementing the waiver. These consistencies in caseworker practice led to a greater comfort level among legal partners with the HomeWorks initiative, as indicated below:

> Keep up that objective decision-making process at the beginning, because nothing makes the [legal stakeholders] more nervous than when they come in and it seems like the caseworkers have been directed, "Don't remove at any cost," or that it's a policy decision rather than a case decision. So, I think case-by-case basis, structured decision making, good valid risk assessment, the uniformity from worker to worker, rather than having one worker who's super, super protective and wants to remove everybody, and another worker who never wants to remove anybody. I think that consistency has been so important, and that has been what puts my mind at ease with the whole effort towards in-home services.

DCFS stakeholders also attributed more uniform case practice to the framework of HomeWorks, describing caseworkers as more empowered and better equipped to make informed decisions, as opposed to being "left flailing on their own trying to figure it out." Tools such as the SDM and UFACET, and frameworks such as protective factors were said to be part of this strengthening of caseworker competence. Some respondents noted that caseworkers had been more committed to and invested in the families they worked with, and that they were more "enmeshed" with them because of more interactive processes. This approach was seen as a fundamental step in reaching families before they were in crisis, at which point removals were more likely.

Regarding CPS practice, interviews showed that some CPS caseworkers felt unable to spend as much time with families as they should because of time constraints, which may have led to missed visits and an approach of "checking off a list" rather than being able to make thorough examinations. However, some stakeholders noticed that certain aspects of CPS practice had improved, such as being able to have specific markers to look for when assessing families, which seemed to lead to less bias and opinion-based assessments. Stakeholders also noted that CPS caseworkers were looking more closely at the impact of

services to families, rather than just opening and closing cases. It was noted that DCFS was in the process of strengthening the CPS component of HomeWorks through direction from a state CPS committee. For instance, it was projected at the time of the interviews that a CPS training module would be rolled out in June or July of 2018, and there would also be changes made in SAFE to make it more user friendly to CPS caseworkers.

Findings from the interviews indicated that there were changes in GAL practice as well. It was reported that some GALs were less focused on removing children from potentially unsafe homes, and more focused on finding safe alternatives for keeping them in home. This included gaining more understanding from families of what they wanted as well as being creative in finding ways to achieve safety in the home. It was made clear that there were not lowered expectations among GALs, but rather a genuine attempt to understand HomeWorks and best engage with the framework. It was also mentioned that GALs were using HomeWorks language in interactions with caseworkers, including court reports and family plans.

Changes in judiciary practice were discussed as well. Stakeholders spoke mainly of the judiciary's willingness to incorporate HomeWorks language and concepts into practice. Examples included judges asking for SDM or UFACET scores or asking about protective factors when making decisions on cases. One stakeholder remarked that some of the uncertainty that was felt at the beginning of the implementation process had subsided after seeing reliability from caseworkers in making careful assessments. There seemed to be strong unification among judicial and legal partners and DCFS caseworkers around the common goal of reunification. It was also pointed out that sometimes judges had to go against the recommendations of caseworkers for policy reasons, or that preventing removal was not possible in some cases. Overall, however, there were positive experiences both from and with the judiciary in relation to carrying out HomeWorks objectives, and one respondent suggested that the trust level with courts has improved since the initial implementation.

In terms of removal decisions, there was consensus that stakeholders felt more at ease with their decisions to either keep children in the home or remove them. Stakeholders in multiple roles reported feeling more confident about their decision because of the use of clear assessments. As one interviewee stated, "they don't have to wonder as much now, 'Well, have we done enough?'" Some stakeholders stated that data showed decreases in removals and foster care numbers, and increases in voluntary cases. Part of this perceived success was attributed to caseworkers being better at providing services to families more immediately and to families being more willing to agree to voluntary services.

Finally, when stakeholders in the *second round of interviews* were asked about whether the characteristics of their clients were different under HomeWorks than prior to it, the vast majority responded that there were more substance abuse cases, and that they were more complex and time-consuming. Part of the reason for the complexity was that there may have been co-occurring issues, such as mental illness and substance abuse, and being able to implement the services necessary for both could be laborious, especially since it was widely noted that services were lacking or difficult to access for both substance abuse and mental illness. Those were the types of cases that were repeatedly referred to when stakeholders discussed challenges to effectively using HomeWorks methods. One stakeholder suggested that community providers were not capable of or interested in handling complex afflictions. Several respondents described a shift in recent years in drug use among DCFS clients from methamphetamines to

opioids, though the same problems with fetal and infant exposure existed. One stakeholder added that the Division was receiving cases of teenagers who were exposed to methamphetamines as infants, adding another dynamic to the clientele with which DCFS was working: “A lot of, from that meth bubble, of those kids that were born during that time, now they’re kind of teenagers and really struggling with their [intellectual ability and cognitive functioning].”

These problems related to changes in drug use may speak to societal changes that happened to occur at roughly the same time that HomeWorks was being implemented, rather than being a result of some kind of strategy by the Division to focus on particular families. However, the changes in drug use were viewed as pervasive, and some stakeholders felt that they warranted a specific approach that the Division was currently not able to provide: “I don’t think our substance abuse treatment is adequate to meet the needs, short term and all that. And a lot of the addicts... especially if you’re talking the opioids, you need long-term treatment to totally take care of the issue.” On the other hand, it was also suggested that there was less of a “kneejerk” reaction to substance abuse cases than in the past, and that the Division was seeking alternative methodologies for addressing those kinds of cases.

Several stakeholders noted that, in addition to the increase in more challenging cases, there was a shrinking pool of foster parents available to accept children when removals were necessary. For this reason, one interviewee expressed appreciation for the focus within HomeWorks on placing children with existing kin or friends. It was thought by some stakeholders that, even though there seemed to be more challenges with certain types of cases, there also seemed to be fewer families repeating services, and current methodologies may be responsible for helping families avoid future relapse.

Discussion

A number of common themes emerged across the regions with regard to the planning, roll out, and implementation of the waiver. First, there was widespread agreement from respondents that there had been strong support and involvement from state leadership throughout the waiver implementation process. There was somewhat less certainty, on the other hand, as to the extent to which accountability was shared, with frontline staff continuing to feel a strong sense of liability during the final rounds of interviews. Respondents expressed that it will be important for leadership to maintain support and focus on HomeWorks in order to ensure its long-term sustainability.

Another common theme was the perception that, overall, the roll out of HomeWorks was well-planned and well-executed. Many respondents reported that the roll out of HomeWorks was generally very strong, and that it was more comprehensive and effective than many past initiatives. A common finding, in fact, was the perception that it was one of the best roll outs in the Division's history. This was attributed to several factors, including the development and active engagement of the Waiver Leadership Team, the adherence to implementation science, and the training approach. Overall, respondents felt that the actual rollout was done very effectively, as evidenced by the way stakeholders were looking to its successes as lessons for future initiatives. In addition to the strong framework of the implementation, respondents also indicated that what made HomeWorks different was that it was "rolled out in a supportive, encouraging, reinforcing way, as opposed to imposing." Furthermore, the benefits of doing a staged roll out were noted; respondents from the Western Region suggested that they benefitted greatly from the fact that other regions had already ironed out some of the kinks.

There was also great consistency in articulating a shared vision across stakeholders and across regions. By the final rounds of interviews, there appeared to be fairly extensive buy-in to the HomeWorks vision and goals, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners. The general perception among most regions was that community support was still developing, but it had improved. Meanwhile, it was reported that most staff had come on board, and that there were "champions" for HomeWorks within the regions. Respondents from both within and outside of DCFS overwhelmingly appeared to be in agreement regarding the goals of reducing foster care and keeping children in the home, as long as they could do so safely.

Another identified strength of the waiver that emerged across regions were the new assessment protocols. There was general agreement that the introduction of evidence-based tools (e.g. the SDM, UFACET) had improved the quality and validity of assessments completed by caseworkers. This further resulted in increased confidence among legal partners in the assessments, since they could better see the logic and reasons behind caseworkers' recommendations.

Improved family engagement was another commonly perceived strength. This was frequently reported as one of the main impacts of the waiver, as it was widely recognized that HomeWorks encouraged greater engagement with families. It was clear that HomeWorks had energized many stakeholders because of its emphasis on genuine family engagement and doing what was best for families. Many respondents had hopes that these positive changes would also lead to longer-term change in families, especially in reducing families that tended to continuously cycle through the system. On a related note, numerous

respondents expressed that they were realizing some early successes in serving more children in the home and felt that the program was having a positive impact on family well-being.

One of the commonly noted limitations to the implementation process, however, was an overall lack of stakeholder involvement in planning and decision-making processes. It was noted that there had been inclusion of some frontline staff in various workgroups, and that the leadership had also been open to receiving feedback from staff throughout the implementation process in order to further refine the practice model and address arising challenges. At the same time, it was clear that throughout the regions, not all staff were aware of opportunities to participate in the planning or provide input to leadership, and many staff felt that there had not been sufficient effort to engage them. Furthermore, it was largely reported that external stakeholders and family and youth representatives had not been directly involved, and that their inclusion would have greatly benefitted the development and implementation of HomeWorks. Respondents especially expressed the desire to have more inclusion of client voices early on and more thoroughly throughout the implementation.

The other major barrier consistently identified across regions was inadequate funding and resources to support waiver implementation. Respondents reported that they were struggling to implement HomeWorks properly at their current capacity. One concern was insufficient staff and resultant high caseloads, which made it difficult to dedicate as much time to family engagement as caseworkers ideally should. A second concern was perceived critical shortages of appropriate services, which were needed to ensure child safety for in-home service cases. It was expressed that these services needed to be in place first in order to implement HomeWorks effectively. Underlying these challenges were overarching concerns about funding, and whether the state was committed to funding in-home services at an appropriate level. Stakeholders were unsure of the extent to which HomeWorks could remain operational without adequate funding, especially once the waiver ends.

EVIDENCE-BASED ASSESSMENT IMPLEMENTATION: UFACET

KEY RESEARCH QUESTIONS

The goal of the evidence-based assessment implementation analysis was to describe implementation of the Utah Family and Children Engagement Tool (UFACET). The conceptual model we tested assumed that enhanced training on an evidence-based assessment for caseworkers will lead to more effective assessment of the needs of children and families.

The key questions were:

- Do caseworkers demonstrate evidence of UFACET knowledge and skills by caseworkers?
- Does training on evidence-based assessments support caseworkers to more effectively plan services to address family and individual needs?

SAMPLE

UFACET-related data were derived from a number of samples. Certification data were initially obtained from the agency leaders charged with organizing and overseeing the certification process, and then later from an online certification site hosted by the CANS developer, THE TCOM Foundation. The certification sample was derived first from new employees following completion of new hire training that included UFACET assessment information; the certification sample was later expanded to include all current employees who participated in UFACET training and certification processes. Ultimately, certification data was gathered from 1,286 caseworkers.

During initial roll-out and thereafter, certification process and corresponding certification data were available from all new employees; during full roll-out, current employees were provided with certification opportunity, and therefore able to provide data on a region-by-region basis. Order of region roll out followed roughly the same order utilized pilot and field testing: Northern, Southwest, Salt Lake Valley, Eastern, and Western Regions (during field testing Western Region received some roll out materials prior to Southwest or Salt Lake Valley). As UFACET training and certification was rolled out to regions, new employees continued to engage in the training and certification process; through this process all in-home caseworkers and leadership had opportunity engage in UFACET training and certification.

Data for UFACET to service plan reviews were obtained from SAFE, the agency's statewide automated child welfare information system. Inclusion criteria and review processes were also adapted through pilot tests. To be eligible for review, cases had to be either PSC or PSS case types (in-home services), open for a minimum of three months, originating from a region that had achieved saturation, and open after the saturation date. Initially, we only included cases with UFACET and service plans completed in the required sequence and timeline (UFACET completed prior to plan, UFACET complete within 45 days of case opening/30 days of case closure). But important findings could be generated by examining cases that deviated from the timeline and/or lacked adequate documentation for determination. Therefore we included these cases as well. Because Eastern and Western Regions achieved saturation later in the project, an insufficient number of cases met inclusion criteria in time to conduct UFACET to plan reviews

for those regions. A total of sixty service plans were sampled- twenty each from the Northern, Southwest, and Salt Lake Valley Regions.

Data for developing complex case support materials were gathered from interviews with assessment workgroup leadership members, and from complex case logs completed by leaders providing complex case consultation to supervisors and/or caseworkers.

Data Sources and Data Collection

UFACET Certification

As stated above, worker certification data were collected from the agency leaders charged with organizing and overseeing the certification process, and later from an online certification site hosted by the CANS developer, the TCOM Foundation. Certification data included item-level answer scores provided by each caseworker after reviewing a vignette, the name of the vignette utilized, and what the correct score should be for each item. Although we intended to collect data for assessing fidelity to online recertifying protocols, the requirement threshold was low enough to render such data unhelpful. Because caseworkers were only required to take the certification exam, and not required to review videos or practice exams, the worker certification score essentially acted as a measure of recertification fidelity.

It should be noted that in fall 2018, the TCOM Foundation changed platforms for providing certification. The new platform was still under development, and the UFACET was subject to formatting that was better fitted to traditional CANS-based instruments and unfortunately much of the work accomplished by adapting the CANS to the UFACET was undone within the online platform and certification process. For instance, items that were reverse coded in the CANS, where for example a relatively high score of '3' would indicate deficiency, had been changed for consistent scoring on the UFACET so that '3' indicates strength. This change was no longer reflected in the online platform.

In addition, the process by which employees achieve certification or recertification was changed to require extensive preparation. More than 51 mandatory practice steps including watching videos and completing practice quizzes were required before caseworkers were eligible to take the certification exam. While the idea of reviewing materials and engaging in practice exams before certification is consistent with best-practice implementation, the materials and quizzes provided were not pertinent to the UFACET. More troubling is that answers to the required practice quizzes often contradicted the DCFS's UFACET policies and training.

As a result, the certification process became time consuming and error-laden to the extent that assessment workgroup leaders who had overseen certification and development of the UFACET for more than half a decade struggled to access and successfully complete certification exams. Workgroup leaders gained access to instructor-level resources from the updated platform near the end of the project. Due associated frustrations from caseworkers and administrators who were never able to successfully complete the new certification within the two designated attempts, the platform was changed to allow caseworkers infinite attempts at certification. This diverged from previous policies implemented to provide individual coaching after two unsuccessful attempts.

Perhaps most problematically, procedures for scoring certification attempts on the new platform diverged from how certification had previously been assessed. As a result of these limitations, specific certification data in the last six months of data collection are of limited utility and was not collected from the agency.

Impact of UFACET on Service Plans

To collect data for UFACET-to-service plan reviews, the Data Research Manager at DCFS randomly selected twenty cases that met inclusion criteria in the identified region prior to the reviews. In Northern and Southwest Regions where client populations are smaller, the first twenty cases that achieved inclusion criteria were utilized for review. Reviews were conducted by three observers during development, then two observers during roll out to avoid rater bias.

Following the UFACET to plan reviews, unstructured interviews were conducted with leaders from the assessment workgroup in order to clarify any questions that arose during the review process and ask for input interpreting preliminary results. These efforts were implemented to aid in refinement of the review process and to assist in validating the review process through identification of outliers.

Early UFACET to plan reviews in the Northern Region indicated the presence of a subset of cases for which administering the UFACET as intended was inherently difficult. To assist in categorizing types of complex cases or useful strategies, we interviewed agency leadership about preliminary results from the Northern Region's UFACET to plan reviews. Using this information, we began documenting complex case consultation calls..

As identified through field testing, caseworkers with questions about administering a UFACET were instructed to review the support materials, then ask a supervisor for input. If the supervisor felt unable to adequately answer the question, the caseworker and supervisor would contact administrative leaders overseeing the UFACET's development and implementation for support. As a result, these administrative leaders became centralized sources for UFACET related question-and-answer, especially about the most complex cases. Data about complex cases were primarily collected from these leaders, first informally through interviews, and later by establishing a complex case call log in which leaders could document each time they consulted a complex case.

DATA ANALYSIS

UFACET Certification

Relative intraclass correlation was calculated to assess for the degree of agreement between worker scores and standard 'correct' scores. Use of relative intraclass correlation to evaluate agreement is the method recommended by the developer of the CANS which is the measure on which the UFACET was based.

Item scores assigned by the worker that in aggregate are sufficiently correlated with standard scores (ICC > .69) can achieve certification. To analyze agreement on an item level, Means Square Error (MSE) was calculated across caseworkers for each item by region and vignettes. This procedure allows for insight into factors that could potentially influence the reliability of the UFACET certification process. For

example, items exhibiting high MSE across groups are hypothesized to result from vignette factors. Items exhibiting high MSE across vignettes, but within the same group are hypothesized to result from group-specific training factors.

In summer 2018, UFACET leadership were assisted in defining problematic drift in caseworkers' certification ICC. It was decided that more 10% variation in pass rates observed for more than one month would indicate problematic drift outside the scope of usual variation. We did not conduct ongoing evaluation of certification vignettes that produced consistently invalid results in preliminary findings.

Impact of UFACET on Service Plans

The finalized review instrument for the UFACET to service plan gathered data on: 1) administration characteristics including time between dates on which UFACET and Plan were finalized; 2) worker characteristics including region, office, and current supervisor); 3) case characteristics including number of caregivers and children identified in each document; and 4) needs considered in the planning process including needs addressed on the UFACET and/or plan.

The number of needs were then compared between the service plan and UFACET to produce an overall measure of agreement. A score of 1 indicated perfect agreement (i.e. every item on the UFACET was reflected in the plan and vice versa). A score of 0 indicated perfect disagreement (i.e. no items on the UFACET were reflected in the plan or vice versa).

Results

UFACET Certification

All caseworkers with active in-home caseloads completed at least one UFACET certification by close of the waiver demonstration. By the end of the waiver demonstration certification data was gathered from 1,286 caseworkers. Of those caseworkers 11% (n = 141) required two or more attempts to achieve certification.

Although sample sizes varied, mean ICC on the two vignettes used across all samples – Davis and Lopez Families – were comparable and well above the 0.69 certification threshold across employee types (new or current employee) when adequate information was available (see Table 1). For the two vignettes written by the agency and pilot tested during implementation, Davis and Lopez vignettes, certification rates and ICC observed via online administration remained relatively high and quite similar to mean ICC observed during implementation (see Table 2). Note, however, that mean ICC for online recertification after full implementation were higher than online certification ICC at initial roll out. This may be due to a higher number of current employees with existing UFACET experience using the vignettes for online recertification efforts, but it is also plausible that increasingly fine-tuned training and support materials contributed to higher mean ICC.

Lower mean ICC were observed among both new and existing employees for the other three vignettes (Jacobs, Traverse, and Calified vignettes); mean ICC on these three vignettes were .10 - .25 lower than mean ICC for the Davis and Lopez vignettes. Particularly problematic ICC were observed for the

Califield vignette: The mean ICC was equal to the cut off point for certification (.69) and only 51% (*n* = 33) of caseworkers who attempted certification with Califield were able to achieve certification. Problematic drift in certification ICC was not observed in data from any vignette.

Table 1. UFACET Certification for New and Current Employees, Lopez and Davis Vignettes

New Employees (*n* = 44)		Re-certifying Employees (*n* = 260)	
Vignette	Mean ICC	Vignette	Mean ICC
Lopez	0.83	Lopez	.80
Davis	0.75	Davis	.78
Total Mean ICC	0.79	Total Mean ICC	.79

Table 2. UFACET Certification ICC Summary by Administration Method

Certification at Initial Implementation (new employees) (*n* = 578)		Certification at Online Roll-Out (*n* = 322)		Certification at Full Online Implementation (*n* = 386)	
Vignette	Mean ICC	Vignette	Mean ICC	Vignette	Mean ICC
Lopez	0.79	Lopez	.78	Lopez	.81
Davis	0.78	Davis	.78	Davis	.91
-	-	Jacobs	.71	Jacobs	.71
-	-	Traverse	.70	Traverse	.66
-	-	Califield	.69	Califield	.69
Total Mean ICC	0.79	Total Mean ICC	.73	Total Mean ICC	.76

Because the UFACET's threshold for action lies between the scores of 0/1 and 2/3, high variation in scoring, particularly variation greater than one, is problematic. Large inconsistencies between new employees and recertifying employees indicate group differences, including possible differences in the UFACET training/certification process for current employee when compared to training/certification processes for new employees, or differences due to differing amounts of professional experience among the two groups. Indeed new employee item-level scores tended to vary more than those of existing employees: On the Lopez vignette, there were 14 items with MSE greater than one for new employees fourteen items and only four for existing employees; on the Davis vignette, there were 16 items with MSE greater than one for new employees and seven for existing employees. There were two items on the Davis vignette for which both groups produced MSE greater than three: Cultural Considerations for the Family Together, and Investment in Intervention for Child One (see Figure 2 and Figure 3 for details).

Figure 2. Mean Square Error of UFACET Certification Items, Lopez Vignette

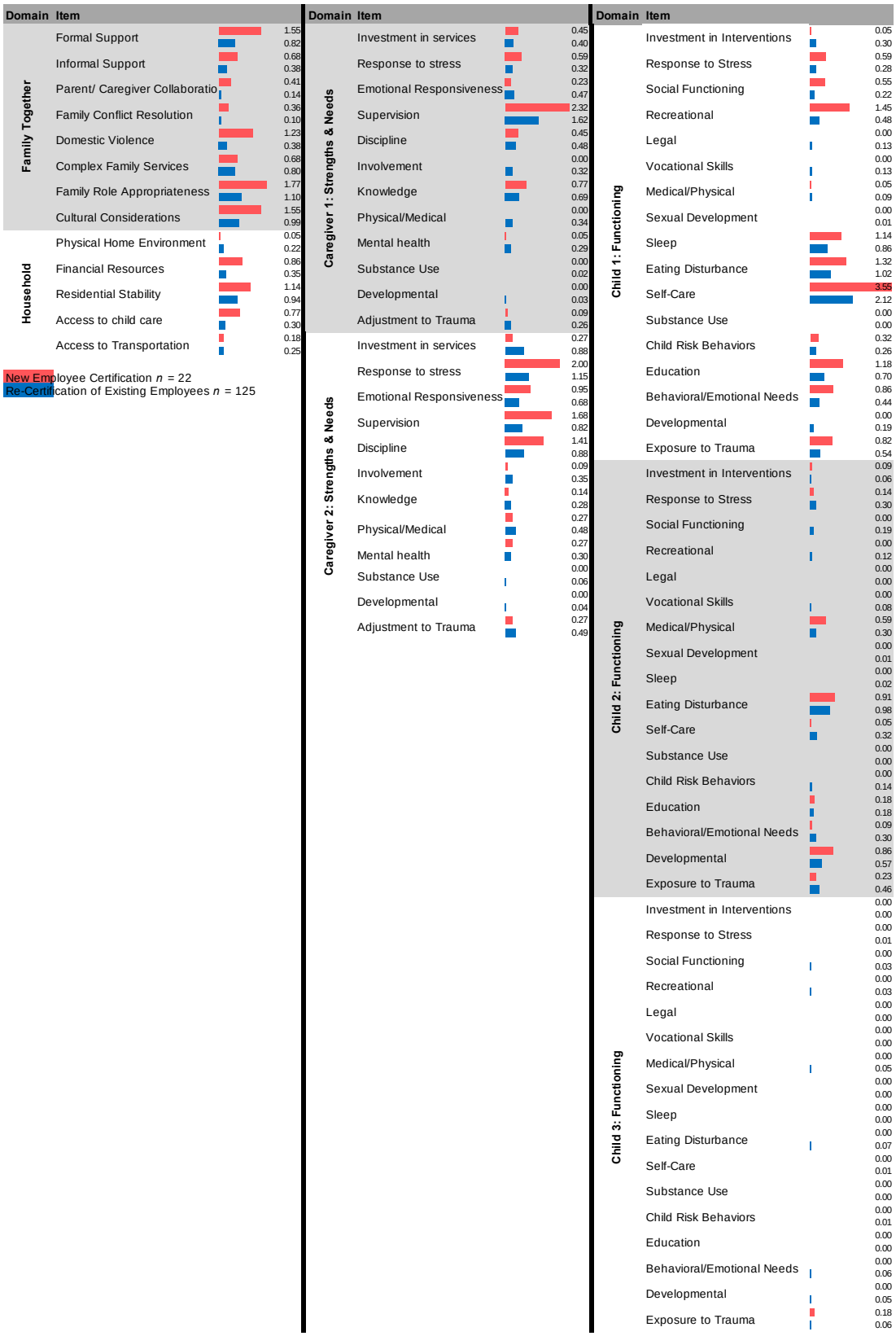
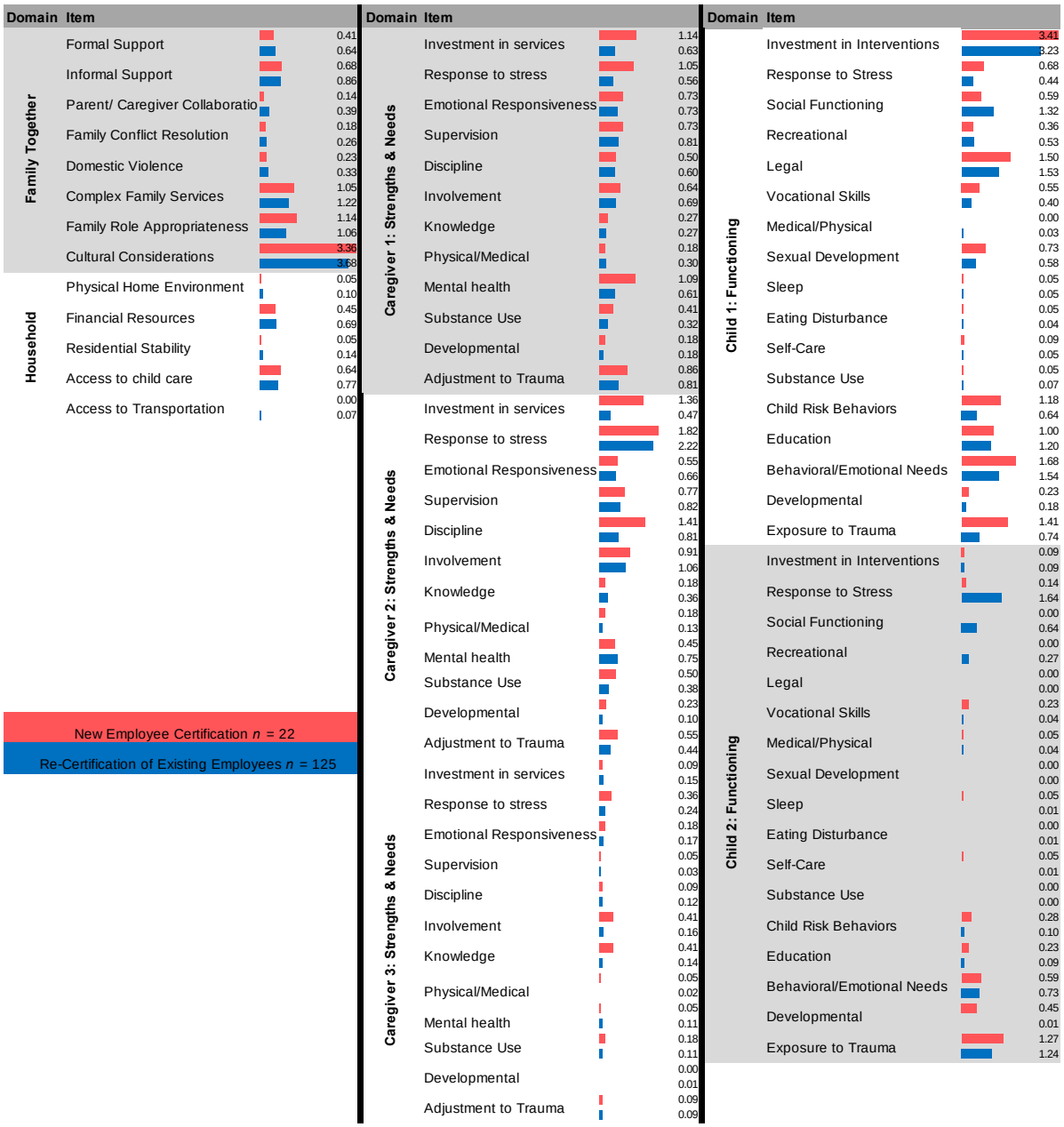


Figure 3. Mean Square Error of UFACET Certification Items, Davis Vignette



The Davis vignette was used for certification in all regions; the Lopez vignette was used all regions except Northern. Across regions, the Davis vignette displays high agreement (MSE < 0.10) on 28.6% of items (n=22), including the entire Caregiver Three Strengths & Needs domain, Physical Home Environment and Access to Transportation items from the Household domain, the Developmental item from the Caregiver Two Strengths & Needs domain, Sleep, Eating, and Self-Care items from the Child One Functioning domain, and Legal, Medical, Sexual, Sleep, Eating, Self-care, and Risk Behavior from the Child Two Functioning domain. The Davis vignette consistently generated problematically low

agreement (MSE > 1.00) between worker responses and standard responses on 7.8% (n=6) of items across two domains: Family Role Appropriateness and Cultural Consideration items from the Family Together domain, and Investment in services, Social Functioning, Legal, and Behavioral/Emotional needs in the Child One Functioning domain. The Lopez vignette displayed high agreement (MSE < 0.10) across regions on 32.9% of items (n = 26), including the Involvement, Medical, Substance Use and Developmental items from the Caregiver One Strengths & Needs Domain, Substance Use and Developmental items from Caregiver Two Strengths & Needs, Investment in Services, Medical, and Sexual Development items from the Child One Functioning domain, Social Functioning, Legal, Sexual Development, Sleep, Self-Care, Child Risk Behaviors, Education, and Behavioral/Emotional need items from the Child Two Functioning domain, and the entire Child Three Functioning domain. The Lopez vignette consistently generated problematically low agreement (MSE > 1.00) on 11.4% (n = 9) of items across five domains: Complex Family Systems, Family Role Appropriateness, and Cultural Considerations on the Family Together domain, Supervision on the Caregiver One Strengths & Needs domain, Response to Stress, Supervision, and Adjustment to Trauma on the Caregiver Two Strengths & Needs domain, Self-Care on the Child One Functioning domain, and Eating Disturbance on the Child Two Functioning domain.

Impact of Assessment Results on Service Plans

UFACET to Service Plan reviews were completed (n = 60) for cases from Northern, Southwest, and Salt Lake Valley Regions. Across all three regions, more people and needs were addressed in Plans than in UFACETS: Twenty-five percent of cases (n = 15) displayed evidence that at least one family member reported in the plan was not included on the UFACET. Overall agreement in cases with sufficient data to calculate agreement (n = 53) ranged from 46% to 100% agreement (M = 0.90, SD = 0.10). Agreement between plan and UFACET was observed to generally decrease with higher number of individuals in a family. Five common fidelity issues were identified through review:

- Timing issues, including finalizing the Plan prior to finalizing the UFACET, and/or documents finalized long after the required 45 days. This issue was especially prevalent when case type and/or family structure changed within the first 45 days.

- Missing documentation, especially initial UFACET assessments.

- Questions about who to include in UFACET and Plan. This issue was especially prevalent in reviews with multiple case types in a single family, changing case types within a family, in cases where the family structure was frequently changing, and in PSS kinship cases.

- Legal input. Documentation that a judge required the plan to deviate from the UFACET was identified in 12% (*n* = 7) of cases. Specifically, judges were noted to add services to plans, modify case open/close dates, and request that certain family members be either removed or added to the Plan.

- Practices inconsistent with information provided in training. Specifically, in 8% (*n* = 5) of cases caseworkers scored no items as “2/3” on the UFACET, then addressed needs marked “1” in the plan; 6% (*n* = 4) caseworkers indicated services were not needed because the client already engaged in services. More broadly, baseline UFACETs were not completed at all in 18% (*n* = 11) of cases reviewed.

In the Salt Lake Valley Region, of the 21 cases reviewed in the reporting period, 95% (n = 20) provided sufficient data for evaluation of agreement between UFACET and plan. This is an increase from previous regions in which 83% (n = 33) provided sufficient data. Also worth noting in Salt Lake Valley Region results was a sharp reduction in several issues identified in early reviews, including timing issues (finalizing the plan prior to finalizing the UFACET and/ document finalized long after the required 45 days), and practices inconsistent with information provided in training (e.g. including all needs marked "1" on UFACET in the plan).

Complex Cases

After soliciting feedback from agency leadership about results of UFACET to Service Plan reviews conducted in the Northern Region, we summarized that complex cases tended to involve multiple households, multiple caregivers, multiple case types, frequent change in structure, frequent change in placement, and/or frequent change in worker. Although no formal process was documented for complex case consultation at the time of interview, agency leaders described an informal complex case consultation process in which caseworkers faced with a potential complex case would first consult their supervisor, and if the supervisor was unsure, the pair would consult UFACET leaders by phone. If the UFACET leaders were unsure, the case would be presented to an existing Efficiency Workgroup for feedback and determination on how to proceed. This preliminary information was combined into a Complex Case Manual, which was then presented to UFACET leadership and Efficiency Workgroup for feedback. Feedback included requests to for the group to consult about complex cases via email instead of in person to reduce travel costs, and that implementation of these materials would likely be delayed due to capacity issues: The agency already had numerous waiver-related projects underway and consistent with best practice implementation science leaders were mindful to keep projects within realistic capacity.

In total, twelve complex case consultation calls were recorded in the log. Most concerned legal questions, who to include on the UFACET, and engagement. Legal questions included how to accommodate a judge's request for an education report (Answer: Include in the education court report as education was not an actionable item in these cases), if the UFACET could be shared with the court (Answer: Yes, although assistance with interpretation is recommended if possible), how to proceed if the Judge's determination deviated from the UFACET's findings (Answer: Include in the court documentation with plan to document why a service was ordered when not marked as not an actionable item in these cases), and how to complete a UFACET with a parent who will only interact through an attorney (Answer: Send materials to the lawyer and explain it works better with collaboration). Questions about who or what to include in assessment included questions about adult siblings living in the household but not interacting with family at all (Answer: Do not include if they are not contributing to the dynamic or issue, in either a positive or negative way), how to assess a parent that cannot be located but has not adjudicated, approached the court, or been offered services (Answer: Omit the parent for now), and how to score the UFACET for a child who has been caught stealing repeatedly but never prosecuted (Answer: If it requires intervention, mark a "2"). Engagement questions included the previously described question about the parent who will only engage via lawyer, and a similar question about a parent that refuses to engage by avoiding calls, and breaking repeated meeting appointments (Answer: Send UFACET materials and explain it can be completed via collateral report, but prefer to have parent input).

Discussion

Results from UFACET certification suggest that training on the evidence-based assessment used for the wavier demonstration was likely to lead to more effective assessment of the needs of children and families. The process for development and testing of the evidence based UFACET was largely successful in supporting caseworkers to more effectively plan services to address family and individual needs.

Consistent mean ICC scores across region and employee type are evidence that the agency was successful in developing materials to act as proxy measures of assessment skill among in-home caseworkers. Additionally, results of the item analysis strongly support continued use of the Davis and Lopez vignettes for certification. With exception of two items on the Davis vignette for which both new and current employee ratings resulted in problematically large divergence from standard scores (Cultural Considerations for the Family Together, and Investment in Intervention for Child One), the Lopez and Davis vignettes are suitably reliable instruments for assessment UFACET competency.

The finding that third attempts at certification were easily resolved when administered interpersonally highlights the importance of engagement in collaborative assessment. Increased focus on engagement skills in new hire training and ongoing training efforts can support caseworkers' knowledge of how to collaborate with family members, especially families who may be hesitant to participate. This is especially critical given the UFACET's intended collaborative approach.

Results from UFACET to plan reviews demonstrated increased understanding of how the UFACET helps caseworkers become transformational agents by connecting need to service provision. As evidenced by increasing fidelity to timelines necessary for assessment to drive planning, caseworkers demonstrated increased knowledge of how to utilize evidence-based assessment in case planning.

However, several common issues were observed to limit the extent to which fidelity may be achieved. The agreement between plan and assessment was especially low in large families and in families with multiple or quickly changing case types or family structures. The connection between effective assessment and planning seems to be often limited by factors that are not necessarily in the agency's purview. For example, legal input or legal barriers were a common reason for mismatch between assessment and plan.

ENHANCED CASEWORKER SKILLS IMPLEMENTATION: SFPF

The enhanced caseworker skills implementation analysis comprised: 1) an assessment of the impact of the training in Strengthening Families Protective Factors Framework (SFPF), and 2) an assessment of the implementation of the STEP peer parenting program. The information on the training impact was included in the interim report and is presented again in Appendix C. In this final report, we have focused on the impact the training had on case staffings.

KEY RESEARCH QUESTIONS

The goal of the enhanced caseworker skills implementation analysis was to describe implementation of the Strengthening Families Protective Factors Framework (SFPF). The conceptual model we tested assumed that enhanced caseworker interventions based on the SFPF Framework will lead to more increases in well-being for children and families.

The key question was:

- Do caseworkers demonstrate evidence of the knowledge and skills needed to use SFPF with children and families?

SAMPLE

Observations of case staffings across all regions were conducted between October 2013 and October 2017 by the University of Utah (see Table 3). Observers recorded discussions at a total of 578 case staffing meetings, creating electronic documents for each meeting. Some of the case staffing observations were omitted from review (N=119) for several reasons, such as the type and content of the meetings not matching the purpose of the analysis, and poor data quality (e.g. due to inability to hear clearly over the phone) that resulted in insufficient content for analysis[1]. Thus, a total of 459 observations were included in the final analysis. These documents were downloaded to a secure server for the University of South Florida (USF) evaluation team to upload and code using the Case Staffing Review Tool (see Appendix D).

DATA SOURCES AND DATA COLLECTION

Case staffings were evaluated for evidence of caseworker and supervisor use of the SFPF Framework which includes (a) Parental Resilience, (b) Social Connections, (c) Knowledge of Parenting and Child Development, (d) Concrete Supports in Time of Need and (e) Social and Emotional Competency of Children. Case staffings were also evaluated for program strategies that build the aforementioned protective factors. These six strategies include (a) an array of services and supports for families, (b) infusion of trauma informed skills in case practice, (c) heightened awareness of child well-being, (d) connecting families to evidence-based services, (e) appropriate use of structure decision making (SDM) or other risk assessments, and (f) evidence-based decision making.

[1] The output for one set of staffings could not be recovered, leading to its exclusion in the final analysis. Because the group of excluded staffings covered multiple regions and was during a year when there were a large number of staffings, this exclusion is unlikely to have affected the overall analysis in a significant way.

Data Analysis

Each case staffing was scored on a binary scale (Yes/No). If a protective factor or program strategy was mentioned at the meeting as a positive or negative aspect of each case, it was scored as being addressed with the assumption that caseworkers were working on the protective factors in conjunction with the families with whom they work. If there was insufficient evidence indicating a topic was discussed it was marked as "No." The timely use of SDM and risk assessments was indicated as "Unknown" at times with accompanying notes; this was usually regarding the lack of description about timeliness or indications that SDM/risk assessments had not been completed adequately or needed to be repeated.

All case staffings were analyzed by region and implementation year to determine adherence to the HomeWorks framework. File names were blinded and randomized prior to review.

Table 3. Case Staffings Conducted by Region and Implementation Year

Location	Pilot	N	1st Year	N	2nd Year	N	3rd Year	N
Northern	10/1/13 – 3/31/14	16	04/01/14 – 03/31/15	42	04/01/16 – 03/31/17	22	04/01/17 – 03/31/18	9
Southwest	-	-	11/01/14 – 10/31/15	0	11/01/15 – 10/31/16	58	11/01/16 – 10/21/17	7
Salt Lake Valley	-	-	04/01/15 – 03/31/16	39	04/01/16 – 03/31/17	73	04/01/17 – 03/31/18	16
Eastern	-	-	08/01/15 – 07/31/16	13	08/01/16 – 07/31/17	56	08/01/17 – 07/31/18	7
Western	-	-	12/01/15 – 11/30/16	30	12/01/16 – 11/30/17	71	12/01/17 – 11/39/18	0
Total		16		124		280		39

Evaluation team members who analyzed the staffing observations took part in an inter-rater reliability exercise to determine fidelity in analysis by multiple analysts. We scored several observations independently using the Case Staffing Review Tool and compared scores to determine frequency of agreement in rating. The team achieved an agreement rate of 84% twice throughout the evaluation period. Agreement was calculated by comparing scores on the Review Tool and dividing the total number of matching elements by the total number of thirty-three scored elements (McHugh, 2012).

Quantitative Data

Scores from the Case Staffing Review Tool were entered into a spreadsheet as binary data. Data were collected on three levels: first, if topics were addressed by either caseworkers or supervisors; second, if the topic was addressed by caseworkers; and third, if the topic was addressed by supervisors. For the purpose of providing a comprehensive, retrospective analysis for this report, only essential domains were included, and therefore, if the topic was addressed by only a caseworker or supervisor, it was counted as being addressed overall, and distinctions are not made in the table below (see previous reports for a more detailed analysis).

The frequency of each protective factor and program strategy was calculated for the regional totals of case staffing observations to show how often each factor or strategy was discussed in the meetings. Frequencies are shown by region and by implementation year. Implementation years differed for each region, so the timeframes capture the specific dates of the first, second, third, and fourth years for each region. An overall average across regions is provided for each Protective Factor by implementation year.

Qualitative Data

Comments on the content and logistics of staffing meetings were noted by the University of Utah during the observation process and by the University of South Florida during the review process. These comments capture various aspects of the staffings, such as a brief summary of the extent to which Protective Factors were the focus of the meetings, ways that caseworkers and supervisors interacted, examples of coaching or unique strategies or activities related to HomeWorks, and logistical issues that made it difficult to understand conversations (e.g., not knowing who the speaker was or having a poor connection via phone observation). Key components of these data have been compiled from previous reports in order to highlight patterns that may contribute to understanding of the quantitative findings.

Results

The number of cases discussed at each meeting ranged from one to 34 with a mean of eight and a median of seven. From the pilot year to the third year, there was an overall increase in the frequency with which regions addressed each protective factor, though in some regional analyses there were fluctuations over the years (see results presented in Table 4). For instance, in the Southwest Region, parental resilience went from 60 percent in the second year to 43 percent in the third year, suggesting a decrease, although this may reflect the difference in number of case staffings observed between the second year (N=58) and third year (N=7). The same general pattern was true for Salt Lake Valley, which showed an initial increase from the first year (77%) to the second year (86%), and then a slight decrease during the third year (69%). With regard to addressing Concrete Supports in Time of Need, almost all regions but Southwest showed increases over the years. With the exception of three instances across different regions, all protective factors were addressed more than 50% of the time each year.

When considering the overall percentages across all regions and averaged over time, the frequency with which each protective factor was addressed was very consistent, ranging between 64% and 76%. Social connections and social and emotional competence of children were the two areas that were addressed the most frequently on average, and knowledge of parenting and child development and Concrete Supports in Time of Need were addressed the least on average. Regionally, it was clear that the Eastern Region had consistently higher scores in all protective factors and across all years compared to other regions.

Fluctuations over time may be reflective of trainings or other efforts to incorporate protective factors or program strategies into practice. For instance, some percentages may have been higher in the beginning of a region's implementation because the ideas were new and being consistently reinforced through trainings, brown bags, and other measures. Additionally, different regions have chosen to embrace protective factor education in different ways, with some focusing on one protective factor at a time, one month at a time, which may result in temporary decreases in addressing other protective factors.

Table 4. Evidence of Strengthening Families Protective Factors Framework

		% of Total Per Region and Implementation Year				
Protective Factor	Region	Pilot	1st Year	2nd Year	3rd Year	Average
Parental Resilience	Northern	63	62	82	67	69
	Southwest	-	-	60	43	52
	Salt Lake Valley	-	77	86	69	77
	Eastern	-	92	88	100	93
	Western	-	90	62	-	76
	Overall	**63**	**80**	**76**	**70**	**72**
Social Connections	Northern	63	67	86	67	71
	Southwest	-	-	76	71	74
	Salt Lake Valley	-	90	93	81	88
	Eastern	-	100	86	100	95
	Western	-	77	73	-	75
	Overall	**63**	**84**	**83**	**80**	**76**
Knowledge of Parenting and Child Development	Northern	56	86	64	67	68
	Southwest	-	-	59	57	58
	Salt Lake Valley	-	38	77	63	59
	Eastern	-	100	66	86	84
	Western	-	73	56	-	65
	Overall	**56**	**70**	**64**	**68**	**65**
Concrete Supports in Time of Need	Northern	38	24	77	78	54
	Southwest	-	-	71	57	64
	Salt Lake Valley	-	74	88	88	57
	Eastern	-	92	96	100	96
	Western	-	83	86	-	85
	Overall	**38**	**52**	**84**	**81**	**64**
Social and Emotional Competence of Children	Northern	56	64	86	78	71
	Southwest	-	-	69	57	63
	Salt Lake Valley	-	72	82	69	72
	Eastern	-	100	93	100	98
	Western	-	90	83	-	87
	Overall	**56**	**87**	**83**	**76**	**76**

Pilot: Northern (N=16)
1st Year (N=94): Northern (N=42), Salt Lake Valley (N=39), Eastern (N=13), Western (N=30)
2nd Year (N=280): Northern (N=22), Southwest (N=58), Salt Lake Valley (N=73), Eastern (N=56), Western (N=71)
3rd Year (N=79): Northern (N=9), Southwest (N=7), Salt Lake Valley (N=16), Eastern (N=7)

Table 5 presents findings on the discussion of program strategies during case staffings. In general, program strategies were discussed at a far lower rate than protective factors and did not follow the same structured framework, despite explicit emphasis on these program strategies throughout the HomeWorks implementation. For some program strategies, there was a consistent increase in the rate at which they were addressed. For instance, the overall percentage of time that array of services and supports for families was addressed increased from the pilot year (13%) to the first year (72%), to the second year (82%), and to the third year (92%). This finding was consistent across the regions.

Table 5. Evidence of Program Strategies for Protective Factors

	Region	% of Total Per Region and Implementation Year				
		Pilot	1st Year	2nd Year	3rd Year	Average
Array of Services and Supports for Family	Northern	13	33	68	89	51
	Southwest	-	-	64	86	75
	Salt Lake Valley	-	74	93	94	87
	Eastern	-	85	96	100	64
	Western	-	97	87	-	92
	Overall	**13**	**72**	**82**	**92**	**65**
Infusion of Trauma Informed Skills in Case Practice	Northern	0	5	23	11	13
	Southwest	-	-	19	0	10
	Salt Lake Valley	-	21	40	25	29
	Eastern	-	31	43	43	39
	Western	-	53	25	-	39
	Overall	**0**	**28**	**30**	**20**	**26**
Heightened Awareness of Child Well-Being	Northern	31	60	50	33	44
	Southwest	-	-	41	29	35
	Salt Lake Valley	-	51	40	25	39
	Eastern	-	59	55	43	52
	Western	-	43	32	-	38
	Overall	**31**	**53**	**44**	**33**	**40**
Connecting Families to Evidence Based Services	Northern	25	17	64	44	38
	Southwest	-	-	21	0	11
	Salt Lake Valley	-	41	29	38	36
	Eastern	-	77	39	43	53
	Western	-	43	31	-	37
	Overall	**25**	**45**	**37**	**31**	**35**
Appropriate SDM /Risk Assessment Completed	Northern	69	81	73	67	73
	Southwest	-	-	38	57	48
	Salt Lake Valley	-	77	68	75	73
	Eastern	-	46	29	71	49
	Western	-	50	38	-	44
	Overall	**69**	**64**	**49**	**r**	**63**
Evidence-Based Decision Making	Northern	63	88	64	89	76
	Southwest	-	-	52	86	69
	Salt Lake Valley	-	51	93	94	79
	Eastern	-	92	96	100	96
	Western	-	97	96	-	97
	Overall	**63**	**82**	**80**	**92**	**79**

Pilot: Northern (N=16)
1st Year (N=94): Northern (N=42), Salt Lake Valley (N=39), Eastern (N=13), Western (N=30)
2nd Year (N=280): Northern (N=22), Southwest (N=58), Salt Lake Valley (N=73), Eastern (N=56), Western (N=71)
3rd Year (N=79): Northern (N=9), Southwest (N=7), Salt Lake Valley (N=16), Eastern (N=7)

There were many fluctuations in the infusion of trauma-informed care across the regions over time, as shown in Table 5. Many regions saw increases between the first and second implementation years, and

there were several decreases going into the third year, though this may be related to the small sample sizes of case staffing observations during the third year. The percentage of time that heightened awareness of child well-being was addressed seemed to have steadily decreased over the years for each region. There were many variations in the percentage of time Regions were scored as connecting families to evidence-based programs, though for many Regions these scores decreased over the implementation years. There was also an inconsistent pattern with the SDM or risk assessment completion, though the overall pattern over time appears to have stayed consistent, averaging at 63% across regions. Finally, there were consistent increases over time for all regions with the frequency with which they were observed taking part in evidence-based decision-making.

Qualitative data from the observations give a more comprehensive understanding of how the SFPF Framework was utilized by caseworkers and supervisors during case staffing meetings. The information and structure of the staffings varied widely, as some were conducted one-on-one and included very detailed, thorough discussions, while others included several cases and moved quickly, focusing more on procedure and processes.

There was a general shift in case staffing observations over the waiver years from resistance to engaging the HomeWorks framework and inconsistent understanding of it to a more clear integration of key elements of HomeWorks, such as the protective factors. For instance, in Year Three there were multiple indications that HomeWorks language and tools were regular parts of case discussions between supervisors and caseworkers. It was common for supervisors to explicitly ask how caseworkers were addressing protective factors with their families or for caseworkers to use the protective factors as a guiding tool for determining an appropriate resolution to families' needs.

However, not all areas of the intended outcomes showed such clear change in the positive direction. From Year 1 case staffing observations, it was noted that there were many questions about the SDM as a tool and as a process, and there was little discussion of the SDM in subsequent years, though the quantitative data reflect a lack of significant knowledge gain in this area. On the other hand, although there was observed confusion over use of the UFACET in early years, later years revealed more consistency in discussion and troubleshooting around the UFACET, though there were still some concerns about how to make the results relatable to families.

Another change that was observed over time from the staffing observations was the easing of tension between legal partners and caseworkers. Though this element was not formally captured in the review tool, it was clear from observations that HomeWorks processes and tools were beneficial in communicating recommendations to courts in the later years, while in the early years there were several instances of tension between caseworkers and legal partners observed through staffings. In some cases, supervisors were explicit in their efforts to connect HomeWorks to legal processes, as in the following example: "When we do that court report, we are going to want to tie all of her progress or lack of to the Protective Factors. If these predict success for the parents, we want to use that language in that report."

Compared to earlier observations, there were many examples in later years of caseworkers and supervisors using a strength-based approach toward families, which included looking for ways that parents were being resilient, highlighting their individual strengths, or showing empathy in understanding

their experiences and challenges. There were still minimal instances of derogatory language towards families at all points in the evaluation, but towards the end of the observations, it was clear that caseworkers and supervisors were enthusiastic about the ways in which HomeWorks was leading to stronger engagement and more meaningful interactions with families.

Throughout all observations, there were some limitations that may have hindered observers' ability to comprehensively assess each case staffing meeting. One challenge was that, because many of the observations were conducted over the phone, sometimes the observer had difficulty hearing. Therefore, parts of dialogue were missing, and sometimes there was confusion about which staff member was speaking. It was also unclear from an evaluation standpoint whether some items like the SDM were actually completed and just not discussed. Overall, however, these logistical challenges were unlikely to have made a substantial difference in the outcomes.

Discussion

Though the overall data sample for this report was large (N=459), the breakdown by region and implementation year led to small sample sizes in some instances, making generalization of patterns difficult. Despite regional variations across implementation years, there was sufficient evidence to suggest that there were several increases in the frequency with which HomeWorks concepts and strategies were being addressed during staffing meetings, both from quantitative and qualitative analyses. For protective factors, all regions but one showed improvement in addressing Concrete Supports in Time of Need, and for almost all regions and years, protective factors were addressed at least 50% of the time on average.

Despite these positive indicators, there were still several areas where results were mixed or remained stagnant, particularly with regard to program strategies. While some of the program strategies showed evidence of being frequently employed during observations, such as array of services and evidence-based decision making, others were underutilized, including infusion of trauma-informed skills, heightened awareness of child well-being, connecting families to evidence based services, and appropriate SDM/risk assessment. In these areas, there was still room for improvement in terms of making these strategies a more regular and explicit part of the routines and procedures of caseworkers and their supervisors.

There was strong evidence of efforts to integrate HomeWorks into regular practice and careful assessment of cases using related concepts and tools.

- Observations were largely reflective of attempts to use a strength-based approach to interacting with families and empowering them to meet their goals.

- Staff at all levels took part in creating and sharing tools to make HomeWorks concepts more concrete and relatable to both caseworkers and families.

- Many supervisors demonstrated comfort with coaching and mentoring through active listening, encouragement, and consistent guidance towards the HomeWorks framework.

COMMUNITY SERVICES IMPLEMENTATION

The community services evaluation of the waiver comprised: 1) an assessment of the needs and services available for waiver families, and 2) an assessment of the implementation of the STEP peer parenting program. The information on the needs and services assessment was included in the interim report and is presented again in Appendix E and F. In this final report, we have focused on the STEP evaluation.

STEP PEER PARENTING ANALYSIS

Systematic Training for Effective Parenting (STEP) is an evidence-based parenting education program designed for parents with children of all ages. As part of the waiver demonstration, DCFS adapted the STEP curriculum to be used by trained peer parents in an individualized, in-home setting with child welfare involved families. Implementation of the STEP program began rolling out in late 2014 and was implemented statewide by 2016. As part of the evaluation for the IV-E Waiver, an observation-based fidelity protocol was developed to assess the implementation of the STEP program throughout the state. Findings from the fidelity assessment, including changes over the course of the waiver, are described in this section.

Key Questions

The key question for the STEP peer parenting analysis was:

- To what extent was the STEP program delivered with fidelity to the model?

Sample

Peer parents saw their role in HomeWorks implementation falling into four main activities: spending time with parents in their home providing guidance and parenting advice, implementing the STEPS curriculum, and working with parents on their Parent Instructional Plan (PIP), which includes goal setting and attainment specific to their family's case. One peer parent explained, "We use the STEP curriculum depending on the age of the children. There's different books you can use to really gear it towards their needs. We work with them directly to get the goals that they want." The role of trauma and healing was raised by peer parents, as they saw an element of their role as helping parents cope with traumatic past or present experiences, such as domestic violence or substance abuse.

Data Sources and Data Collection

The process for assessing fidelity to the STEP program was developed in collaboration with DCFS, and the STEP developers. There was no existing fidelity assessment for the program, so fidelity criteria and a measurement tool needed to be developed. We conducted a review of existing fidelity criteria, instruments, and processes for other parenting education programs. They also reviewed the STEP program manual for core program elements, particularly those related to the process of delivering the program curriculum. Through this process, a set of appropriate fidelity criteria were identified, which were used to develop an observation tool. After a draft of the tool was developed, it was shared with DCFS and the STEP developers for feedback. The revised tool was then piloted by conducting three initial Peer Parent observations, and some additional modifications were made based on this pilot run. The final Peer Parenting Observation Tool is included in Appendix G.

Fidelity data were collected through observations of Peer Parenting sessions conducted in the homes of child welfare involved clients. A trained member of the evaluation team conducted each of the observations using the structured Peer Parenting Observation Tool. The tool was designed to assess an observed Peer Parenting session on 16 STEP fidelity criteria, as well as four leadership domains (listening, empathy, encouragement, and engagement) associated with effective parenting programs. The fidelity criteria were assessed via a Yes/No checklist, while the leadership skills were assessed using a Likert-style rating scale from 0 (skill not demonstrated during session) to 3 (skill consistently demonstrated throughout session). Finally, a set of 'Poor Engagement' behaviors were also assessed using a scale from 0 (behavior not exhibited during session) to 2 (behavior exhibited frequently during session). For each section of the tool, a space was provided for the observer to include qualitative observation notes, providing further context for understanding how items were rated and examples of how Peer Parents engaged with their clients.

Data collection was carried out at two distinct time points. The first round of observations was conducted during early implementation of the Peer Parenting program, from March 2015 to April 2016. During this initial round, 30 Peer Parenting observations were completed throughout the state. The distribution of these observations across the five regions was as follows: Northern (n = 9), Southwest (n = 5), Salt Lake Valley (n = 8), Western (n = 6), and Eastern (n = 2). Findings and feedback from this first round of data collection were then shared with the state leadership team and Peer Parenting providers so that the data could be used for quality improvement. The second round of data collection was conducted from October 2017 to August 2018 and included 19 Peer Parenting observations. These observations were distributed as follows across the five regions: Northern (n = 4), Southwest (n = 4), Salt Lake Valley (n = 5), Western (n = 4), and Eastern (n = 2).

Data Analysis

A mixed-methods approach was used that integrates quantitative and qualitative analyses to assess the fidelity of Peer Parenting implementation. The rated items (e.g. yes/no and rating scale items) were entered into a spreadsheet and analyzed using SPSS version 22.0 statistical software. For each observed session, a total fidelity score was calculated by adding up the number of criteria on which the Peer Parent demonstrated fidelity (items marked as 'yes'). A basic threshold of fidelity on at least 80% of the criteria ('yes' on 13 or more of the 16 items) was established for a Peer Parent to have demonstrated adequate (high) fidelity. A fidelity score of 10-12 was categorized as 'moderate' fidelity, and a score of 9 or less was considered 'poor' fidelity. On the leadership items, a rating of 2 or better indicates adequate skills in each of these areas. A composite leadership score was also calculated for each individual by adding up the scores on the four leadership items and then subtracting the score on the 'Poor Engagement' items. A leadership score of 11-12 was categorized as demonstrating 'strong' leadership skills, 8-10 was considered 'moderate,' and a score below an 8 was considered 'poor' leadership.

Descriptive analyses were conducted to determine frequencies on each of the fidelity items and means were calculated for the total fidelity score and leadership scores. Next, comparative analyses were performed to examine differences between the first set of observations (Time 1) and the second set of observations (Time 2). Independent samples t-tests were performed to analyze differences in the fidelity and leadership scores. Pearson's chi-square was calculated for each of the individual fidelity criteria to

examine differences in the distribution of fidelity at the item-level. Finally, a correlation analysis was performed to explore the relationship between fidelity and leadership scores.

In addition, qualitative data collected through the observation notes were reviewed and coded for emerging key themes with regard to the ways in which the Peer Parents conduct their sessions, interact with and engage their clients. The qualitative findings were triangulated with the quantitative findings to provide a more contextualized understanding of fidelity and areas where practice might be improved.

Results

The majority of observed Peer Parenting sessions involved in-home cases. This remained consistent between the two observation time points (Time 1 = 63.3% of cases, Time 2 = 68.4% of cases), as illustrated in Figure 4. A smaller number of observations involved reunification cases (Time 1 = 16.7%, Time 2 = 15.8%) and out-of-home cases that had not yet reunified (Time 1 = 10%, Time 2 = 15.8%). Overall, both biological parents were engaged in Peer Parenting services for roughly half of the observed cases; the proportion of cases involving both parents was slightly higher during the second set of observations (Time 2 = 52.6%, Time 1 = 46.7%). Slightly more than one-third of the cases involved the mother only at both observation time points, and a small number of cases involved the father only, as shown in Figure 5. At the time of the observation, clients had received anywhere from one to twenty peer parenting sessions (M = 6.94, SD = 4.125); this distribution was similar between the two time points.

Figure 4. Types of Cases Represented in Peer Parent Observations

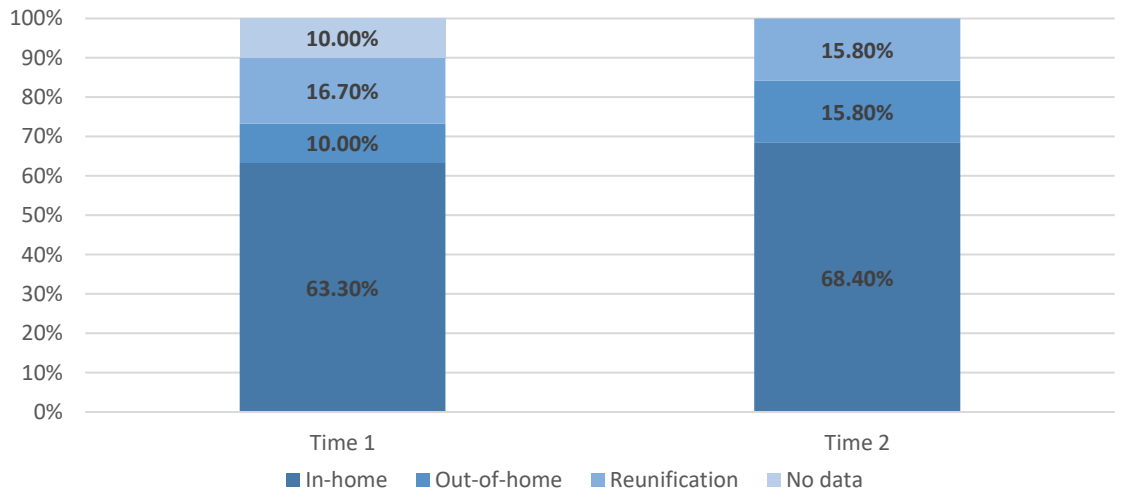
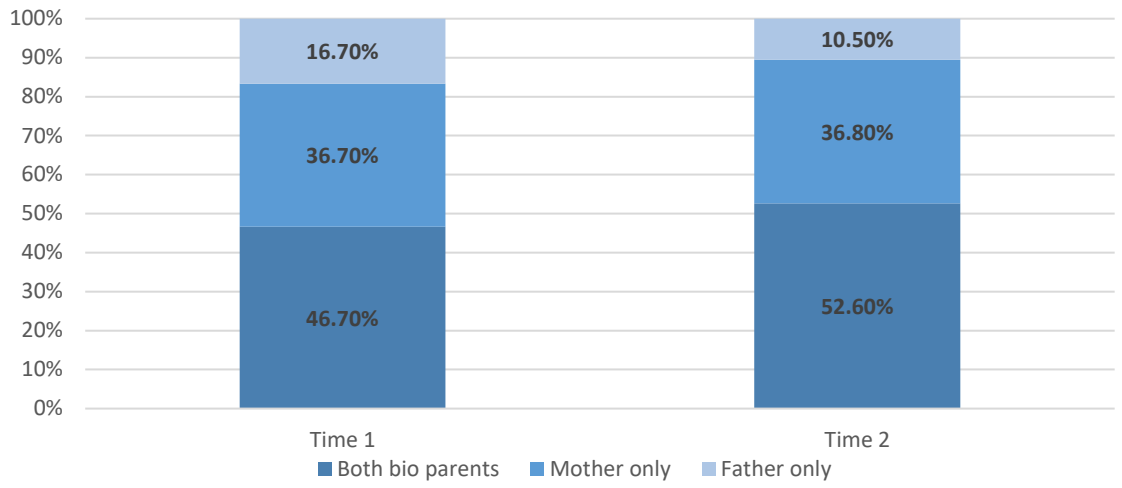


Figure 5. Primary Caregivers Engaged in Peer Parenting Services



Results from the fidelity analysis show that significant improvement was made between the first set of observations (Time 1, M = 11.2) and the second set of observations (Time 2, M = 13.26), t = -3.137, p = .003. During the first round of observations, the average fidelity score fell well below the fidelity threshold, whereas the second round of observations achieved the high fidelity threshold (score of 13 or higher). These results are shown in Table 6. Improvement was also made in each of the leadership domains and overall leadership score between Time 1 and Time 2. Statistically significant changes were realized in the areas of Listening (t = -3.071, p = .005) and Encouragement (t = -2.063, p = .045). Mean scores in all four domains were above a '2,' indicating that Peer Parents demonstrated these skills fairly consistently, with Listening achieving the highest score at both time points.

Table 6. Comparison of Fidelity and Leadership Scores between Time 1 and Time 2

	Mean (SD)		Independent Samples t-test	
	Time 1	Time 2	t-score	sig.
Fidelity Score	11.2 (2.295)	13.26 (2.156)	-3.137	.003*
Listening	2.70 (0.535)	3.00 (0.000)	-3.071	.005*
Empathy	2.50 (0.820)	2.74 (0.452)	-1.300	.200
Encouragement	2.50 (0.777)	2.84 (0.375)	-2.063	.045*
Engagement	2.37 (0.765)	2.42 (0.838)	-.234	.816
Poor Engagement	0.53 (0.524)	0.90 (0.591)	-2.238	.030*
Leadership Score^	9.50 (2.748)	10.12 (1.569)	-.872	.388

*Difference in mean scores between Time 1 and Time 2 is statistically significant, p < .05

^ Composite score calculated by summing scores for Listening, Empathy, Encouragement, and Engagement, then subtracting the Poor Engagement score.

Fidelity and leadership scores were further grouped according to the previously described criteria to assess the proportion of observed sessions achieving adequate fidelity and demonstrating proficient leadership skills. As shown in Table 7, results from the Pearson's Chi-square analysis demonstrate that a significantly greater proportion of observed sessions achieved high fidelity at Time 2 compared to Time 1 ($X2 = 8.354$, $p = .015$). While a slightly greater proportion of sessions also demonstrated strong leadership skills at Time 2 compared to Time 1, this difference in distribution was not statistically significant.

Table 7. Peer Parent Fidelity and Leadership Proficiency

		Time 1 (%)	Time 2 (%)	Pearson X2	Sig.
Fidelity Strength	High (13-16 items)	26.7	68.4	8.354	.015*
	Moderate (10-12 items)	56.7	26.3		
	Low (9 or fewer items)	16.7	5.3		
Leadership Skills	Strong (score of 11-12)	36.7	42.1	0.410	.815
	Moderate (score of 8-10)	53.3	52.6		
	Poor (score less than 8)	10.0	5.3		

*Difference in distribution across categories between Time 1 and Time 2 is statistically significant, $p < .05$

Further analysis examined the 16 fidelity items individually to identify which criteria showed the highest and lowest fidelity across observed sessions, and which criteria demonstrated significant changes between the two observation time points. As shown in Table 8, most fidelity items showed improvement between Time 1 and Time 2, with three exceptions: 1) Reviewed previous homework assignment (Time 1 = 70% of cases, Time 2 = 68.4% of cases), 2) Homework was assigned that involved practicing or using new skill (Time 1 = 86.7% of cases, Time 2 = 84.2% of cases), and 3) Homework assignment was related to the goal for the session (Time 1 = 93.3% of cases, Time 2 = 84.2% of cases). Although fidelity decreased slightly at Time 2 on these three criteria, these changes were not statistically significant, and the majority of cases continued to demonstrate fidelity on these criteria.

Results from Pearson's Chi-square analyses (Table 8) revealed that statistically significant increases in fidelity were achieved on three criteria: 1) Connected learning from the previous session (Time 1 = 56.7% of cases, Time 2 = 100% of cases), 2) Completed an activity with the family (Time 1 = 30% of cases, Time 2 = 78.9% of cases), and 3) Activity was related to the goal for the session (Time 1 = 30% of cases, Time 2 = 84.2% of cases). On the other hand, criteria that continued to demonstrate lower levels of fidelity (e.g. a smaller proportion of observed cases demonstrated fidelity on the criteria) at Time 2 include 1) Peer Parent modeled a new skill for the clients (57.9% of cases), 2) Modeled skill was related to the goal for the session (47.4% of cases), and 3) Peer Parent had the family practice the new skill during the session (57.9% of cases). These are areas that the program should continue to focus on for quality improvement.

Table 8. Comparison of Fidelity on Individual Criteria between Time 1 and Time 2

Fidelity Criteria	Time 1 (%)	Time 2 (%)	Pearson X2	Sig.
Followed agenda for the session	66.7	73.7	.270	.604
Reviewed previous homework assignment	70.0	68.4	.014	.907

Introduced new topic, information, or skill	93.3	100	1.321	.250
Connected learning from the previous session	56.7	100	11.206	.001*
Session included discussion of new ideas	96.7	100	.647	.421
New ideas were related to the goal for the session	93.3	100	1.321	.250
Completed an activity with the family	30.0	78.9	11.153	.001*
Activity was related to the goal for the session	30.0	84.2	13.680	.000*
Peer Parent modeled a new skill for the clients	40.0	57.9	1.496	.221
The modeled skill was related to the goal for the session	40.0	47.4	.258	.612
Had the family practice the new skill during the session	36.7	57.9	2.119	.145
Engaged family in thinking of ways to apply new ideas/skills	96.7	100	.647	.421
Ideas were related to the agenda/goal for the session	96.7	100	.647	.421
Homework assigned that involved practicing/using new skill	86.7	84.2	.057	.811
Homework assignment was related to the goal for the session	93.3	84.2	1.057	.304
Peer Parent kept the session on track and on topic	93.3	94.7	.040	.842

*Difference in distribution between Time 1 and Time 2 is statistically significant, $p < .05$

Qualitative data captured in the observation notes indicated that Peer Parents used the STEP manual for their sessions and followed the chapters in order. Some peer parents also incorporated supplemental materials during their sessions, which came from a variety of sources, including materials developed and/or shared through their office, materials or activities the Peer Parent found online, and materials or activities the Peer Parent developed independently. These findings were consistent across both observation time points.

The observation notes also indicated that most of the Peer Parenting sessions involved reading directly out of the STEP manual together with the families. During the first set of observations, there was considerable variation in how these sessions were structured: some Peer Parents broke the reading up into sections and interspersed discussion about the topics covered in the reading, while others took on more of a lecture approach and instructed the clients on how to apply the ideas. In some cases, the Peer Parent simply spent the majority of the session reading directly from the manual, rather than engaging the clients in dialogue, although this only occurred in a small number of sessions. The sessions that took on this mostly reading/lecture-based approach were much less engaging for the clients; for example, during one session in which the Peer Parent simply read out of the manual, the client actually fell asleep. The second round of observations showed great improvement in this regard; none of these observed sessions were primarily lecture- or reading-based.

A particularly prevalent theme across the observations was encouragement by the Peer Parents for clients to think about and identify ways to apply new ideas covered in the reading with their own children, which is reflected in the fidelity analysis illustrated in Table 8. Peer parents spent time during the sessions brainstorming with clients on ways to implement new concepts and skills into practice, and homework assignments generally entailed trying out one of the new skills learned with their children. Several sessions incorporated activities that encouraged problem solving through the application of new skills and concepts to understand and address child misbehavior, such as presenting clients with different scenarios and having them practice what they would say to their children. Peer parents acknowledged and praised clients when they exhibited understanding of new concepts and effectively applied new skills learned

during the sessions. Praise and verbal encouragements served to validate clients' appropriate parenting actions and encourage confidence and self-esteem among clients. These findings were consistent across both rounds of observations. Furthermore, during the second round of observations, a number of Peer Parents demonstrated a strength-based approach, noting skills that their clients already had and using this to encourage their development of new skills.

Another common theme from the observation notes was the provision of constructive feedback by Peer Parents. In many of the observed sessions, the Peer Parents listened to clients' descriptions of attempts to implement some of the teachings and skills introduced through STEP and provided feedback to the client on new strategies to try or ways to improve their skills. Some Peer Parents also modeled skills and techniques during the session to help clients grasp new concepts, as in the following examples:

> When the dad was feeling frustrated about not really getting how to use reflective listening, the Peer Parent said, "I can see that this is really frustrating for you because you really want to be able to master this skill and it isn't always an easy thing to do."
>
> Peer Parent modeled a reflective listening statement as parents were having difficulty with this. After Peer Parent modeled it, parents seemed to have a better understanding of how to use it.

As the first example above indicates, many of the Peer Parents acknowledged the struggles and frustrations that the clients were facing in their attempts to implement new skills and manage their children's behavior, which further served to validate the way clients felt so that they did not become discouraged. In some cases, the Peer Parents were even able to offer suggestions based on observations of the ways clients interacted with their children during sessions, and a few even used child disruptions or misbehavior during the session as an opportunity to model ways of handling such situations for the client. The use of modeling increased substantially between the first and second set of observations, as noted in the quantitative findings above. Additionally, a greater number of observed sessions actively engaged children as participants in the session at the second time point, thus incorporating a greater focus on improving the way the family functions as a whole.

Furthermore, the observation notes also indicated that Peer Parents frequently individualized sessions to address clients' particular needs. One way that individualization occurred was with regard to the pace of the sessions. Peer Parents generally indicated that they spent as many sessions covering a chapter as needed, and would slow down the pace if clients were having trouble understanding the material. Individualization also occurred in terms of being responsive to clients' personal goals, identified needs, or family dynamics, such as applying a new concept or skill to a specific situation that the family was currently working through. In several of the observed sessions, Peer Parents responded to concerns raised by clients about challenges they were encountering with their children, and were open to shift their focus to applying the STEP concepts in addressing these specific concerns. In one session, the Peer Parent engaged the clients in identifying their own goals for their participation in the program, allowed them to decide what particular issues they would like to address with the Peer Parent and provided input on how they would like to learn. This approach appeared to be very effective in getting the clients on board with the program. In another session, the Peer Parent brought in supplemental materials and worksheets on

budgeting to address the clients' identified interest in developing these skills. Numerous examples of individualization were observed during both time points.

While most observed sessions demonstrated positive engagement and leadership skills, there were some examples of poor engagement captured during the first round of observations. One area of particular weakness was incorporation of actual practicing of skills during the Peer Parenting sessions. Very few of the observed sessions included activities that allowed clients to practice the new skills they were learning. Although most Peer Parents were very engaging and encouraged discussion and critical thinking, many fell short of engaging clients in the actual application of these ideas through practice activities. There were also a small number of observed sessions in which the Peer Parent monopolized the conversation rather than encouraging discussion, became distracted by texts or emails during the session, or were highly critical towards their clients. By contrast, improvements were observed in all of these areas at the second time point. A majority of these observed sessions incorporated one or more activities that engaged clients in practicing new skills, and there were no observations at the second time point in which Peer Parents criticized clients or exhibited negative attitudes towards the family's situation.

Additionally, there were many examples during the second set of observations of Peer Parents universalizing the experiences of clients. For example, when a client expressed that she was trying to not beat herself up all the time, the Peer Parent sympathized with this, stating, "That is part of life." In another example, a Peer Parent empathized with a client's struggles to reconcile her feelings towards her abusive partner: "The hardest thing with domestic violence is that you had happy times with him and with the children." The application of universalizing helped to normalize clients' feelings and recognize that many parents struggle with the same challenges. Overall, the observations indicated that Peer Parents were effectively engaging clients in services, incorporating the key principles of the STEP program, and demonstrated improved leadership and engagement skills over time.

Discussion

The results from the STEP program analysis indicate that fidelity to the established program criteria improved significantly between the first set of observations (Time 1) and the second set of observations (Time 2). While fidelity at the first time point was relatively low, with very few (26%) of the observed sessions achieving the threshold for high fidelity, it was much higher at the second observation time point, with 68.4% of observed sessions achieving high fidelity. Leadership skills also showed improvement over time, although to a smaller degree, as many Peer Parents exhibited strong leadership skills during the first round of observations. In particular, statistically significant gains were made in listening, encouragement, and incorporation of activities during parenting sessions that allow clients to practice new skills.

A noted strength was that the majority of observed sessions were effective in engaging clients through discussion about the ideas and concepts introduced during the session. Many of the Peer Parents encouraged clients to think of ways to apply new ideas with their own children and gave assignments for clients to try a new skill or technique before their next session. The increased focus on including practice activities during the sessions and modeling new skills for clients, which was observed during the second set of observations, was also a significant strength. The findings suggest that the program should continue

to focus on strengthening implementation of these program components to ensure that they are consistently implemented in every Peer Parenting session.

SATURATION MEASUREMENT: EVIDENCE FOR PEFORMANCE IMPLEMENTATION

The degree to which HomeWorks was incorporated into the everyday practice of caseworkers was measured using a process we have termed Saturation Assessment. The National Implementation Research Network has provided a way to conceptualize the implementation process in terms of moving from paper implementation, through process implementation, and finally to performance implementation (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005). Paper implementation is defined as the development of new policies and procedures, but only to the point that the program or practice exists on paper. Performance implementation refers to implementation that has developed to the point where activities and programs are incorporated into daily work routines and therefore likely to impact outcomes. The Saturation Assessment is designed to quantify when performance implementation has been reached, and provide a focal indicator for Continuous Quality Improvement.

KEY RESEARCH QUESTIONS

Achieving saturation means that a sufficient proportion of caseworkers are implementing HomeWorks consistently enough that changes in child and family outcomes should be measurable. In other words, the observations are assessing whether or not the training has led to the desired changes in daily casework practice. Therefore, the key question for the saturation assessment is:

- are at least 75% of caseworkers providing waiver services at a basic level of fidelity?

SAMPLES

To determine saturation, 20 caseworkers are randomly sampled for observation in each region during each round of assessment. This sample size was chosen in order to be reasonably certain that 75% or more of the caseworkers are delivering HomeWorks with fidelity. The sample size calculations are based on the normal approximation of the 95% confidence intervals for a binomial distribution:

$$\hat{p} \pm z_{1-\propto/2}\sqrt{\frac{1}{n}\hat{p}(1-\hat{p})}$$

Table 9 shows the normal approximation of the 95% confidence intervals for each of the sample sizes, where $\hat{p}$ is .75. The confidence intervals are expressed as a percentage.

Table 9. Sample Size for Normal Approximation at 95% Confidence Intervals

Binomial CI at p=.75

n	*95% CI*
5	0.38
10	0.27
20	0.19
30	0.15

40	0.13
50	0.12
75	0.10

We conducted observations with the first ten caseworkers in the sample, then used confidence intervals to see if a 75% saturation level is likely. If so, observations proceeded, but if not feedback was presented along with implementation suggestions that would increase the likelihood of reaching saturation at the next assessment. After 20 observations, if the 95% CI includes 75% (or higher), the region has reached saturation.

To identify which caseworkers to observe in a region, a list of caseworkers with in-home cases was pulled by DCFS and sent to the evaluation team. The sampling pool was then created by copying each caseworker into a list multiple times based on the number of in-home cases they had. This gave caseworkers with more cases a greater likelihood of being selected. For example, a caseworker that had three cases was entered in three times. Then, the list was randomly ordered, and the first 20 cases were selected as the sample (no worker was sampled more than twice). If a caseworker dropped off the list for any reason (e.g. they no longer had in-home cases or they declined to participate), then the next person on the randomized list was added into the sample.

The timeline for the first saturation assessment in each region was determined based off the time elapsed since initial training and region preference. The first round was at least six months after the startup date, though more time elapsed between startup and the first assessment in regions that implemented later in the waiver period (closer to one year). If it was determined a region did not reach saturation another assessment was completed at least eight months later with the exact date determined region preference. After reaching saturation, an additional assessment was completed at least one year following to determine if the region had maintained saturation.

We completed three separate saturation assessments in the Northern, Southwest, Salt Lake Valley Regions and two assessments in the Eastern and Western Regions. A third assessment was not completed in the Eastern and Western Regions due to the evaluation period ending. The following five tables (Table 10, Table 11, Table 12, Table 13, and Table 14) provides the numbers of observations conducted in each region by office.

Table 10. Saturation Observations Conducted in Northern Region by Office

	1st Attempt (Oct-Nov 2014)	2nd Attempt (Jul-Nov 2015)	3rd Attempt (Apr-Aug 2017)
Bountiful	1	3	1
Brigham City	3	2	2
Clearfield	2	2	5
Logan	3	2	4
Ogden	13	10	8
TOTAL	**22**	**19**	**20**

Table 11. Saturation Observations Conducted in Southwest Region by Office

	1st Attempt (Jun-Aug 2015)	2nd Attempt (Apr-Aug 2016)	3rd Attempt (Jan-Mar 2018)
Beaver	0	1	1
Cedar City	4	7	8
Manti	1	3	2
Richfield	1	2	2
St. George	4	7	7
TOTAL	**10**	**20**	**20**

Table 12. Saturation Observations Conducted in Salt Lake Valley Region by Office

	1st Attempt (Feb-May 2016)	2nd Attempt (Feb –May 2017)	3rd Attempt (Jun-Aug 2018)
Metro	4	4	4
Mid Towne	4	7	6
Oquirrh	4	4	5
South Towne	2	4	4
Tooele	3	1	1
TOTAL	**16**	**20**	**20**

Table 13. Saturation Observations Conducted in Eastern Region by Office

	1st Attempt (Aug 2016 – Sep 2016)	2nd Attempt (Oct-Nov 2017)
Blanding	0	0
Castle Dale	2	0
Moab	0	3
Price	3	6
Roosevelt	4	4
Vernal	4	6
TOTAL	**13**	**19**

Table 14. Saturation Observations Conducted in Western Region by Office

	1st Attempt (Mar 2017)	2nd Attempt (Dec 2017-Mar 2018)
American Fork	2	3
Heber	3	2
Nephi	1	1
Orem	4	2
Provo	1	7
Spanish Fork	3	5
Total	**14**	**20**

Demographics

Table 15 shows the percent of total saturation observations by region. Most of the observed caseworkers came from the Salt Lake Valley Region, followed by the regions with the longest implementation periods (Northern and Southwest Regions).

Table 15. Saturation Observations per Region

Region	Percent of Total Sample
Salt Lake Valley	27%
Southwest	24%
Northern	19%
Western	16%
Eastern	14%

Fifty percent of caseworkers had worked for DCFS for less than three years. A third (33%) had more than five years of experience. Table 16 provides the waiver training experiences reported by caseworkers. Most caseworkers (58%) reported taking part in the initial round of waiver training along with attending most of the "brown bag" learning sessions.

Table 16. Caseworker Training on Waiver Services

Method	Number	Percent
Initial training	5	3%
Initial training and a few brown bags	27	13%
Initial training with most brown bags	121	58%
Integrated into new hire training	32	15%
Integrated into new hire training with brown bags	12	6%
No training	7	3%
Unsure	3	1%
Online training	2	1%
Total	209	100%

The largest percentage of caseworkers (44%) reported working with mostly in-home cases, followed by those with a mixed caseload (34%). A smaller portion (21%) said they worked with mostly out-of-home cases.

Data Sources and Data Collection

The results are based on saturation observations conducted with caseworkers providing waiver demonstration services (i.e. HomeWorks). The observations were conducted between 2015 and 2018. A total of 209 observations were conducted, with multiple observations being completed with the same caseworker if that caseworker was chosen more than once in the random selection process.

The HomeWorks Fidelity Checklist was used to make the individual fidelity assessments needed to calculate saturation. The main areas assessed in the tool are as follows:

1. The UFACET is correctly administered and scored

2. The UFACET results guide the caseworker's choice of interventions and protective factors with the families

3. One or more of the Strengthening Families Protective Factors (SFPF) are part of the interaction with the family/child

The tool includes basic fidelity items (was it done?) and quality items (how well was it done?). The basic fidelity items were scored to determine overall fidelity. The quality items were not included in the overall score but were used to provide additional feedback on improving waiver services. Other items on the tool relating to worker opinion or background information were also not scored. Different sections of the tool were scored depending on the focus of each visit; for instance, whether the worker was working on the UFACET or a protective factor with the family.

The following is a simplified overview of the basic fidelity items on the tool that were scored for the saturation assessment (for the complete tool see Appendix H):

1. If the focus of the visit was anything other than working on the UFACET
    - UFACET (if case was open for 45 days or more)
        - Has the UFACET been completed?
        - Was the family involved/able to give input in scoring the UFACET?
        - Were the intervention targets related to the UFACET scores?
        - Was the family involved in the case planning?
        - Could the worker connect the content of the visit to SFPF or UFACET?
    - Strengthening Families
        - Were any protective factors discussed /addressed in the visit?
        - Did the worker focus on “what’s strong, not just what’s wrong” with the family in the visit?

2. If observing information gathering or scoring of the UFACET
    - UFACET
        - Was the family involved in scoring the UFACET?
        - Did the worker know the difference between scores requiring action and scores not requiring action?
        - Did the worker know when to score something as a Protective Factor?
    - Case Planning
        - Did the UFACET inform the treatment and interventions targets?
        - Was the family be involved in case planning?
    - Reassessment (if UFACET assessment is a reassessment)
        - Was reassessment completed at an appropriate time?
        - Did the reassessment guide future services/decisions about case?
        - Did items that are no longer relevant be removed from the plan?

Initial training for observers included a one-on-one review of the protocol, items, and scoring criteria for saturation observations. It also included reviewing and scoring notes from an example home visit scenario with review and feedback from the trainer. Where possible, the trainee also shadowed a more experienced observer before completing one on his or her own.

Quality control checks were conducted on every fidelity observation. A second team member reviewed each observation to verify that notes were clear and scoring was correct. If any discrepancies were noted the reviewer informed the observer and appropriate changes were made to the notes and/or scoring. This process helped ensure that the fidelity observation scoring was consistent between raters.

The specific logic behind scoring is complex because different items are scored for the various types of observations. In general, most items in the different subsections needed to be coded as a yes in order for the worker to be considered performing at a basic level of fidelity to HomeWorks (i.e. basic competence). For the complete breakdown of scoring the tool see Appendix H.

The following is an overview of the additional items on the tool used for informational purposes and feedback for the regions:

1. Background Information
    - Worker type (in-home, mixed caseload, etc.)
    - What HomeWorks related trainings did the worker attend
    - Was any HomeWorks material/resources referred to or used during the current observation?
    - What is the caseworker's general attitude towards UFACET and SFPF?

2. Community Resources
    - Current resources family is involved with
    - How involved is the caseworker in connecting the family to services?
    - Worker opinion on availability or lack of services

3. Strengthening Families Protective Factors
    - Does the caseworker connect the PF to the family's needs or current situation?
    - Did the caseworker do an activity and/or practice skills with the family related to a PF?

4. UFACET
    - Were cultural considerations taken into account?
    - Did the worker use the parent manual?
    - Did (or will) the worker use any of the Connect Service Delivery Guides?

Data Analysis

Quantitative Data

To determine if a particular region had reached the point of saturation, we completed observations of individual caseworkers and then estimated from the aggregated results the likelihood that an in-home case would receive HomeWorks interventions at a basic level of fidelity. Saturation was deemed to occur when 75% of observations included: 1) the UFACET was correctly administrated and scored; 2) the UFACET guided at least *some* of a caseworker's choices of what protective factor(s) to focus on and what service referral(s) the families need; and 3) a protective factor was part of the interaction with the family/child during the observation.

Qualitative Data

Qualitative observation data was transcribed and analyzed with Atlas-Ti 8, a qualitative analysis computer software program. The analysis was conducted using an analytic approach similar to that used with stakeholder data. Responses were classified into codes that represent all observations conducted with the saturation assessment. Three team members participated in an iterative coding process aimed at achieving consistent understanding and coding of the observations.

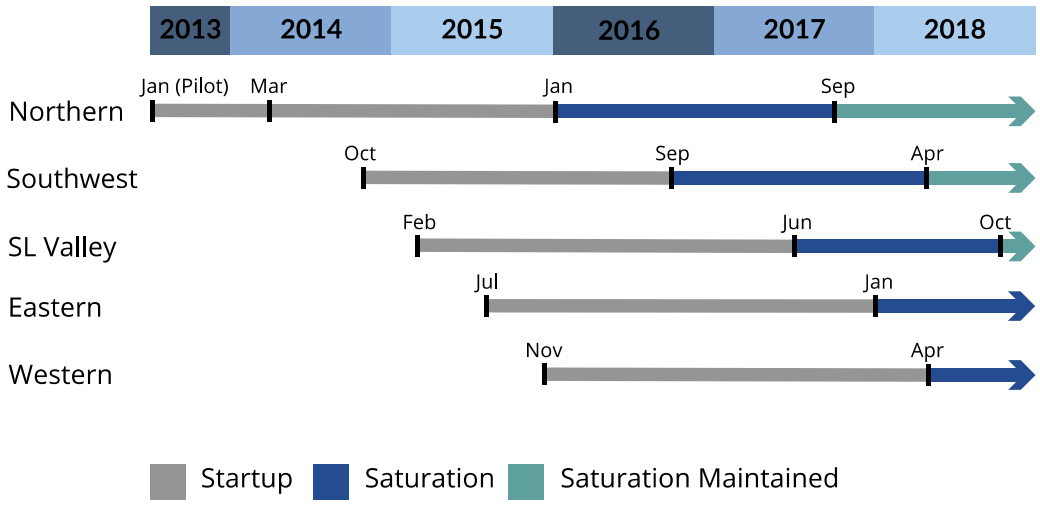
Codes were analyzed in terms of their relation to other themes, resulting in families of codes that were related in terms of topic. This process was reiterated until an overall structure was created that captured the observation. The most commonly found patterns and themes are reported here.

RESULTS

Quantitative Scoring

The following are a summary of the results from the saturation assessments. Figure 6 includes a timeline of when each region reached saturation. The figure shows the amount of time spent in the three stages of implementation: 1) startup, 2) saturation, and 3) sustained saturation. The startup phase began after the first training on HomeWorks was initiated in a region. Saturation began once a region once 75% of the saturation caseworker sample in that region was providing waiver demonstration services with basic competence. The sustained saturation phase was reached if the region continued to have 75% of the saturation caseworker sample provide HomeWorks with basic competence.

Figure 6. Saturation Timeline



As shown in the figure, no DCFS region reached saturation on the first assessment. Common challenges in that prevented reaching saturation on the first assessment included:

- *Check-in visits* - Caseworkers' visits not related to HomeWorks, e.g. visits are primarily to "check-in" with the family and/or caseworkers do not plan to address protective factors.

- *Connecting UFACET to case planning and interventions* –caseworker uncertainty on if UFACET results align with intervention targets.

- *Protective factor knowledge* – caseworker uncertainty about what the protective factors are and/or uncertainty about how to address protective factors with families.

- *Caseworkers that do not specialize in HomeWorks* cases are less likely to understand and incorporate HomeWorks into practice.

- *UFACET administration issues*– e.g. UFACET not being completed on time, worker not knowing if there was a UFACET completed (with case transfers), or not involving the family in gathering info for UFACET.

Saturation was reached in all regions on the second assessment. Further, all of the regions that were assessed for sustained saturation (Northern, Southwest, and Salt Lake Valley) were successful in maintaining this final stage.

Qualitative Evidence related to the UFACET

Caseworkers perceptions and use of the UFACET is explored in this section. The section looks at the following areas: 1) caseworker attitudes towards the UFACET; 2) scoring of protective factors; and 3) family involvement with the UFACET and case planning.

Caseworker Attitudes towards the UFACET

Overall, most caseworkers felt the UFACET was a positive tool in their work with families. Most commonly, caseworkers reported the UFACET helped discover client needs and therefore facilitated creating a case plan. For example, a caseworker shared a story where the UFACET helped identify that domestic violence was an underlying issue. The UFACET was perceived to build rapport with families. A caseworker illustrated this by stating, "I really liked the UFACET especially at the beginning of the case because I feel like people respond better to me saying that I need to work this assessment with you rather than asking all these personal questions." Some caseworkers reported the UFACET was a helpful teaching tool for both clients and new caseworkers. The UFACET was also reported is helpful because it showed progress, was strength-based, and user-friendly.

Caseworkers identified several common difficulties with administering and scoring the UFACET. Most commonly, caseworkers found it difficult when clients were not honest for disagreed with the caseworker's assessment when scoring. Others complained that the UFACET was time-consuming and increased the amount of paperwork to be completed.

Protective Factors Scoring

More than three quarters of caseworkers (84%) stated they understood how to score the protective factors on the UFACET. However, caseworkers gave varying descriptions about how protective factors were scored. For example, some caseworkers were stringent in scoring protective factors. A caseworker illustrated this by stating, "If it is amazing, and they say that they are doing that already. I will make sure that they are doing that and it is a reality." Other caseworkers reported protective factors were not a focus of the UFACET training. Some caseworkers stated that they allowed families to score their protective factors.

Family Involvement in the UFACET

Three quarters of caseworkers reported they involved families in the way that was designed, that is the family received an explanation of the UFACET assessment and were involved in scoring. A smaller portion (12%) were introduced to the tool but were either not involved or only partially involved in scoring. The remaining 13% of families were minimally involved (6%) in that the caseworker discussed concerns with the family without introducing them to the tool; not involved at all (3%); the caseworker was unsure how the family was involved (3%) or the question was unanswered (1%).

Parent Manual

Most caseworkers (92%) were familiar with the UFACET parent/caregiver manual and just over half of caseworkers (56%) reported using the manual with the family. The manual was most commonly used by reviewing it with the family, followed by providing a copy to the family, and using it as a resource for Caseworkers own knowledge. Of those caseworkers who had used the manual with a family, most felt it increases a parent's understanding. Of those caseworkers who reported difficulties using the manual, the most common difficulty was that the manual is hard to use, followed by the difficulty using with families who spoke languages other than English at home.

Family Involvement in Case Planning

Almost all caseworkers (91%) included the perspective of the family when creating the case plan. A small portion (4%) did not answer this question. Family involvement most commonly occurred through Child and Family Team Meetings (CFTM), followed by collaborative scoring of the UFACET, conversations during home visits, mediation, and conversations via phone calls. Table 17 shows the frequency with which each method of involvement was reported by caseworkers during saturation observations.

Table 17. Case Planning Input

Method	Number of Times Mentioned
CFTM	82
UFACET scoring	58
Home Visits	17
Mediation	2
Phone calls	1

The following caseworker's response to if and how the family was included in case planning characterizes the typical responses of other caseworkers. This caseworker stated, "Yes, I usually involve [the family] during a home visit or team meeting to let them know the concerns, and then I ask them what they feel should be in the plan, as well as the time frames." Another caseworker emphasized extensive family involvement by stating, "Yes, the family has been involved the entire time and gave constant input into the plan. They were involved in all aspects and the mom continues to be. She is really committed. They all have been really involved in the process." Additionally, caseworkers frequently reported using the client's language in the plan. For example, one caseworker stated, "We used their language instead of ours."

Qualitative Evidence related to Caseworker Interventions using the SFPF Framework

In this section we take a deeper look at the focus and activities of caseworker home visits. This section is divided into: 1) caseworker's attitudes toward SFPF; 2) focus of the visit; 3) connection of the visit to SFPF Framework; and 3) having a strength-based focus.

Caseworker Attitudes towards the SFPF Framework

Most commonly, the SFPF Framework help caseworkers by structuring the direction to take when working with a family. For example, one caseworker said, "I really like [the protective factors] because they touch on all the things we need to work on for cases and help us keep it organized and focus on what needs to be done." The protective factors were helpful also for many caseworkers in guiding how to educate parents. Additional ways in which caseworkers found the SFPF Framework helpful to their work included: providing a structure for new caseworkers; facilitating rapport building with clients; clarifying the connection between family needs and resources; easing communication with other team members and the court; and enabling caseworkers to track improvement.

Some caseworkers had trouble understanding how to apply the protective factors. For example, one caseworker said, "I struggle incorporating them into the plan. It's kind of hard to link the two together."

Other caseworkers had difficulty identifying protective factors at the beginning of a case. Conversely, several stated that the protective factors were common sense and they were doing them in casework prior to the start of the waiver demonstration. Many caseworkers stated that it is hard for the family to understand the protective factors or that protective factors can be difficult to build in families.

Focus of Caseworker Visit

The degree to which caseworkers used the SFPF Framework in visits with families was assessed in three ways. First, caseworkers were asked how the purpose or activities of the visit connected to the SFPF Framework. Second, we categorized the focus of the activities observed during the visit using the five protective factors. The last method looked at whether the caseworker engaged with families from a strengths-based perspective in general.

Eighty-one percent of caseworkers were able to connect the purpose or activities of the visit to the SFP framework. Caseworkers identified on the following protective factors (in order from most to least identified):

- Social Connections
- Parental Resilience
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children
- Protective factors general

Caseworkers were also asked to identify how their next steps after the visit would connect to the SFPF Framework. Caseworkers identified on the following protective factors (ordered from most to least identified):

- Concrete Support in Times of Need
- Social Connections
- Parental Resilience
- Social and Emotional Competence of Children
- Knowledge of Parenting and Child Development

When we categorized the purpose of the visit using the protective factors as conceptualized in the SFPF Framework the results were ordered differently than the caseworkers report of the protective factor on which they focused. Table 18 shows the visit focus by protective factor for these observations. As shown in the table, caseworkers focused most on Concrete Support in Times of Need, followed by Parental Resilience, Knowledge of Parenting and Child Development, Social Connections, and, lastly, Child Emotional and Social Development.

Table 18. Protective Factor Used During Home Visits

Protective Factor	Number of Times	Percent
Concrete Support in Times of Need	223	28%
Parental Resilience	164	22%
Knowledge of Parenting	140	18%
Social Connections	135	17%

Child Emotional and Social Development	121	15%
Total	**783**	**100%**

Caseworkers most often focused on the protective factor of Concrete Support in Times of Need during a visit (28%). Some caseworkers praised families for accessing concrete supports. Most commonly caseworkers discussed accessing resources while creating action steps for either the caseworker or the family to complete. For example, one caseworker discussed eye care with a mother and action step of calling provider to get more information on the cost. Many caseworkers connected the family to resources to address the family's current need. A few briefly discussed the family accessing concrete supports, without getting into too much detail. More discussed accessing supports in-depth. Others brought handouts, gave the family homework assignments or brought supplies to the family, such as clothes and food. Only a few caseworkers completed an interactive learning activity where a skill was practiced, such as calling a therapist together or filling out a calendar with important dates.

Parental Resilience was the second most common focus during a visit (22%). When focusing on this protective factor, some caseworkers praised the parent's resiliency. For example, a caseworker praised the family for cleaning the house, and encouraged the family to keep doing so. Others had a discussion with the family. Some created action steps or completed a related activity in addition to discussion. For example, some caseworkers had the parents work on identifying strengths by journaling, playing a strengths game, giving an object lesson, or practicing a strengths-based skill.

Knowledge of Parenting and Child Development was the next most observed protective factor focus (18%). Similar two the previous protective factors, caseworkers praised families in this area, discussed the protective factor, either briefly or in-depth, or created action steps. Some caseworkers brought materials in the form of handouts, assigned homework, connected to a resource that would increase parental knowledge, and modeled appropriate parenting behavior. A few caseworkers did an activity, practiced a skill, or gave a quiz.

Social Connections was observed slightly less than Knowledge of Parenting and Child Development (17%). Caseworkers focused on this protective factor typically by discussing the factor and creating related action steps such as encouraging parents to invite social supports to team meetings. Other times, caseworkers praised families who had made progress with establishing social connections and briefly discussed the protective factor. When caseworkers brought materials related to Social Connections, this usually included educational handouts and resource lists for establishing or strengthening social connections. A few caseworkers did activities with the family, such as identifying social support in times of needs. One prepared the family for child removal by asking them to contact their social connections.

Lastly, Child Emotional and Social Development was the protective factor that was focused on least during visits (15%). Caseworkers focused on this protective factor most often through in-depth discussions, typically educational in nature. Others discussed the protective factor and created action steps for the family to complete. A few praised the families progress with this protective factor. Some briefly discussed it. For example, a caseworker mentioned that a child can feel blame during domestic violence, but they did not go into more details as the child was not present. For materials, the caseworker brought

handouts and connected to child specific resources. A few conducted an activity, a quiz or practiced a skill.

In addition to examining which protective factors were the focus of caseworker's visits, our saturation observations examined how the caseworkers engaged families across all protective factors. A level of engagement score was assigned for each protective factor as well. This score measured the type of activity the caseworker conducted when focusing on a protective factor during a visit. The first level was called praise. It was assigned when the caseworker encouraged, acknowledged or praised a client for a protective factor. The second level was brief discussion, where the caseworker talked about an item fitting within a protective factor without going into many details. The third level was given when the discussion Of a protective factor was in-depth. The fourth level was scored when a discussion with action steps occurred where the conversation included tasks for the family or caseworker to complete related to the targeted protective factor. If a caseworker conducted education with a client or assigned homework, it was placed into the fifth level of education and materials. The sixth level of engagement was an interactive learning activity that focused on skill building related to the protective factor.

It is important to note that a visit could focus on multiple protective factors with a corresponding level of engagement for each protective factor. Table 19 shows the levels of engagement across all protective factors. As shown in the table, the most common level of engagement was a discussion with action steps, followed by an in-depth discussion.

Table 19. Caseworker Levels of Engagement

Level of Engagement	Number of Times	Percent
Praised	94	12%
Brief Discussion	57	7%
In-Depth Discussion	181	23%
Discussion with Action Steps	218	28%
Education and Materials	149	19%
Learning and Skill Building	84	11%
Total	**783**	**100%**

Beyond focusing on individual protective factors, we determined if the caseworker included a focus on family strengths in general (as opposed to focusing on deficits alone). Across 176 observations, seventy-three percent were rated as having a strengths-based focus. When a visit was described as strengths based, observations most commonly were of caseworkers praising and/or encouraging the family in general, on progress made, and for collaborating with DCFS.

Discussion

Several important findings should be noted regarding measurement of saturation. First, reaching saturation was a challenging task for most regions. Our saturation methodology measured the degree to which 75% of caseworkers were providing waiver demonstration services (i.e. HomeWorks) with basic competence, not expert level performance. However, no region reached saturation on the first assessment. After the completion of the first saturation assessment, each region was given feedback on the areas for

which improvement was most needed. Regions that implemented later also received an overview of other region assessments. Implementation advice was provided also. As detailed in the general implementation findings, each region was given flexibility by the state office in how to incorporate the implementation guidance.

After much effort (as detailed in the implementation evaluation section), every region reached saturation on the second assessment and the three regions that were evaluated for a third saturation assessment successfully maintained saturation. From this, we conclude that the implementation of HomeWorks was difficult but achievable with a sustained focus that employed many of the principles of implementation science. Impressively, all regions that were measured for sustained saturation were successful at achieving this stage.

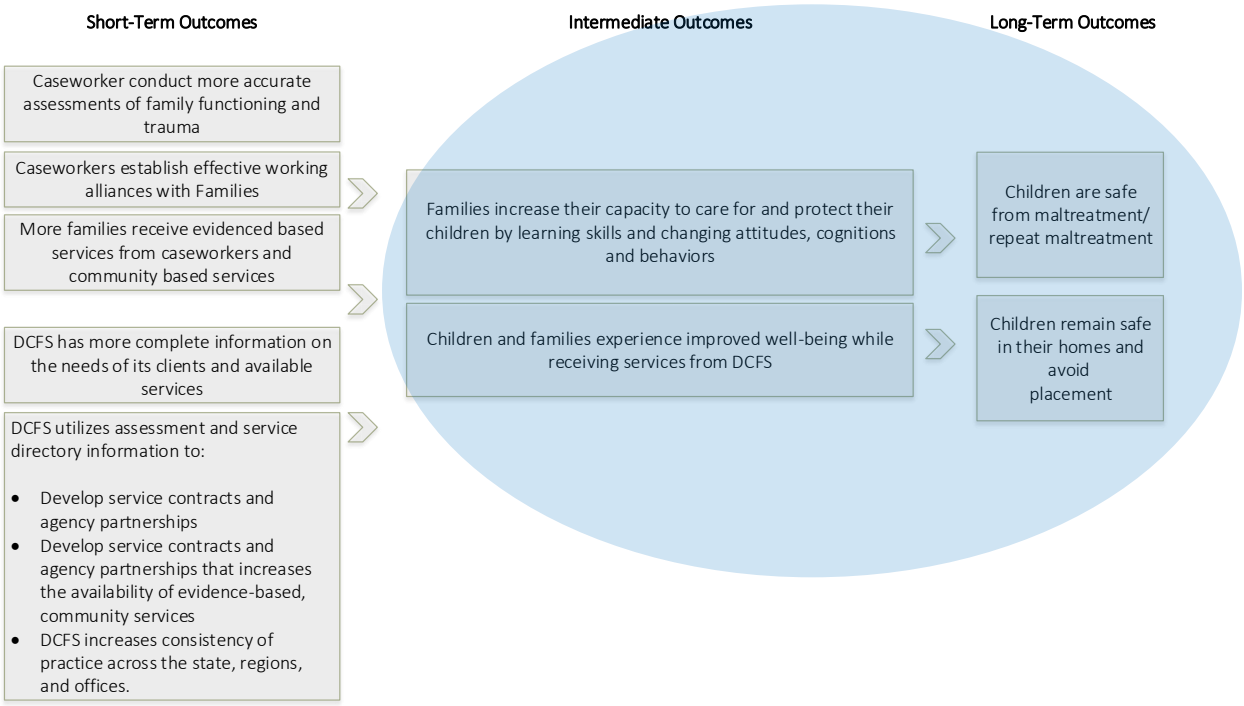
Qualitative findings showed most caseworkers reported the UFACET was helpful in their work with families because it facilitated creating a case plan by helping discover client's needs. The UFACET was perceived as helpful also because it assisted caseworkers in engaging with families. The UFACET assessment process was designed to assist caseworkers in focusing not only on family needs but also family strengths or protective factors. Eighty-four percent of caseworkers reported understanding how to score protective factors, however, the definition and methods used to score a protective factor varied considerably. Most families were involved in the UFACET assessment and creating the case plan as intended.

Regarding the SFPF Framework, caseworkers reported and observations showed the protective factors of Concrete Support in Times of Need, Knowledge of Parenting, Parental Resilience, and Social Connections were most commonly a focus on a visit. Child Emotional and Social Development was focused on the least. Caseworkers usually worked with a family on a particular protective factor by discussing the protective factor in depth or by discussing the protective factor in depth and developing related action steps. Skill building activities were observed in only 11% of visits.

SECTION FOUR: OUTCOME STUDY

In this section, the waiver outcomes are reported. As shown in the outcomes part of the logic model (see Figure 7), the expected intermediate outcomes of the waiver were two-fold. First, families would increase the ability to care and protect their children by learning skills and changing related attitudes, cognitions, and behaviors. From this change, children and families would experience improved well-being after receiving services from DCFS.

Figure 7. Intermediate and long-term outcomes from evaluation logic model



Long term, the waiver demonstration was predicted to increase the number of children who are safe from maltreatment and repeat maltreatment. In addition, more children would remain safe in their homes and avoid placement. The degree to which these outcomes were realized is explored below starting with the intermediate outcomes focused on well-being and then followed by the long-term outcomes of maltreatment and placement.

WELL-BEING EVALUATION

KEY RESEARCH QUESTIONS

The well-being analysis was designed to measure the intermediate outcomes of the HomeWorks program by tracking improvement in family well-being from the beginning to the end of family participation in DCFS services. The evaluation of changes in family functioning and well-being for a child and his or her caregivers was designed to measure changes to these areas during the time a child and his or her caregivers are receiving services.

The key research questions for the well-being analysis were:

- Do families increase their capacity to care for and protect their children by learning skills and changing attitudes, cognitions, and behaviors?

- Do children and families experience improved well-being while receiving services from DCFS?

Comparison Cohort

The design approach was a two group, pre- to post self-report comparing families in the waiver pilot region with similar offices had not rolled out waiver services. Eligible participants were primary caregivers with recently opened in-home cases with DCFS.

Originally, the waiver sample consisted of the pilot region offices Ogden and Logan in the Northern Region and the comparison sample included the Oquirrh office in the Salt Lake Valley Region and Vernal office in the Eastern Region. The comparison offices were selected because they were similar in population characteristics to Logan and Ogden. Due difficulties enrolling participants and a shortened timeline for the waiver implementation across the state, the waiver group was expanded to the entire Northern Region and the comparison group was expanded to include the Western Region, as this would be the last region to implement. Data on the waiver group were collected between August 2016 and September 2018 beginning after the region had reached saturation (fidelity to the HomeWorks model). Data on the comparison group were collected between November 2014 and December 2015.

Sample

Table 20 shows the total number of surveys completed for the waiver and comparison well-being samples.

Table 20. Families Enrolled in the Well-Being Sample

	Pre-Survey	Post-Survey
Comparison	49	32
Waiver (Pilot Region) *	73	47

*Pilot Region reached fidelity saturation (i.e. 75% of sampled caseworkers providing services with basic competency) in January 2016.

Adult Demographic Information

The gender breakdown of caregivers who filled out the surveys was similar between the waiver and comparison samples (see Figure 8). The comparison sample was more White (Non-Hispanic) than the waiver sample (see Figure 9).

Figure 8. Well-Being Pre-Survey Participant Gender

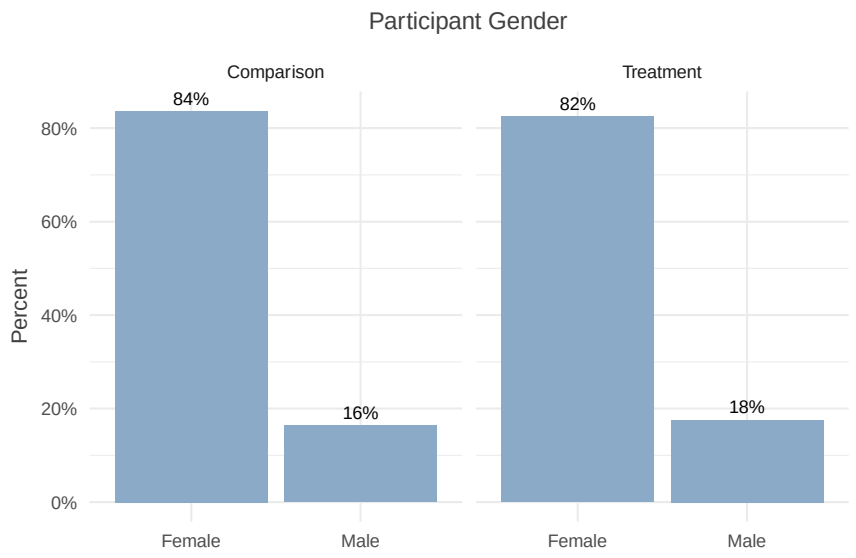
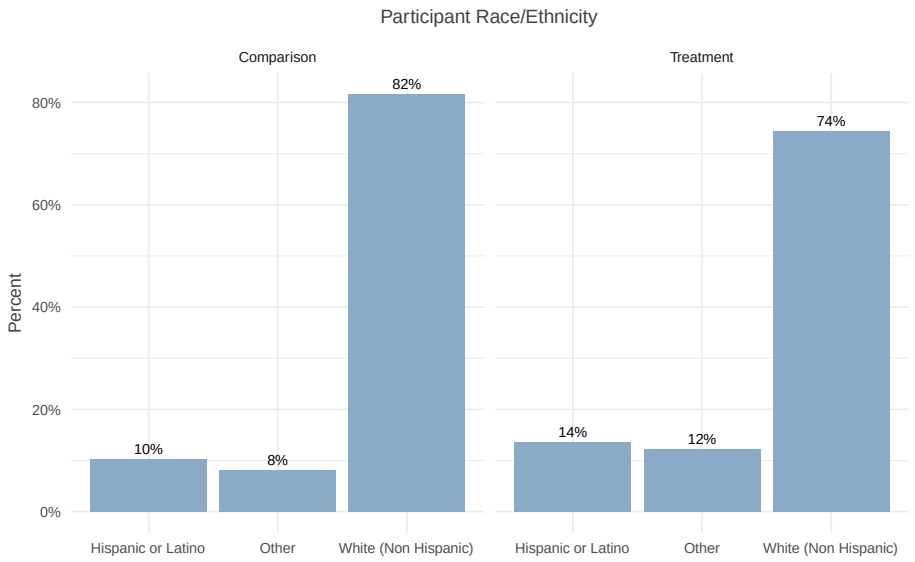


Figure 9. Well-Being Pre-Survey Participant Race/Ethnicity



Child Demographic Information

Participants were asked to respond to survey questions with regards to a single child who would benefit most from DCFS services. In the waiver sample, more of the children identified by the caregiver were female than in than in the comparison sample (see Figure 10). Fewer of the children in the waiver sample were White (Non-Hispanic) than the comparison sample (Figure 11). The children identified in the waiver sample were also younger than those identified in the comparison sample (See Figure 12 for a breakdown of child age).

Figure 10. Well-Being Pre-Survey Child Gender

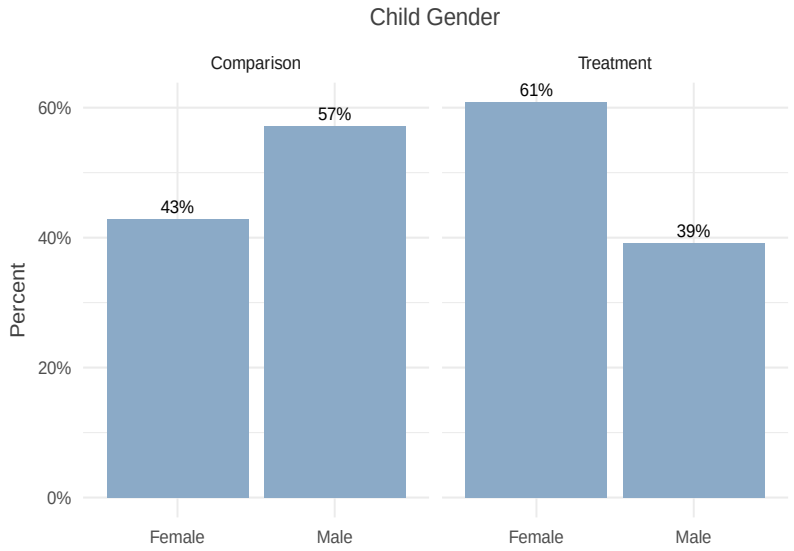


Figure 11. Well-Being Pre-Survey Child Race and Ethnicity

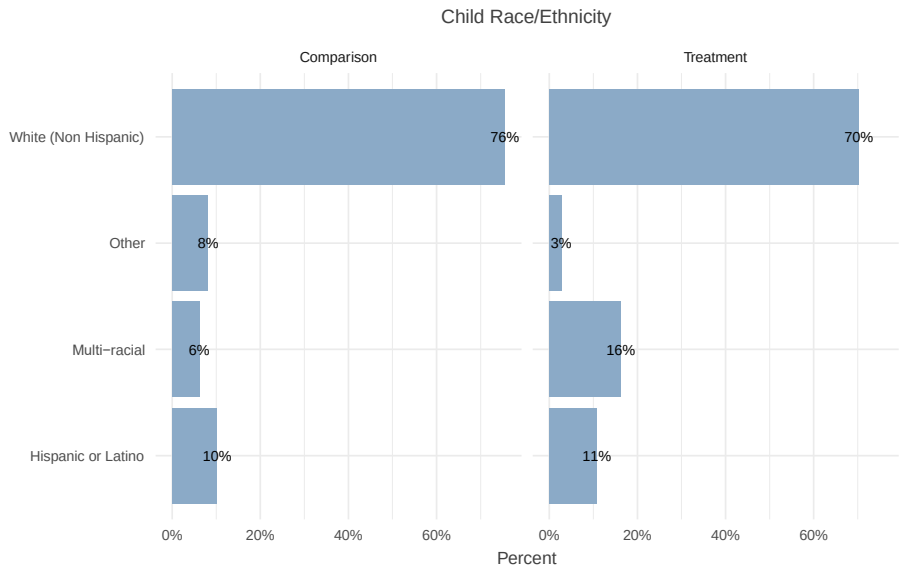
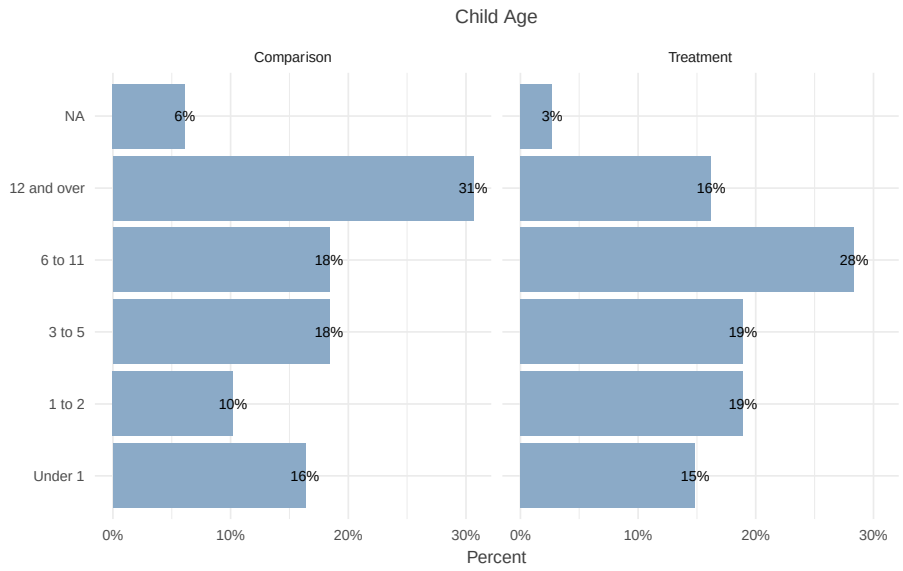


Figure 12. Well-Being Pre-Survey Child Age



Data Sources and Data Collection

The Protective Factors Surveys (PFS) was used to collect well-being data. The PFS was created by Institute for Educational Research & Public Service at the University of Kansas for the FRIENDS National Resource Center (FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2011). The PFS measures demographic information and five protective factors including: family functioning/resiliency, social, support, concrete support, nurturing and attachment, and knowledge of parenting and child development. The first four are measured in subscale scores that have demonstrated a high level of internal consistency and are considered valid measures of these protective factors (FRIENDS, 2011). Appendix I provides the protocol and survey questions.

The protective factors measured in the PFS align well with the DCFS protective factors in its SFPF Framework. In addition to the PFS, questions on child behavior, disability, school performance, and both child and parent demographics were included.

For the purposes of this study, the survey was adapted for administration over the phone. The scale on the PFS protective factor questions was reduced from a 7-point to a 5-point answer set because the longer scale was confusing for participants to conceptualize over the phone. The 5-point scale may have decreased sensitivity to small levels of change. Pilot surveys that were administered with the 7-point scale were converted to a 5-point scale using a stimulus scaling procedure. Items were scored with 1 being scored as negative and 5 as positive. On questions related to frequency of an event occurring, participants could select between “never,” “rarely,” “about half the time,” “frequently”, and “always.” On questions related to agreement participants could select between “strongly disagree,” “disagree,” “neutral,” “agree,” and “strongly agree.”

Data collection was designed initially be conducted in-person with the survey administered via tablet in the respondent's home. However due to difficulty in coordinating these visits, the surveys were administered over the phone. DCFS clients were eligible for the study if they had a new in-home case open within the timeframe of the waiver period. Clients were first contacted by DCFS staff, then referred to the research team if they agreed to participate. The research team then scheduled a time to complete the survey with the participant. If more than 2 months had passed between the case start date and the administration of the pre-test, participants were dropped from the study. Post surveys were administered after case close or eight months, whichever came sooner. Respondents received a $10 gift card to a local store for each pre- and post-test.

Data Analysis

The data were analyzed using Analysis of Covariance (ANCOVA) on each measure to assess whether the wavier and control group differed in their post scores after accounting for the pre-test scores.

$$Post = \beta_0 + \beta_1 Pre + \beta_1 Treatment$$

Results

Table 21 shows mean pre and post scores on each protective factor scale for both the waiver and the comparison group.

Table 21. Well-Being Survey Protective Factor Subscales Mean Scores

	Waiver Means		Comparison Means	
Well-Being Measures	Pre	Post	Pre	Post
Family Functioning and Resiliency	4.16	4.24	3.94	4.11
Social Supports	4.01	4.09	3.93	4.05
Concrete supports	3.91	4.08	3.87	3.75
Nurturing and attachment	4.44	4.48	4.29	4.34
Parenting Knowledge	3.91	4.02	3.78	3.78

Family Functioning

On the family functioning and resilience questions, participants were asked to respond regarding how often their families were able to communicate well and solve problems. In the waiver group participants on the pre- survey rated this item as a 4.16 and participants in the control group rated this item as 3.93, which indicates that overall respondents in both groups felt their families were frequently able to communicate well and solve their problems. Posttest ratings showed a slight nominal increase to 4.24 (waiver) and 4.11 (comparison) respectively. There was no significant difference between the waiver and comparison groups in posttest scores after accounting for pre-test scores in the ANCOVA test [F(1, 81)=.35, p=0.56].

Social and Concrete Supports

On the social and concrete supports measures, participants were asked how much they agreed with statements indicating that they had people to turn to and knew how to access resources if they needed help. On the pretest, respondents rated these items on average at 4.01 in the waiver group and 3.93 in the comparison group for social supports and at 3.91 in the waiver group and 3.87 in the comparison for concrete supports. There was a slight increase in social support mean scores to 4.09 and 4.05 respectively. There was a slight increase in the waiver group on concrete supports to 4.08 and a slight decrease in the comparison group to 3.75 on the posttest. This indicates that respondents generally agreed that they had access to social and concrete supports in both groups both on the pre and posttest.

On social supports there was no significant difference in posttest scores between the groups [F(1, 80) = .04, P=.85]. For concrete supports there was a significant difference in posttest scores between the waiver and comparison group [F(1, 80) = 4.65, P=.03]. As the waiver group mean on the posttest was higher this could be a preliminary indicator that there may have been improvement in the Northern Region at helping clients with concrete supports after reaching saturation compared to the comparison group prior to the implementation of HomeWorks. However, the effect size was small at $\eta^2 = .05$, which means that waiver services explains just 5% of the variance in adjusted post-test scores. Consequently, these results should be interpreted cautiously due to small effect size, the small difference in means scores, and validity concerns with the study design that will be discussed more in depth in the discussion.

Family Functioning

On the questions about nurturing attachment, respondents were asked to indicate how often statements about their relationship their child/children applied to them. On the pretest, participants responded that they felt they frequently or always had a good relationship with their child, with an average score of 4.44 for the waiver group and 4.29 for the comparison group. Posttest scores show a slight nominal increase for both groups with means of 4.48 and 4.34, respectively. There is no statistically significant difference between groups on the posttest scores [F(1, 80) = .08, P=.78].

Knowledge of Parenting and Child Development

On knowledge of parenting/child development respondents were asked to indicate how often they performed certain parenting behaviors or how much they agreed on statements relating to parenting or child development. On the pretest, respondents rated themselves at 3.91 on average on the parenting items in the waiver group and 3.78 in the comparison group. On the posttest, respondents rated themselves at 4.02 (waiver) and 3.78 (comparison). These scores indicate that on average, for both the pre and posttests respondents felt they were doing well in these areas. The results of the ANCOVA did not show a statistically significant difference between the posttest scores on the posttest after accounting for the pretest [F(1, 80) = 1.79, P=.18]. As an additional caveat, the survey developers do not necessarily recommend calculating a sub score for the parenting knowledge questions because the items may not correlate with each other (FRIENDS).

Child Behavior

Child behavior was measured on three different scales depending on child age. There were three modules; for children under 12 months, children between 12 and 36 months, and ages 3 and over. Sample size was too low in the first two modules (groups contained 10 or fewer cases) so the only category that was analyzed was the children 3 and over category. This scale asked participants to rate their child on seven child behavior items on a scale from 0 to 2 ranging from "not true", "somewhat true", and "certainly true". The low end of the scale is positive, and the high end is negative.

In the waiver group the mean on the pre-survey was .64 and the comparison group was .61. The means decreased slightly to .60 in the waiver and .47 in the comparison (see Table 22). This indicates that on both the pre and posttest both groups generally rated their children as fairly well behaved. The results of the ANCOVA do not show a statistically significant different between the posttest scores for the comparison and waiver groups [F(1, 59) = 1.35, P=.24].

Table 22. Well-Being Survey Child Behavior Means

	Waiver Means		Comparison Means	
Well-Being Measures	Pre	Post	Pre	Post
Child Behavior (over age 3)	.64	.60	.61	.47

Discussion

Family and child well-being were an important component of the waiver demonstration in Utah. While our results suggest there may have been a small improvement in concrete supports in the sample that received waiver demonstration services over the comparison sample, the impact of the waiver on the well-being of the families that received services should be viewed as inconclusive due to methodological issues. Respondents tended to rate themselves at the pre-test as doing well on most protective factor measures. This appears to be an unrealistically optimistic view of positive family functioning given the families were involved with the child welfare system. We would expect families in this population to struggle in one or more areas. This positive bias could be due to social desirability or to difficulty in accurately assessing one's own competence or need in an area.

Additionally, due to difficulty in recruiting respondents in a timely manner, many potential participants were dropped from the study due to inability to contact them before two months had passed from the case start. This made it more difficult to gather a sufficient sample size and made it less likely that the sample was an accurate representation of the population.

Due to these threats to the validity of the study design and challenges with the data collection we cannot draw firm conclusions about whether HomeWorks implementation increased well-being in families more than in the comparison.

SYSTEM OUTCOMES EVALUATION

This section examines the baseline and waiver data collected to date for abuse/neglect and foster care placement outcomes related to the waiver. We examined outcomes from two points: at CPS case start and in-home case start. In-home case start tracks outcomes for the specific subset of children that receive in-home waiver services. The outcomes for children in this sample indicate whether waiver services are impacting the in-home population the waiver services are designed to target. The CPS case start is used to track outcomes for all children that enter the DCFS system. This sample is designed to measure the goal of the waiver demonstration, namely reducing the number of children entering foster care from any point in the system. It is possible that the waiver may be effective for children who receive in-home services, yet not achieve overall reductions in the number of children entering foster care if the number of children who enter foster care from CPS increases. It is important to note that the characteristics of the in-home population is hypothesized to change because of waiver-related policy decisions, whereas the characteristics of the CPS population at case start should remain relatively stable.

KEY RESEARCH QUESTIONS

The system outcomes evaluation is designed to identify any reductions of subsequent foster care placements and instances of substantiated abuse or maltreatment. The key questions are:

- Are children who received waiver services safer from maltreatment/repeat maltreatment?
- Are fewer children who receive waiver services going into foster care?

COMPARISONS

The design compares the outcomes for children and families who received services before and after the waiver implementation. The design is a quasi-experimental comparison between the baseline and waiver groups using hierarchical linear modeling to control for both individual and family level characteristics. This design allows us to create a baseline for each office as well as to control for systematic changes that happen statewide to both waiver and comparison offices over time.

SAMPLE

The sample reported here is based on children in new cases opened by DCFS that receive in home services or foster care statewide. New foster care cases account for the potential cases that would previously have gone to foster care that are now diverted to home. This is the sample that was used for the purpose of selecting both children in the comparison and waiver groups. “New cases” refers to a new opening of a case that may involve a family with previous involvement with DCFS. This sample was selected back to 2008 to provide a baseline for expected outcomes in each DCFS office.

The following are descriptive information for child cases enrolled in the study including gender (see Table 23), race and ethnicity (see Table 24), age (see Table 25), length of in-home case (see Table 26), and average number of children per case (see Table 27). These are descriptive statistics are by case, not by child, so an individual child is accounted for multiple times in these numbers if they have been on multiple cases.

Table 23. Gender of Child-Cases

Gender	CPS Cases	In-home Cases
Female	58,766	17,117
Male	50,100	18,538

Table 24. Race and Ethnicity of Child-cases*

Race	CPS Cases	In-home Cases
Asian	1,079	335
Black/African American	4,591	1,707
American Indian	3,382	1,226
Pacific Islander	2,093	601
White	99,876	32,560
Hispanic	23,042	7,030

*These categories are not mutually exclusive, i.e. individuals who are of Hispanic ethnicity or are two or more races are counted multiple times

Table 25. Average Child Age at Case Start

	CPS Child Cases	In-home Child Cases
Age	8.17	8.02

Table 26. Mean length of in-home case (days)

	In-home Cases
Mean	190.42

Table 27. Average number of children per case (households)

	CPS Cases	In-home Cases
Mean	1.53	2.00

Data Sources and Data Collection

Data for the systems outcomes was collected from the SACWIS system. The data was collected from the Utah SACWIS system for the five years prior to the start of the waiver. This period comprised the fourth quarter of 2008 to the fourth quarter of 2013 (but will be longer for regions that implement the waiver services after this point in time). We examined outcomes from two separate events: at CPS case start and in-home case start. The CPS case start is used to track outcomes for all children that enter the DCFS system. In-home case start is intended to track outcomes for the specific subset of children that receive in-home waiver services. It is important to note that the characteristics of the in-home population is hypothesized to change as a consequence of waiver related policy decisions, whereas the characteristics of the CPS population at case start should remain relatively stable. As a result, the CPS population will give a better sense of how the waiver services are impacting outcomes in the system as a whole.

All baseline data was collected at the child level. Descriptive statistics are presented for all children listed as involved in a given case. Inferential analyses considered the nesting of children within cases. In other

words, the individual outcome for a child is related to the outcome of other children with whom that child shares a case. When a new data pull was received, descriptive statistics were run on every variable to assure that there is nothing unusual about the data and to check to make sure the data appear normal. Further data cleaning was conducted where needed and any questions are verified with DCFS.

Timeframes

Baseline

The baseline period covers the five years prior to the start of the waiver. For regions that implement later (due to the staggered rollout), this period will extend for longer than five years.

Startup

The startup period is the time after an area has started implementing the waiver services but has not been determined to have reached saturation (defined below). This means that waiver services are being implemented, but not to a level that is likely to have a significant effect.

Saturation

The saturation period is the time after an area has a minimum of 75% in-home cases are receiving HomeWorks interventions with a basic level of fidelity. The procedure for estimating this saturation percentage is detailed above in this report.

Follow-Up Period

The analyses below present data within a 12-month timeframe. This means only children whose CPS or in-home case start date was 12 months prior to the date the data were collected were included in the analysis. Additionally, only outcomes (i.e., new supported abuse/neglect or new foster care placement) that occurred within the 12 months subsequent to the CPS or in-home case start date were included.

Definitions

New Supported Finding of Abuse or Neglect

One of the outcomes analyzed below is whether or not a child who was involved with DCFS experienced an additional incident of abuse or neglect. This outcome is referred to as a “new supported finding of abuse or neglect” in this report. It includes children who have a new supported finding of abuse or neglect within 12 months of their initial CPS case start date. For supported abuse, seven days are added to the target date of interest to take into account new cases that are opened but are really attached to the original event in the initial week of investigation. In other states new supported finding of abuse or neglect may be referred to as re-report with substantiation. In Utah, there is a legal definition that prevents DCFS to unilaterally defining a case as substantiated, as a result the term “supported” is used to indicate what many other states refer to as substantiated.

New Foster Care Placement

The term New Foster Care Placement is used to refer to any placement where a child is removed from the home and placed in an out-of-home DCFS placement, such as foster care, group home, or residential

placements. When tracking new foster care placements from the start of in-home services, seven days are added from the in-home case start date. It is assumed that foster care cases which were initiated the same week the in-home case started did not receive the in-home services as intended by the waiver. New foster care cases are tracked from the first day of CPS case start because these cases are outcomes of interest for this decision point.

Household and Family

It is difficult to clearly identify family members or households in the child welfare population because these units tend to change over time and may not always be clear for any given case. When we use the term "family" or "household" in the data section of this report we are really referring to individuals that have ever shared a DCFS case. We created an algorithm that identifies any individuals that had shared child welfare cases with others. For example, if *Child A* was listed on a foster care case with P*arent P*, and *Parent P* later had a foster care case with *Child C*, *Child A* and *Child C* were considered to be in the same household or family, even though they never were involved in the same case. Whether they are truly related or had a shared living situation is not the reason for grouping children in this way. Rather, the purpose of this approach is to adjust the accuracy of the analysis of the foster care entry or further abuse and/or neglect rates to take into account that *Child A's* and *Child C's* outcomes are going to be more similar than that of two unrelated children because they share the influence of *Parent P*.

Data Analysis

All figures are outcomes by child-case. A child-case is an instance of a child in a given CPS or in-home case, as a result a single child could appear more than once in the dataset. Because our analysis takes into account that nesting within households, whether the data is displayed by child or by household, does not have an impact on our conclusions. The agency had a history of interpreting outcomes by child, and so the decision was made to display the outcomes to make them more understandable to the state.

The graphs of child outcomes are Kaplan-Meyer survival plots for outcomes by child[2]. Similar to the baseline data reported previously, this analysis is a simplification of what is otherwise fairly complicated clustered data. Children are nested within households and households are nested within regions. We have analyzed children nested within households using the following equations:

Level One:

$$\ln\left(\frac{p(Outcome_{ch})}{1-p(Outcome_{ch})}\right) = \beta_{0h}$$

In other words, the probability of outcome for child c in household h is a function of a random intercept β for household h. The link function here is the logistic (or binomial).

Level Two:

$$\beta_h = \gamma_0 + \gamma_1 Startup + \gamma_2 Saturation + \gamma_2 NPriorCases + r_0$$

[2] The plots all show survival inverted (i.e. 1-survival) from a classic Kaplan-Meyer curve to make them easier to interpret.

At level two, the household intercept is a function of the intervention (γ_1 or γ_2), the number of prior cases and an intercept (γ_0). The number of prior cases was intended to control for case severity and was modeled as a fixed effect. We transformed the number of prior cases variable by taking the square root in order to decrease the effect of outliers.

The outcomes all used the same start dates and follow-up period as the baseline analyses where the case start was either the CPS start or in-home services, each child being followed for the next 12 months. Children whose cases did not have at least 12 months of data were censored from this analysis. All analyses were conducted using LME4 in R.

RESULTS

Northern Region

Within the Northern Region, implementation proceeded in two stages. The pilot offices, located in Ogden and Logan, were the first to implement the waiver with a startup date of 10/1/2014. The rest of the region (Bountiful, Clearfield, and Brigham City) began implementing on 4/1/2014. The entire region reached the point of saturation on 1/1/2016. The analysis below includes the region-wide analysis for Northern Region.

In-Home Case Outcomes

This section examined outcomes only for individuals who had already been referred to in-home services in the Northern Region. These results should be interpreted cautiously because unlike CPS cases, it was expected that the population of children entering in-home would change with the implementation of waiver services. We controlled for number of prior cases and nesting within household, but these variables probably did not capture all of the individual differences in children.

Figure 13 displays the percentage of new foster care cases from in-home case start in the Northern offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates, the blue line shows the startup period, and the green line shows the saturation period. The colored area represents sampling error at each point in time. In this analysis, the startup period had a statistically significant decrease in likelihood of a new foster care case after in-home case start compared to the baseline (OR = 0.49; 95% CI[0.35, 0.67]). The saturation period had a statistically significant decrease in likelihood of referral to foster care from in-home case start compared to the baseline period (OR = 0.27; 95% CI[0.18, 0.42]).

Figure 13. Northern Region New Foster Care Cases from In-Home Start

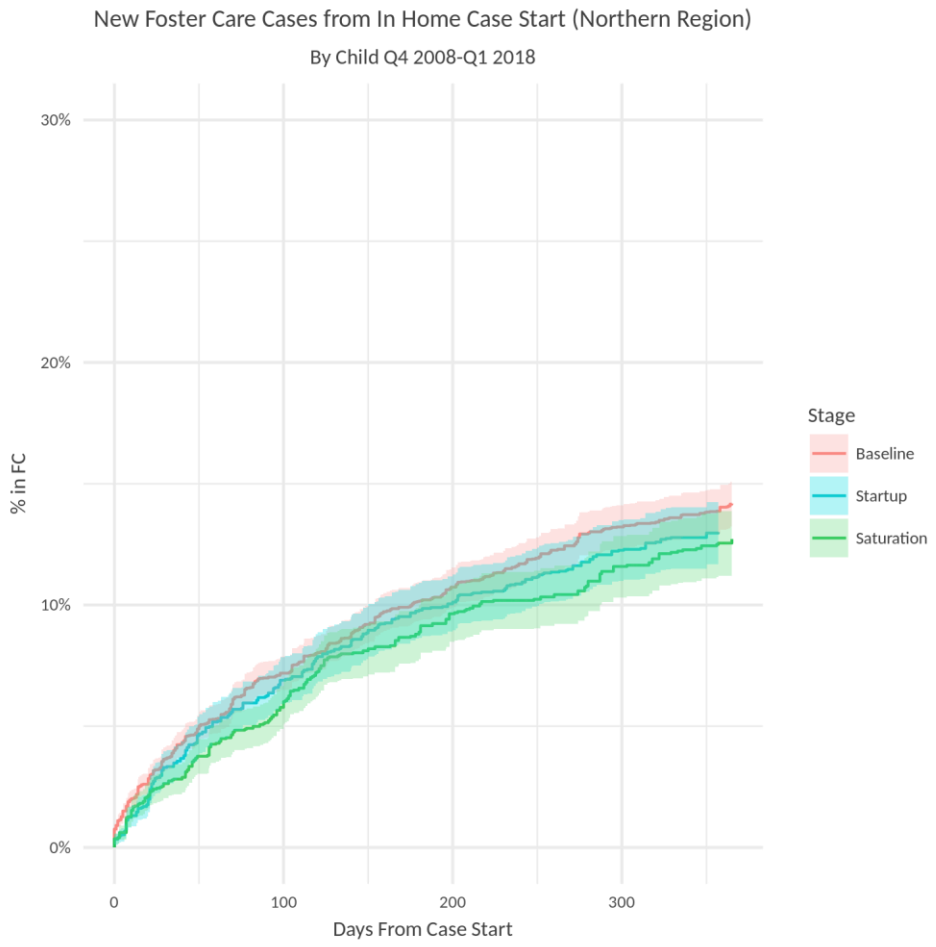
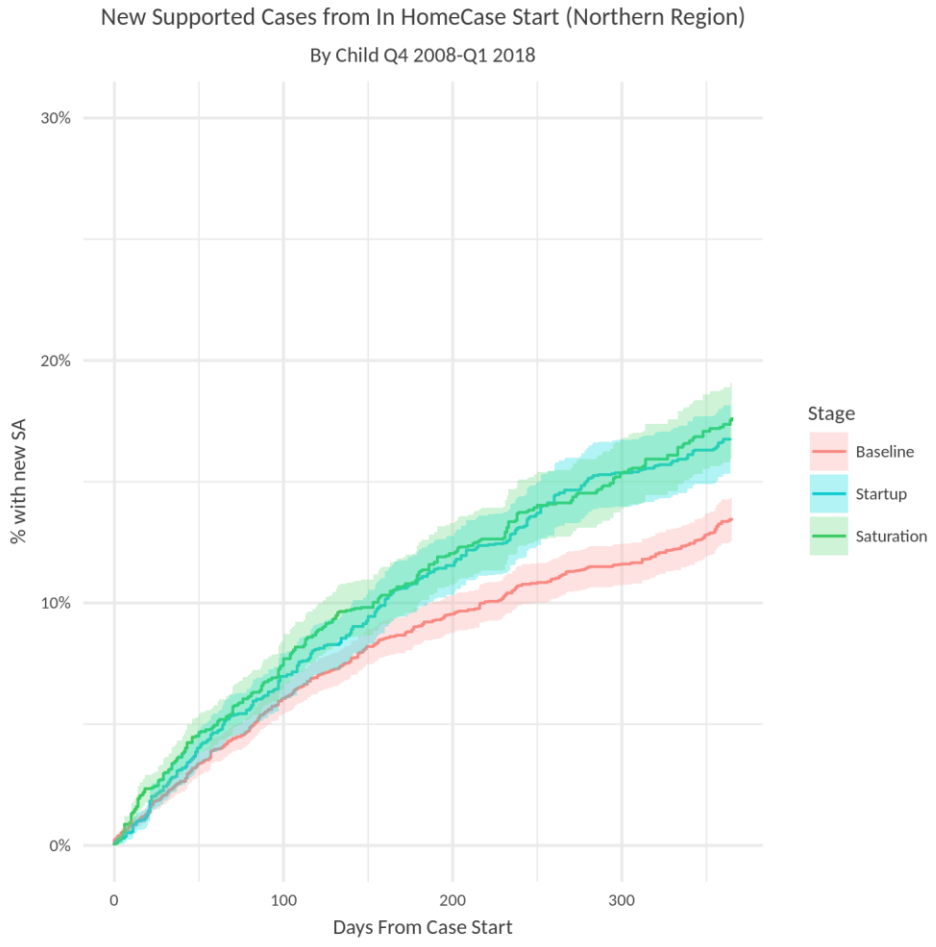


Figure 14 displays the percentage of new supported allegations after in-home case start in the Northern offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates, the blue line shows the startup period, and the green line shows the saturation period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in the likelihood of a new supported allegation after an in-home case during the startup phase of the waiver services compared to the baseline (after controlling for household nesting and prior cases) (OR = 0.98; 95% CI[0.73, 1.31]). The saturation period had no difference in the likelihood of a new supported allegation after in-home case start compared to the baseline period (OR = 0.96; 95% CI[0.66, 1.39]).

Figure 14. Northern Region New Supported Cases from In-Home Start



CPS Case Outcomes

Figure 15 displays the percentage of new foster care cases from CPS case start in the Northern offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates; the blue line shows the startup period; and the green line shows the saturation period. The colored area represents sampling error at each point in time. In this analysis, the startup period had a statistically significant increase in likelihood of referral to foster care from the baseline period (OR = 1.41; 95% CI[1.16, 1.71]). The saturation period had a statistically significant increase in likelihood of referral to foster care from CPS case start compared to the baseline period (OR = 1.61; 95% CI[1.31, 1.99]).

Figure 15. Northern Region New Foster Care Cases from CPS Start

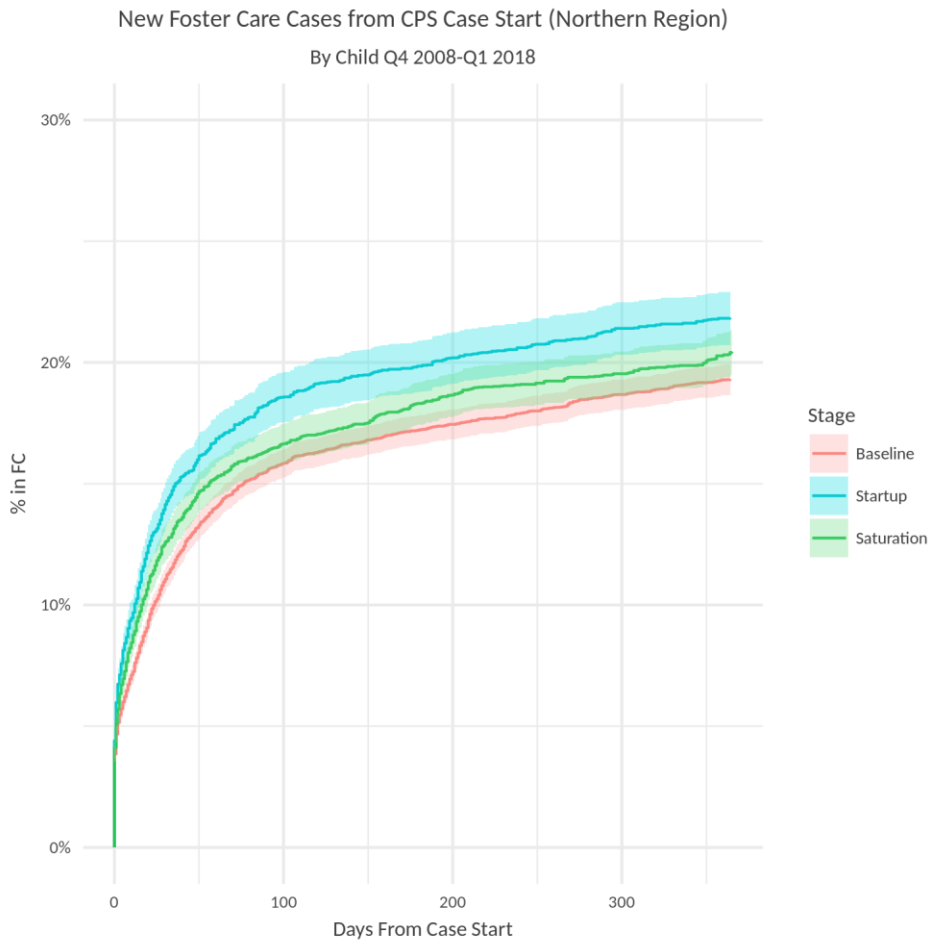
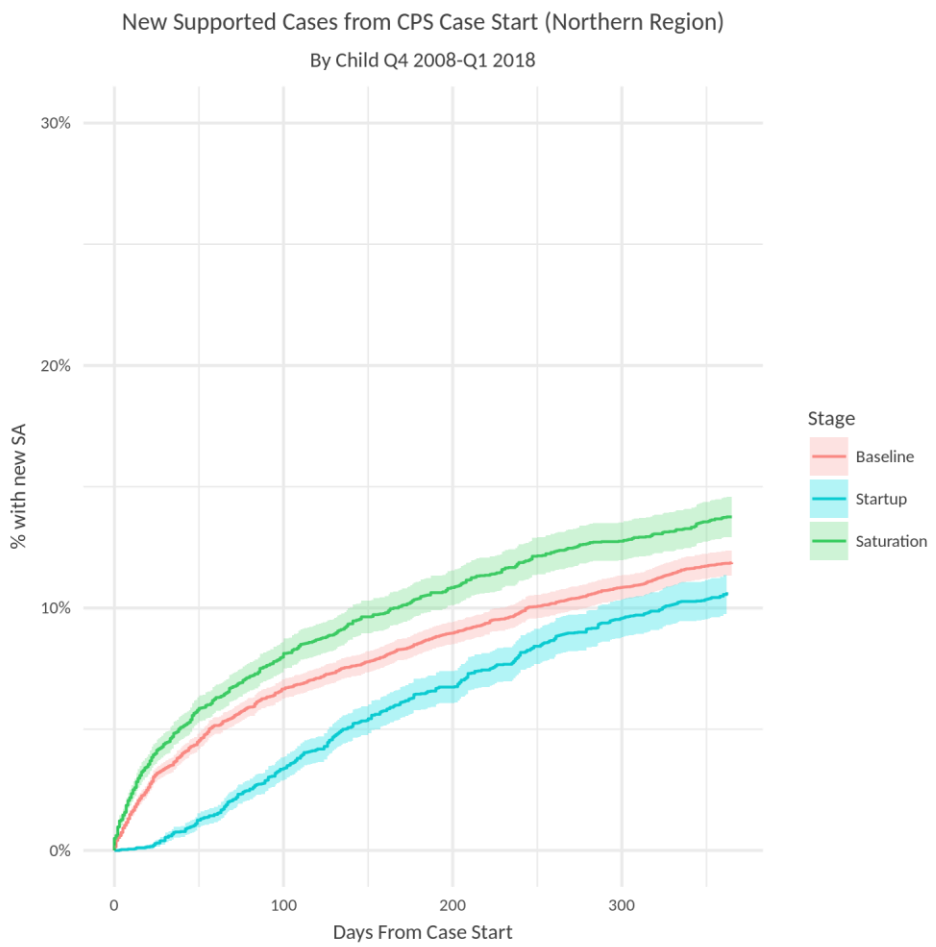


Figure 16 displays the percentage of new supported allegations after CPS case start in the Northern offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates; the blue line shows the startup period; and the green line shows the saturation period. In this analysis, the startup period had a statistically significant decrease in the likelihood of a new supported allegation after a CPS case compared to the baseline (OR = 0.77; 95% CI[0.63, 0.92]). The saturation period had a statistically significant increase in the likelihood of a new supported allegation after CPS case start compared to the baseline period (OR = 1.31; 95% CI[1.07, 1.6]).

Figure 16. Northern Region New Supported Cases from CPS Start



Southwest Region System Outcomes

In this section, only data for the Southwest Region is reported. The startup period began on 11/1/2014 and the region reached saturation on 9/1/2016.

In-Home Case Outcomes

This section examined outcomes only for individuals who had already been referred to in-home services in the Southwest Region. These results should be interpreted cautiously because unlike CPS cases, it was expected that the population of children entering in-home would change with the implementation of waiver services. We controlled for number of prior cases and nesting within household, but these variables probably did not capture all of the individual differences in children.

Figure 17 displays the percentage of new foster care cases from in-home case start in the Southwest offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates, the blue line shows the startup period, and the green line shows the saturation period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in likelihood of a new foster care case after in-home case start compared to the baseline (OR = 1.38; 95% CI[0.72, 2.61]). The saturation period had no difference in likelihood of referral to foster care from in-home case start compared to the baseline period (OR = 0.71; 95% CI[0.27, 1.76]).

Figure 17. Southwest Region New Foster Care Cases from In-Home Start

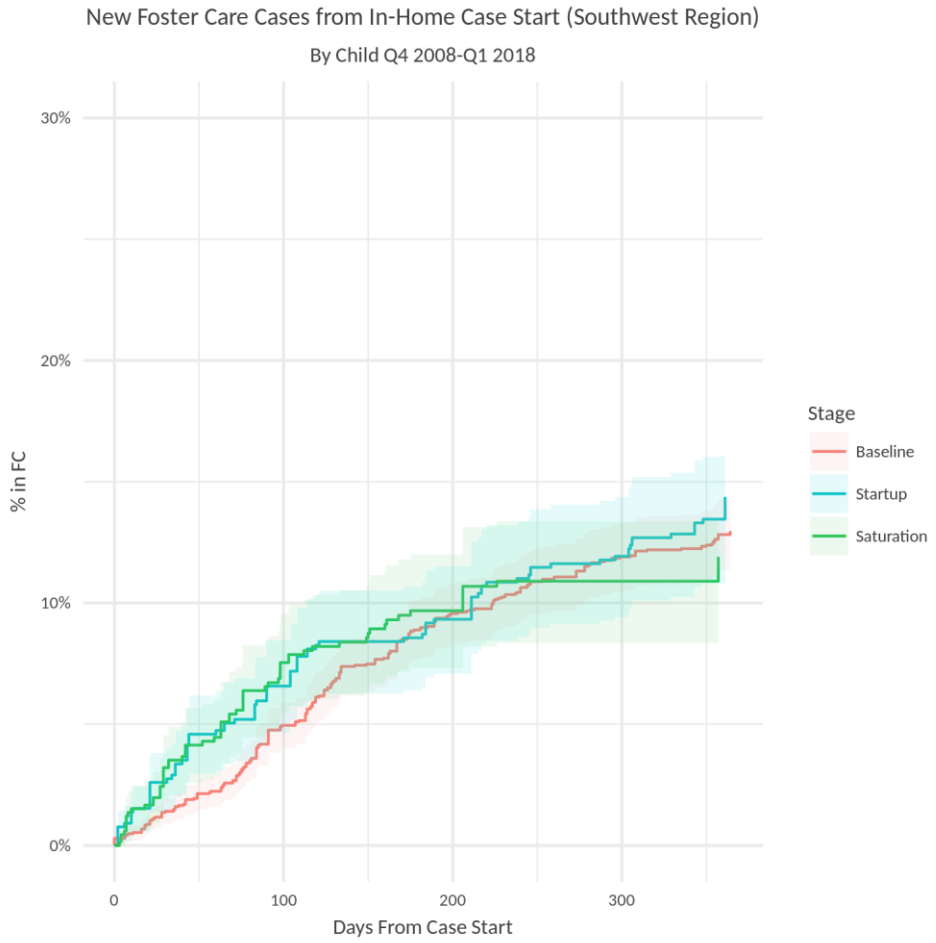
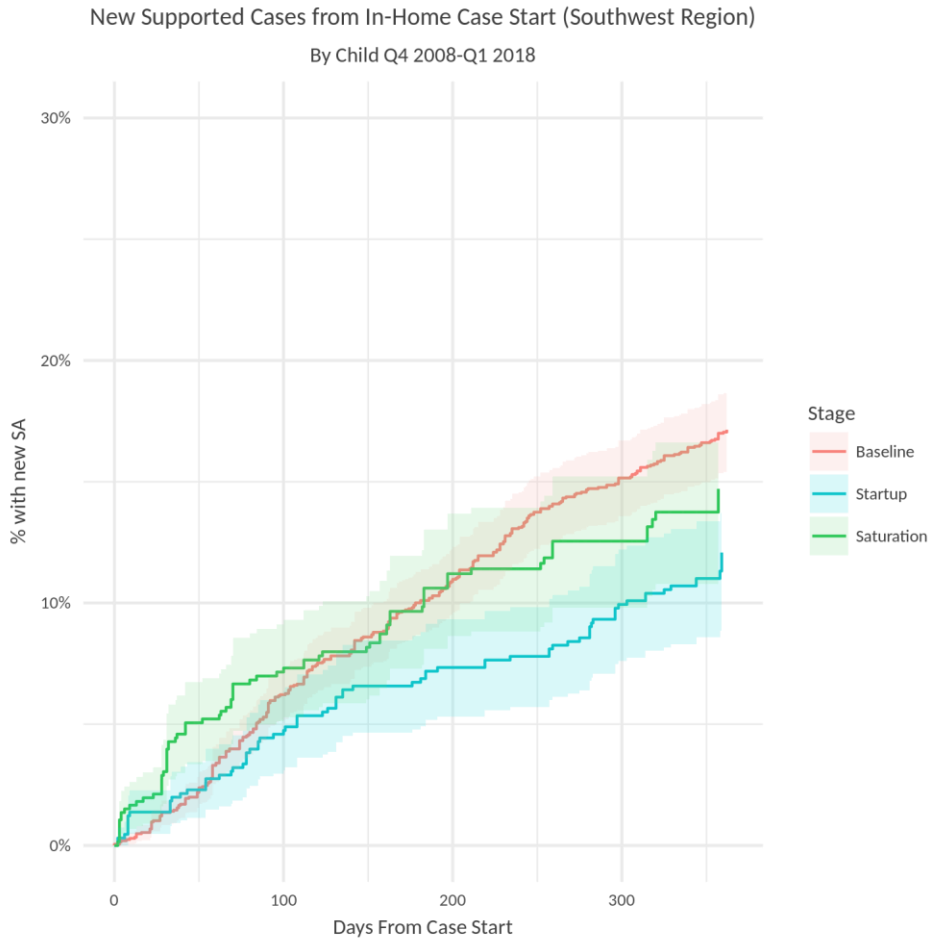


Figure 18 displays the percentage of new supported allegations after in-home case start in the Southwest offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates, the blue line shows the startup period, and the green line shows the saturation period. The colored area represents sampling error at each point in time. In this analysis, the startup period had a statistically significant decrease in the likelihood of a new supported allegation after an in-home case during the startup phase of the waiver services compared to the baseline (after controlling for household nesting and prior cases) (OR = 0.4; 95% CI[0.2, 0.78]). The saturation period had a statistically significant decrease in the likelihood of a new supported allegation after in-home case start compared to the baseline period (OR = 0.32; 95% CI[0.11, 0.83]).

Figure 18. Southwest Region New Supported Cases from In-Home Start



CPS Case Outcomes

This section examined outcomes only for individuals who had CPS cases in the Southwest offices. The analysis controls for number of prior cases and nesting within household, but these variables likely do not capture all of the individual differences in the children.

Figure 19 displays the percentage of new foster care cases from CPS case start in the Southwest offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates; the blue line shows the startup period; and the green line shows the saturation period. The colored area represents sampling error at each point in time. In this analysis, the startup period had a statistically significant increase in likelihood of referral to foster care from the baseline period (OR = 2.36; 95% CI[1.74, 3.21]). The saturation period had a statistically significant increase in likelihood of referral to foster care from CPS case start compared to the baseline period (OR = 1.86; 95% CI[1.24, 2.8]).

Figure 19. Southwest Region New Foster Care Cases from CPS Start

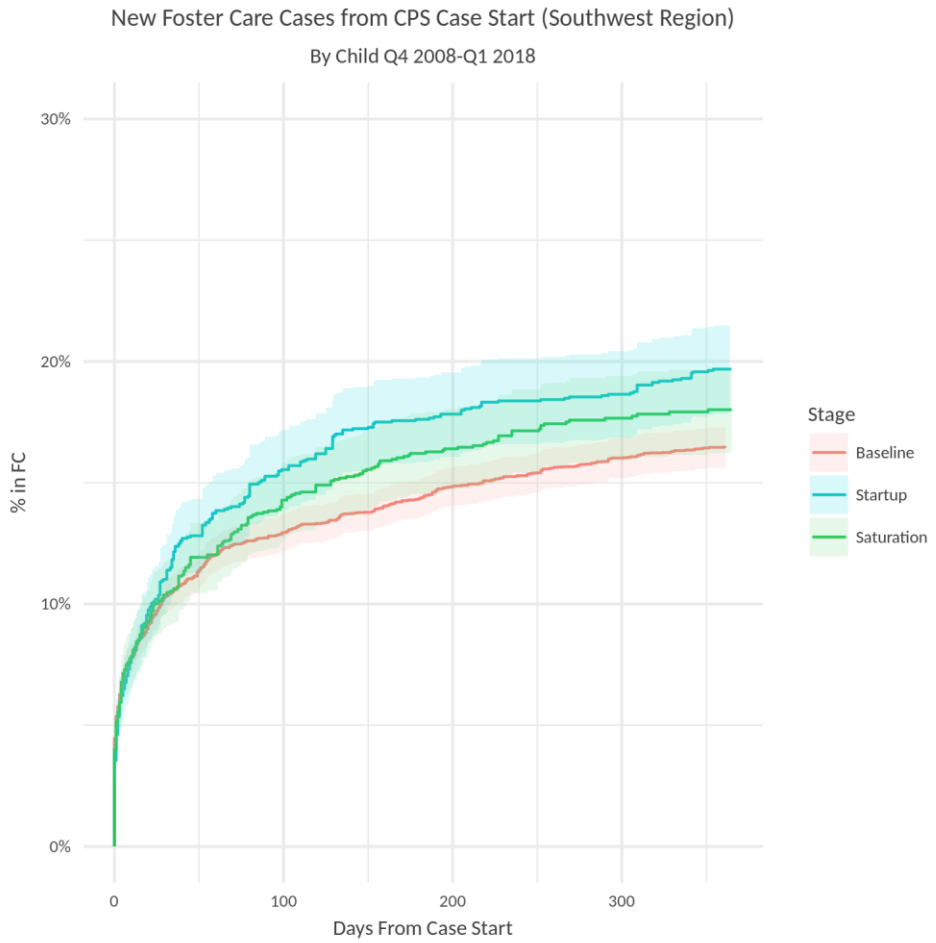
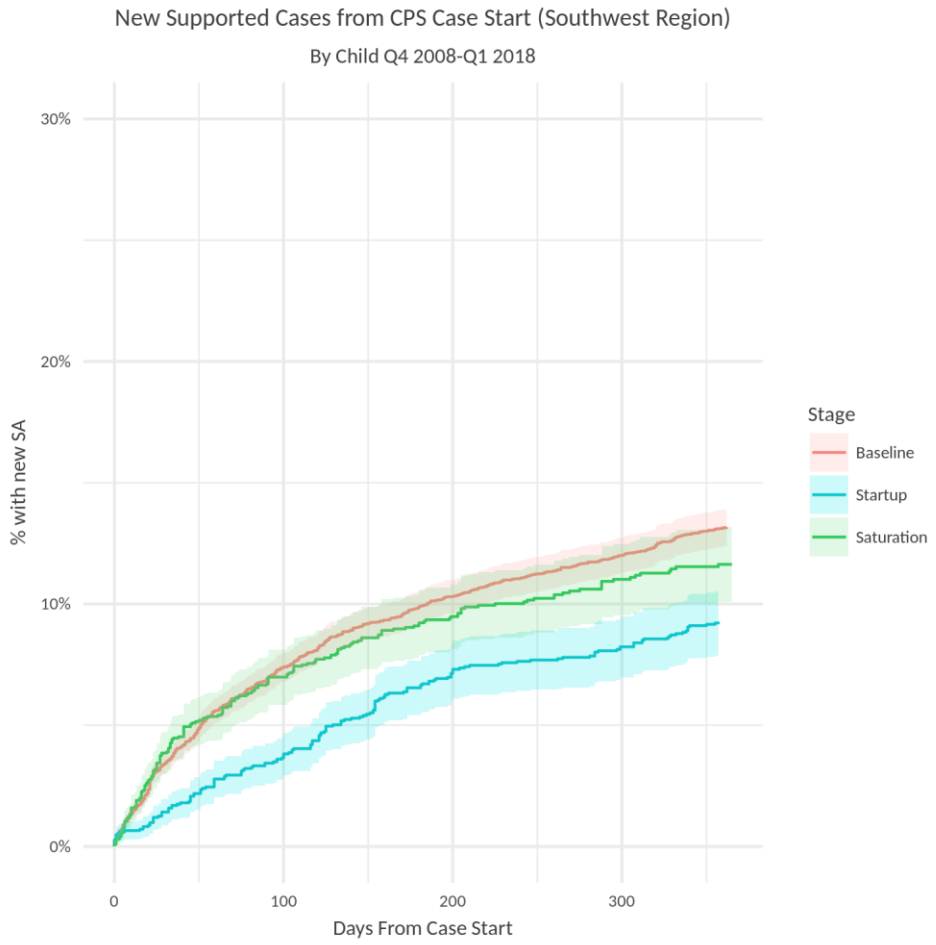


Figure 20 displays the percentage of new supported allegations after CPS case start in the Southwest offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates; the blue line shows the startup period; and the green line shows the saturation period. In this analysis, the startup period had a statistically significant decrease in the likelihood of a new supported allegation after a CPS case compared to the baseline (OR = 0.71; 95% CI[0.51, 0.97]). The saturation period had no difference in the likelihood of a new supported allegation after CPS case start compared to the baseline period (OR = 1.12; 95% CI[0.76, 1.65]).

Figure 20. Southwest Region New Supported Cases from CPS Start



Salt Lake Valley Region System Outcomes

In this section, only data for the Salt Lake Valley Region is reported. The startup period began on 4/1/2015 and the region reached saturation on 6/1/2017. There is not yet sufficient data to analyze outcomes for the saturation period, so saturation analysis is not included in the results below.

In-Home Case Outcomes

This section examined outcomes only for individuals who had already been referred to in-home services in the Salt Lake Valley Region offices. These results should be interpreted cautiously because unlike with CPS cases, it was expected that the population of children entering in-home would change with the implementation of waiver services. We controlled for number of prior cases and nesting within household, but these variables likely do not capture all of the individual differences in the children.

Figure 21 displays data from the baseline and startup periods for the Salt Lake Valley Region offices where the outcome is new foster care cases after in-home case start. The red line shows the baseline trend rates and the blue line shows the startup period. The colored area represents sampling error at each point

in time. In this analysis, the startup period had a statistically significant increase in likelihood of a new foster care case after in-home case start compared to the baseline (OR = 1.59; 95% CI[1.14, 2.2]).

Figure 21. Salt Lake Valley Region New Foster Care Cases from In-Home Start

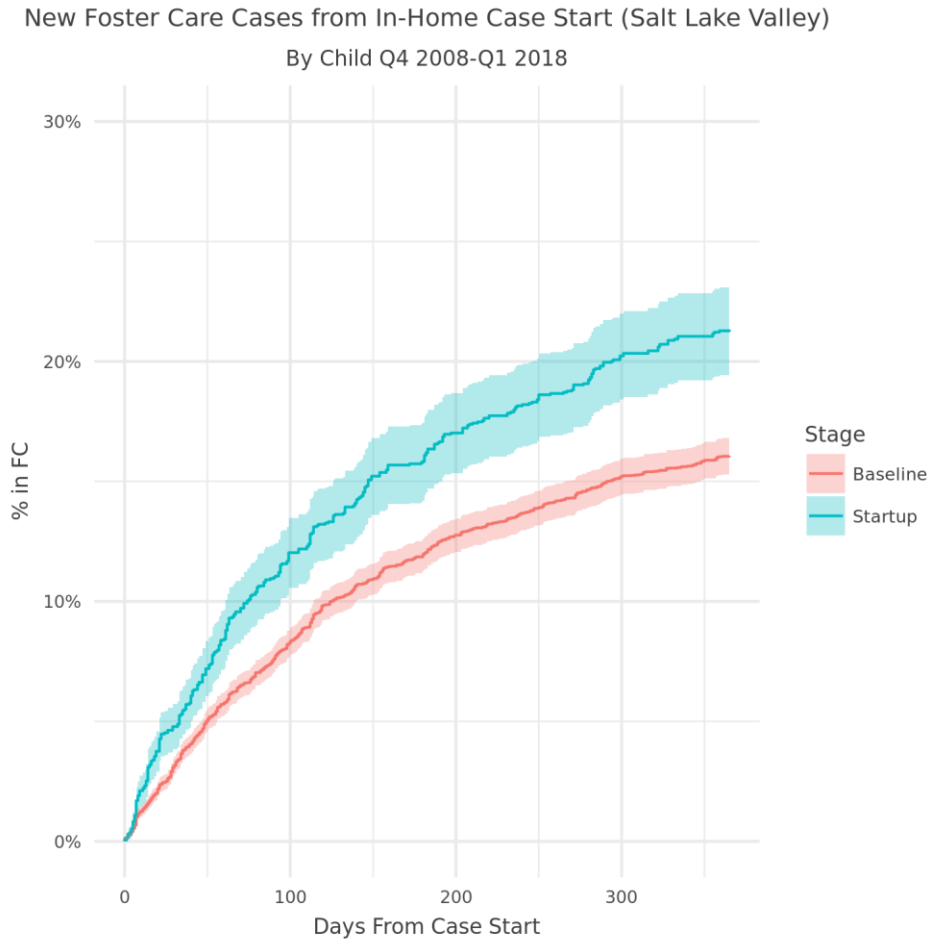
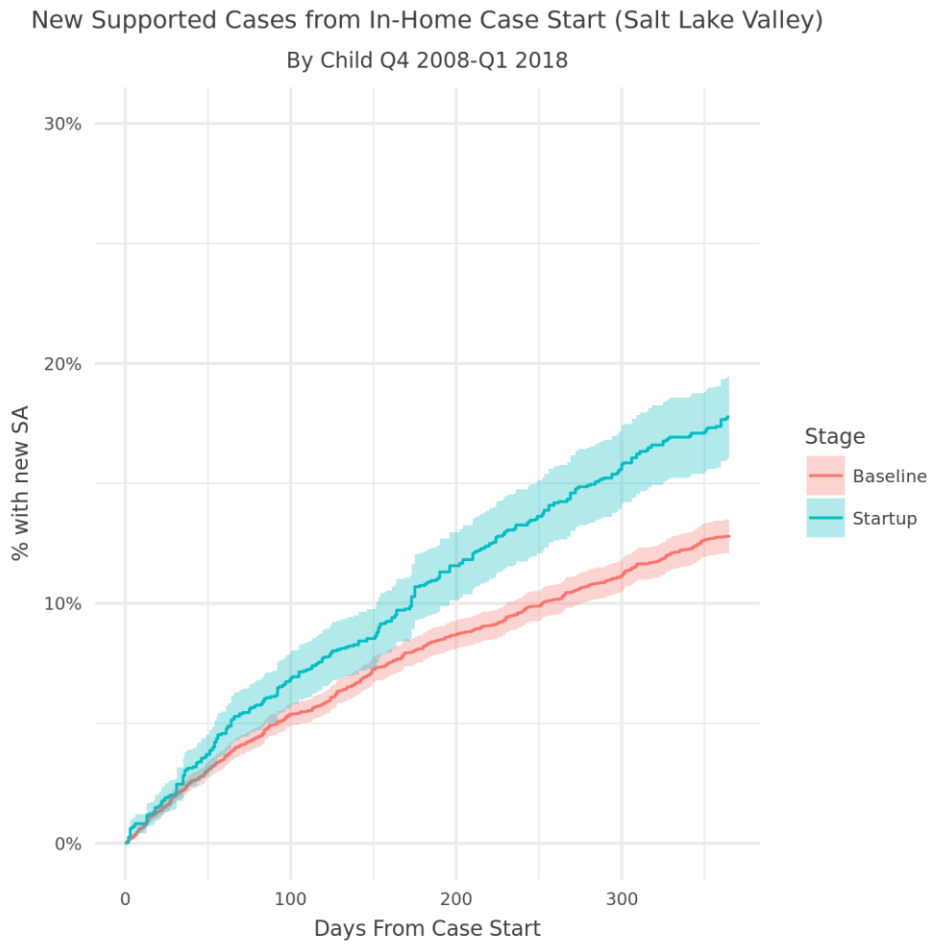


Figure 22 displays data from the baseline and startup periods for the Salt Lake Valley Region offices where the outcome shows new supported findings for children who started in-home care. The red line shows the baseline trend rates and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in the likelihood of a new supported allegation after an in-home case compared to the baseline (OR = .99; 95% CI[0.71, 1.39]).

Figure 22. Salt Lake Valley Region New Supported Cases from In-Home Start



CPS Case Outcomes

This section examined outcomes only for individuals who had CPS cases in the Salt Lake Valley Region offices. The analysis controls for number of prior cases and nesting within household, but these variables likely do not capture all of the individual differences in the children.

Figure 23 displays the percentage of new foster care cases after CPS case start in the Salt Lake Valley Region offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates, and the blue line shows the startup period. In this analysis, the startup period had had a statistically significant increase in likelihood of referral to foster care from the baseline period (OR = 2.99; 95% CI[2.51, 3.56]).

Figure 23. Salt Lake Valley Region New Foster Care Cases from CPS Start

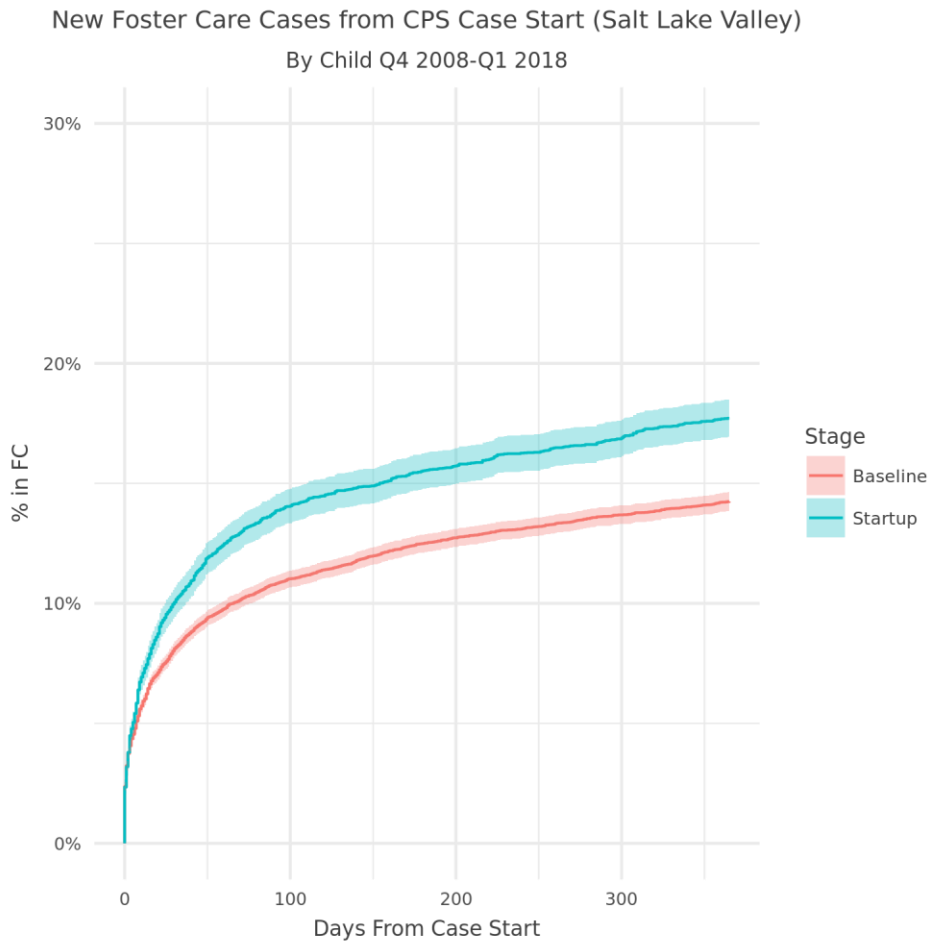
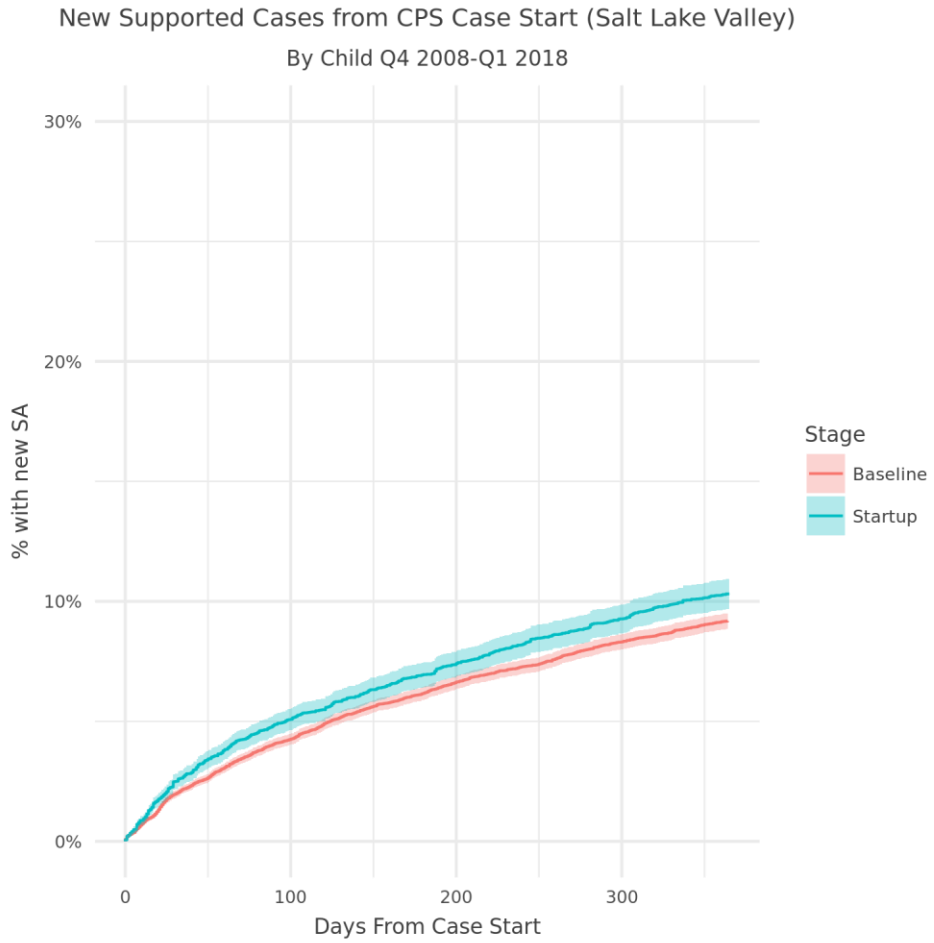


Figure 24 displays data from the baseline and startup periods for the Salt Lake Valley Region offices where the outcome is new supported allegations of abuse or neglect after CPS case start. These data are also presented over time, calculated from CPS start date. The red line shows the baseline trend rates, and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in the likelihood of a new supported allegation after a CPS case compared to the baseline. (OR = 1.15; 95% CI[0.97, 1.36]).

Figure 24. Salt Lake Valley Region New Supported Cases from CPS Start



Eastern Region System Outcomes

In this section, only data for the Eastern Region is reported. The startup period began on 8/1/2015 and the region reached saturation as of 1/1/2018 but there is not yet enough data to analyze.

In-Home Case Outcomes

This section examined outcomes only for individuals who had already been referred to in-home services in the Eastern offices. These results should be interpreted cautiously because unlike with CPS cases, it was expected that the population of children entering in-home would change with the implementation of waiver services. We controlled for number of prior cases and nesting within household, but these variables likely do not capture all of the individual differences in the children.

Figure 25 displays data from the baseline and startup periods for the Eastern offices where the outcome is new foster care cases after in-home case start. The red line shows the baseline trend rates and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in likelihood of a new foster care case after in-home case start compared to the baseline (OR = 1.54; 95% CI[0.91, 2.58]).

Figure 25. Eastern Region New Foster Care Cases from In-Home Start

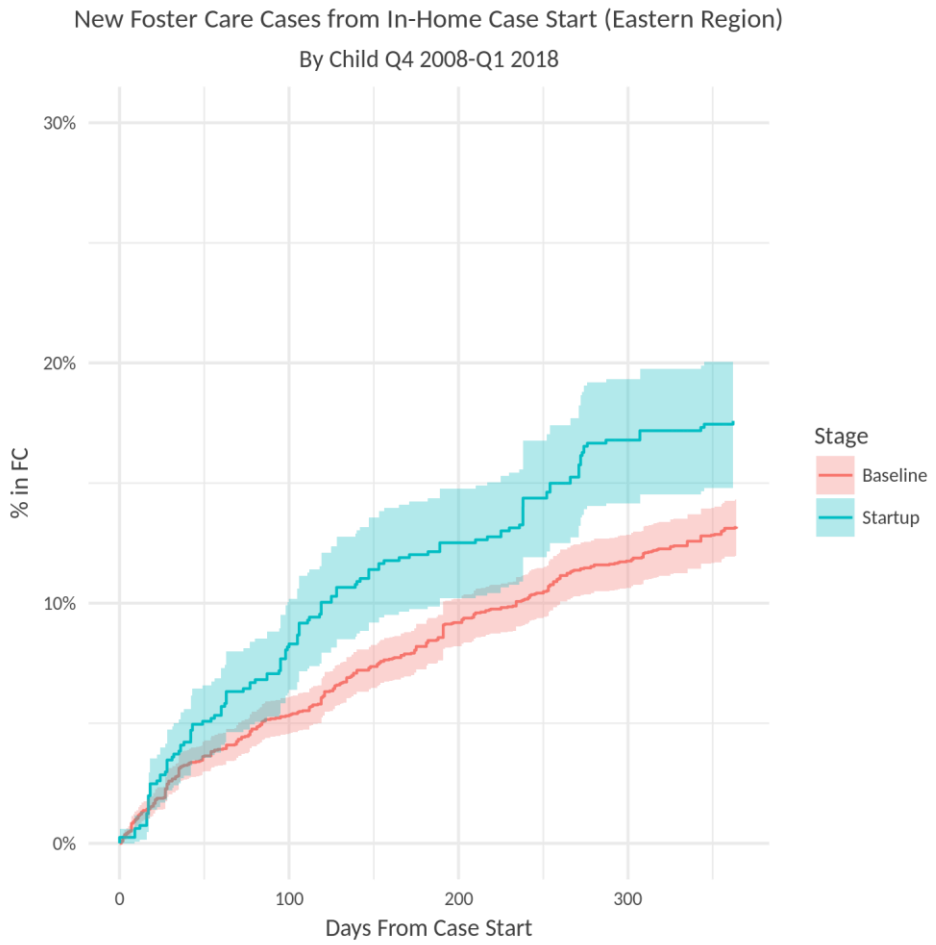
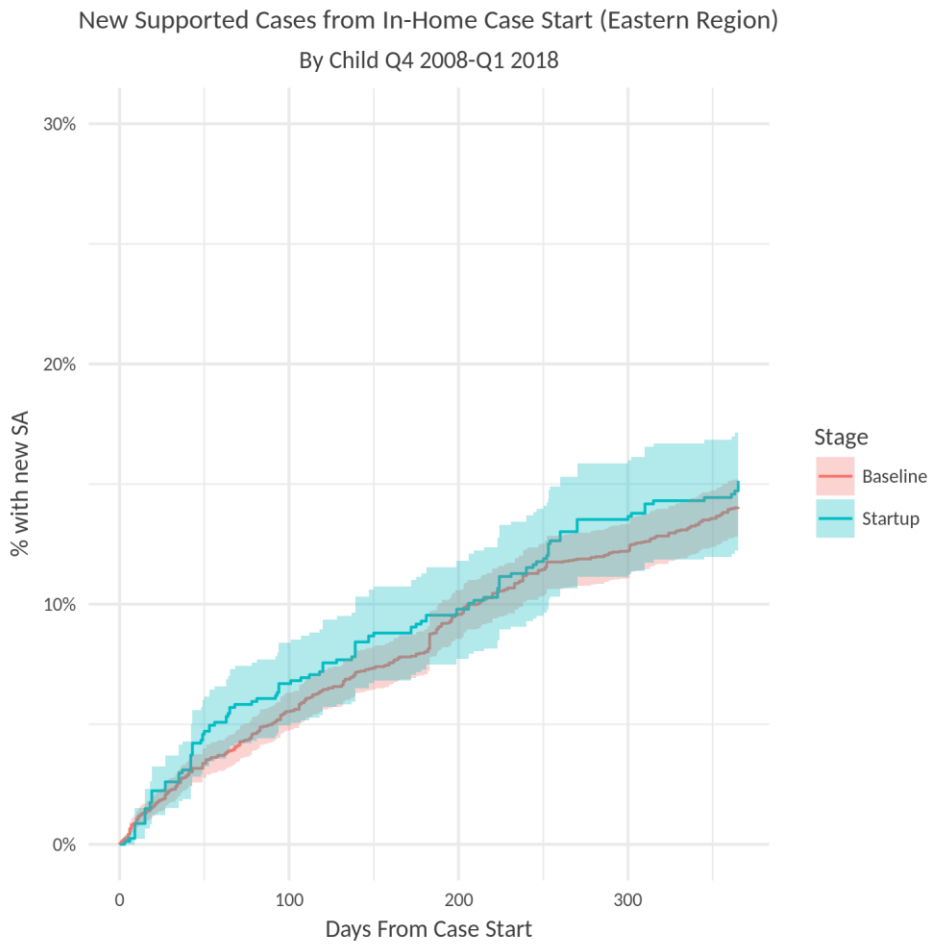


Figure 26 displays data from the baseline and startup periods for the Eastern offices where the outcome shows new supported findings for children who started in-home care. The red line shows the baseline trend rates and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in the likelihood of a new supported allegation after an in-home case compared to the baseline (OR = 0.79; 95% CI[0.46, 1.33]).

Figure 26. Eastern Region New Supported Cases from In-Home Start



CPS Case Outcomes

This section examined outcomes only for individuals who had CPS cases in the Eastern offices. The analysis controls for number of prior cases and nesting within household, but these variables likely do not capture all the individual differences in the children.

Figure 27 displays the percentage of new foster care cases after CPS case start in the Eastern offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates and the blue line shows the startup period. In this analysis, the startup period had had a statistically significant increase in likelihood of referral to foster care from the baseline period (OR = 2.32; 95% CI[1.73, 3.11]).

Figure 27. Eastern Region New Foster Care Cases from CPS Start

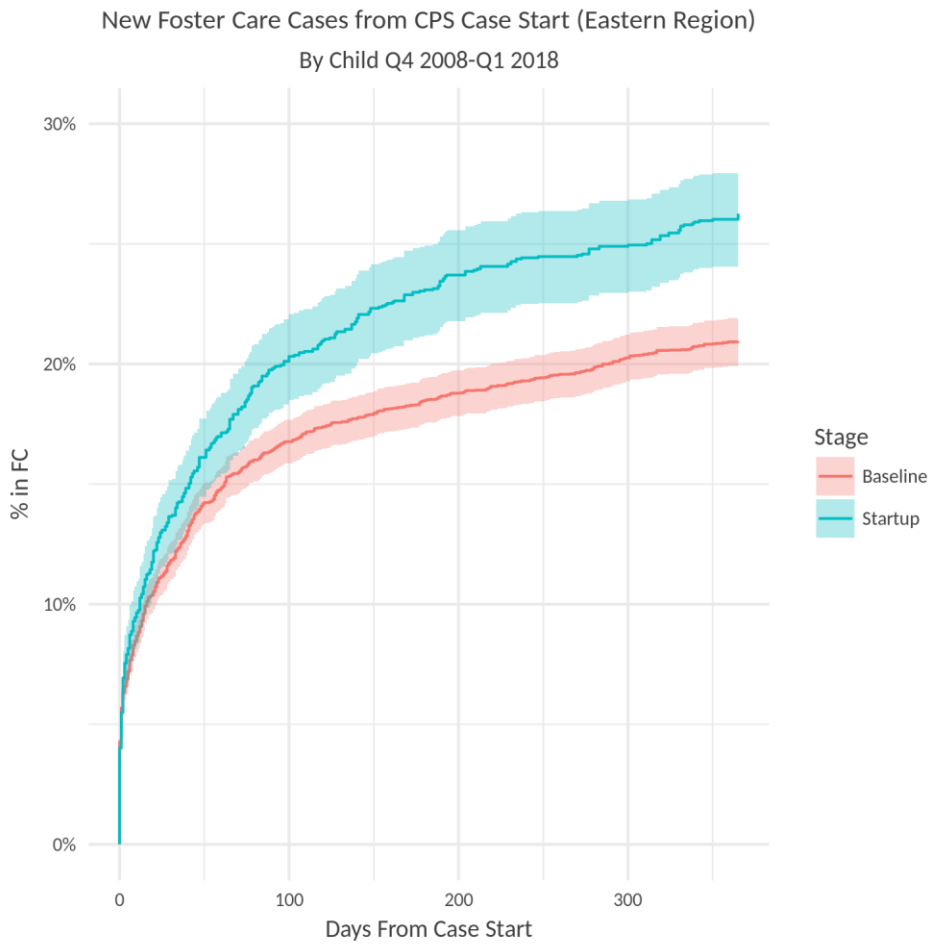
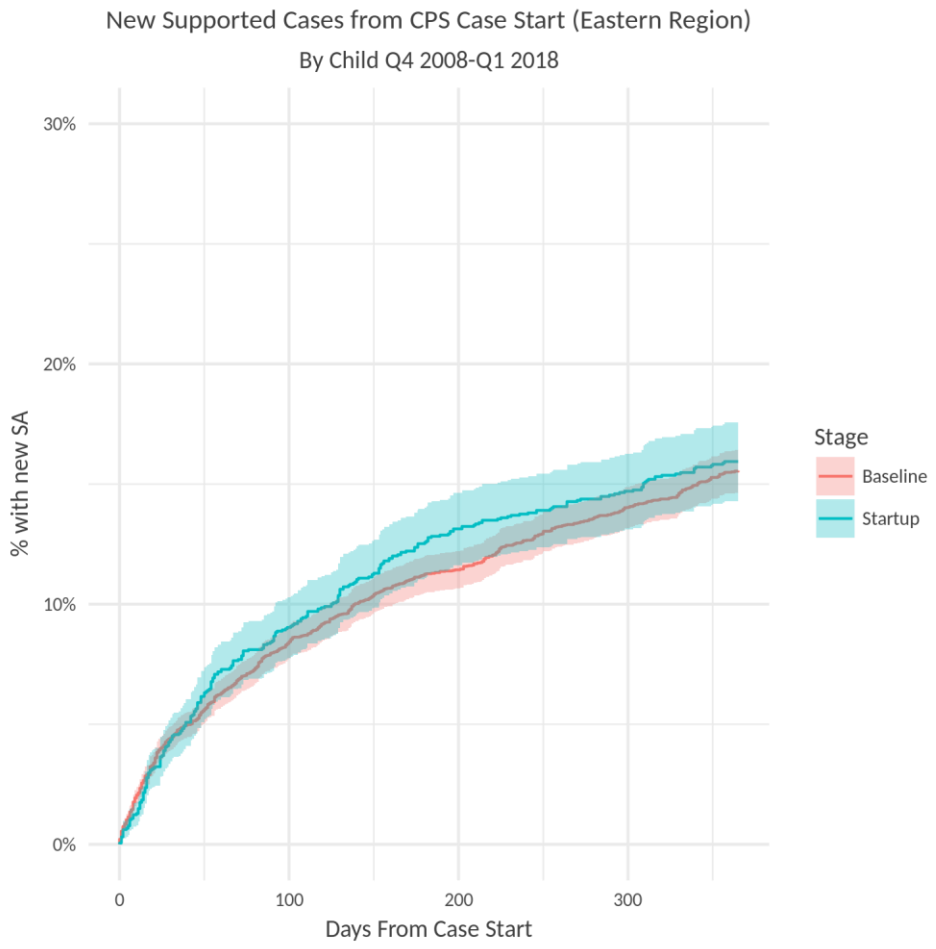


Figure 28 displays data from the baseline and startup periods for the Eastern offices where the outcome is new supported allegations of abuse or neglect after CPS case start. These data are also presented over time, calculated from CPS start date. The red line shows the baseline trend rates and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in the likelihood of a new supported allegation after a CPS case compared to the baseline. (OR = 0.98; 95% CI[0.75, 1.27]).

Figure 28. Eastern Region New Supported Cases from CPS Start



Western Region System Outcomes

In this section, only data for the Western Region is reported. The startup period began on 12/1/2015 and the region has recently reached saturation as of 4/1/2018, so there is not yet enough data to analyze.

In-Home Case Outcomes

This section examined outcomes only for individuals who had already been referred to in-home services in the Western offices. These results should be interpreted cautiously because unlike with CPS cases, it was expected that the population of children entering in-home would change with the implementation of waiver services. We controlled for number of prior cases and nesting within household, but these variables likely do not capture all of the individual differences in the children.

Figure 29 displays data from the baseline and startup periods for the Western offices where the outcome is new foster care cases after in-home case start. The red line shows the baseline trend rates, and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had a statistically significant decrease in likelihood of a new foster care case after in-home case start compared to the baseline (OR = 0.6; 95% CI[0.37, 0.97]).

Figure 29. Western Region New Foster Care Cases from In-Home Start

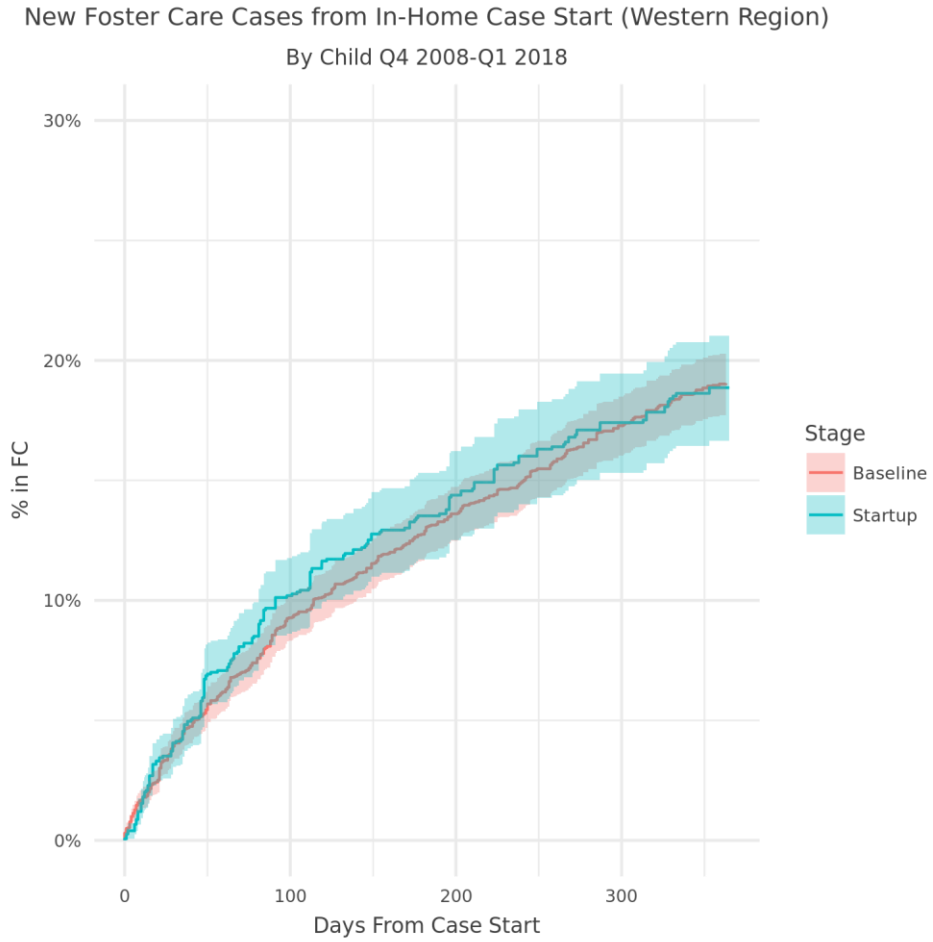
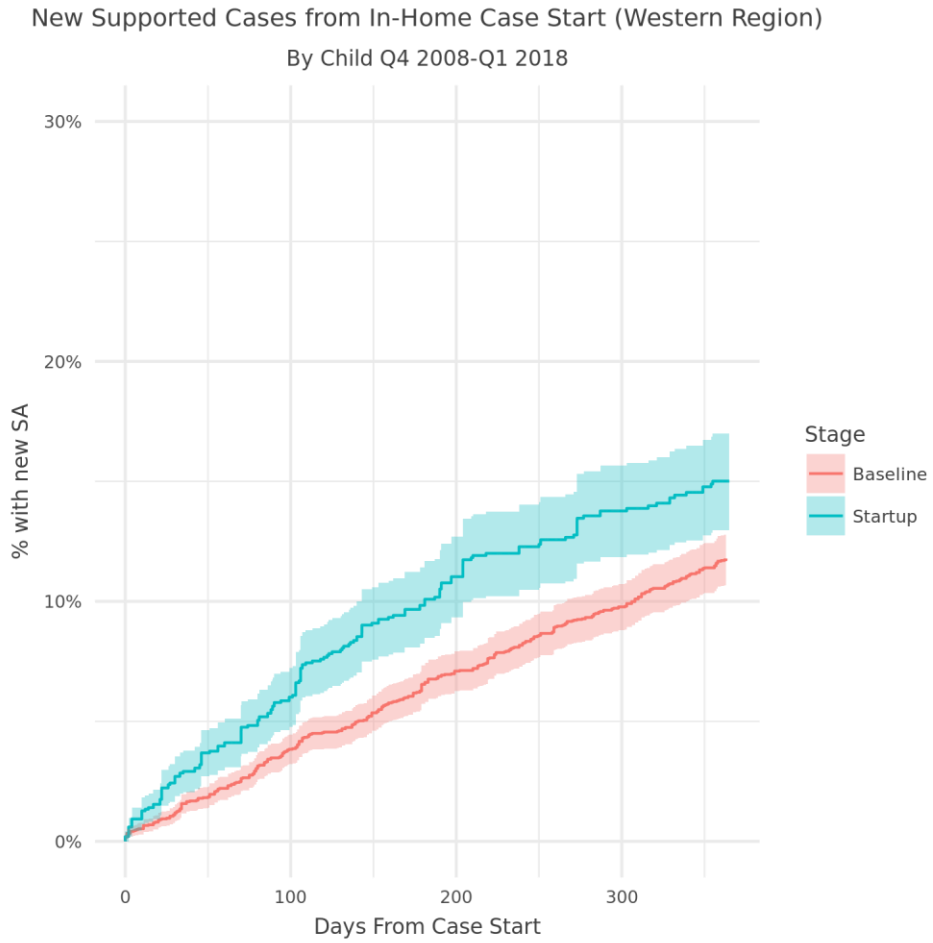


Figure 30 displays data from the baseline and startup periods for the Western offices where the outcome shows new supported findings for children who started in-home care. The red line shows the baseline trend rates, and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had a statistically significant decrease in the likelihood of a new supported allegation after an in-home case compared to the baseline (OR = 0.41; 95% CI[0.23, 0.71]).

Figure 30. Western Region New Supported Cases from In-Home Start



CPS Case Outcomes

This section examined outcomes only for individuals who had CPS cases in the Western offices. The analysis controls for number of prior cases and nesting within household, but these variables likely do not capture all of the individual differences in the children.

Figure 31 displays the percentage of new foster care cases after CPS case start in the Western offices. We analyzed these data using the method described in the analysis section, which included controlling for case histories as well as household nesting. The percentages are calculated over time, beginning at the CPS case start date. The red line shows the baseline trend rates, and the blue line shows the startup period. In this analysis, the startup period had a statistically significant increase in likelihood of referral to foster care from the baseline period (OR = 2.99; 95% CI[2.23, 4.03]).

Figure 31. Western Region New Foster Care Cases from CPS Start

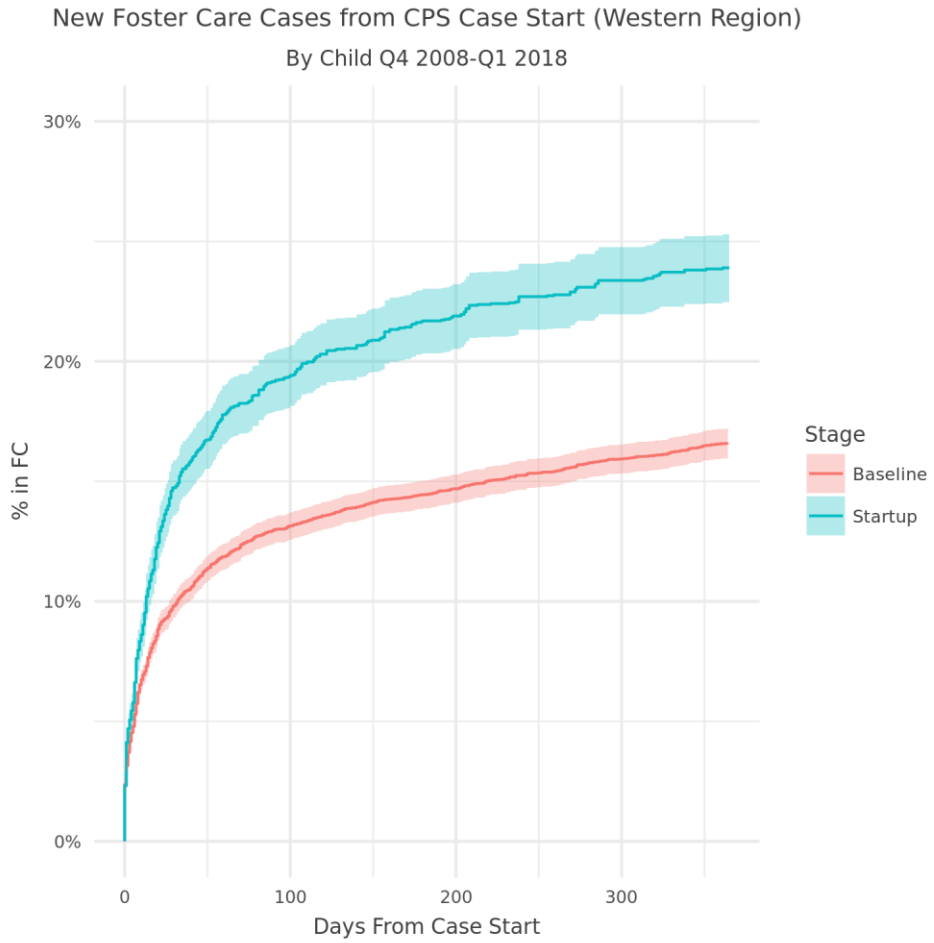
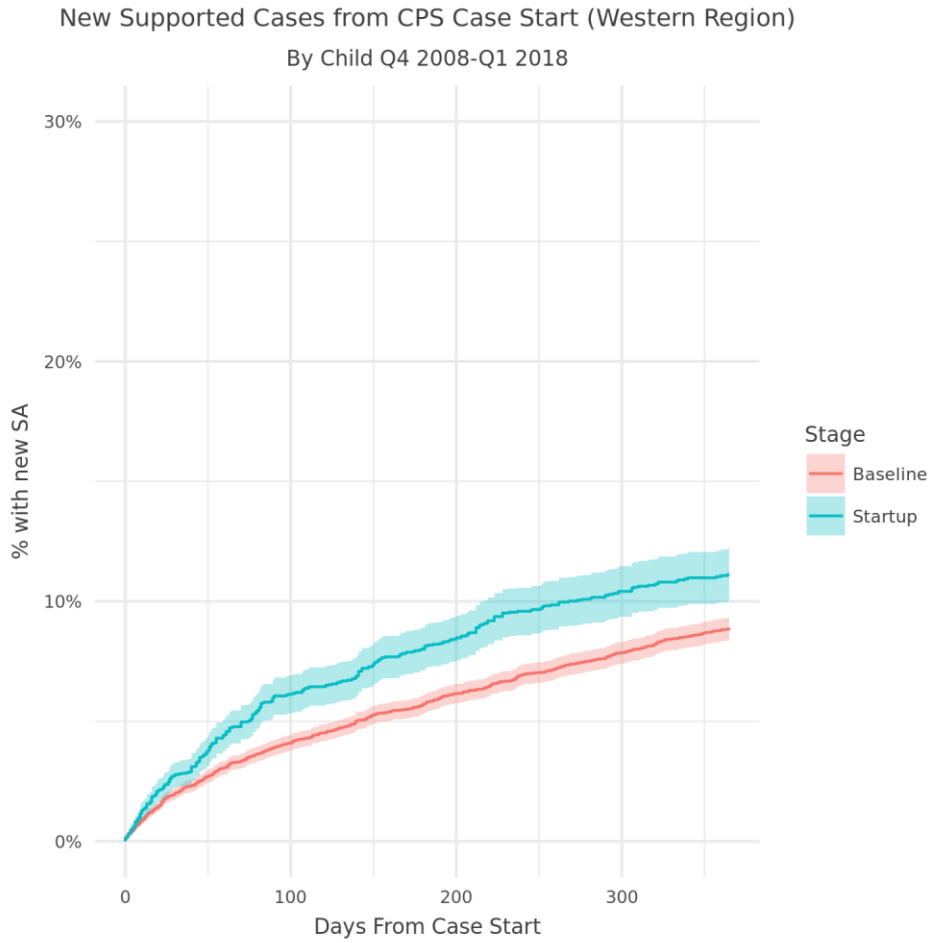


Figure 32 displays data from the baseline and startup periods for the Western offices where the outcome is new supported allegations of abuse or neglect after CPS case start. These data are also presented over time, calculated from CPS start date. The red line shows the baseline trend rates, and the blue line shows the startup period. The colored area represents sampling error at each point in time. In this analysis, the startup period had no difference in the likelihood of a new supported allegation after a CPS case compared to the baseline. (OR = 0.93; 95% CI[0.68, 1.27]).

Figure 32. Western Region New Supported Cases from CPS Start



Discussion

Statewide data for the startup period is presented in this report. Saturation results are included from Northern, Southwest, and Salt Lake Valley. Figure 33 shows a summary of the findings. A green arrow represents a significant effect in a positive direction, a red arrow represents a significant effect in a negative direction, and a black arrow represents non-significant results. Region names are abbreviated for simplicity.

Figure 33. Overview of System Outcome Results

	N Start-up	N Saturation	SW Start-up	SW Saturation	SLVR Start-up	SLVR Saturation	E Start-up	W Start-up
% In-home to Foster Care	↓	↓	→	→	↑	↑	→	→
% In-Home Repeat Finding	→	→	↓	↓	→	→	→	↓
% CPS to Foster Care	↑	↑	↑	↑	↑	↑	↑	↑
% CPS Repeat Finding	↓	↑	↓	→	↑	↓	→	→

New Foster Care Cases from In-Home Case Start

Results of this analysis were mixed. Northern showed a significant decrease in new foster care cases from both the startup period and the saturation period. Southwest, Eastern, and Western results showed no significant difference between baseline and startup or saturation period. Salt Lake Valley Region showed a significant increase in referrals to CPS from the start of an in-home case both during the start-up period and saturation period compared to the baseline period. These initial results in Northern are important because they suggest that increased fidelity to the HomeWorks model may lead to the desired impact of decreasing the number of children removed from their homes after starting in-home services with DCFS. However, the impact may not be consistent across regions since the other regions were either not significant or had a significant increase when compared to the baseline. More time is needed to determine a more complete picture of the changes in the regions who implemented HomeWorks later.

New Foster Care Cases from CPS Case Start

All regions demonstrate a significant increase in the percent of children who enter foster care from CPS start in the start-up period and saturation period (where relevant) compared to the baseline. These results demonstrate a consistent statewide trend of increasing removal after the start of a CPS case. Increasing CPS to foster care rates could cancel out or overwhelm the effect of the initial decrease seen in in-home to foster care rates. For this reason, this finding is important for the agency to pay attention to moving forward both to identify the potential causes for these increases and to identify solutions that expand the reach of the HomeWorks model into CPS services.

New Supported Cases from In-Home Case Start

Results on the occurrence of new supported cases across regions largely showed no differences in the number of new supported cases from in-home case start with some regions demonstrating significant decreases in startup and saturation periods (Southwest and Western). These findings may be promising considering that DCFS is theoretically managing harder in-home cases under the HomeWorks model.

New Supported Cases from CPS Case Start

Results on the occurrence of new supported cases after CPS case start are mixed across regions. Southwest in the saturation period and Eastern and Western in the start-up periods show no significant difference from the baseline. Northern showed an initial significant decrease in the start-up period with an increase during the saturation period, which Salt Lake Valley showed an initial significant increase in the start-up period with a significant decrease in the saturation period. The agency should look into region specific factors that may be contributing to these mixed findings.

SECTION FIVE: COST STUDY

KEY RESEARCH QUESTIONS

The cost-effectiveness study examines the relative costs of reducing out-of-home placements and findings of abuse and neglect. The key question is: What is the per child cost savings that arises from reductions in new entries to out-of-home placements and findings of abuse and neglect that result after waiver implementation? The answer to this question brings together both the differences in costs that are observed between the demonstration and comparison groups and the expected change in outcomes.

DATA SOURCES AND DATA COLLECTION

This report includes information on department and agency costs throughout the waiver demonstration and the results of a cost-effectiveness analysis for this project. Summary information is included for broad level costs shifts overall and for variable costs per client. The report breaks these costs down to the regional level. The cost-effectiveness analysis explores the cost effectiveness of the waiver demonstration for each region in the state. It should be noted that these results are limited in that the baseline for the analysis is short and that there may be variables that have affected the costs and outcomes over time that have not been accounted for here.

The cost evaluation team continued to track shifts in agency appropriation unit and activity costs connected to DCFS Title IV-E allowable and waiver-based demonstration costs. These costs include

1. Maintenance assistance payments operations,
2. In-placement administration (excluding candidate) operations, and
3. Candidate administration operations.

Appropriation units and activities are the primary units of analysis for this report. Appropriation units represent broad cost categories. These costs categories are used to distribute funds to activities. This report refers to codes used by DCFS to refer to the appropriation units and activities. These codes are listed in Table 28 and Table 29 below.

Table 28. Appropriation Units

Unit	Name
KHA	Administration
KHB	Service Delivery
KHD	In Home Services
KHE	Out-of-home Services
KHG	Facility Based Programs
KHH	Minor Grants
KHK	Selected Services
KHL	Special Needs
KHM	Domestic Violence
KHN	Children's Trust Fund

KHP	Adoption Assistance
KHS	Child Welfare Services MIS (SAFE/SACWIS)

Table 29. Chart of Activities

Activity Code	Activity Name
H4AG	IV-E Admin/State Match AG Office
H4ST	IV-E Short Term Training
H4UT	IV-E Admin/State Match University
H4UU	IV-E Training/Admin/State Match University
HADA	Adoption Administration
HADP	Adoption Caseworkers
HAGC	Attorney General Costs Non-IV-E
HAIG	Adoption Incentive Grant
HAMS	Administration
HATA	Adoption Training
HBGC	Criminal Background Screening Foster/Adoptive
HBLD	Buildings
HBTA	Combined Foster/Adoptive Parent Training
HBUD	State Office Budget and Finance
HCAP	CAPTA Grant
HCCC	Local Interagency Council (LIC) Contract
HCDV	Child Domestic Violence Treatment
HCIN	Centralized Intake
HCMS	Common Support
HCOM	State Office Common Costs
HCON	State Office Contract Management
HCPS	CPS Investigations
HCRH	Crisis Home
HCSA	CBCAP Grant
HCSN	Crisis Nursery
HCSX	Child Sex Abuse Treatment
HCWV	PSSF Caseworker Visitation
HCY4	Foster Child Transportation Case Act.
HDEP	State Office Deputy Director
HDFM	Default
HDTR	Day Treatment
HETV	Education and Training Voucher Grant
HELG	Title IV-E Eligibility Technicians
HEVL	IV-E Waiver Evaluation Costs
HFAD	Family Advocate
HFAT	PSSF Management
HFCA	Foster Care Administration
HFEN	Facility Emergency Foster Non-IV-E
HFFP	PSSF/Family Preservation

HFN4	Foster Care Non-IV-E
HFPA	PSSF/Adoption Support
HFPG	PSSF/Family Support
HFPR	PSSF/Reunification
HFTA	Foster Care Training
HFVS	Family Violence Shelter
HFVT	Family Violence Treatment
HFY4	Foster Care IV-E
HGFA	General Fund Expense
HGMF	General Caseworkers
HGN4	Group Care Non-IV-E
HGSP	Guardianship Subsidy Payments
HGTT	Tracking
HGY4	Group Care IV-E
HHMK	Homemaker
HHN4	Individual Foster Maintenance Non-IV-E
HHY4	Individual Foster Maintenance IV-E
HIDL	Independent Living
HIFP	Intensive Family Preservation
HIHS	In Home Services
HIVE	Title IV-E Revenue
HMHT	Mental Health Treatment
HMOD	MIS (SAFE) Modernization
HMS2	MIS Development/50% Match
HMS3	MIS/100 % Match
HMSO	MIS Operations
HNMC	MI706/Custody Medical Care Non-Medicaid Foster Children
HNN4	Special Needs Non-IV-E
HNTE	Children's Trust Fund Expense
HNY4	Special Needs IV-E
HOCL	On Call
HOFS	Support Staff
HOHS	Out-of-home Services
HPDC	Private Donations
HPEP	Peer Parenting
HPPI	Program and Practice Improvement
HPRG	System Projects Non DCFS
HPSV	Protective Supervision
HPTD	Protective Daycare
HPTS	Parenting Skills/Training
HQCR	Qualitative Case Review
HRCC	Regional Common Costs
HRGA	Regional Administration
HRMG	Federal Revenue Management
HRN4	Respite Care Non-IV-E
HSAE	Non-Recurring Adoption Expenses IV-E

HSAN	Supplemental Adoption Asst. Non-IV-E
HSAO	Subsidized Adoptions Non-IV-E
HSAY	Subsidized Adoptions IV-E
HSHC	Shelter Care
HSPA	Domestic Violence Caseworkers
HSTG	Short Term Grants
HT4E	IV-E Eligibility Training
HTN4	Transportation Non-IV-E
HTRA	General Training
HTY4	Transportation IV-E Visitation
HUAT	Drug Testing
HYSC	Youth Services Facility
HYTA	Youth Advocate

DATA ANALYSIS

This subsection describes the data analysis involved in evaluating broad level cost shifts as well as the cost effectiveness analysis. We begin by exploring program project costs and overall costs per client. This is followed by a regional analysis that includes the cost-effectiveness analysis.

PROGRAM PROJECT COSTS

The broad level costs analyzed over the period are illustrated in the following four figures. Figure 34 shows program project costs for quarter one of FFY 2014 to quarter two of FFY 2018. This figure includes the costs from Figure 35, Figure 36, and Figure 37. As shown by the graph, program project costs were similar for the first two quarters of FFY 2018 than in previous years.

Figure 34. Program Project Costs Quarter 1 FFY 2014 to Quarter 2 FFY 2018

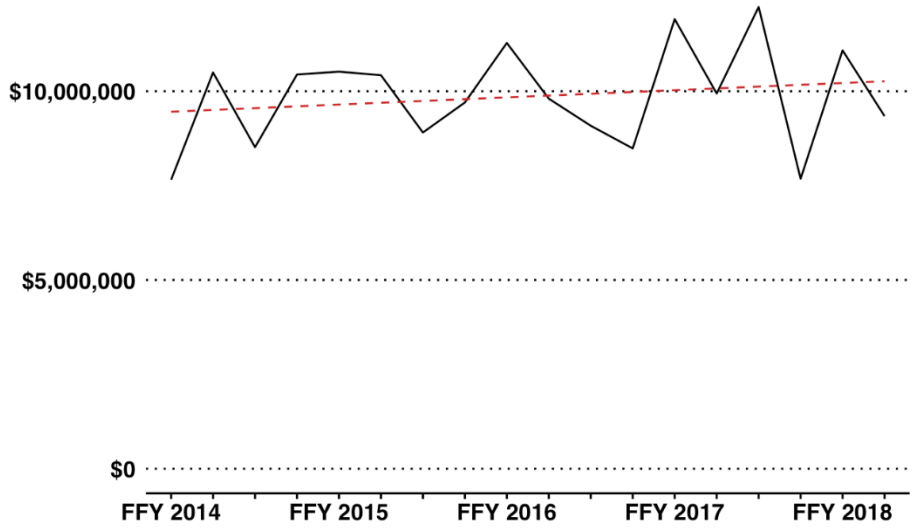


Figure 35 and Figure 36 show administration costs broken out into two in-placement (excluding candidate), and candidate cost. Figure 35 shows in-placement administration costs were highest in the first quarter of FFY 2018 when they were $7,473,553, and lowest in FFY 2014 at $4,263,169. Figure 36 shows candidate administration costs were highest in the first quarter of FFY 2018 at $643,574 and lowest in the third quarter of FFY 2016 at $371,838.

Figure 35. In-Placement Administration (Excluding Candidate) Operations Quarter 1 FFY 2014 to Quarter 2 FFY 2018

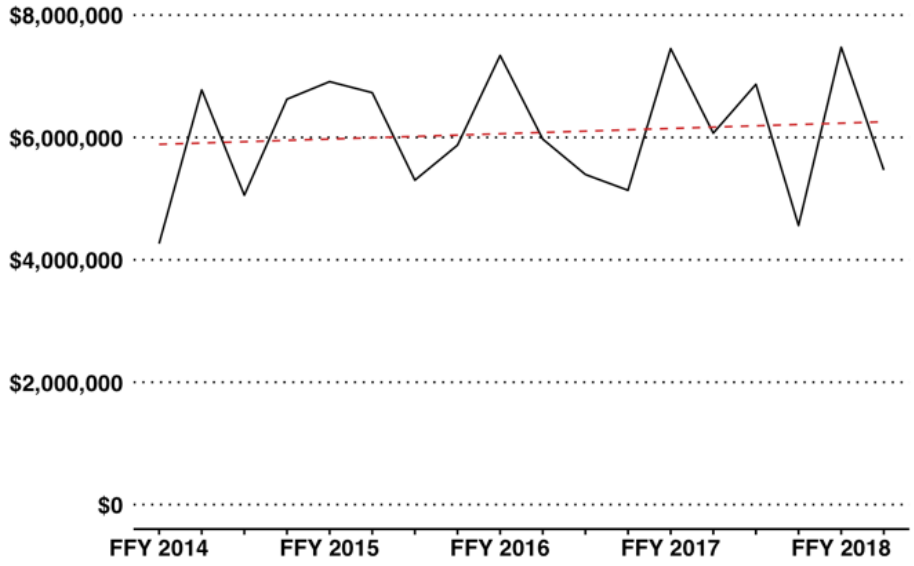


Figure 36. Candidate Administration Operations Quarter 1 FFY 2014 to Quarter 2 FFY 2018

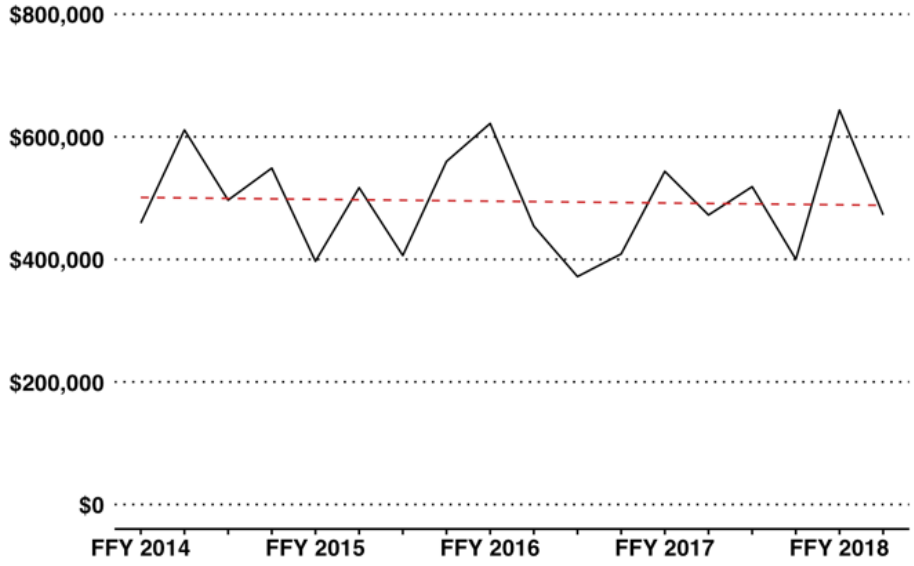
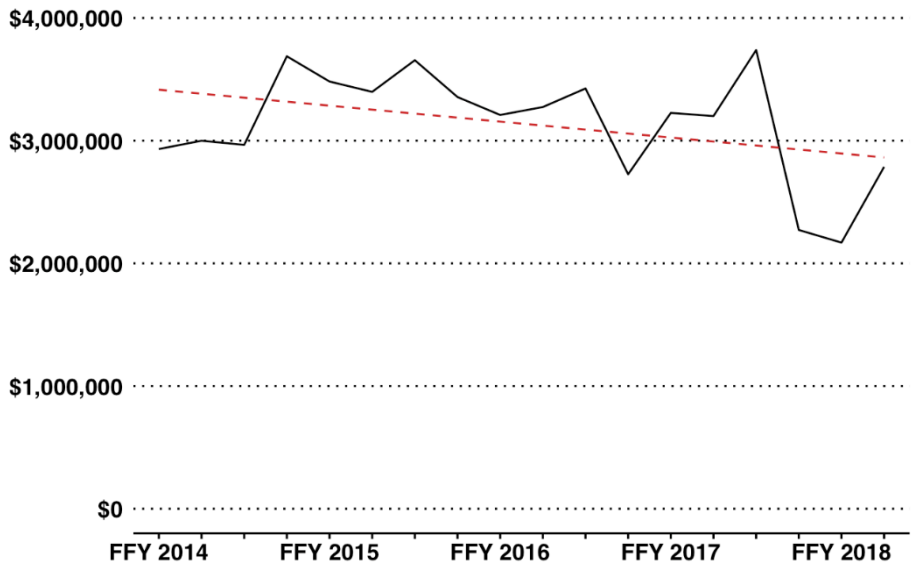


Figure 37 shows costs associated with maintenance assistance payments. These costs were highest in the third quarter of FFY 2017 at $3,738,304 and lowest in the first quarter of FFY 2018, at $2,169,180.

Figure 37. Maintenance Assistance Payments Operations Quarter 1 FFY 2014 to Quarter 2 FFY 2018



Overall Costs per Client

Per client maintenance assistance payments were also tracked over the current reporting period. Maintenance assistance payments are a focus of the analysis because they represent the project's variable costs. This is important because variable costs will be the focus of the cost effectiveness analysis. These costs were further analyzed by breaking them into two categories: 1) foster care services, and 2) group care services.[3]

Figure 38 below shows the per client maintenance assistance payments costs for the DCFS (Division) over the period. These costs were highest in the first quarter of FFY 2016, at $1,840.58, and lowest in the fourth quarter of FFY 2015, at $1,074.19. Although there are quarterly differences in these costs, they appear to have remained relatively stable over the period, hovering around $1,600 per client, as shown by the red dashed trend line.

[3] There have been important changes throughout the period that affect the costs for these services. According to the Division, the overall number of children in placement has increased over the period. However, the portion of children in foster care has increased relative to the portion in group care. In addition, there were changes to federal eligibility requirements that affected the number of children entering foster care in October 2013. The policy was reversed in December 2016. There were also rate changes for foster family, proctor care, and congregate care. Foster family home rates increased in fiscal year (FY) 2018. Proctor care rates increased in FY 2016 and FY 2017. Congregate care rates changed in FY 2014 and FY 2016. Analyzing per client costs for these two services in light of these policy and rate changes helps in understanding movements in variable costs.

Figure 38. Maintenance Assistance Payments Statewide Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

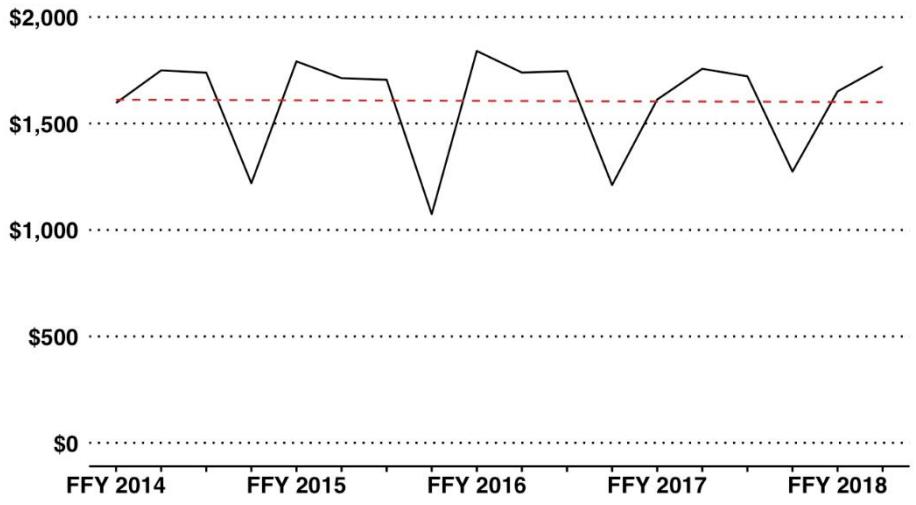


Figure 39 below shows the per client maintenance assistance payments costs associated with foster care services for the Division over the period. These costs were highest in the first quarter of FFY 2016, at $1,499.10, and lowest in the fourth quarter of FFY 2015 at $853.35.

Figure 39. Maintenance Assistance Payments Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

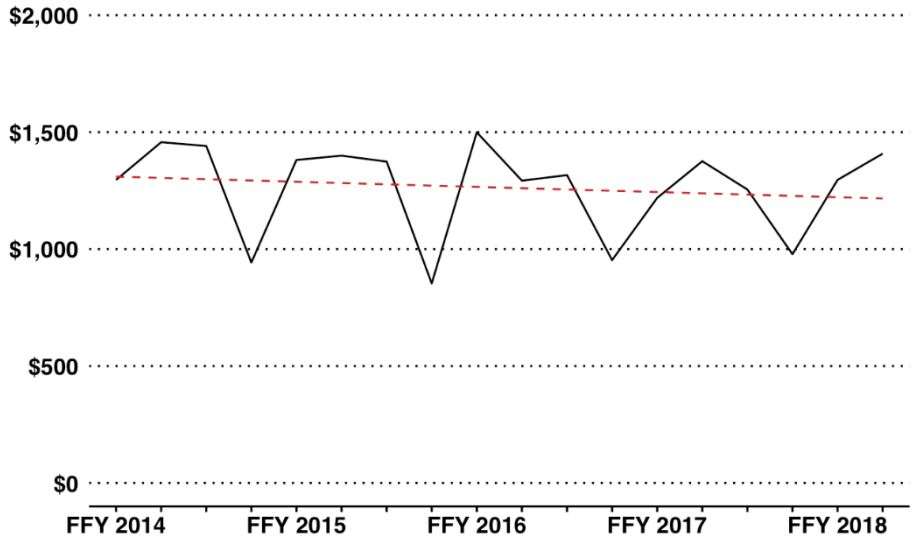
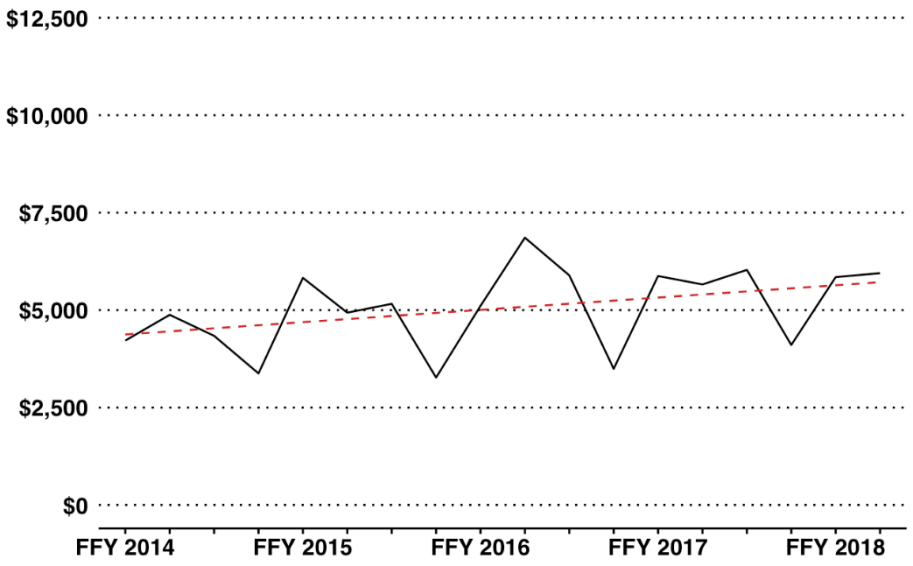


Figure 40 below shows the per client maintenance assistance payments costs associated with group care services for the Division over the period. These costs were highest in the second quarter of FFY 2016, at $6,858.40 and lowest in the fourth quarter of FFY 2015 at $3,269.64.

Figure 40. Maintenance Assistance Payments Group Care Costs per Client Quarter 1 FFY 2014 to Quarter 4 FFY 2017



Cost-Effectiveness Analysis

The purpose of cost-effectiveness analyses (CEAs) is to evaluate the allocation of non-fixed resources that maximize desired outcomes. Adopting the notation from health economic literature, and the foundations of CEA in general, the interest is to evaluate the costs, c, and effectiveness, c, associated with interventions out of a set of possible approaches $t \epsilon \tau = (0,1, \ldots, \mathrm{T} - 1)$ and outcomes y. Often the purpose is to evaluate the costs and outcomes associated with one or more new intervention(s) relative to those associated with one that is currently in place (i.e., the *status quo*).

The CEA for the waiver demonstration adopted a Bayesian CEA approach developed by Baio (2013) to analyze the costs and outcomes experienced before and during the project. A Bayesian approach was selected because it provides a more intuitive interpretation than its frequentist (i.e., traditional statistical) counterpart for cost effectiveness analyses. Bayesian and frequentist techniques tend to produce similar results when the Bayesian approach entails an empirical or uninformative prior. Given this connection, it might be argued that the user may select whichever of the two approaches that is deemed more suitable to the context. Determining which of these techniques provides the best fit for a situation can be guided by understanding their respective viewpoints.

As discussed by many researchers, frequentist and Bayesian approaches are associated with different interpretations because they seek to answer different questions. Frequentist methods center on finding out

"How likely is the data, given a particular parameter?", while Bayesian methods explore "How likely is a particular value of the parameter given the data?" (Spiegelhalter et al., 1999). Given this, the Bayesian approach provides decision makers with the ability to understand results in terms of the probability that a treatment is cost-effective. Although often used, the frequentist outlook leads to more convoluted interpretations and some have gone as far as to claim that a frequentist interpretation for such measures as C/E ratios are unreliable or misleading (O'Hagan et al., 2000).

In the past, Bayesian methods may have been unrealistic to apply to cost effectiveness analyses because they generally require complex computations. Recent advancements and availability in programming language and statistical software packages now make it possible for researchers to adopt Bayesian methods as easily as frequentist approaches. This appears to be lending to growing popularity of Bayesian perspectives in decision making contexts.

For this project, non-fixed (i.e., variable) costs are represented by maintenance assistance payments reported by DCFS.[4] Outcomes are similar to those analyzed in this report's Outcomes Study. Specifically, the outcomes include a new 1) foster care placement, and 2) finding of abuse or neglect within one year of receiving CPS or in-home services from DCFS. The CEA will represent outcomes as the percent of the children who receive CPS or in-home services and do not experience a foster care placement or have been found to have been abused/neglected in the year following the receipt of these services.

Cost-Effectiveness Analysis Time Period

Although outcome data were collected as far back as calendar year 2008, and cost data were reported up to the first quarter of 2018, the time period for the CEA is limited to data from the fourth quarter of 2013 to the third quarter of 2017. The limitation in the timeframe is a result of two factors. First, it was not possible to extend the include costs before the fourth quarter of 2013 because there was a change in the system used by the Division to collect and report costs that limits the possibility of connecting data from previous periods. Second, the end of the time period is limited because of the need to include a one-year follow up period.

The timeline for the CEA differs by region given that each region experienced start up and saturation at separate times. Table 30 shows the calendar year quarter that the project's start for each region and when the region reached saturation. The table illustrates the time periods used in the CEA to represent the *status quo* (i.e., Intervention One) and the waiver demonstration (i.e., Intervention Two). For the Northern region, the startup period up to saturation was used as the period for Intervention One while the period after saturation was used to represent the period for Intervention Two. For all other regions, Intervention One is represented by the baseline period and Intervention Two is represented by the startup and saturation periods.

[4] Costs are adjusted to account for inflation with 2013 as the base period with inflation rates from the Bureau of Labor Statistics https://www.bls.gov/data/inflation_calculator.htm.

Table 30. Time Periods for Cost-Effectiveness Analysis*

Calendar Year Quarter	Northern	Southwest	Salt Lake Valley	Eastern	Western
2013 Q4	Start Up	Baseline	Baseline	Baseline	Baseline
2014 Q1	Start Up	Baseline	Baseline	Baseline	Baseline
2014 Q2	Start Up	Baseline	Baseline	Baseline	Baseline
2014 Q3	Start Up	Baseline	Baseline	Baseline	Baseline
2014 Q4	Start Up	Baseline	Baseline	Baseline	Baseline
2015 Q1	Start Up	Start Up	Start Up	Baseline	Baseline
2015 Q2	Start Up	Start Up	Start Up	Baseline	Baseline
2015 Q3	Start Up	Start Up	Start Up	Start Up	Baseline
2015 Q4	Start Up	Start Up	Start Up	Start Up	Start Up
2016 Q1	Saturation	Start Up	Start Up	Start Up	Start Up
2016 Q2	Saturation	Start Up	Start Up	Start Up	Start Up
2016 Q3	Saturation	Saturation	Start Up	Start Up	Start Up
2016 Q4	Saturation	Saturation	Start Up	Start Up	Start Up
2017 Q1	Saturation	Saturation	Start Up	Start Up	Start Up
2017 Q2	Saturation	Saturation	Saturation	Start Up	Start Up
2017 Q3	Saturation	Saturation	Saturation	Start Up	Start Up

*Gray highlighting represents the time period used in the CEA to represent the waiver demonstration (Intervention 2) while all other cells represent the time period used in the CEA as to represent the *status quo* (Intervention 1).

Statistical Framework for Cost-Effectiveness Analysis

The Bayesian method applied to this analysis relies on a statistical framework to estimate population parameters for each intervention under consideration, $\theta=(\theta_0,\theta_1)$. Specifically, these parameters include 1) the probability a child who has received CPS or in-home services will not experience a placement into foster care or a new finding of abuse/neglect within one year, e_t, and 2) the variable costs of the intervention, c_t.[5]

[5] The Bayesian perspective centers on the idea that the data represent fixed quantities. The process entails a function of the parameter that is conditional on the observed data $p(\theta|\boldsymbol{y})$. In Bayesian terminology, this is known as the posterior distribution. Often, it is not possible to obtain these distributions directly. However, Markov Chain Monte Carlo (MCMC) methods provide a robust approximation of these distributions through simulation using a large number of iterations in an algorithm. This is the approach taken for this analysis. Specifically, the analysis employs Gibbs Sampling, a well known MCMC technique (see Hastie, Tibshirani, & Friedman, 2017 for a detailed explanation).

The model is formalized using a bivariate Normal distribution. However, the measure of effectiveness can range from 0 to 1 and the measure of costs can only be positive. The data were transformed so that the variables are on the scale $(-\infty, \infty)$ and that a reasonable degree of symmetry is ensured so that normality may be assumed. The effectiveness measures were transformed on the logit scale

$$e^{*}=logit(e)=log(e/(1-e))$$

The cost measures were transformed on the log scale

$$c^{*}=log(c)$$

After the variables are transformed, (e^{*}, c^{*}) are modeled for the two interventions by region with the specification

$$e \sim Normal(\mu_{et},\sigma^{2}_{et})$$

where q is the calendar year quarter's data and t is the intervention with $t = 0$ representing the *status quo* and $t = 1$ representing the waiver demonstration.

A conditional distribution is used for costs because it is assumed that the effectiveness and cost variables are correlated. This distribution can be defined as

$$c^{*}_{it}|e_{it} \sim Normal(\phi_{it},\psi^{2}_{it})$$

$$\phi_{qt}=\mu_{ct}+\beta_{t}(e^{*}_{qt}-\mu_{et})$$

where[6]

$$\beta_{t}=\sigma_{ct}/\sigma_{et}{}^{*}\rho$$

The model is completed by constructing priors for the parameters $\theta_{t}=(\mu_{et},\sigma_{et},\mu_{ct},\sigma_{ct},\beta_{t})$. The following independent diffuse priors were selected

$$\mu_{et} \sim Normal(0,1.0e-6)$$

$$\mu_{ct} \sim Normal(0,1.0e-6)$$

$$log(\sigma_{et}) \sim Uniform(-5,10)$$

[6] σ^{2}_{et} and ρ represent the marginal variance of the transformed costs and correlation between the transformed effectiveness measures and these costs.

$$log(\sigma_{ct}) \sim Uniform(-5,10)$$

$$\beta_t \sim Uniform(-5,5)$$

The same model was used for each of the Division's five regions included in the analysis. The results were computed using R statistical software and the JAGS program using the R package rJags. The process entailed 20,000 post burn in iterations (burn in = 4,500) for three chains. This results in vectors of 60,000 estimations of both the costs and effectiveness for each outcome. These results were used to calculate the cost-effectiveness measures for the CEA.

Cost-Effectiveness Measures

The output generated through the statistical framework summarized in the previous section is used to compute various measures that help us compare the cost effectiveness of the two interventions. For this analysis, this is done with the BCEA package in R Studio. The method applies a matrix of the cost and effectiveness estimates generated from the statistical analysis described above for each intervention to compute the following measures.

- Incremental Cost-Effectiveness Ratio (ICER)
- Point Estimates on the Cost-Effectiveness Plane
- Expected Utility Maximization
- Cost-effectiveness Acceptability Curves (CEAC)

These measures will be reported for the CEA for each region and outcome and are described below.[7]

Incremental Cost-Effectiveness Ratio

The Incremental Cost-Effectiveness Ratio (ICER) is a common measure in CEA. This measure uses the population averages of the increment in benefits and increment in costs to compare two interventions. The increment in benefits can be represented as[8]

$$E[\Delta e] = \bar{e}_1 - \bar{e}_0$$

while the increment in costs can be represented as

$$E[\Delta c] = \bar{c}_1 - \bar{c}_0$$

[7] The explanations for these measures are based on those provide by Baio, 2013. Please consult this source for additional information.

[8] $\bar{e}_t$ is the average for the effectiveness measure and $\bar{c}_t$ is the average for the cost measure.

The ICER divides the increment in costs by the increment in benefit to measure the cost per increment unit of effectiveness, which in this analysis is the cost per avoided foster care placement or abuse/neglect finding within the follow-up period.

$$ICER = \frac{E[\Delta c]}{E[\Delta e]} = Cost\ per\ Increment\ Unit\ of\ Effectiveness$$

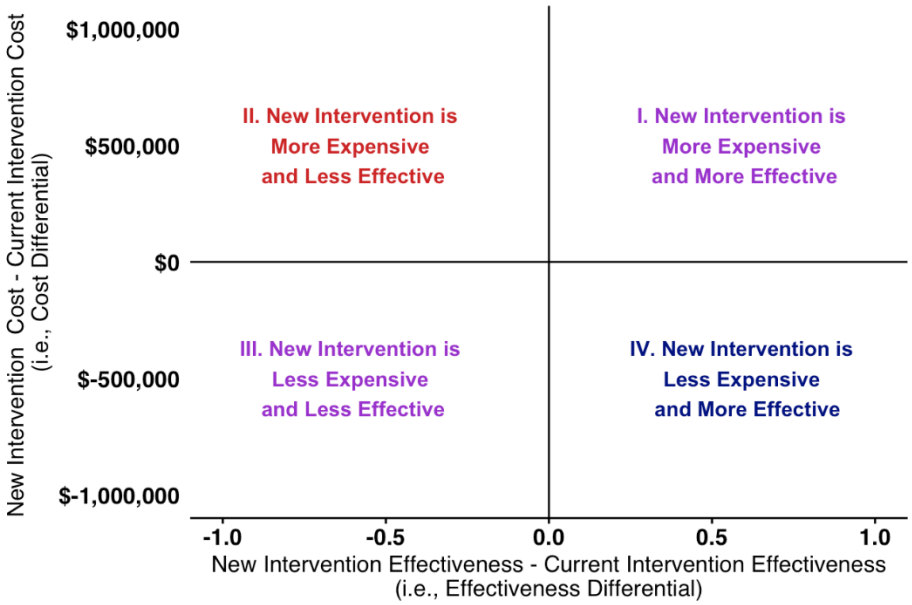
Ultimately, the ICER is a ratio of the additional costs and effects from one intervention compared to another. The ICER has limitations, including being difficult to interpret. Therefore, along with the ICER, the analysis includes a visual representation of the cost-effectiveness plane that includes the ICER.

Cost Effectiveness Plane

The cost-effectiveness plane provides a space to visualize the difference in cost and effectiveness estimates of different interventions. The vertical axis represents the difference between the costs estimated for the relevant interventions. The horizontal axis represents the difference between the level of effectiveness estimated for the relevant interventions. These differences are calculated for all of the generated estimates and then they are plotted on the cost-effectiveness plane.

Figure 41 below is an empty cost effectiveness plane to illustrate the regions of the plane. The horizontal and vertical axes break the plane into four quadrants denoted here as I, II, III, and IV. If a point lies in quadrant I, then both the cost and effectiveness for the intervention of interest are higher than those for the comparison intervention. If a point lies in quadrant II, then the costs of the intervention of interest are higher than for the comparison, and the effectiveness is lower. If a point lies in quadrant III, then the costs and effectiveness of the intervention of interest are lower than the comparison intervention. Finally, if a point lies in quadrant IV, then the costs for the intervention of interest are lower than for the comparison intervention, and the effectiveness is higher.

Figure 41. Cost-Effectiveness Plane Example

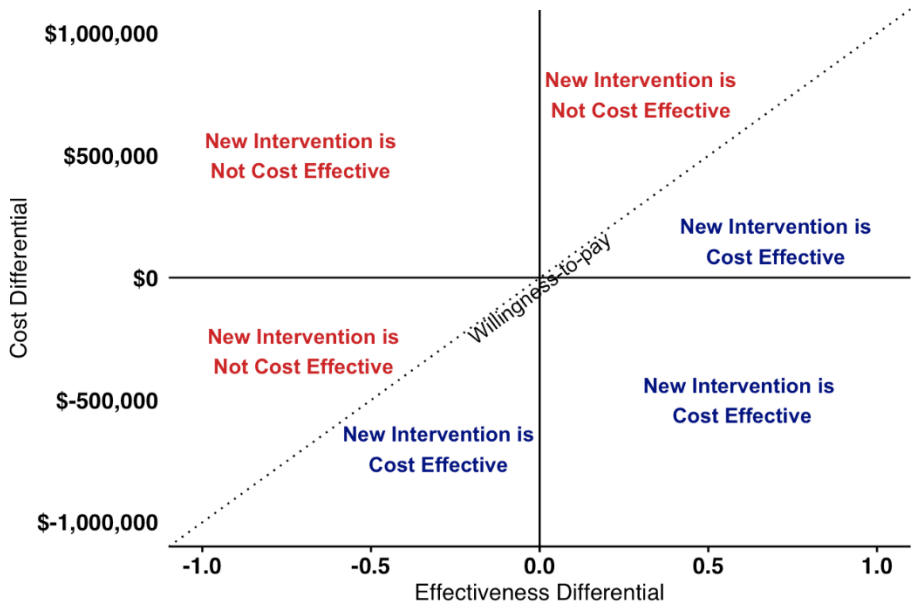


It is clear from Figure 41 above that if a point lies with quadrant II, that the intervention of interest is not cost effective compared to the comparison intervention as it costs more and is less effective. Also, if a point lies within quadrant IV, then it indicates that the intervention of interest is cost effective given that it costs less and is more effective than the comparison intervention. However, if a point lies within quadrants I or III, then the interpretation is not as clear and so some additional rule needs to be used.

A threshold can be imposed on the plane to clarify the meaning of points in quadrants I and III. This threshold can be constructed based on the decision-makers' tolerance to pay for a gain in effectiveness or to lose effectiveness in order to pay less. This threshold for acceptability is known as the willingness-to-pay.

Figure 42 shows a willingness-to-pay threshold that cuts through quadrant I and III. Points that fall below this threshold indicate that the intervention of interest is cost effective. Points that fall above this threshold suggest that the intervention of interest is not cost effective.

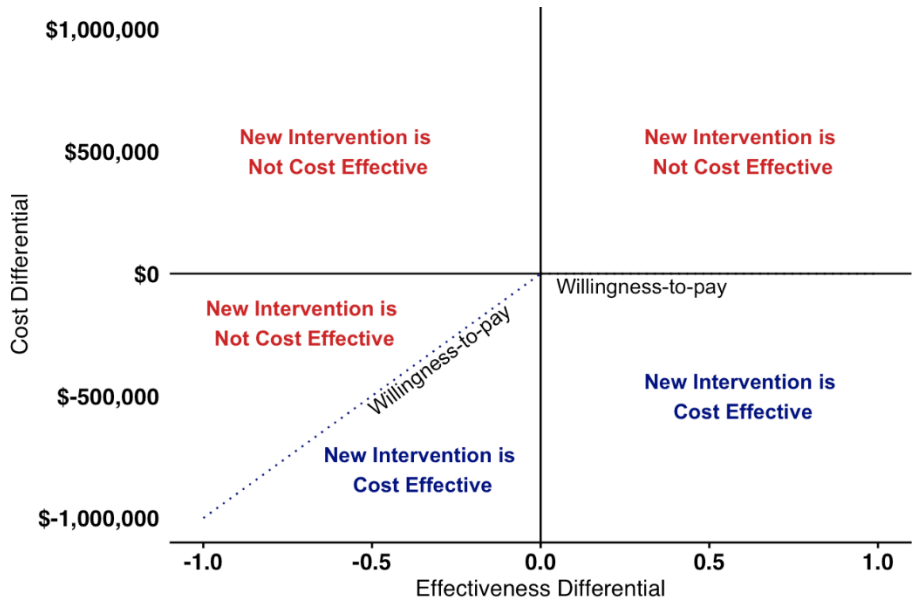
Figure 42. Cost-Effectiveness Plane Example



As mentioned, the CEA for this project will explore the cost effectiveness for the waiver demonstration compared to the status quo for each region. Because of the cost-neutrality aspect of the waiver demonstration, it is assumed that there is no ability to devote more resources to gaining more outcomes than are available for the *status quo*. Therefore, the willingness-to-pay value is set at zero for cost differentials greater than zero. For cases where costs might be lower, but effectiveness is also lower, the willingness-to-pay is set at the point where the tradeoff of decreases in cost and effectiveness is equivalent.

Figure 43 shows what the general cost-effectiveness plane looks like given this assumption for the willingness-to-pay. Within the framework of this willingness-to-pay, the results of the CEA will suggest that the waiver demonstration is cost effective when a majority of the points plotted on this plane, and the corresponding ICER, are below the willingness-to-pay threshold.

Figure 43. Cost-Effectiveness Plan Example



Expected Utility Maximization

When viewed through an economic perspective, the probability that the preferred option is obtained can be represented by the expected value of a utility function U^t. In economics, utility is a measure of consumer satisfaction and the point where this satisfaction is maximized can be summarized using a utility function. The value of each outcome associated with an intervention is quantified through a measure of utility through this function. The utility function links the outcomes that arise when a particular intervention is selected to a real number that provides a convenient way of expressing preferences (higher utility result in higher degree of preference).

The utility function can be expressed as $u_0 = u(o)$ where o is the possible outcomes of an intervention. These outcomes can be expressed as $o = (\omega, t)$ to represent the series of random quantities, ω, that will be generated in the future when a specific intervention, t is selected. These series of random quantities associated with an intervention, ω, are connected to the observable results obtained in the future, y, and a probability distribution of these results θ, thus, $\omega = (y, \boldsymbol{\theta})$. Given the uncertainty inherent in decision-making, it is assumed that ω is quantified through a probability measure $p(\omega)$, and $p(\omega) = p(y, \theta) = p(y|\theta)\, p(\theta)$. Given this, maximizing the expected value of a utility function, U^t is equivalent to maximizing the probability of a preferred outcome occurring.

$$t^* = argmax_\tau U^t$$

With the expected utility reached by averaging over the population and parameter uncertainty domains.

$$U^t = \iint u(y, t) p(y|\theta^t) p(\theta^t|D) dy d\theta^t$$

The result provides a unique numerical value associated with an intervention. This allows ranking of the different interventions. Ultimately, an optimal decision is made when expected utility is maximized. The measure is reported in this analysis to help understand which intervention is preferred given the information at hand.

Probabilistic Sensitivity Analysis and CEAC

The cost-effectiveness acceptability curve (CEAC) is a summary measure for probabilistic sensitivity analysis in CEA. The measure is well-known in health economics literature (Briggs, 2000; O'Hagan et al., 2000; O'Brien and Briggs, 2002; Parmigiani, 2002b; Spiegelhalter and Best, 2003, as cited by Baio, 2013). It represents the probability of the cost-effectiveness of a given intervention relative to another. The measure is reported here to provide further insight into which intervention is more cost effective based on the information included and the uncertainty around the results.

RESULTS

The remainder of this section highlights regional cost per client and explores the results of the Bayesian CEA. The CEA is separated out for CPS and in-home populations. Within these areas, separate CEAs are included for the two different outcomes, percent of children served by the Division who did not experience a subsequent 1) foster care placement, and 2) finding of abuse/neglect within one year.

NORTHERN REGION

Costs per Client

Figure 44 below shows the per client maintenance assistance payments costs for the Northern Region over the period. These costs were highest in the second quarter of FFY 2018, at $1,804.68 per client, and lowest in the fourth quarter of FFY 2014, at $1,020.89 per client.

Figure 44. Maintenance Assistance Payments Northern Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 4 FFY 2017

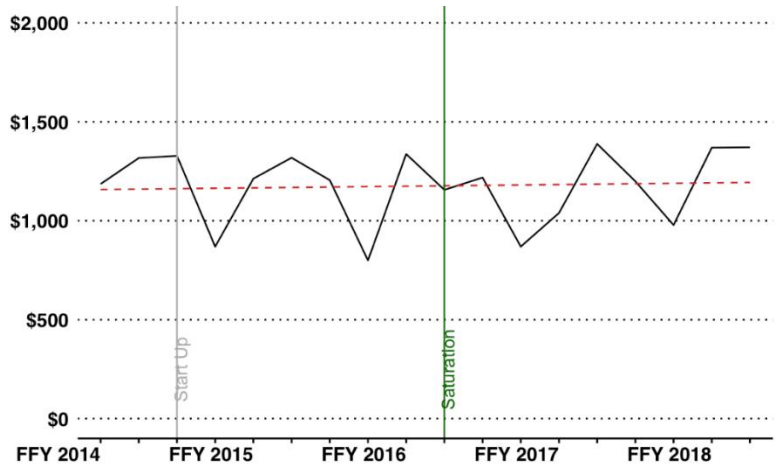


Figure 45 includes the per client maintenance assistance payments costs associated with foster care services for the Northern Region over the period. These costs were highest in the second quarter of FFY 2017, at $1,388.22 per client, and lowest in the fourth quarter of FFY 2015 at $799.45.

Figure 45. Maintenance Assistance Payments Northern Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 4 FFY 2017

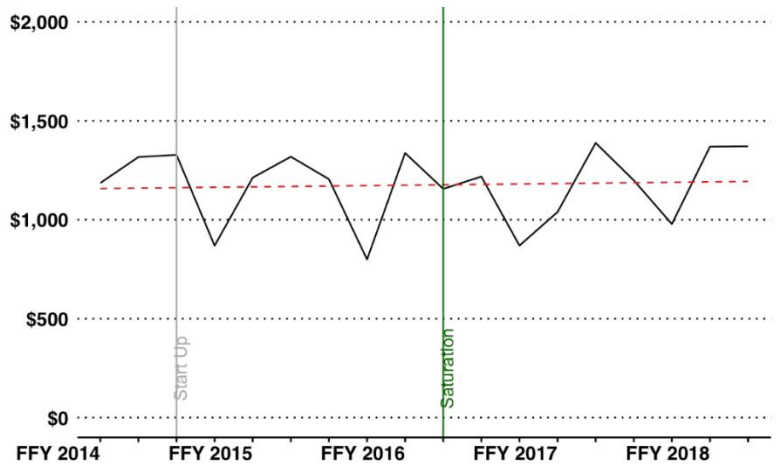
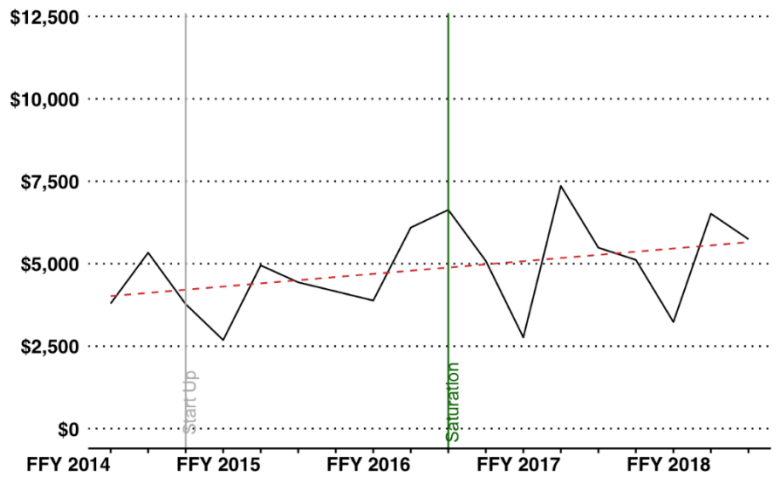


Figure 46 below shows the per client maintenance assistance payments costs associated with group care services for the Northern Region over the period. These costs were highest in the first quarter of FFY 2017, at $7,357.95 and lowest in the fourth quarter of FFY 2014 at $2,684.98.

Figure 46. Maintenance Assistance Payments Northern Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 4 FFY 2017



Northern Cost Effectiveness Analysis

As previously described, the analysis includes the third quarter of 2014 to the fourth quarter of 2015 as the period for Intervention One. This period overlaps with the startup time of the waiver demonstration. Intervention Two, then, spans the period from the first quarter of 2016 to the third quarter of 2017. This period starts on the quarter that the region reached saturation. Below are the results from applying the Bayesian CEA method described previously.

Northern CEA Findings, CPS, Foster Care

Results of the CEA (see Table 31) show that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower than Intervention One, expected utility is greater for Intervention Two.

Table 31. Northern CPS to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Estimated Effectiveness
Intervention 1:	-734,103	0.7935
Intervention 2:	-683,510	0.7900
	CEAC	ICER
Intervention 2 vs Intervention 1	0.73	14212475
Optimal intervention (max expected utility) for k=0: intervention 2		

Figure 47 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention Two is preferred in this case given that the lower costs associated with this intervention are greater than the slight decrease in effectiveness.

Figure 47. Cost Effectiveness Plane Intervention 2 vs. Intervention 1 Northern Region, CPS, Foster Care

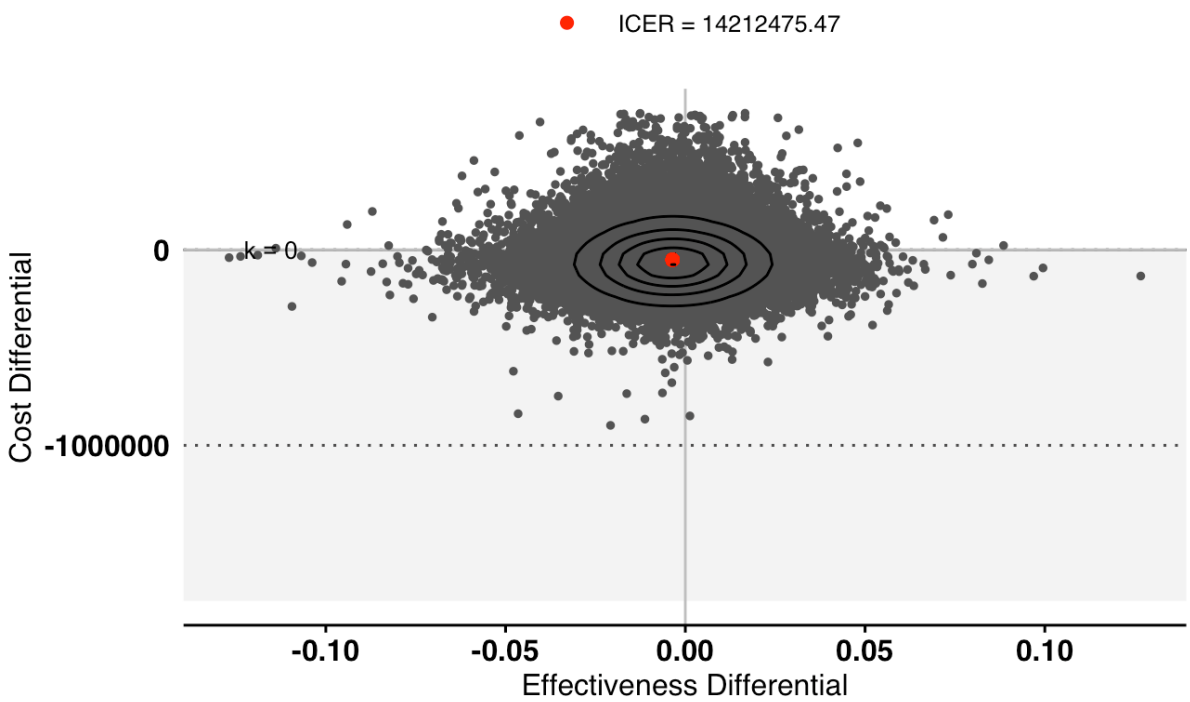
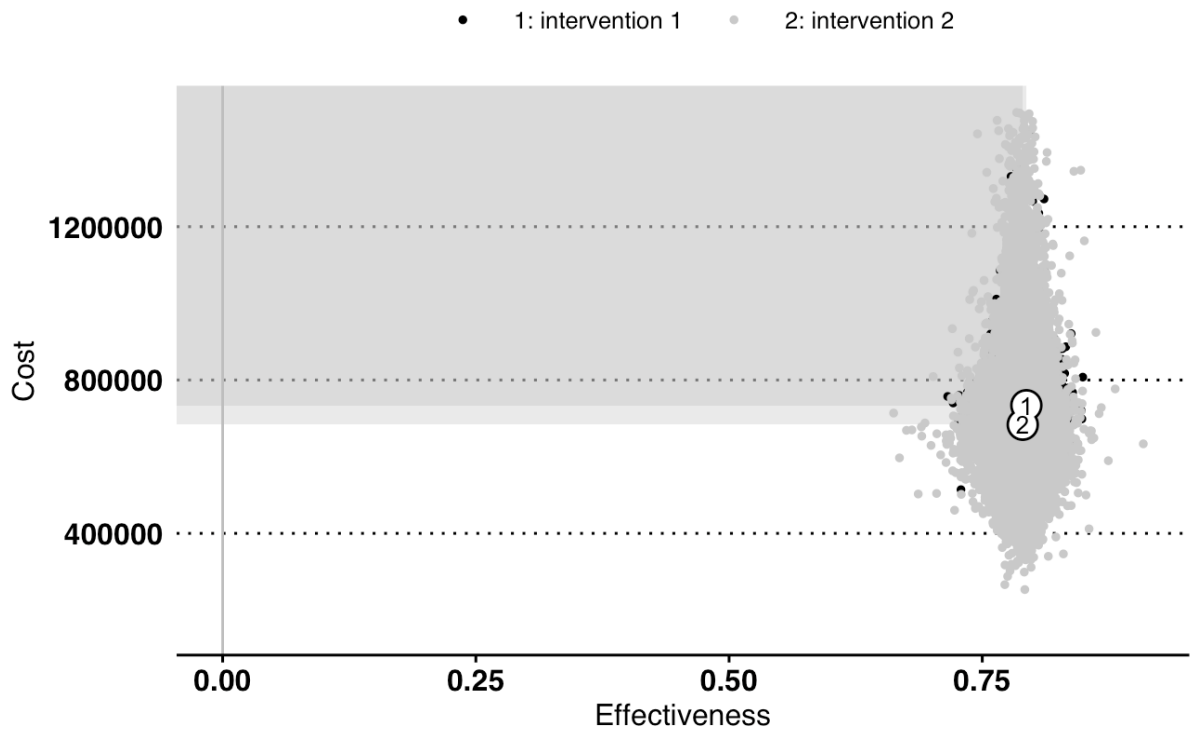


Figure 48 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 48. Cost-Effectiveness Efficiency Frontier Northern Region, CPS, Foster Care



Northern CEA Findings, CPS, Abuse and Neglect

Results of the CEA (see Table 32) indicate that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower than Intervention One, the cost is lower and the expected utility is greater for Intervention Two.

Table 32. Northern CPS to New Abuse or Neglect Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-733,819	0.8939
Intervention 2:	-683,646	0.8565

	CEAC	ICER
Intervention 2 vs Intervention 1	0.73	1336556

Optimal intervention (max expected utility) for k=0: intervention 2

Figure 49 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention Two is preferred in this case given that the lower costs associated with this intervention are greater than the slight decrease in effectiveness.

Figure 49. Cost-Effectiveness Plane Intervention 2 vs. Intervention 1 Northern Region, CPS, Abuse/Neglect

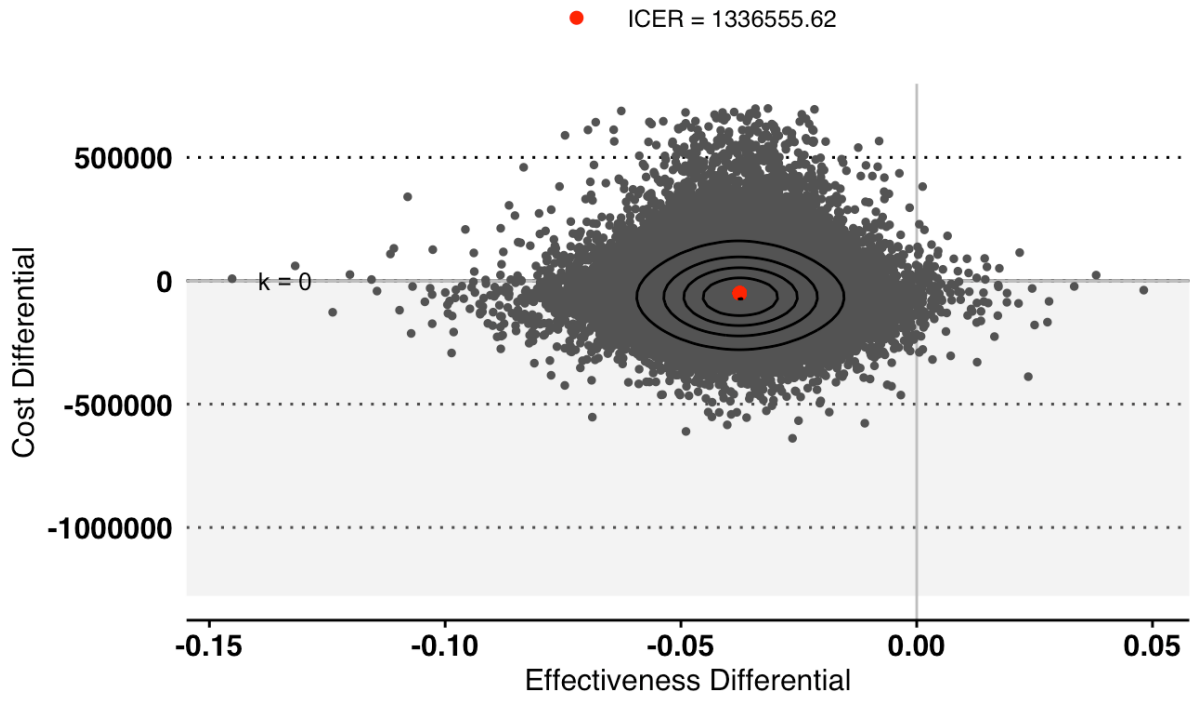
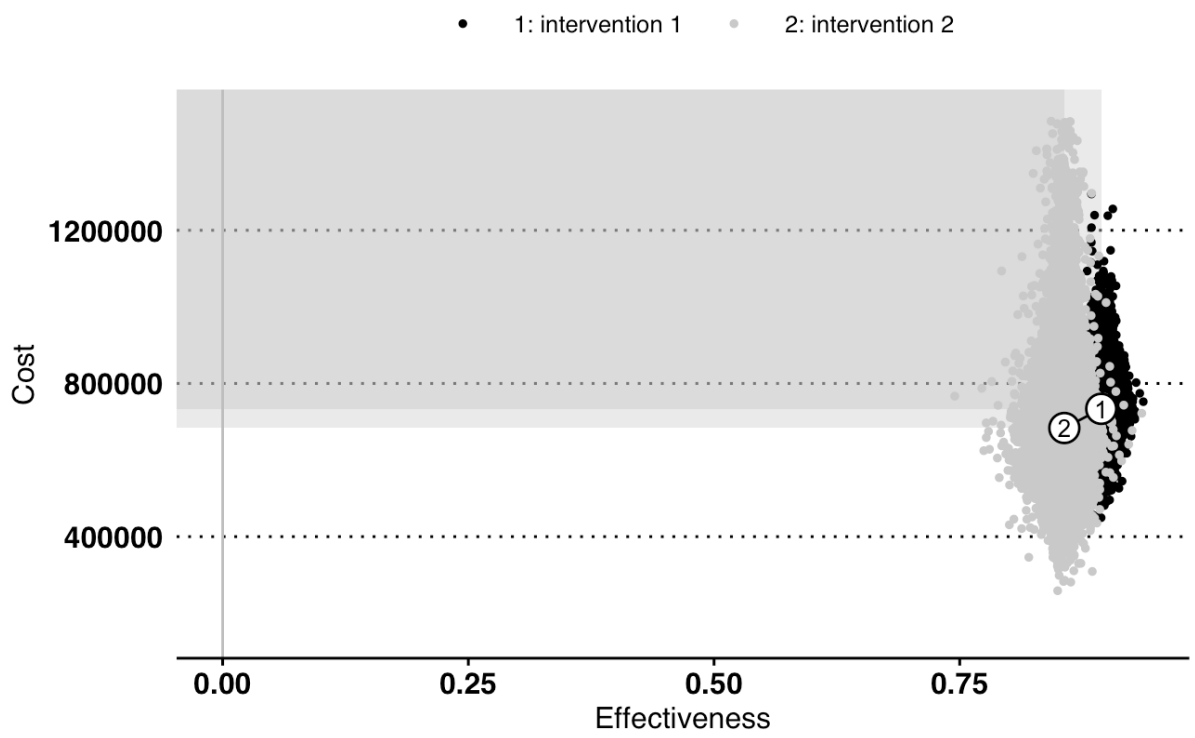


Figure 50 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 50. Cost Effectiveness Efficiency Frontier Northern Region, CPS, Abuse/Neglect



Northern CEA Findings, In-Home, Foster Care

Results of the CEA (see Table 33) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower than Intervention One, the expected utility is greater for Intervention Two.

Table 33. Northern In-Home to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)
Comparator intervention:	Intervention 1 (Status Quo)
Willingness-to-pay parameter *k*:	0
Outcome:	Percent of Children Who Were Not Placed in Foster Care

	Expected Utility	Effectiveness	
Intervention 1:	-733,466	0.877	
Intervention 2:	-683,660	0.8760	
	CEAC		ICER
Intervention 2 vs Intervention 1	0.73		36383368
Optimal intervention (max expected utility) for k=0: intervention 2			

Figure 51 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention Two is preferred in this case.

Figure 51. Cost-Effectiveness Plane Intervention 2 vs 1 Northern Region, In-Home, Foster Care

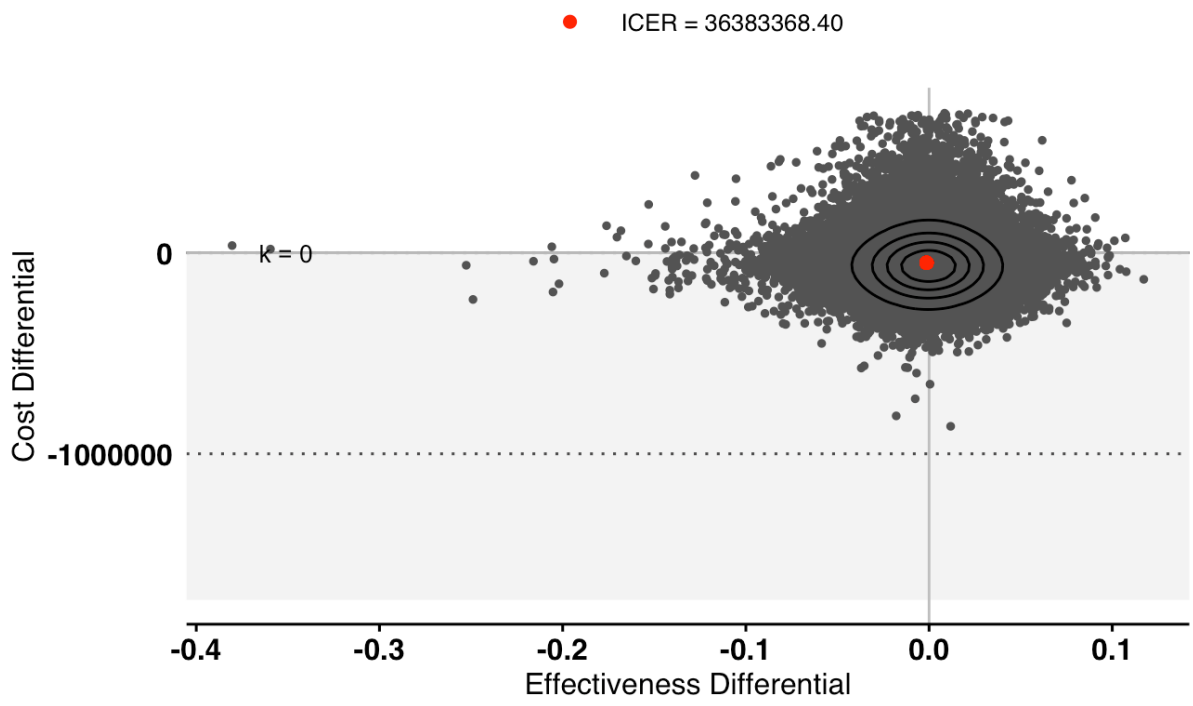
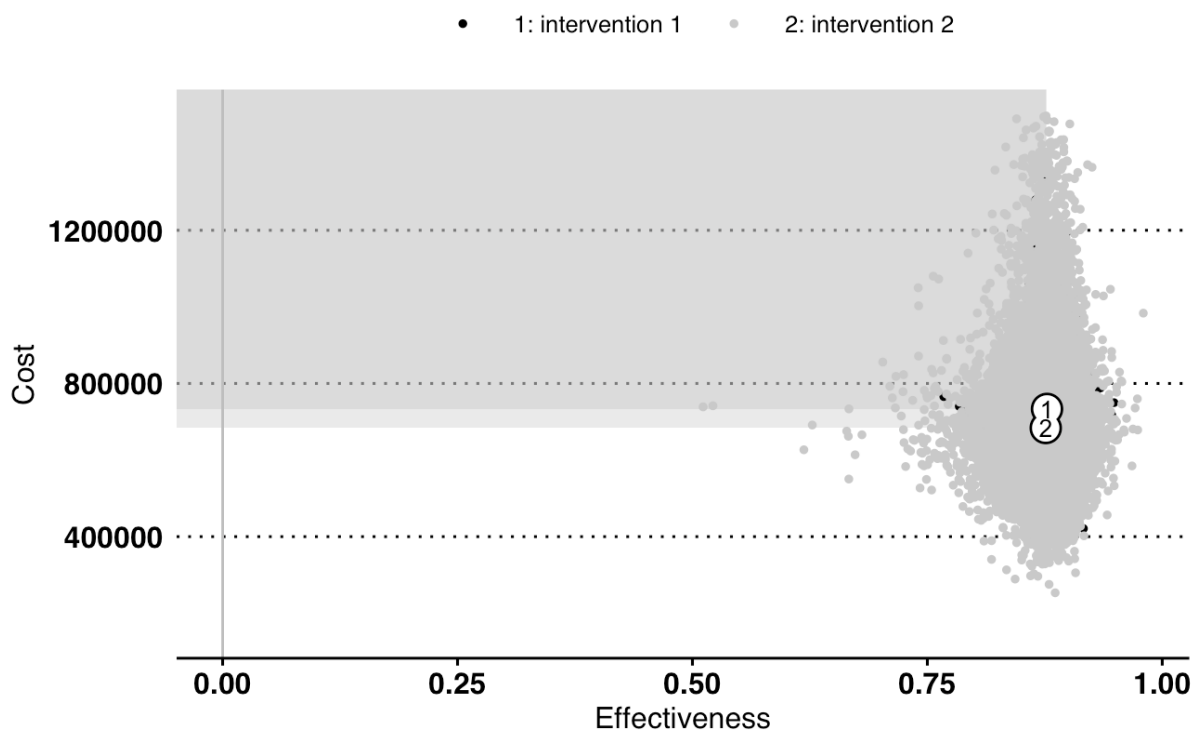


Figure 52 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 52. Cost-Effectiveness Efficiency Frontier Northern Region, In-Home, Foster Care



Northern CEA Findings, In-Home, Abuse and Neglect

Results of the CEA (see Table 34) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower for Intervention Two compared to Intervention One, the expected utility is greater.

Table 34. Northern In-Home to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)
Comparator intervention:	Intervention 1 (Status Quo)
Willingness-to-pay parameter *k*:	0
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding

	Expected Utility	Effectiveness	
Intervention 1:	-734,681	0.8299	
Intervention 2:	-682,936	0.8252	
	CEAC		ICER
Intervention 2 vs Intervention 1	0.73		11074169
Optimal intervention (max expected utility) for k=0: intervention 2			

Figure 53 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention Two is preferred in this case.

Figure 53. Cost-Effectiveness Plane Intervention 2 versus Intervention 1 Northern Region, In-Home, Abuse/Neglect

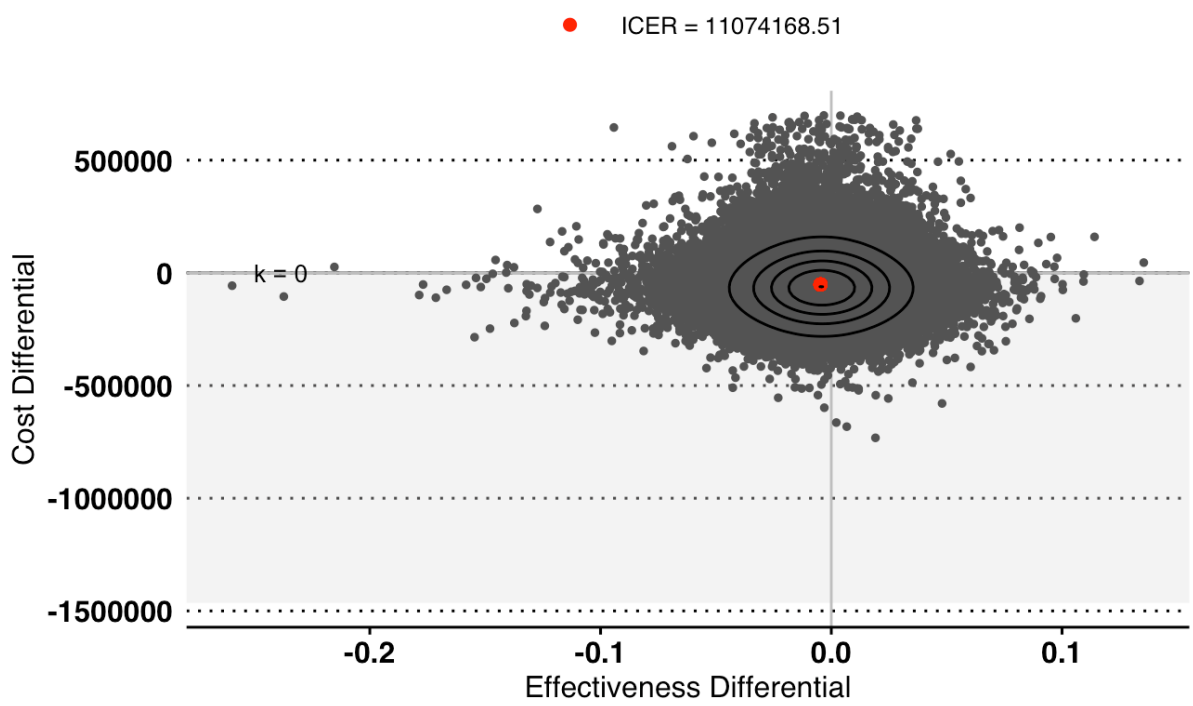
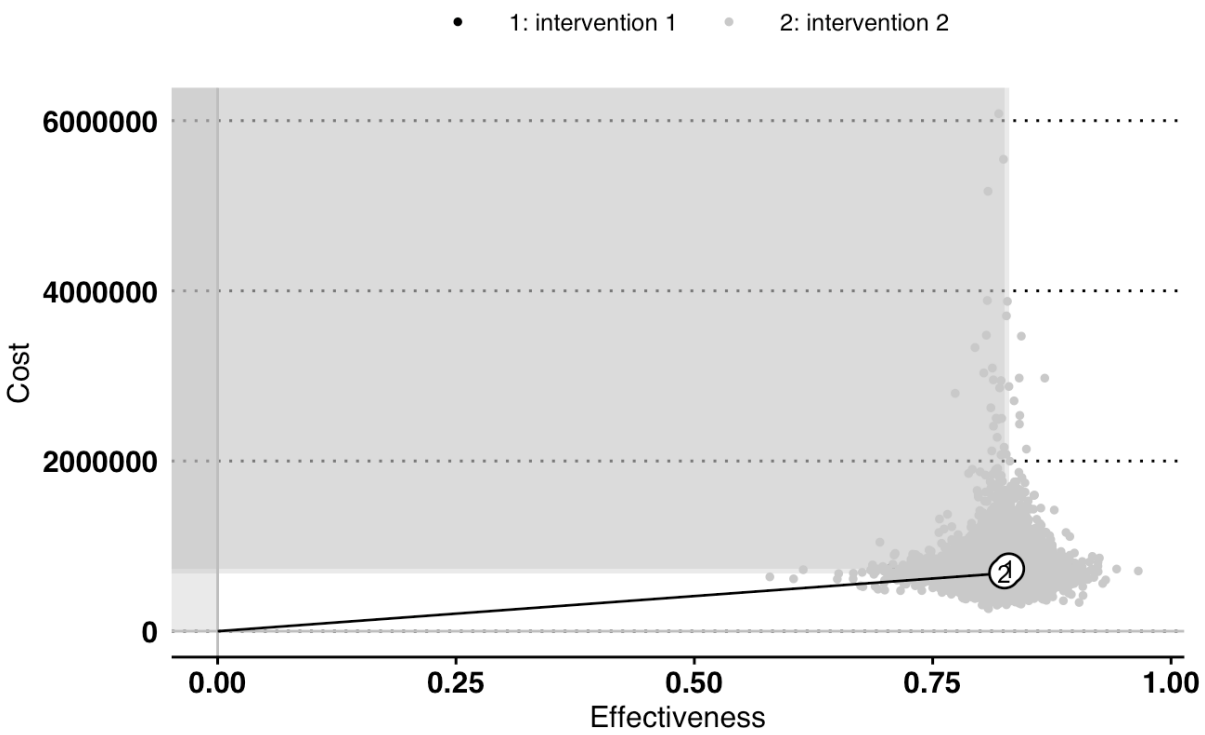


Figure 54 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the

specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 54. Cost-Effectiveness Efficiency Frontier Northern Region, In-Home, Abuse/Neglect



Southwest Region

Costs per Client

Figure 55 shows the per client maintenance assistance payments costs for the Southwest Region over the period. These costs were highest in the third quarter of FFY 2017, at $2,117.64 per client, and lowest in the fourth quarter of FFY 2015, at $830.62 per client.

Figure 55. Maintenance Assistance Payments Southwest Region Overall Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

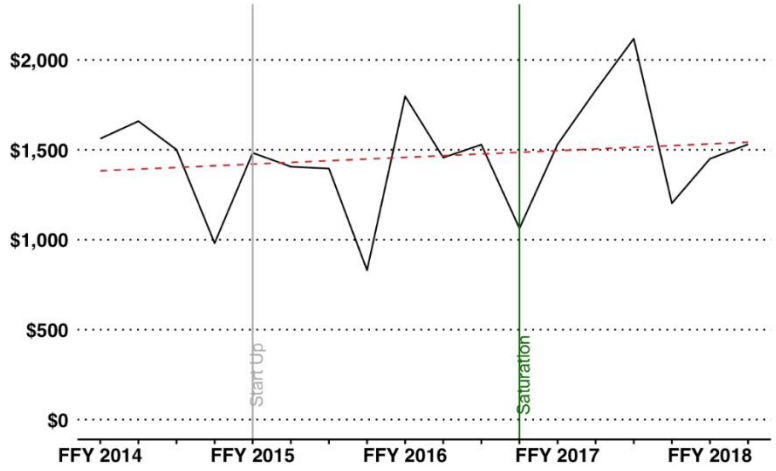
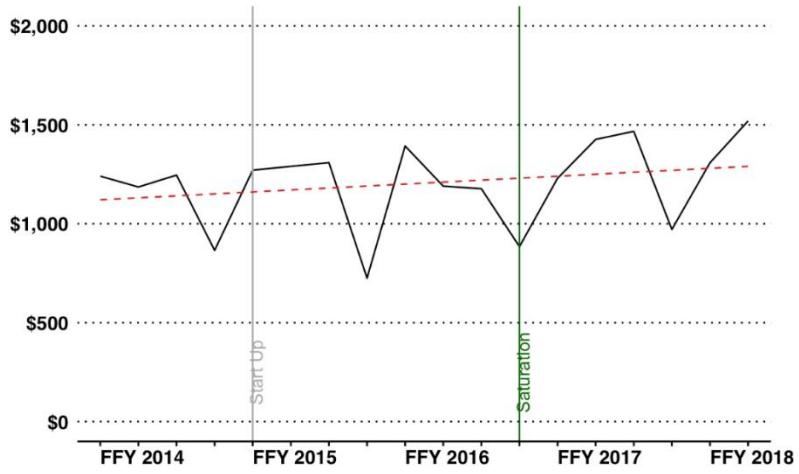


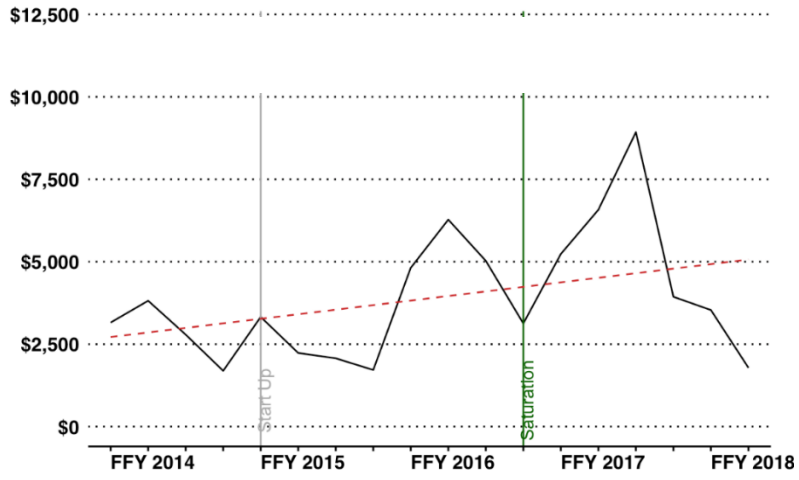
Figure 56 shows the per client maintenance assistance payments costs associated with foster care services for the Southwest Region over the period. These costs were highest in the second quarter of FFY 2018, at $1,519.11 per client, and lowest in the fourth quarter of FFY 2015 at $725.33.

Figure 56. Maintenance Assistance Payments Southwest Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018



0 displays the per client maintenance assistance payments costs associated with group care services for the Southwest Region over the period. These costs were highest in the third quarter of FFY 2017, at $8,927.21 and lowest in the fourth quarter of FFY 2014 at $1,691.95.

Figure 57. Maintenance Assistance Payments Southwest Region Group Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018



Southwest Cost Effectiveness Analysis

As previously described, the analysis includes the third quarter of 2014 to the third quarter of 2014 as the period for Intervention One for the Southwest Region. This period includes the baseline period that preceded the startup of the waiver demonstration. Intervention Two, then, spans the period from the fourth quarter of 2016 to the third quarter of 2017. The CEA results are presented for this region below.

Southwest CEA Findings, CPS, Foster Care

Results of the CEA (see Table 35) suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). The expected utility for Intervention Two is slightly lower than for Intervention One. The CEAC indicates that the probability that Intervention Two is cost-effective compared to Intervention One is low given the information included in the analysis.

Table 35. Southwest CPS to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Estimated Effectiveness
Intervention 1:	-337,176	0.8155
Intervention 2:	-348,038	0.8067
	CEAC	ICER
Intervention 2 vs Intervention 1	0.33	-1238285
Optimal intervention (max expected utility) for k=0: intervention 1		

Figure 58 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here because the costs of Intervention Two are slightly higher while levels of effectiveness are similar.

Figure 58. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Southwest Region, CPS, Foster Care

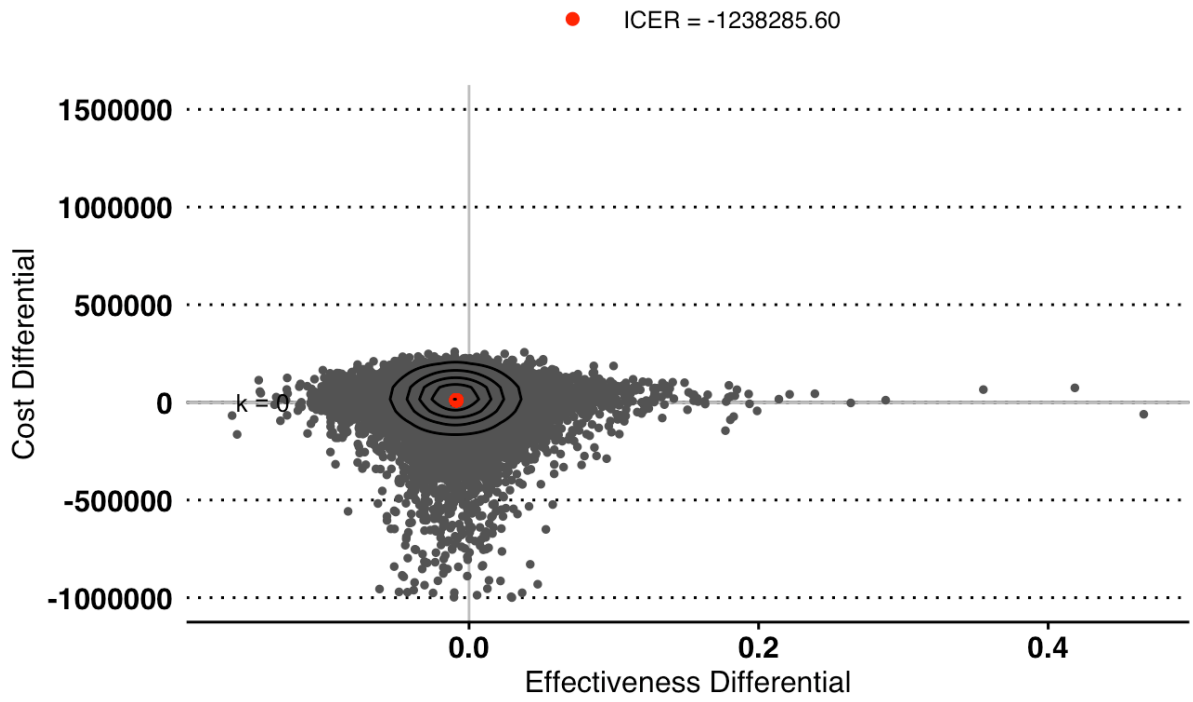


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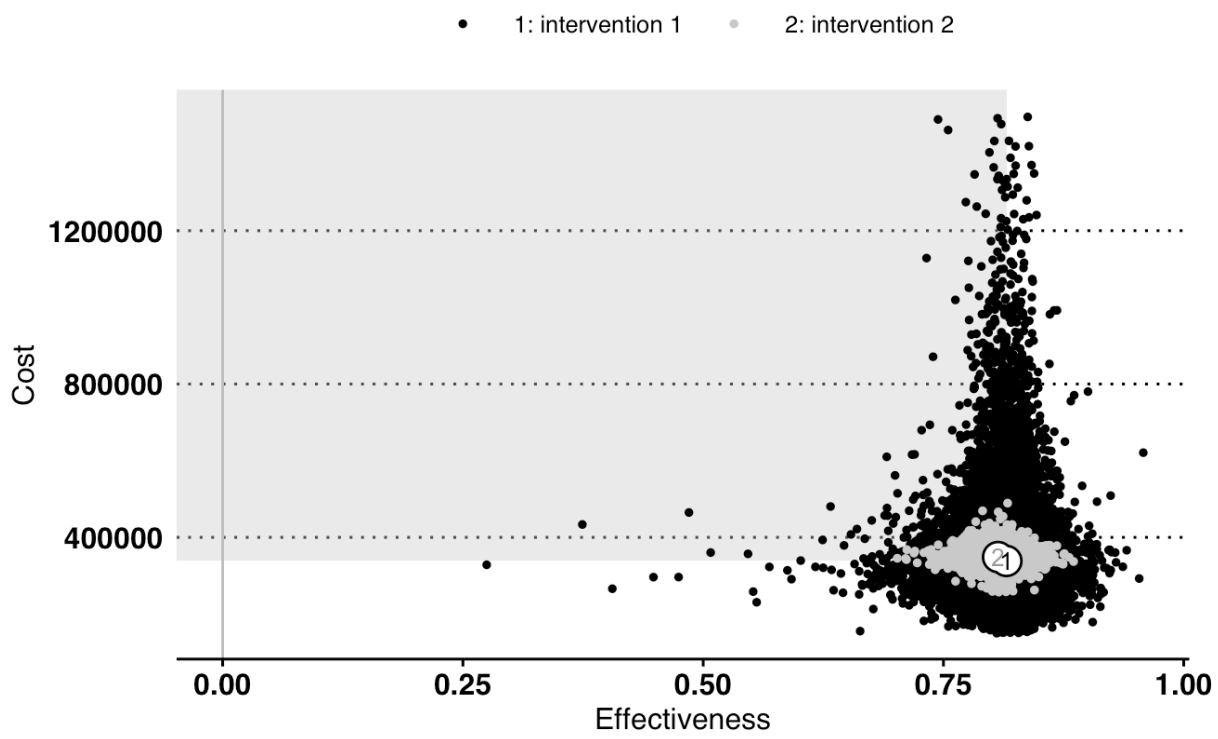
Figure 59 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 59. Cost Effectiveness Efficiency Frontier Southwest Region, CPS, Foster Care



Southwest CEA Findings, CPS, Abuse and Neglect

Results of the CEA (see Table 36) suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). Here, the estimated effectiveness and expected utility is lower for Intervention Two than Intervention One.

Table 36. Southwest CPS to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-336,119	0.9235
Intervention 2:	-349,571	0.8974
	CEAC	ICER

Intervention 2 vs Intervention 1	0.32	-516256
Optimal intervention (max expected utility) for k=0: intervention 1		

Figure 60 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here as the costs are slightly higher and the effectiveness is slightly lower for Intervention Two.

Figure 60. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Southwest Region, CPS, Abuse/Neglect

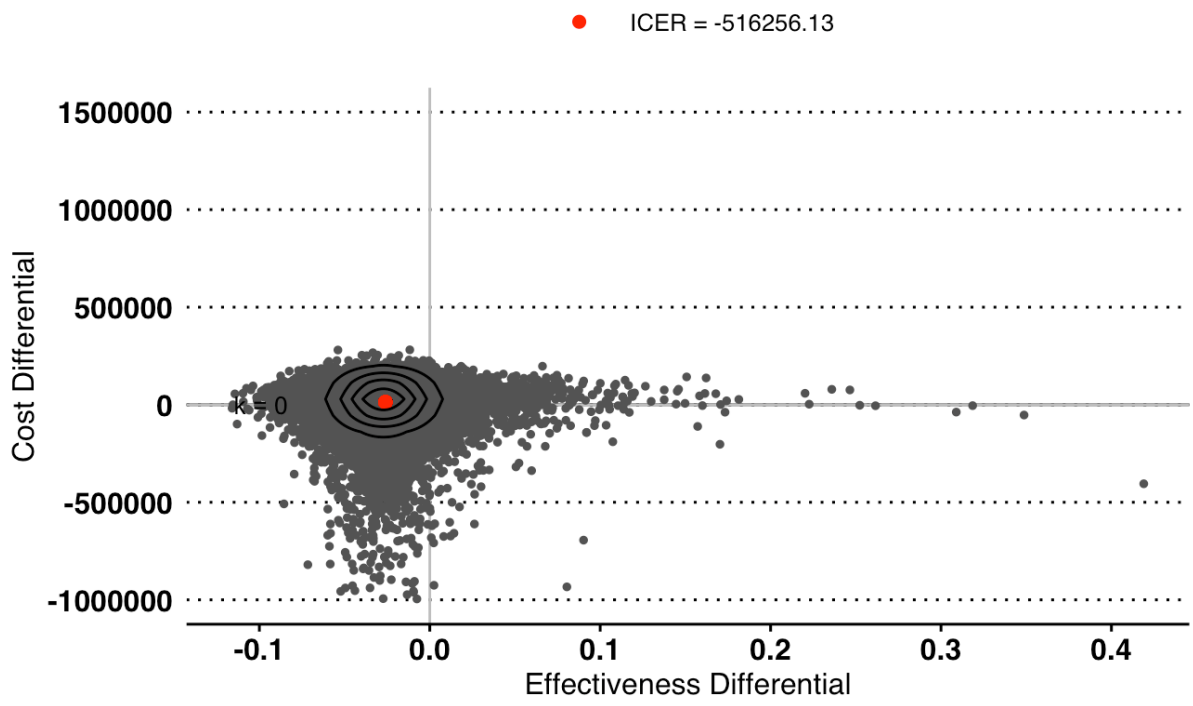
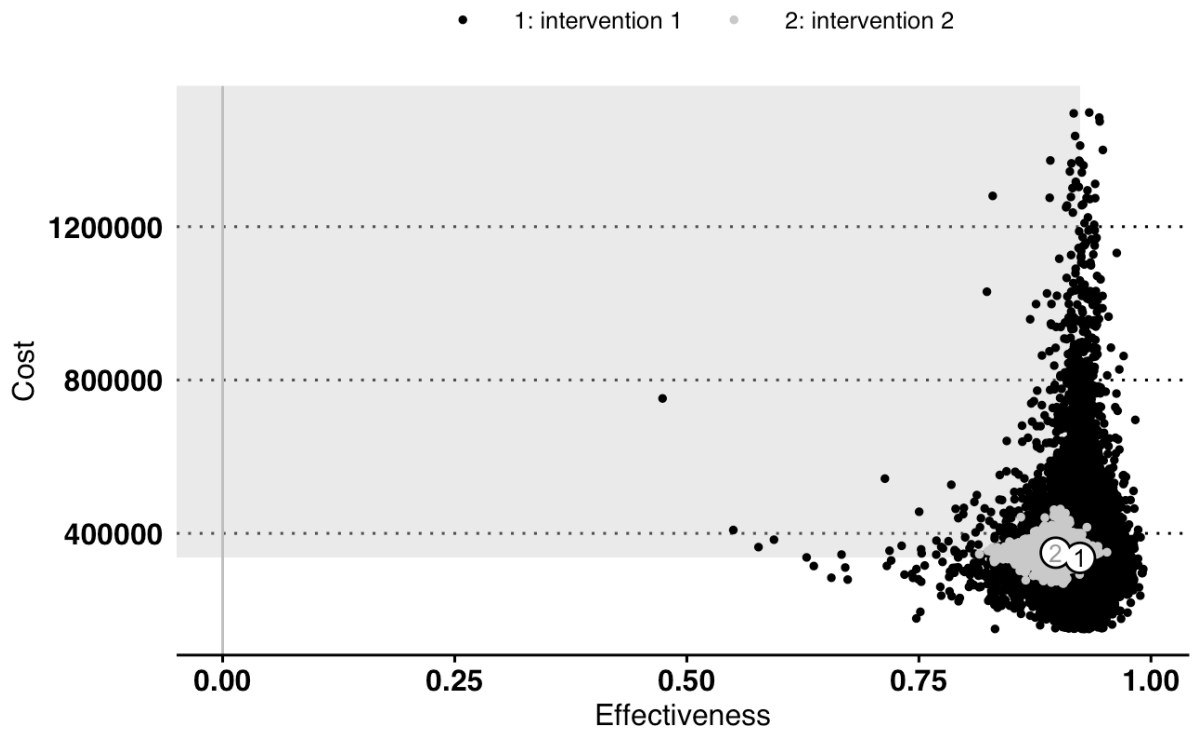


Figure 61 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 61. Cost Effectiveness Efficiency Frontier Southwest Region, CPS, Abuse/Neglect



Southwest CEA Findings, In-Home, Foster Care

Results of the CEA (see Table 37) show that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). The expected utility and estimated effectiveness for Intervention Two is lower than for Intervention One. The CEAC indicates that the probability that Intervention Two is cost-effective compared to Intervention One is low.

Table 37. Southwest In-Home to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Estimated Effectiveness
Intervention 1:	-335,686	0.8913
Intervention 2:	-349,071	0.86
	CEAC	ICER

Intervention 2 vs Intervention 1	0.33	-463510

Optimal intervention (max expected utility) for k=0: intervention 1

Figure 62 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here because the costs associated with Intervention Two are slightly higher while the level of effectiveness is similar in comparison.

Figure 62. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Southwest Region, In-Home, Foster Care

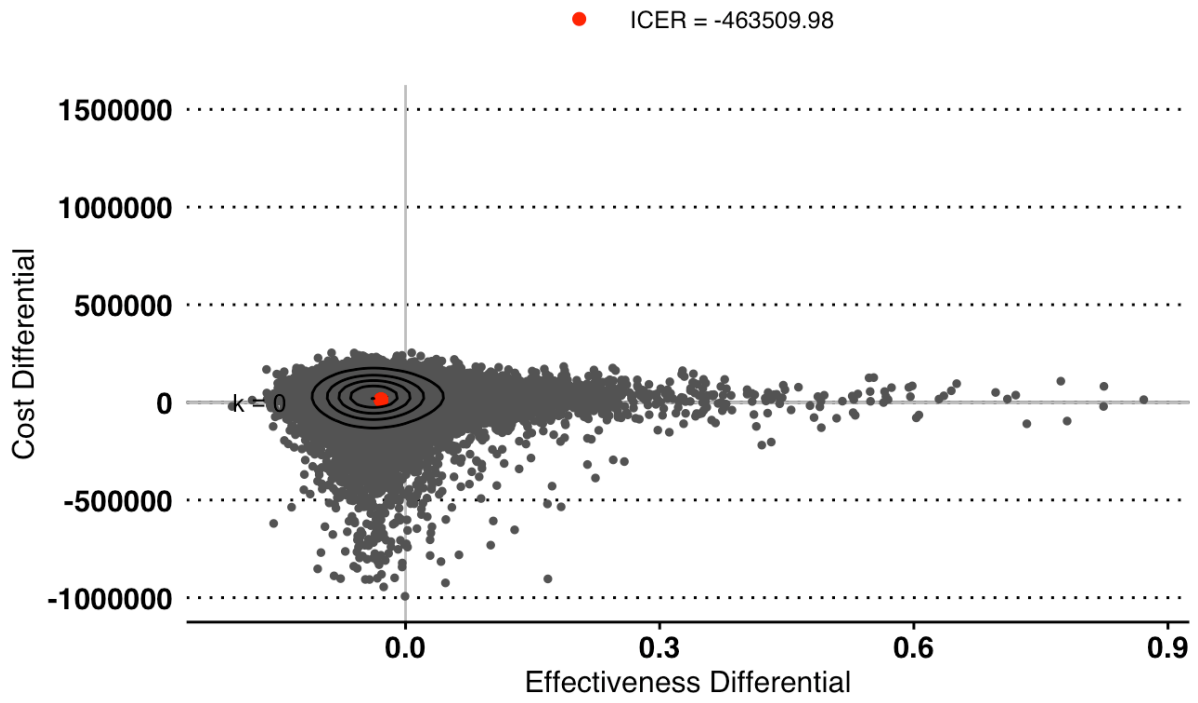
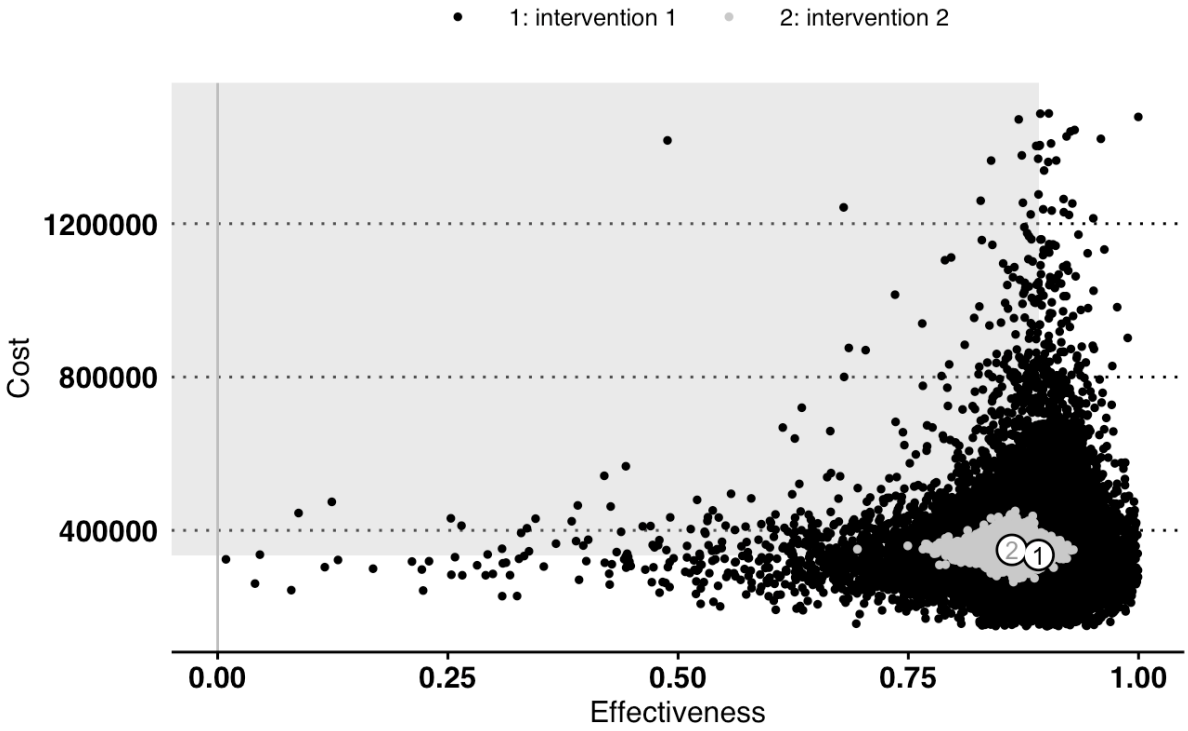


Figure 63 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 63. Cost Effectiveness Efficiency Frontier Southwest Region, In-home, Foster Care



Southwest CEA Findings, In-Home, Abuse and Neglect

Results of the CEA (see Table 38) suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). Although the estimated effectiveness for Intervention Two is higher relative to Intervention One, the expected utility is greater for Intervention One.

Table 38. Southwest In-Home to New Abuse or Neglect Cost Effectiveness Analysis Summary

Cost Effectiveness Analysis Summary		
Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-337,455	0.8449
Intervention 2:	-348,977	0.8945

	CEAC	ICER
Intervention 2 vs Intervention 1	0.33	232176

Optimal intervention (max expected utility) for k=0: intervention 1

Figure 64 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention One is preferred in this case as most points for Intervention Two are above the willingness-to-pay threshold. However, it should be noted that Intervention Two is associated with a higher level of effectiveness.

Figure 64. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Southwest Region, In-Home, Abuse/Neglect

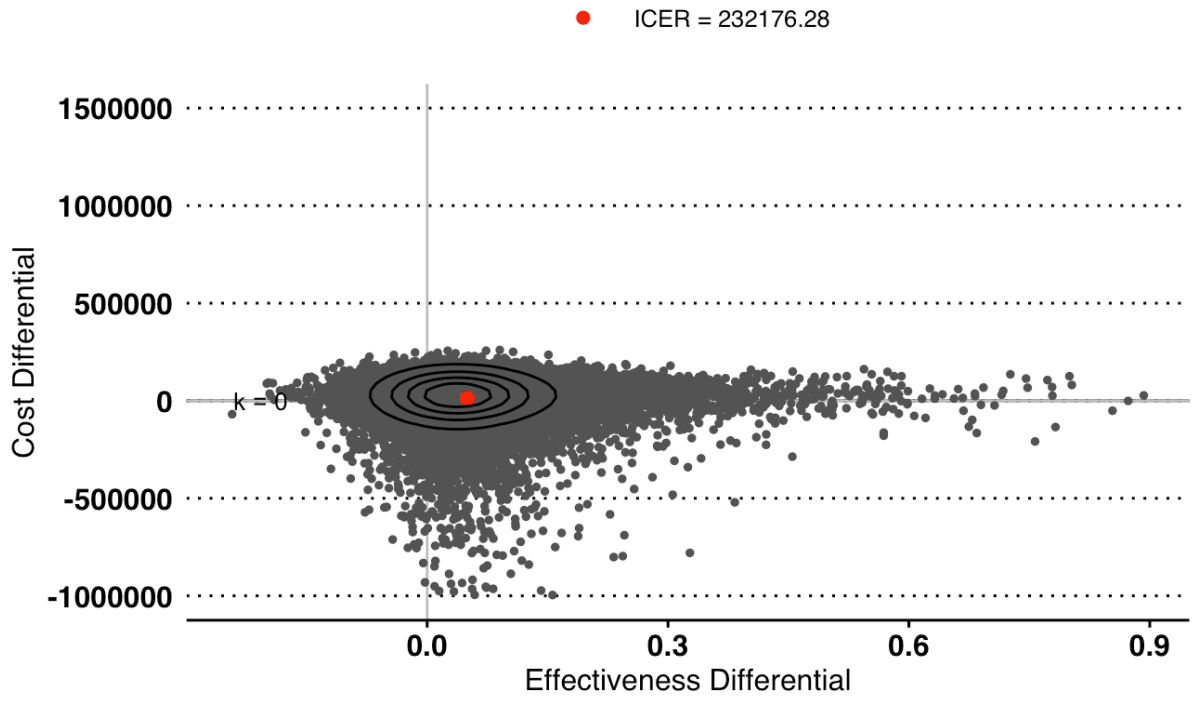
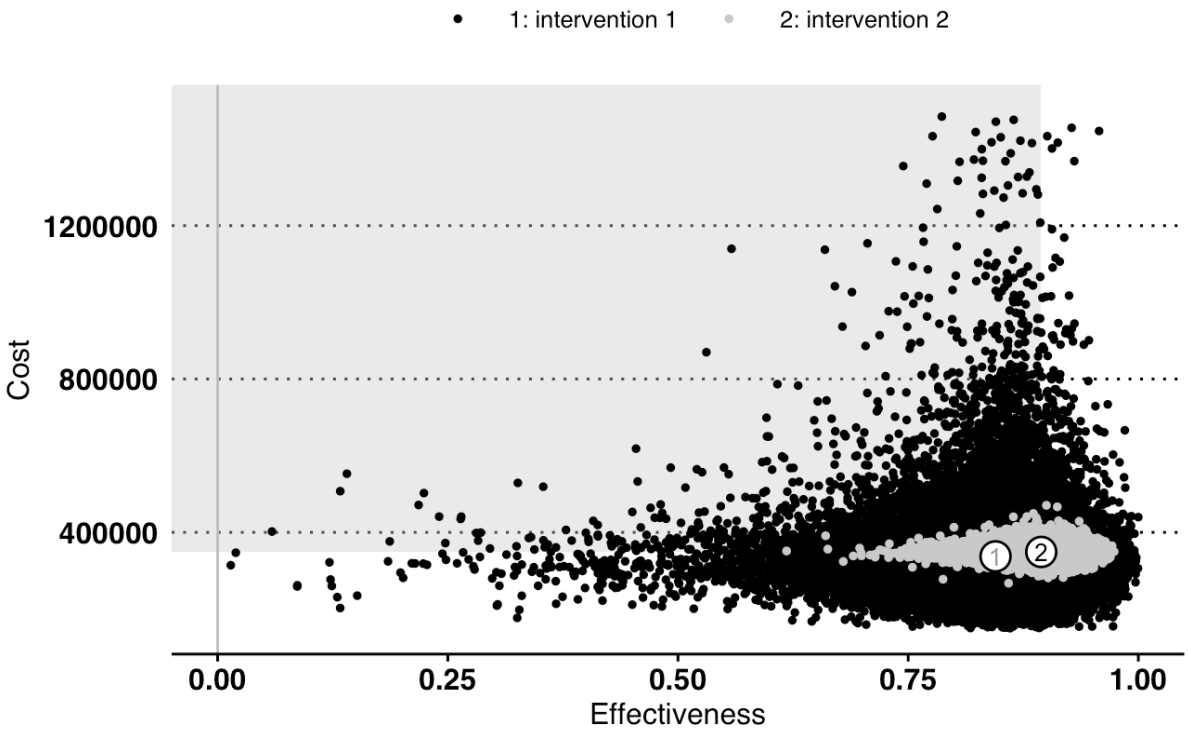


Figure 65 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention Two is on the frontier while Intervention One is not.

Figure 65. Cost Effectiveness Efficiency Frontier Southwest Region, In-Home, Abuse/Neglect



Salt Lake Valley Region

Costs per Client

Figure 66 shows the per client maintenance assistance payments costs for the Salt Lake Valley Region over the period. These costs were highest in the third quarter of FFY 2017, at $2,117.64 per client, and lowest in the fourth quarter of FFY 2015, at $830.62 per client.

Figure 66. Maintenance Assistance Payments Salt Lake Valley Region Overall Costs per Client Quarter 1 FFY to Quarter 2 FFY 2018

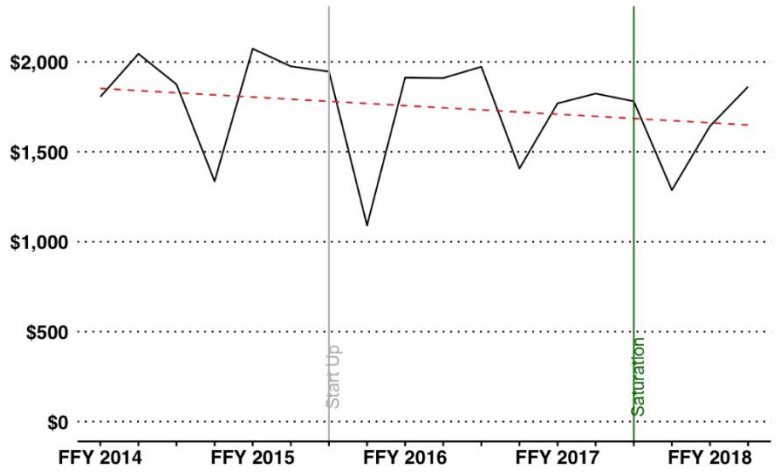


Figure 67 below shows the per client maintenance assistance payments costs associated with foster care services for the Salt Lake Valley Region over the period. These costs were highest in the second quarter of FFY 2018, at $1,519.11 per client, and lowest in the fourth quarter of FFY 2015 at $725.33.

Figure 67. Maintenance Assistance Payments Salt Lake Valley Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

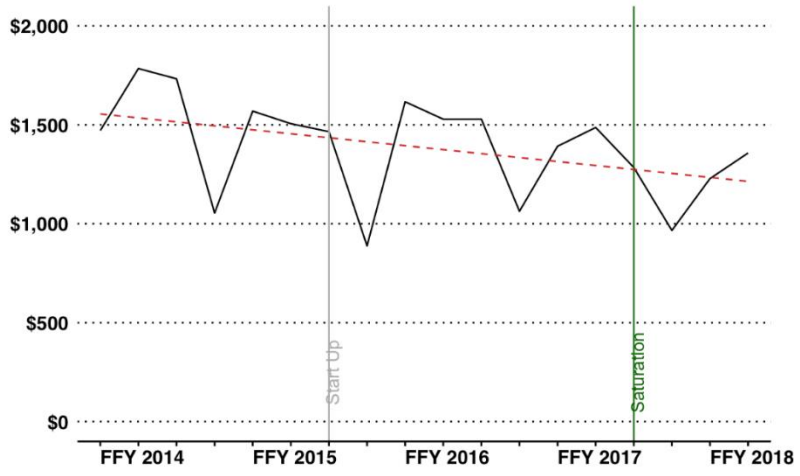
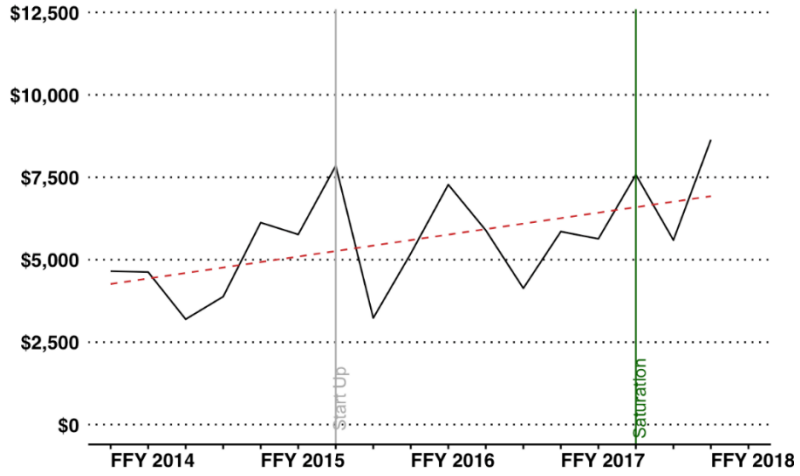


Figure 68 below shows the per client maintenance assistance payments costs associated with group care services for the Salt Lake Valley Region over the period. These costs were highest in the third quarter of FFY 2017, at $8,927.21 and lowest in the fourth quarter of FFY 2014 at $1,691.95.

Figure 68. Maintenance Assistance Payments Salt Lake Valley Region Group Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018



Salt Lake Valley Region Cost Effectiveness Analysis

As previously described, the analysis includes the third quarter of 2014 to the first quarter of 2015 as the period for Intervention One. This period includes the baseline period that preceded the startup of the waiver demonstration. Intervention Two, then, spans the period from the second quarter of 2015 to the third quarter of 2017. The CEA results are presented for this region below.

Salt Lake Valley CEA Findings, CPS, Foster Care

Results of the CEA (see Table 39) suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). The expected utility and estimated effectiveness for Intervention Two is lower than for Intervention One. The CEAC indicates that the probability that Intervention Two is cost-effective compared to Intervention One is low.

Table 39. Salt Lake Valley CPS to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Estimated Effectiveness
Intervention 1:	-876,112	0.8546
Intervention 2:	-940,203	0.8306
	CEAC	ICER
Intervention 2 vs Intervention 1	0.26	-2666714
Optimal intervention (max expected utility) for k=0: intervention 1		

Figure 69 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here given that the lower costs of Intervention Two are offset by a lower level of effectiveness.

Figure 69. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Salt Lake Valley Region, CPS, Foster Care

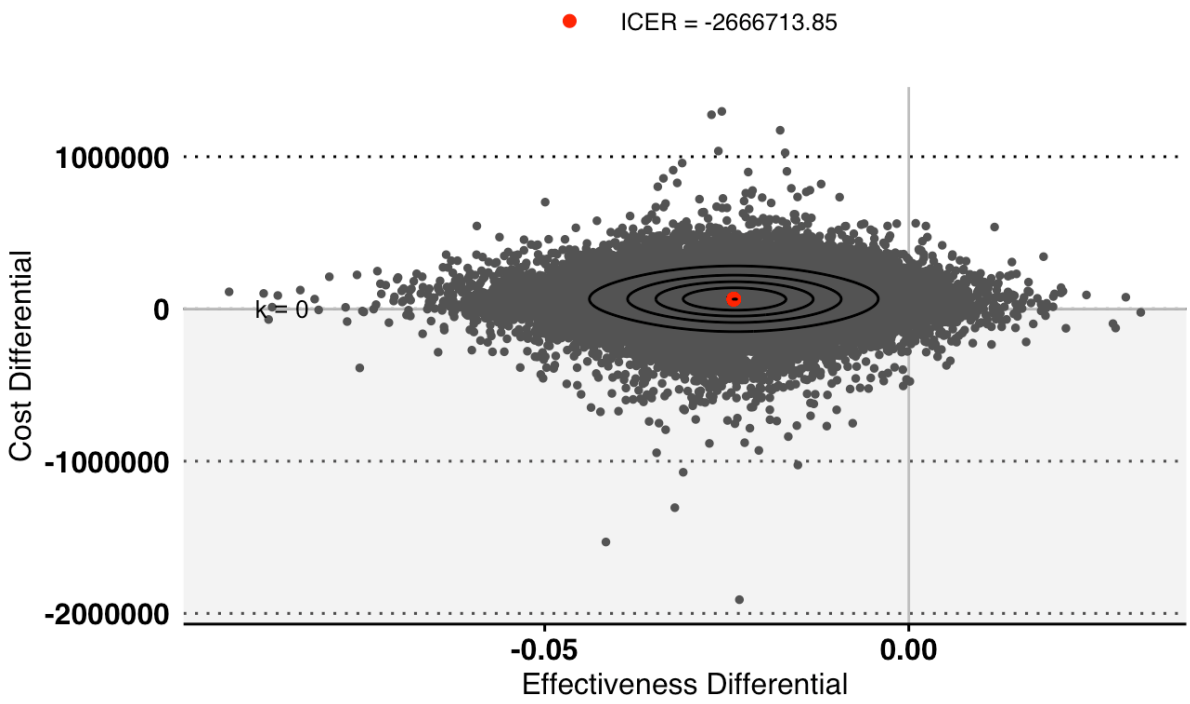
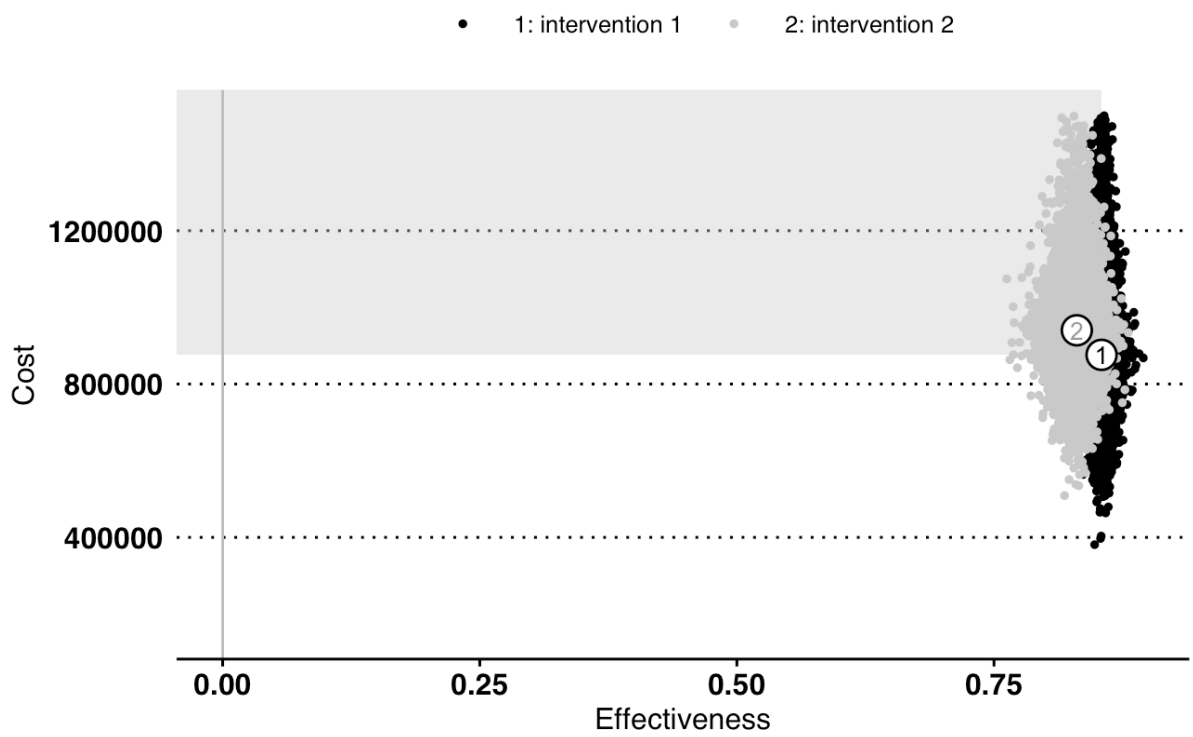


Figure 70 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 70. Cost Effectiveness Efficiency Frontier Lake Valley Region, CPS, Foster Care



Salt Lake Valley CEA Findings, CPS, Abuse and Neglect

Results of the CEA (see Table 40) suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). Both the estimated effectiveness and expected utility is lower for Intervention Two than Intervention One.

Table 40. Salt Lake Valley CPS to New Abuse or Neglect Cost Effectiveness Analysis Summary

Cost Effectiveness Analysis Summary		
Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-875457	0.9150
Intervention 2:	-940406	0.8989

	CEAC	ICER
Intervention 2 vs Intervention 1	0.25	-4012419

Optimal intervention (max expected utility) for k=0: intervention 1

Figure 71 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here.

Figure 71. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Salt Lake Valley Region, CPS, Abuse/Neglect

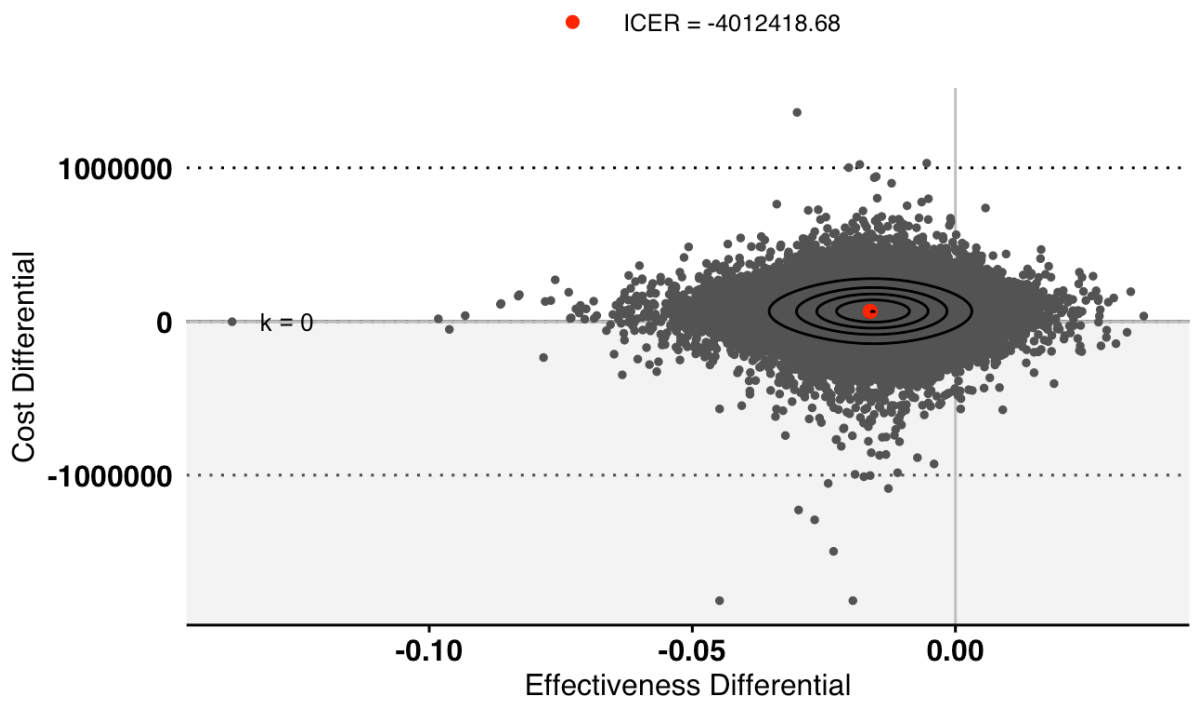
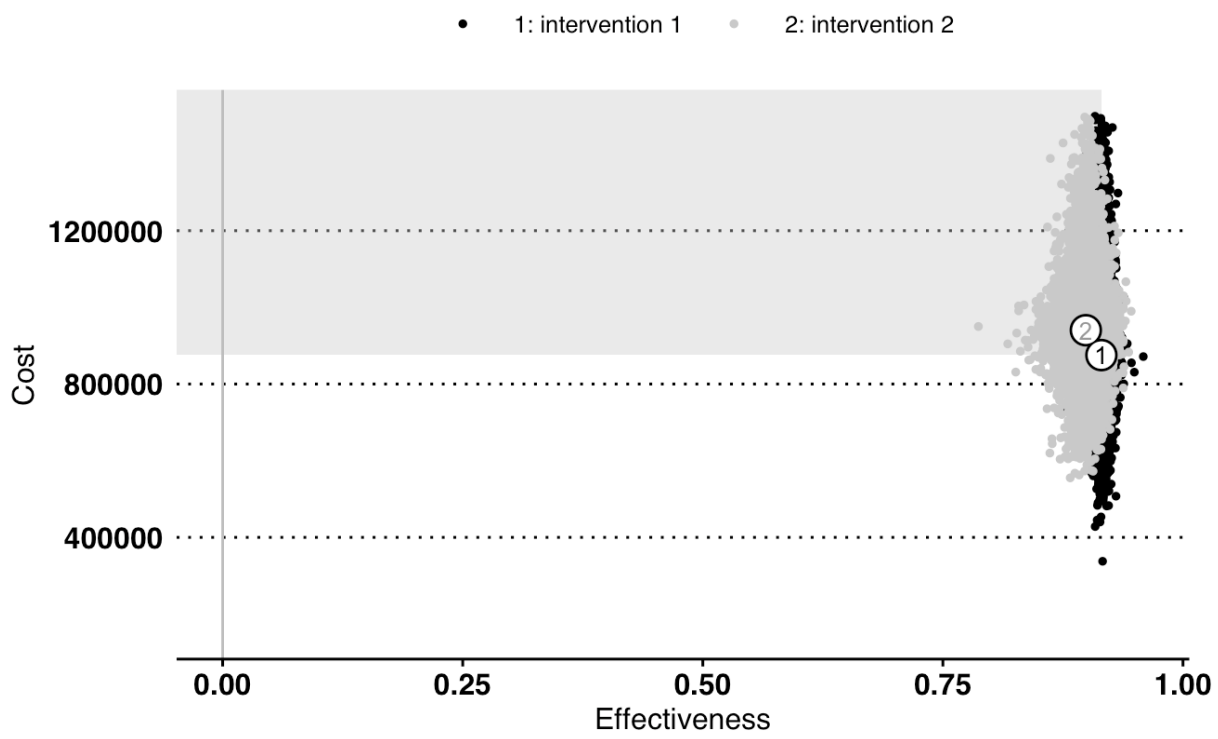


Figure 72 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 72. Cost Effectiveness Efficiency Frontier Salt Lake Valley Region, CPS, Abuse/Neglect



Salt Lake Valley CEA Findings, In-Home, Foster Care

Table 41 suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). The expected utility effectiveness for Intervention Two is lower than for Intervention One. The CEAC indicates that the probability that Intervention Two is cost-effective compared to Intervention One is low.

Table 41. Salt Lake Valley In-Home to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Estimated Effectiveness
Intervention 1:	-875615	0.8103
Intervention 2:	-940991	0.8081

	CEAC	ICER
Intervention 2 vs Intervention 1	0.25	-29801449

Optimal intervention (max expected utility) for k=0: intervention 1

Figure 73 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here.

Figure 73. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Salt Lake Valley Region, In-home, Foster care

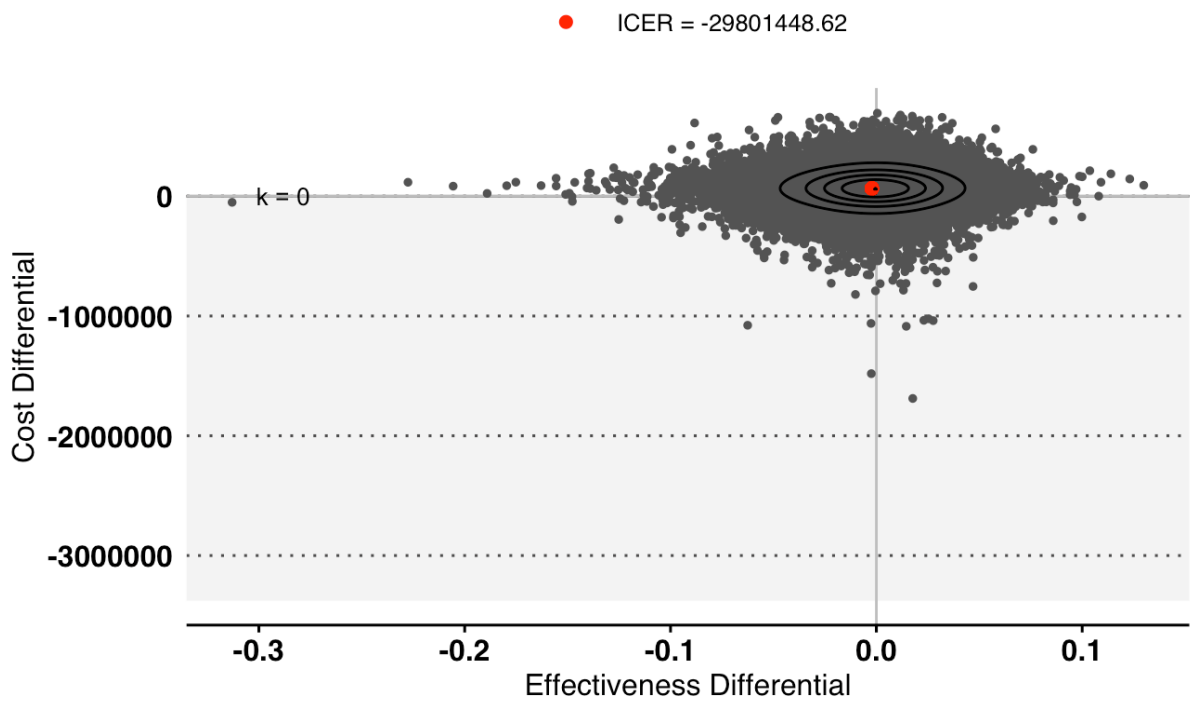
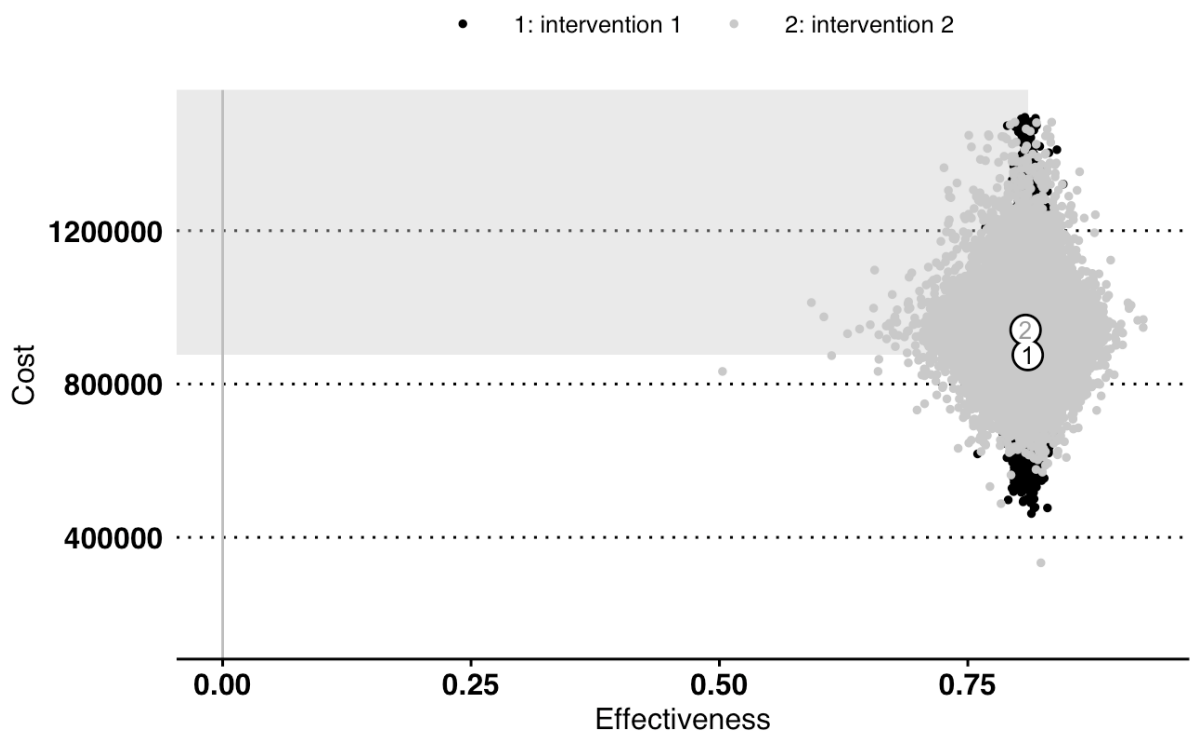


Figure 74 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 74. Cost Effectiveness Efficiency Frontier Salt Lake Valley Region, CPS, Foster Care



Salt Lake Valley CEA Findings, In-Home, Abuse and Neglect

Results of the CEA (see Table 42) suggest that Intervention One (i.e., the *status quo*) is slightly more cost effective than Intervention Two (i.e., the waiver demonstration). The estimated effectiveness and expected utility are lower for Intervention Two than Intervention One.

Table 42. Salt Lake Valley In-Home to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-877306	0.8524
Intervention 2:	-940001	0.8319

	CEAC	ICER
Intervention 2 vs Intervention 1	0.25	-3047452

Optimal intervention (max expected utility) for k=0: intervention 1

Figure 75 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention One is preferred here.

Figure 75. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Salt Lake Valley Region, In-Home, Abuse/Neglect

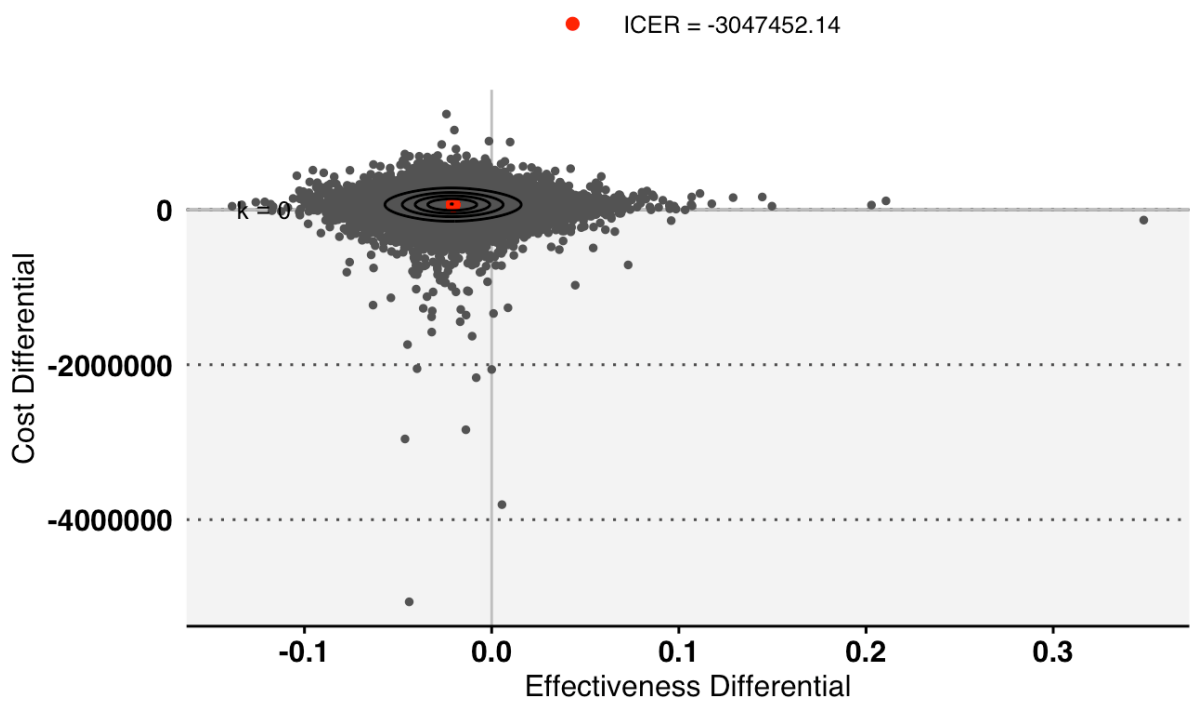
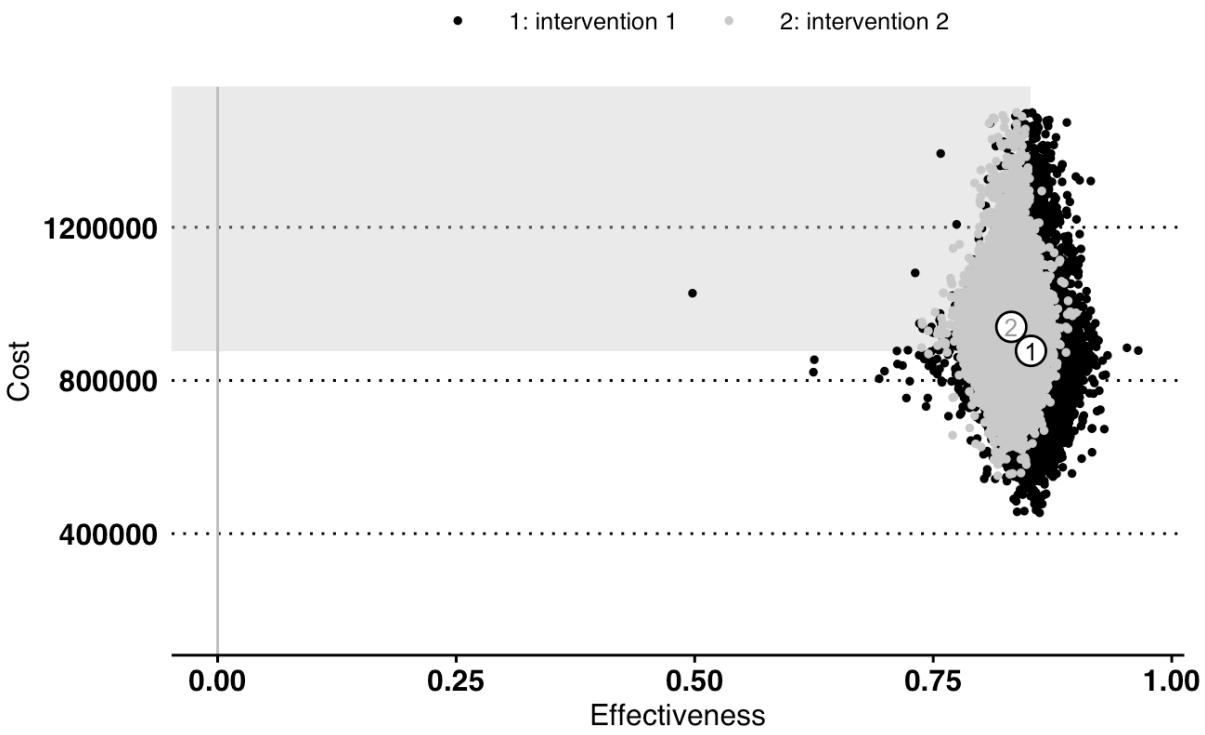


Figure 76 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the

grey shaded area, then the number inside the circle is grey. The figure shows that Intervention One is on the frontier, but that Intervention Two is not.

Figure 76. Cost Effectiveness Efficiency Frontier Salt Lake Valley Region, CPS, Foster Care



Eastern Region

Costs per Client

Figure 77 shows the per client maintenance assistance payments costs for the Eastern Region over the period. These costs were highest in the third quarter of FFY 2013, at $1,956.96 per client, and lowest in the fourth quarter of FFY 2016, at $1,014.89 per client.

Figure 77. Maintenance Assistance Payments Eastern Region Overall Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

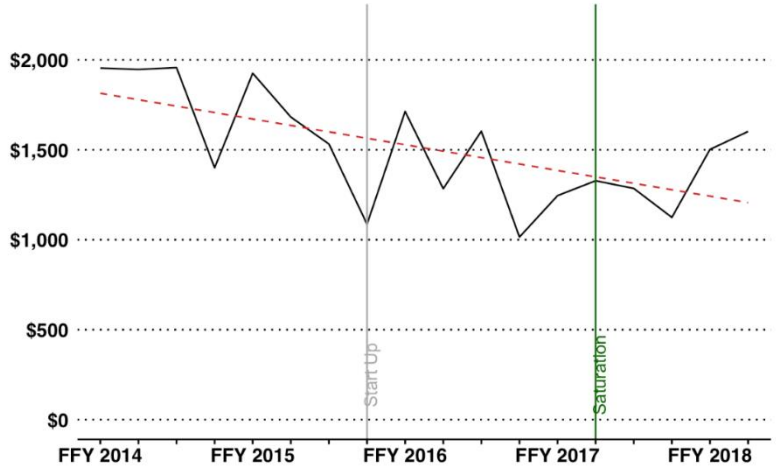


Figure 78 shows the per client maintenance assistance payments costs associated with foster care services for the Eastern Region over the period. These costs were highest in the first quarter of FFY 2016, at $1,610.68 per client, and lowest in the fourth quarter of FFY 2015 at $922.35.

Figure 78. Maintenance Assistance Payments Eastern Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

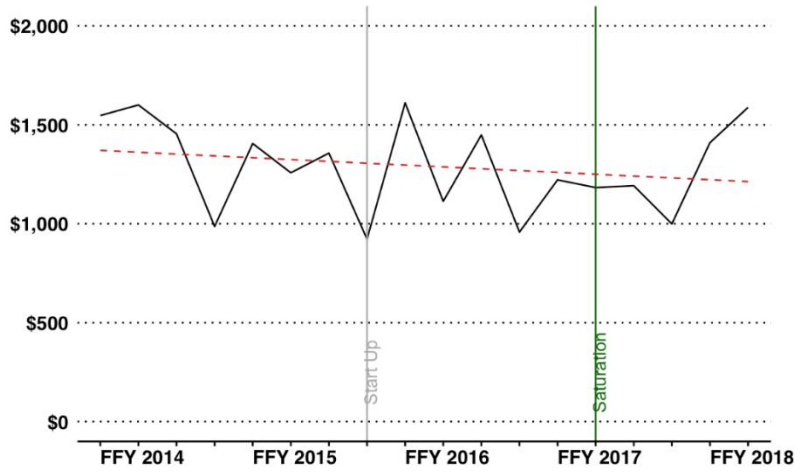
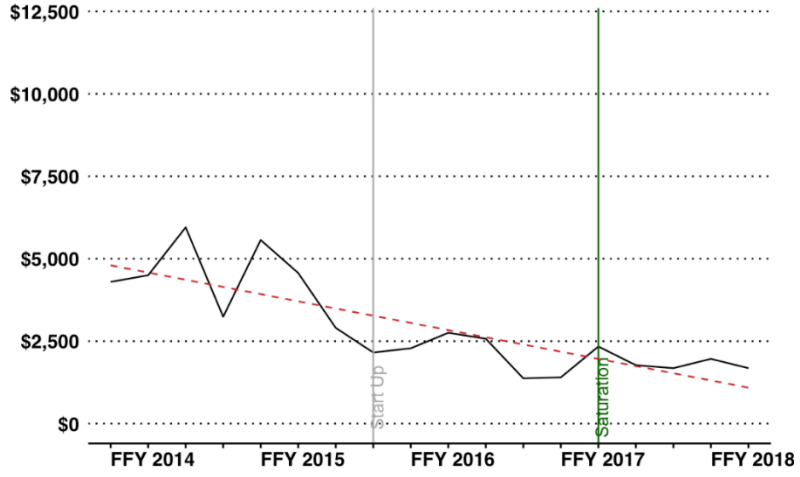


Figure 79 shows the per client maintenance assistance payments costs associated with group care services for the Eastern Region over the period. These costs were highest in the third quarter of FFY 2014, at $5,951.51 and lowest in the fourth quarter of FFY 2016 at $1,372.81.

Figure 79. Maintenance Assistance Payments Eastern Region Group Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018



Eastern Region Cost Effectiveness Analysis

As previously described, the analysis includes the third quarter of 2014 to the second quarter of 2015 as the period for Intervention One. This period includes the baseline period that preceded the startup of the waiver demonstration. Intervention Two, then, spans the period from the third quarter of 2015 to the third quarter of 2017. The CEA results are presented for this region below

Eastern CEA Findings, CPS, Foster Care

Results of the CEA (see Table 43) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). The expected utility for Intervention Two is higher than for Intervention One. The CEAC indicates that the probability that Intervention Two is cost-effective compared to Intervention One is high.

Table 43. Eastern CPS to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Estimated Effectiveness
Intervention 1:	-312,877	0.76
Intervention 2:	-273,968	0.74
	CEAC	ICER
Intervention 2 vs Intervention 1	0.80	1308565
Optimal intervention (max expected utility) for k=0: intervention 2		

Figure 80 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention Two is preferred in this case.

Figure 80. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Eastern Region, CPS, Foster Care

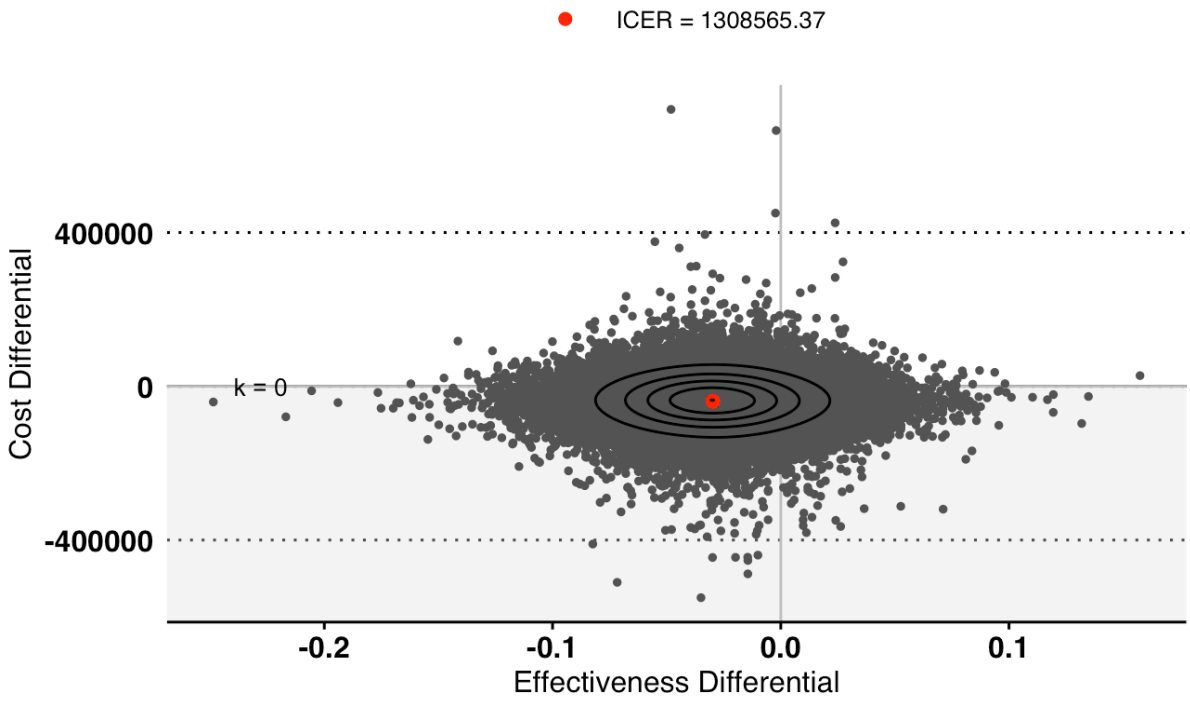
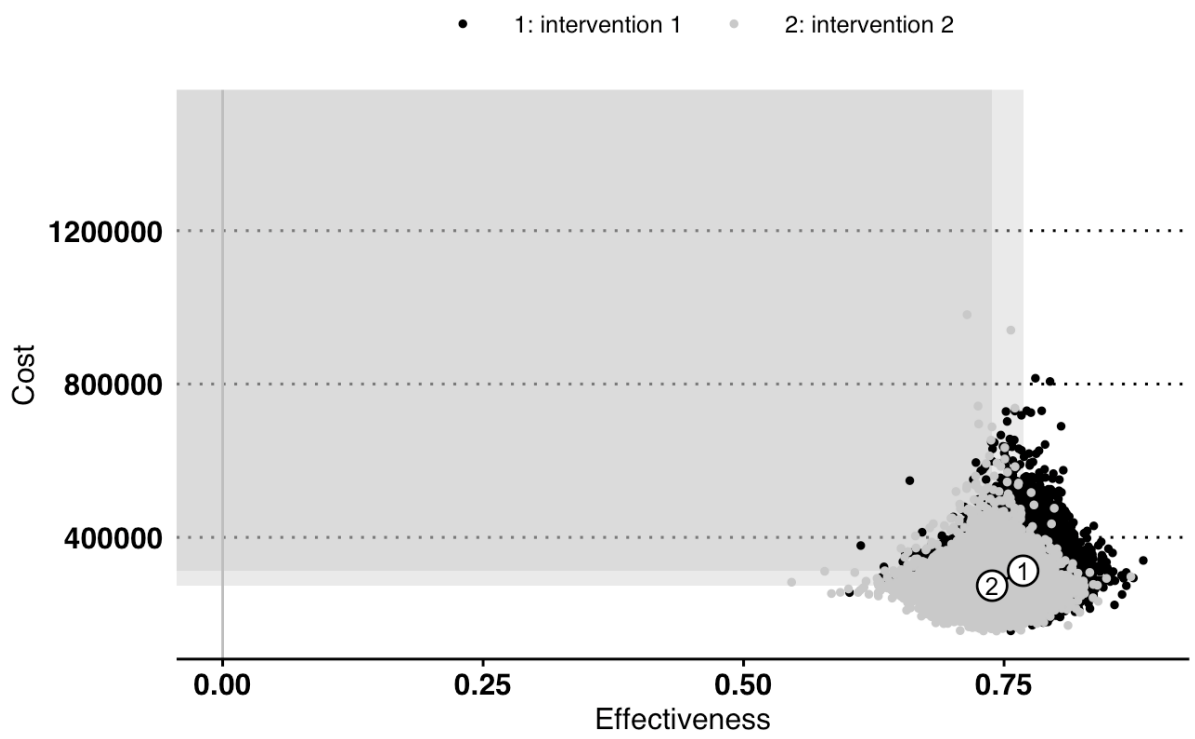


Figure 81 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 81. Cost Effectiveness Efficiency Frontier Eastern Region, CPS, Foster Care



Eastern CEA Findings, CPS, Abuse and Neglect

Results of the CEA (see Table 44) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower than Intervention One, the expected utility is greater for Intervention Two.

Table 44. Eastern CPS to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-313312	0.89
Intervention 2:	-273571	0.84
	CEAC	ICER

Intervention 2 vs Intervention 1	0.80	783962

Optimal intervention (max expected utility) for k=0: intervention 2

Figure 82 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention Two is preferred in this case. The lower costs for the intervention offsets the slightly lower effectiveness.

Figure 82. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Eastern Region, CPS, Abuse/Neglect

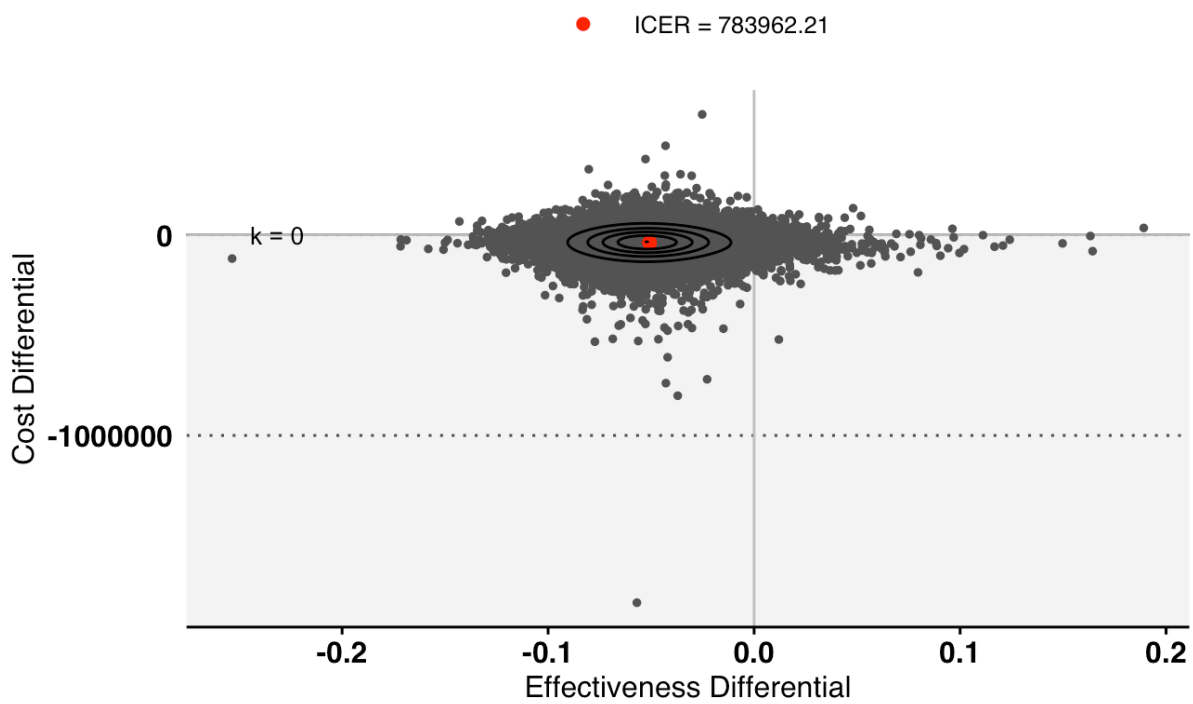
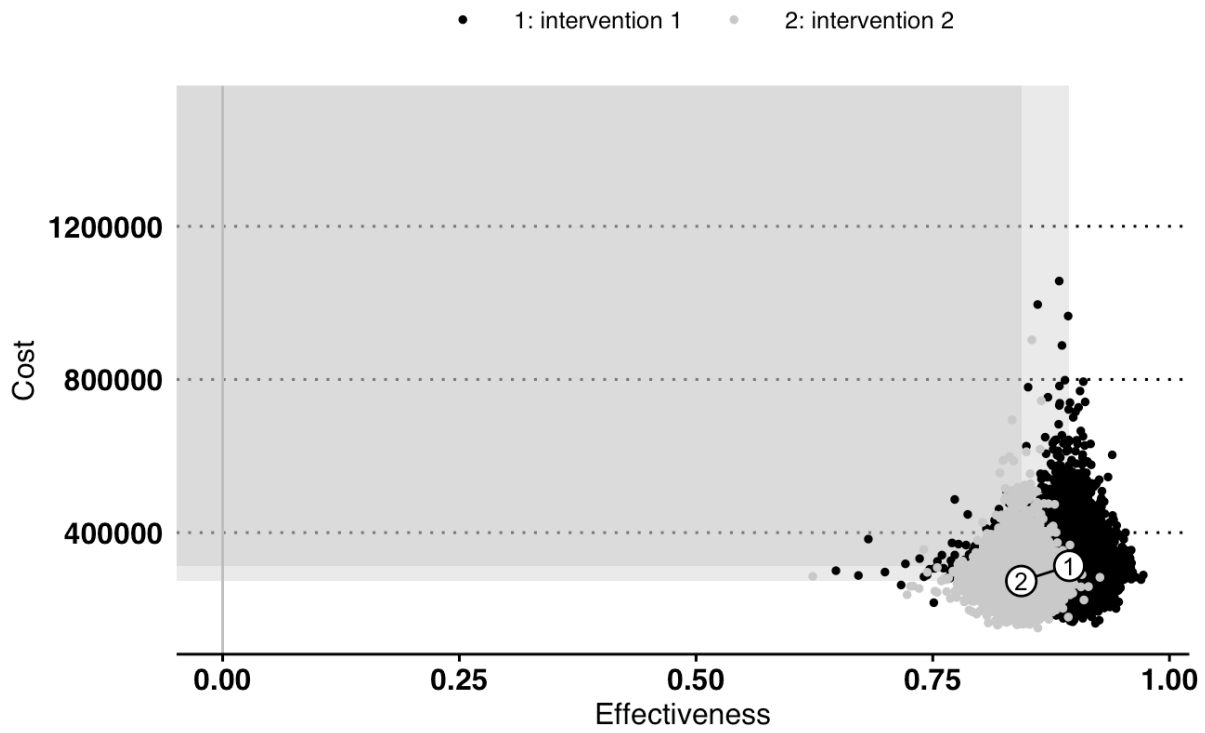


Figure 83 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 83. Cost Effectiveness Efficiency Frontier Eastern Region, CPS, Abuse/Neglect



Eastern CEA Findings, In-Home, Foster Care

Results of the CEA (see Table 45) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). The estimated effectiveness and expected utility are greater for Intervention Two.

Table 45. Eastern In-Home to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Effectiveness
Intervention 1:	-313,394	0.8562
Intervention 2:	-273,782	0.8713
	CEAC	ICER

Intervention 2 vs Intervention 1	0.80	-2609364

Optimal intervention (max expected utility) for k=0: intervention 2

Figure 84 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention Two is preferred in this case as it associated with greater effectiveness and lower costs.

Figure 84. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Eastern Region, In-home, Foster Care

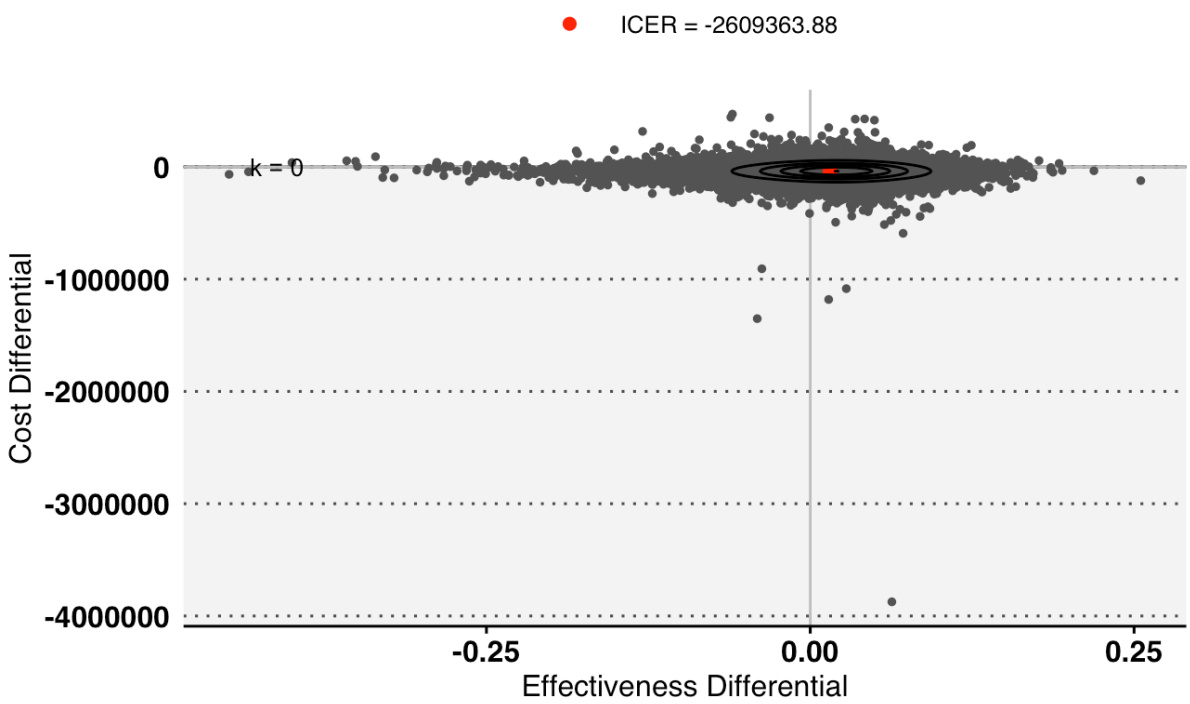
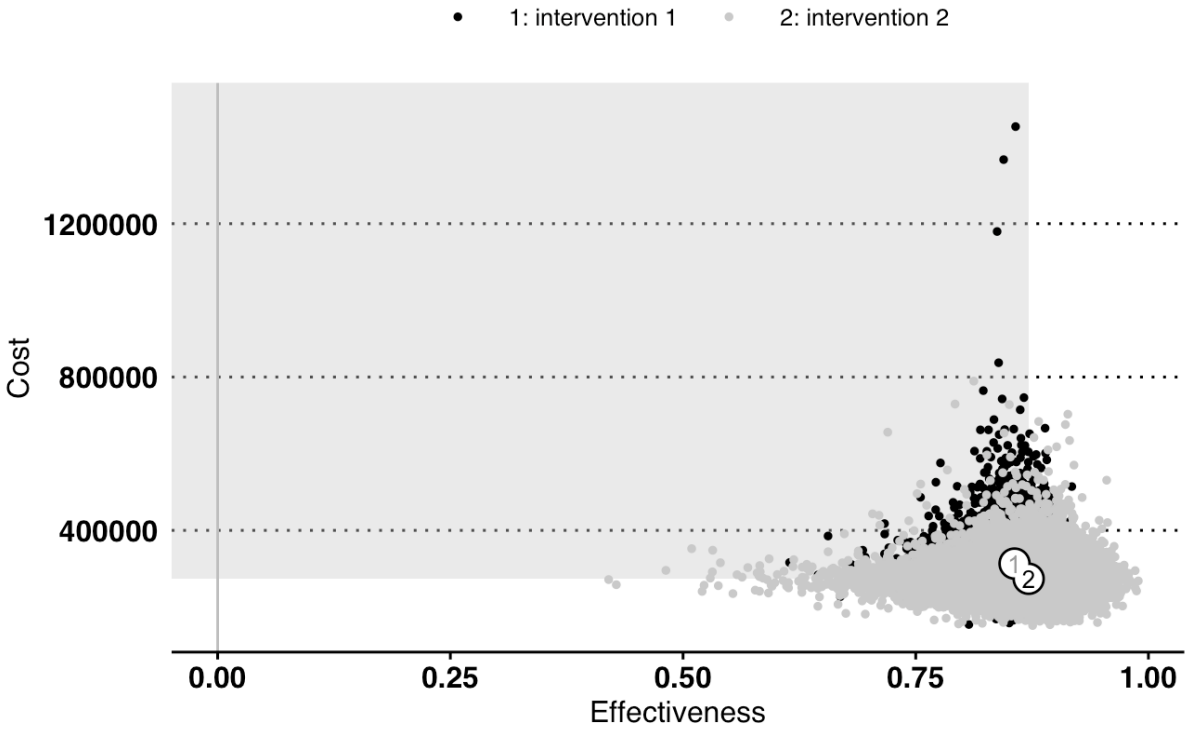


Figure 85 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention Two is on the frontier while Intervention One is not.

Figure 85. Cost Effectiveness Efficiency Frontier Eastern Region, In-home, Foster Care



Eastern CEA Findings, In-Home, Abuse and Neglect

Results of the CEA (see Table 46) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower than Intervention One, the expected utility is greater for Intervention Two. The CEAC indicates that the probability that Intervention Two is cost effective is high.

Table 46. Eastern In-Home to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-313,531	0.8684
Intervention 2:	-273,772	0.8908
	CEAC	ICER

Intervention 2 vs Intervention 1	0.80	-1779009
Optimal intervention (max expected utility) for k=0: intervention 2		

Figure 86 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention Two is preferred in this case.

Figure 86. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Eastern Region, In-Home, Abuse/Neglect

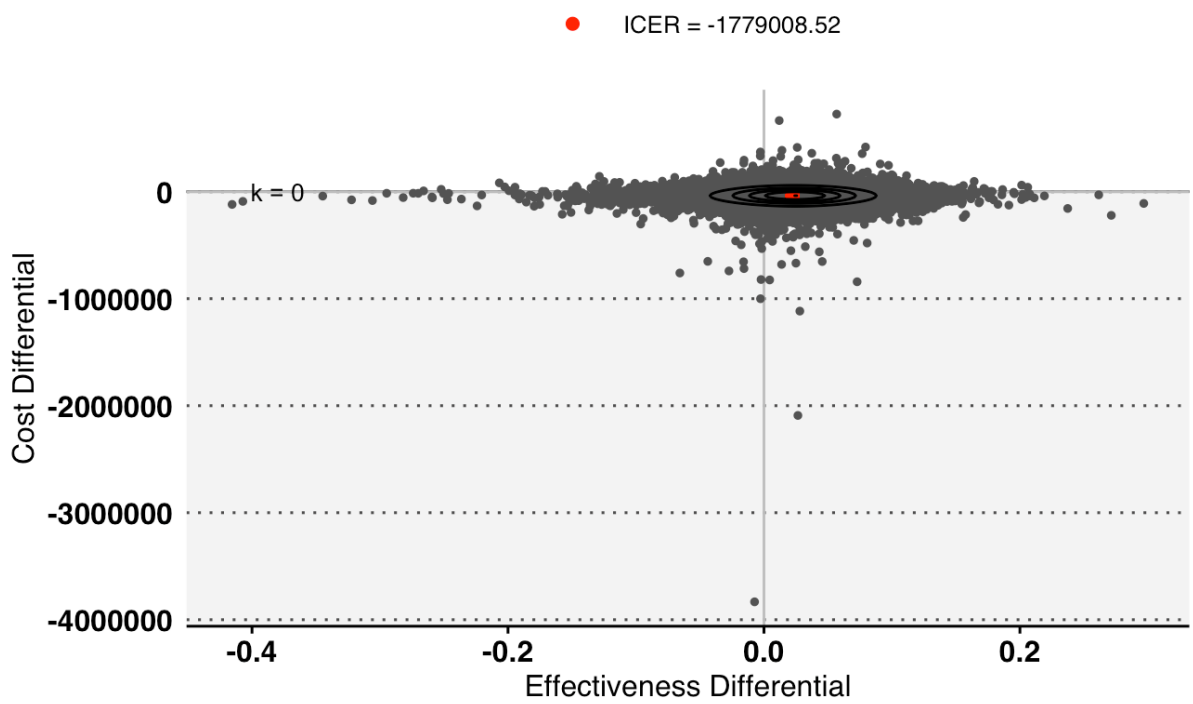
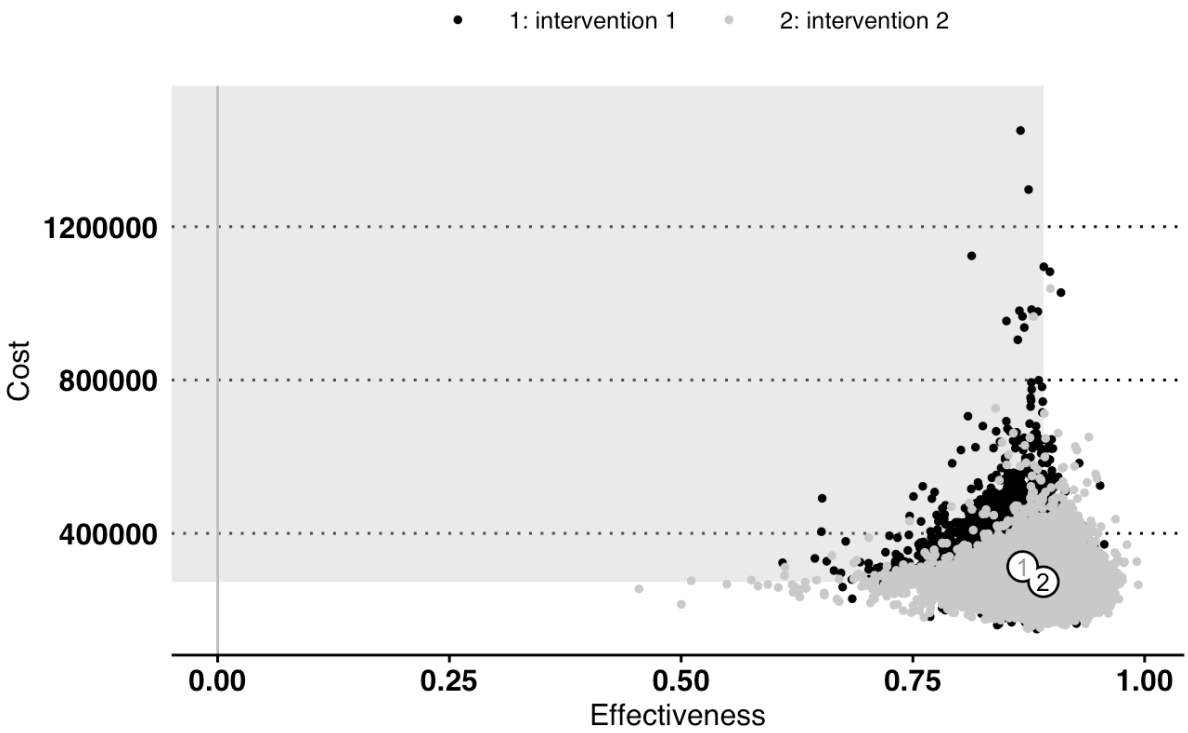


Figure 87 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention Two is on the frontier while Intervention One is not.

Figure 87. Cost Effectiveness Efficiency Frontier Eastern Region, In-Home, Abuse/Neglect



Western Region

Costs per Client

Figure 88 shows the per client maintenance assistance payments costs for the Western Region over the period. These costs were highest in the second quarter of FFY 2016, at $2,046.44 per client, and lowest in the fourth quarter of FFY 2015, at $1177.86 per client.

Figure 88. Maintenance Assistance Payments Western Region Overall Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

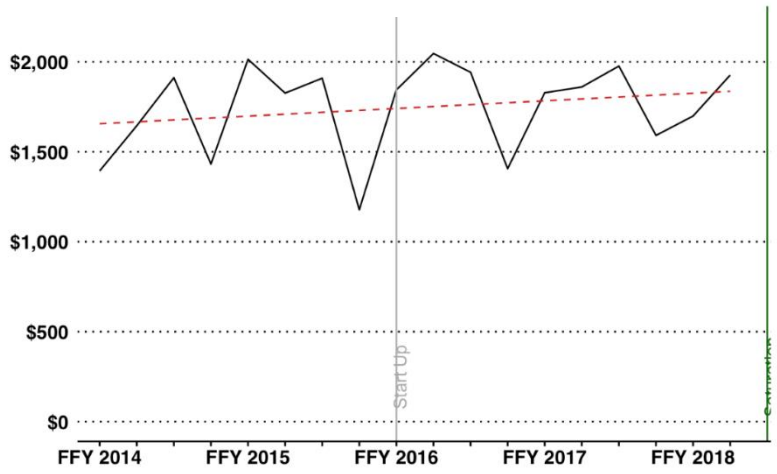


Figure 89 below shows the per client maintenance assistance payments costs associated with foster care services for the Eastern Region over the period. These costs were highest in the third quarter of FFY 2015, at $1,482.85 per client, and lowest in the fourth quarter of FFY 2015 at $891.81.

Figure 89. Maintenance Assistance Payments Western Region Foster Care Costs per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018

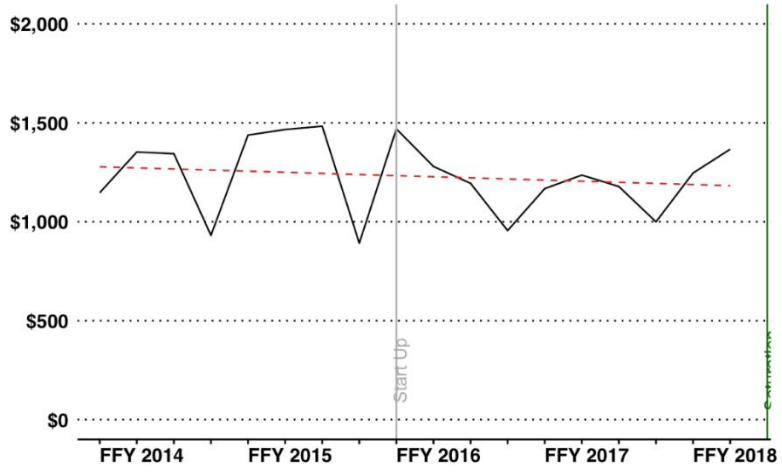
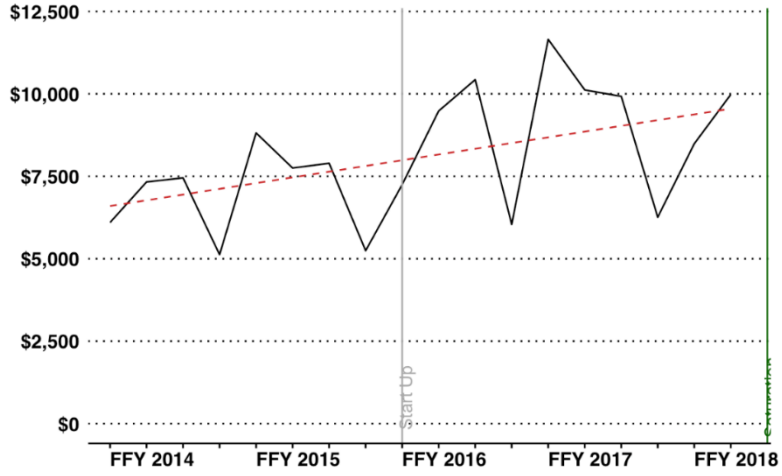


Figure 90 below shows the per client maintenance assistance payments costs associated with group care services for the Eastern Region over the period. These costs were highest in the first quarter of FFY 2017, at $11,651.45 and lowest in the fourth quarter of FFY 2014 at $5,124.83.

Figure 90. Maintenance Assistance Payments Western Region Group Care Cost per Client Quarter 1 FFY 2014 to Quarter 2 FFY 2018



Western Region Cost Effectiveness Analysis

As previously described, the analysis includes the third quarter of 2014 to the second quarter of 2015 as the period for Intervention One. This period includes the baseline period that preceded the startup of the waiver demonstration. Intervention Two, then, spans the period from the third quarter of 2015 to the third quarter of 2017, which includes the startup and saturation dates for this region. The CEA results are presented for this region below.

Western CEA Findings, CPS, Foster Care

Results of the CEA (see Table 47) suggest that Intervention Two (i.e., the waiver demonstration) is more cost effective than Intervention One (i.e., the *status quo*). Although the estimated effectiveness of Intervention Two is slightly lower than for Intervention One, the expected utility is higher. The CEAC indicates that the probability that Intervention Two is cost-effective compared to Intervention One is high.

Table 47. Western CPS to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver demonstration)		
Comparator intervention:	Intervention 1 (Status Quo)		
Willingness-to-pay parameter *k*:	0		
Outcome:	Percent of Children Who Were Not Placed in Foster Care		
	Expected Utility	Estimated Effectiveness	
Intervention 1:	-628,221	0.7833	
Intervention 2:	-538,905	0.7741	
	CEAC		ICER
Intervention 2 vs Intervention 1	0.87		9704098
Optimal intervention (max expected utility) for k=0: intervention 2			

Figure 91 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention Two is preferred in this case. The plot suggests that the slightly lower effectiveness associated with Intervention Two is offset by its associated lower costs.

Figure 91. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Western Region, CPS, Foster Care

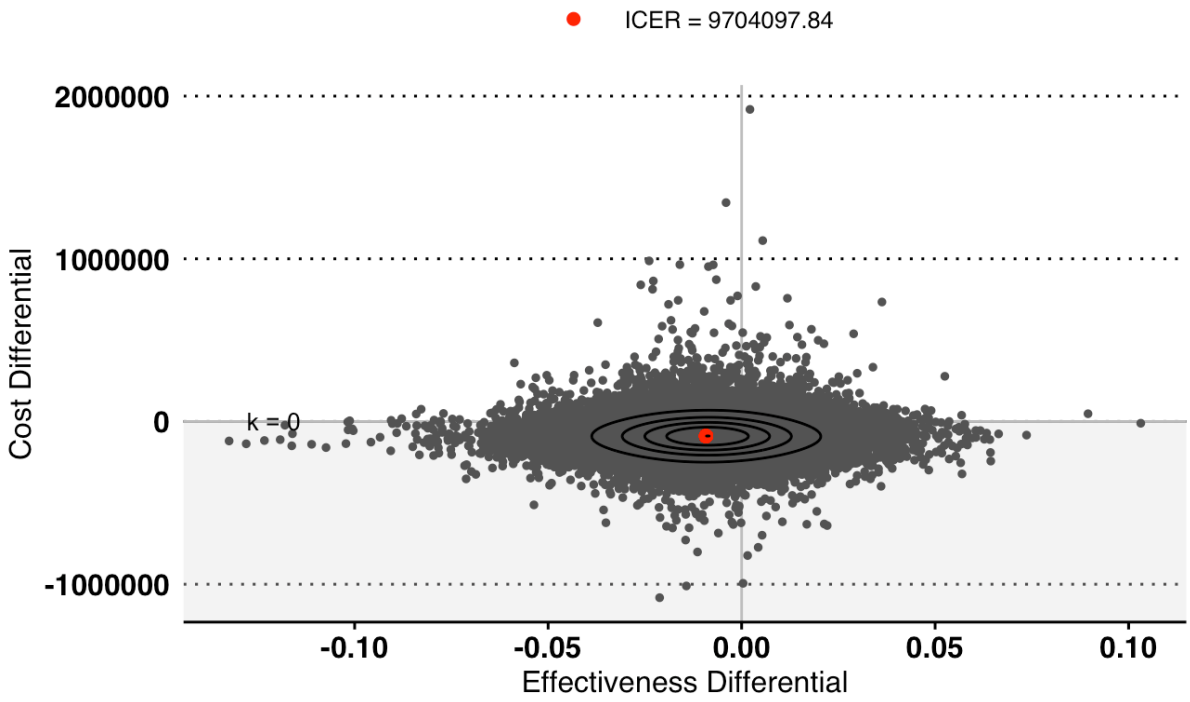
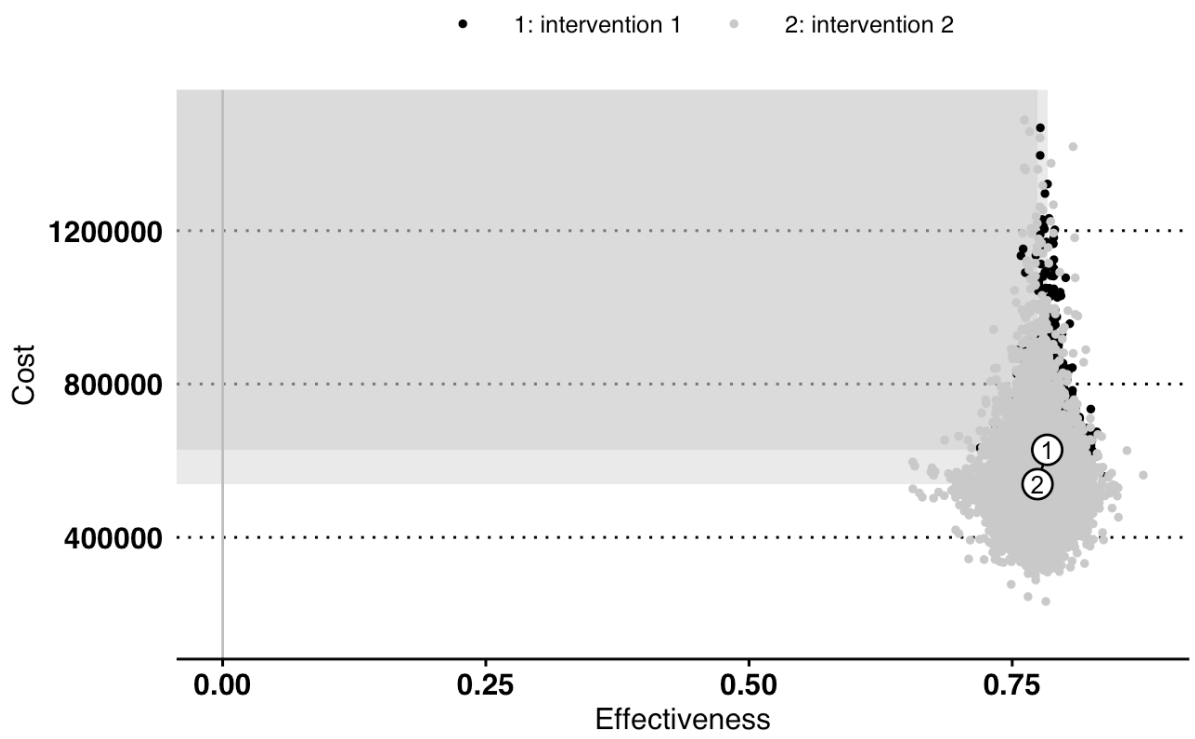


Figure 92 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 92. Cost Effectiveness Efficiency Frontier Western Region, CPS, Foster Care



Western CEA Findings, CPS, Abuse and Neglect

Results of the CEA (see Table 48) suggest that Intervention Two (i.e., the waiver demonstration) is slightly more cost effective than Intervention One (i.e., the *status quo*). While the estimated effectiveness is slightly lower than Intervention One, the expected utility is greater for Intervention Two.

Table 48. Western CPS to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-628,486	0.9342
Intervention 2:	-538,481	0.8970
	CEAC	ICER

Intervention 2 vs Intervention 1	0.87	2418836

Optimal intervention (max expected utility) for k=0: intervention 2

Figure 93 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention (Intervention Two in this case) is sustainable. This plot displays graphically that Intervention Two is preferred in this case. The graph implies that the lower costs associated with this intervention offsets the lower level of effectiveness.

Figure 93. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Western Region, CPS, Abuse/Neglect

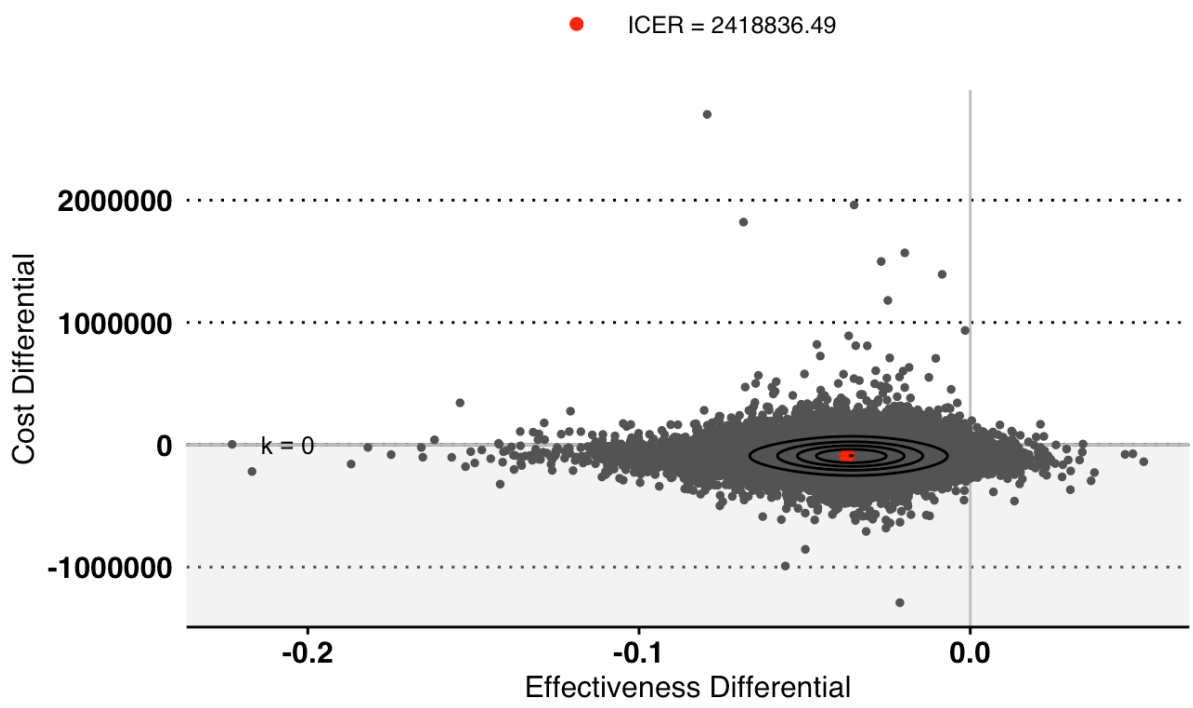
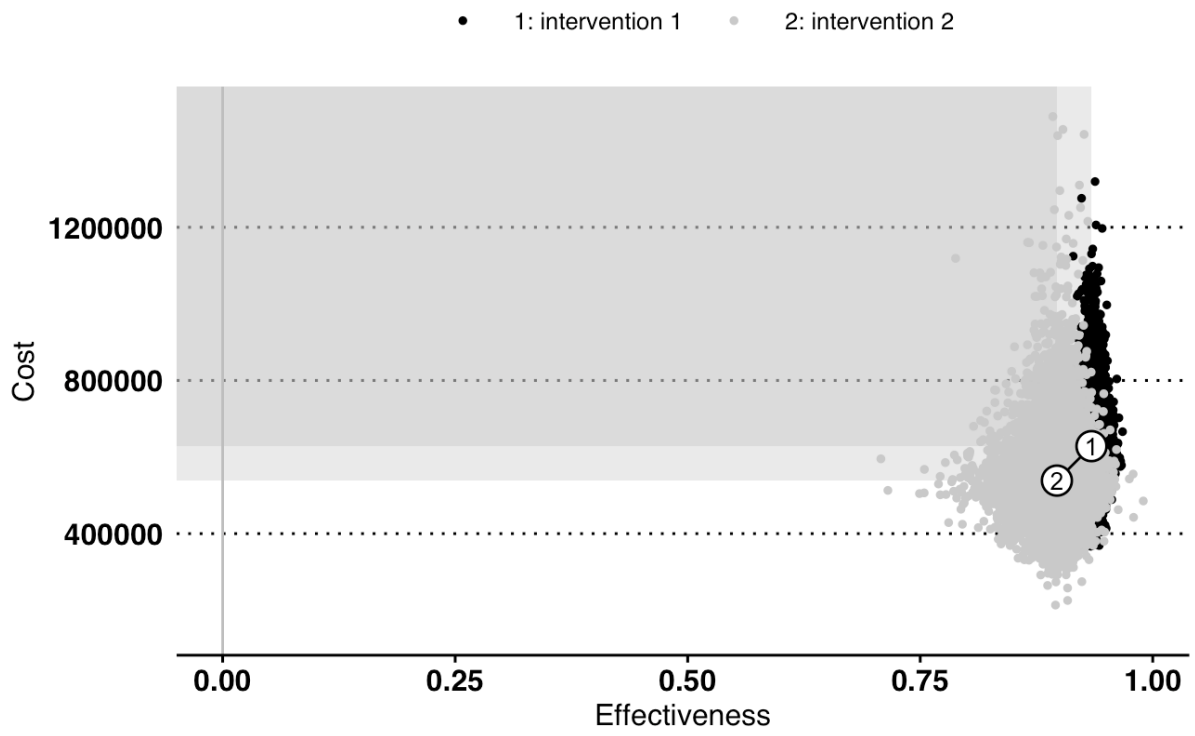


Figure 94 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are included on the frontier.

Figure 94. Cost Effectiveness Efficiency Frontier Western Region, CPS, Abuse/Neglect



Western CEA Findings, In-Home, Foster Care

Results of the CEA (see Table 49) suggest that Intervention Two (i.e., the waiver demonstration) is cost effective in comparison to Intervention One (i.e., the *status quo*). The estimated effectiveness and expected utility are greater for Intervention Two.

Table 49. Western In-Home to Foster Care Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Were Not Placed in Foster Care	
	Expected Utility	Effectiveness
Intervention 1:	-628,578	0.7920
Intervention 2:	-538,945	0.8118

	CEAC	ICER
Intervention 2 vs Intervention 1	0.87	-4522059

Optimal intervention (max expected utility) for k=0: intervention 2

Figure 95 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention Two is preferred in this case as it is associated with greater effectiveness at lower costs.

Figure 95. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Western Region, In-Home, Foster Care

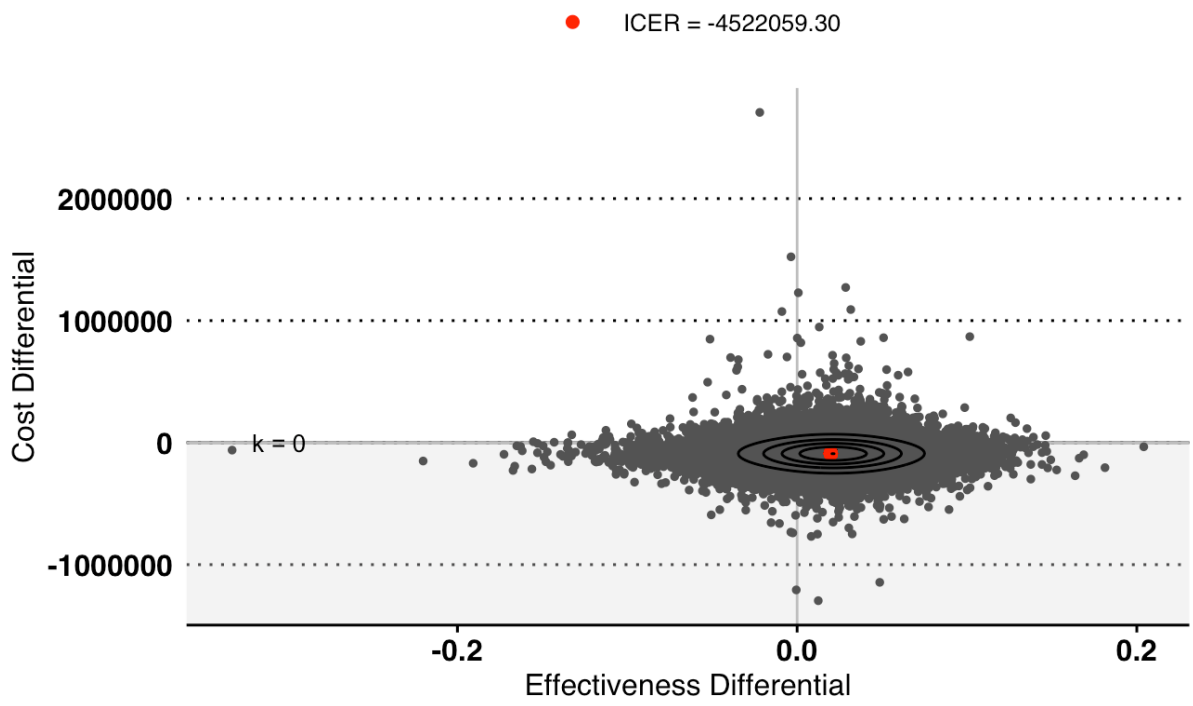
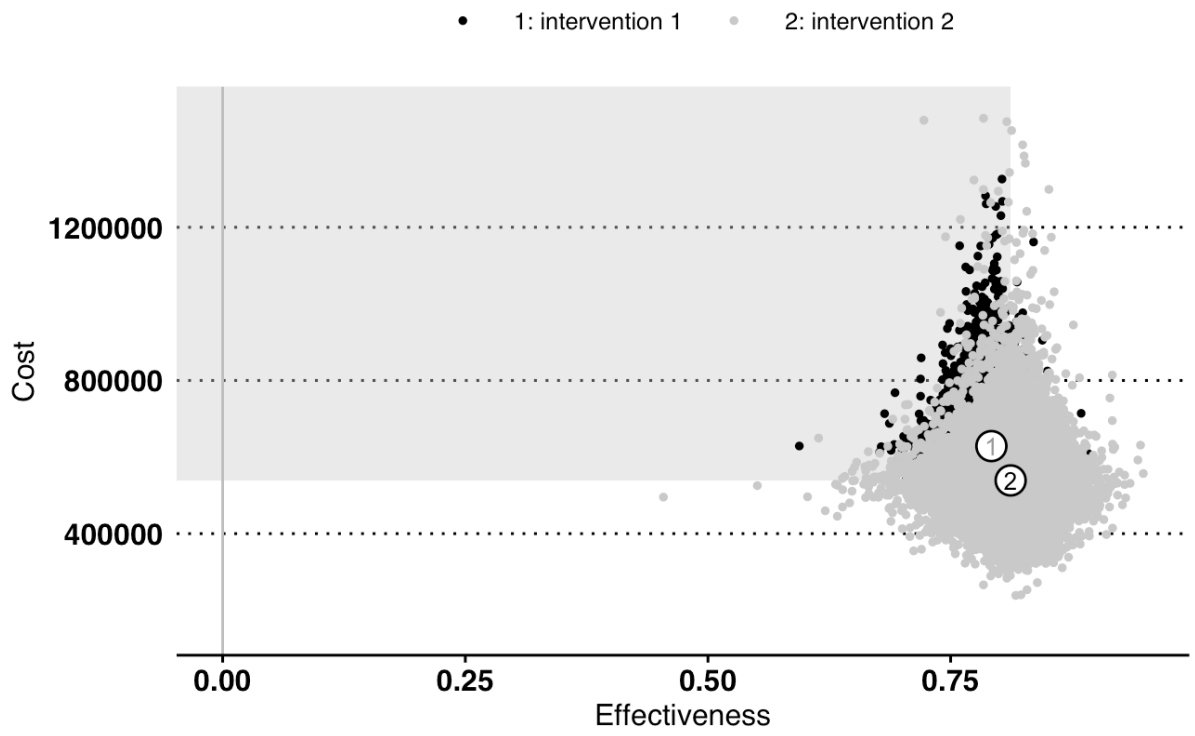


Figure 96 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that Intervention Two is on the frontier while Intervention One is not.

Figure 96. Cost Effectiveness Efficiency Frontier Western Region, In-Home, Foster Care



Western CEA Findings, In-Home, Abuse and Neglect

Results of the CEA (see Table 50) suggest that Intervention Two (i.e., the waiver demonstration) is cost effective in comparison to Intervention One (i.e., the *status quo*). The estimated effectiveness and expected utility are both higher for Intervention Two.

Table 50. Western In-Home to New Abuse or Neglect Cost Effectiveness Analysis Summary

Reference intervention:	Intervention 2 (Waiver Demonstration)	
Comparator intervention:	Intervention 1 (Status Quo)	
Willingness-to-pay parameter *k*:	0	
Outcome:	Percent of Children Who Did Not Have an Abuse/Neglect Finding	
	Expected Utility	Effectiveness
Intervention 1:	-628,774	0.8795
Intervention 2:	-540,041	0.8623

	CEAC	ICER
Intervention 2 vs Intervention 1	0.87	5141315

Optimal intervention (max expected utility) for k=0: intervention 2

Figure 97 illustrates the cost-effectiveness plane. The figure shows the points from the posterior bivariate density of the cost and effectiveness differentials along with the ICER. The light grey shaded area shows the area under the willingness-to-pay threshold. When a majority of points are below this threshold, then the reference intervention is sustainable. This plot displays graphically that Intervention Two is preferred in this case given that is associated with lower costs that appear to offset the lower effectiveness.

Figure 97. Cost Effectiveness Plane Intervention 2 versus Intervention 1 Western Region, In-Home, Abuse/Neglect

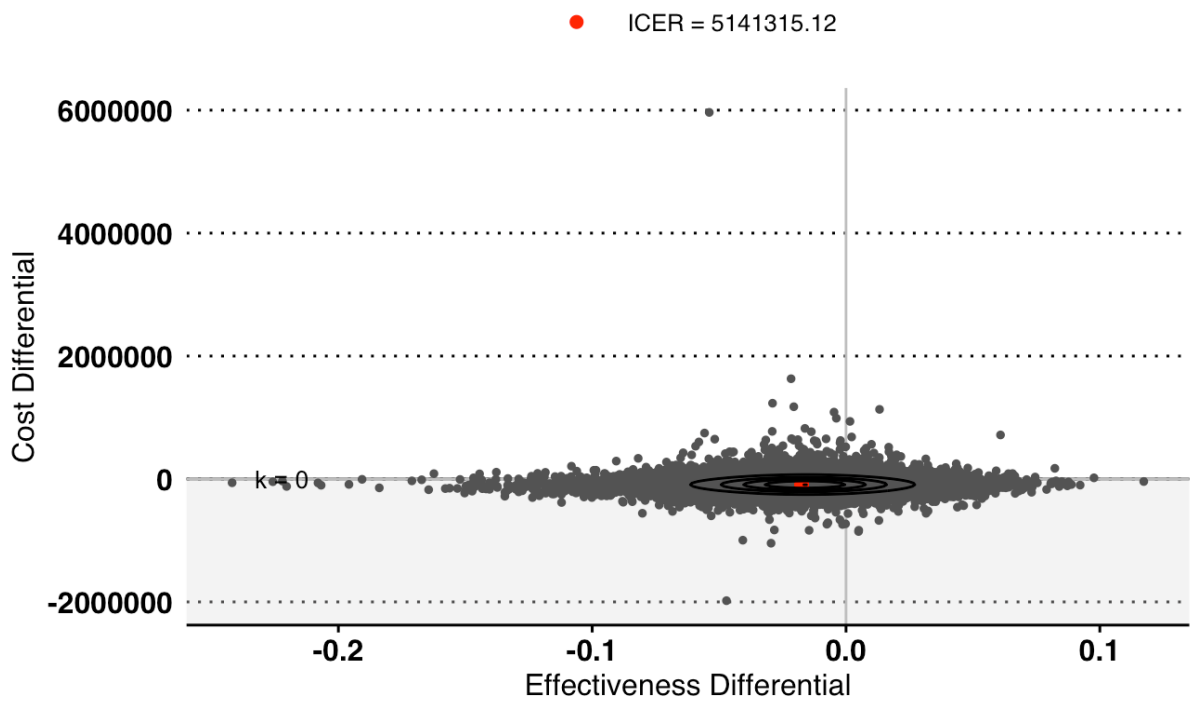
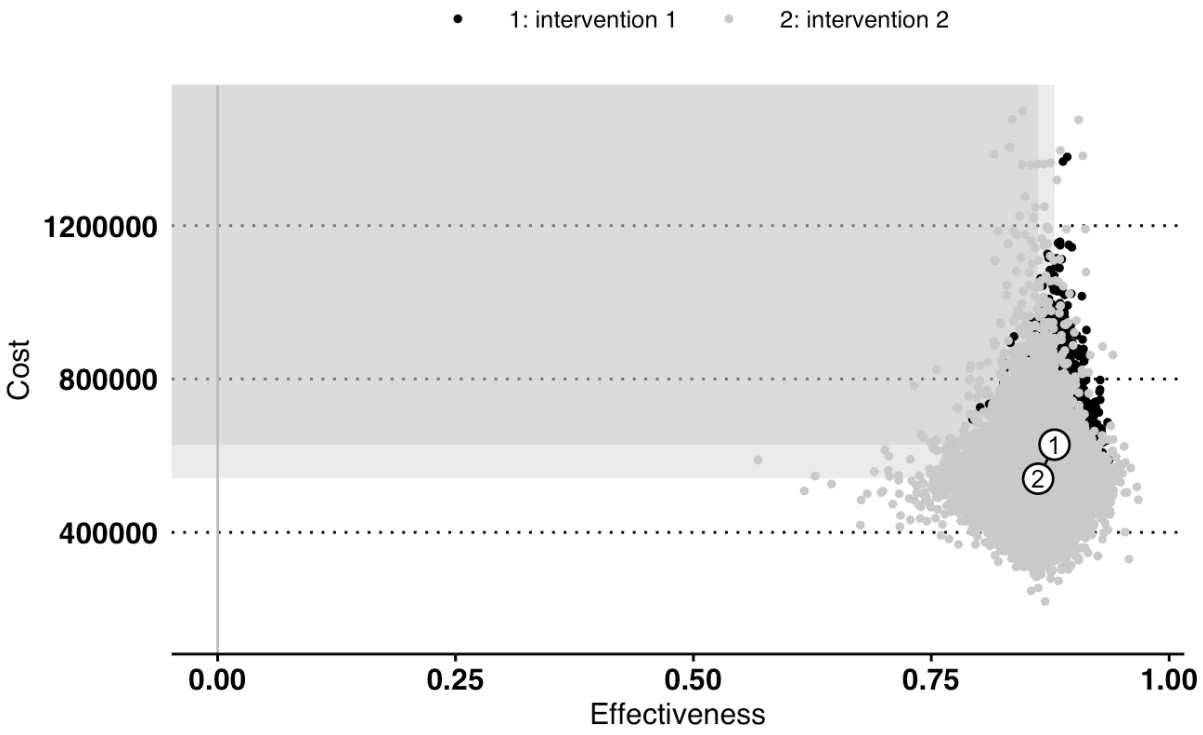


Figure 98 shows the simulated values for the cost and effectiveness distributions of the respective interventions. The larger circles show the average of each distribution with the numbers showing the specific intervention. If the intervention is included in the grey shaded area, which represents the cost-effectiveness frontier, then the number inside the circle is black. If the intervention is not included in the grey shaded area, then the number inside the circle is grey. The figure shows that both interventions are on the frontier.

Figure 98. Cost Effectiveness Efficiency Frontier Wester Region, In-Home, Abuse/Neglect



DISCUSSION

Overall and maintenance costs have shifted over the course of the Title IV-E Waiver Demonstration. While not all these movements can be attributed to the project, comparing variable costs to outcomes for the period of the demonstration using earlier time periods as a baseline can help in understanding if the project is cost effective. The cost evaluation team used information about these factors to estimate the cost effectiveness by region for each outcome and population included in the Outcome Study.

The cost effectiveness by region during the demonstration period is summarized in Table 51. A separate evaluation was performed for each region. Within a region, each system outcome was evaluated for cost effectiveness. To illustrate, in the Salt Lake Valley Region, costs were analyzed for outcomes for CPS and in-home to foster care and new abuse/neglect. Results that are cost effective are highlighted in green. The analysis suggests that the waiver demonstration is cost-effective for three of the five regions, namely Northern, Western, and Eastern Regions.

Table 51. Cost-Effectiveness Analysis Results Summary*

	CPS		In-Home	
	Foster Care	Abuse/Neglect	Foster Care	Abuse/Neglect
Northern	0.73	0.73	0.73	0.73
Southwest	0.33	0.33	0.32	0.33
Salt Lake Valley	0.26	0.25	0.25	0.25
Eastern	0.80	0.80	0.80	0.80
Western	0.87	0.87	0.87	0.87

*The numbers in the table represent the probability the waiver demonstration is cost effective. Probabilities that are close to one, indicating a high likelihood that the waiver demonstration is cost effective are highlighted in gray.

Critically, the uncertainty inherent in probabilistic analyses limits the conclusions. Furthermore, it was not possible to analyze cost-effectiveness after saturation for most regions. This limits the conclusions that can be drawn of how the waiver demonstration impacted costs once full implementation was reached. Therefore, the results of the cost analysis are tentative.

SECTION SIX: DECISION MAKING SUBSTUDY

KEY RESEARCH QUESTIONS

The purpose of the decision-making sub study was to see if characteristics of CPS caseworkers and the environment in which they work predict the removal decisions they make. The goal is to supply information which DCFS can use to implement policy changes and other interventions to reduce unwanted variation in removal decisions. Predictors included the caseworkers' gender, minority status, match between the caseworker and child's ethnicity, caseworker experience, attitudes towards child safety and family preservation, history of Adverse Childhood Experiences (ACEs), and their perceptions of their workload, supervision, liability, skills, and community services.

Additional analyses were conducted to investigate the relationship between DCFS tenure and removal after controlling for the percent of cases the caseworkers support, the relationship between the caseworkers' experience as a CPS caseworker (tenure was previously calculated as any DCFS experience) and removal, the relationship between the caseworkers' age and removal, the relationship between the caseworkers' experience as an in-home caseworker and a foster care caseworker with removal, and the relationship between the percent of cases a caseworker removes and the percent of children (child cases) who experience new supported abuse or neglect subsequent to the initial CPS investigation.

DATA SOURCES AND DATA COLLECTION

Two data sources were used for the decision-making sub study. The first was a series of surveys filled out by caseworkers. The second was DCFS databases for human resources and child welfare. The next two sections detail the collection of data from these sources.

SURVEYS

The following six survey scales were administered to CPS caseworkers.

1. *Removal From Home of Children At Risk Scale* which measures attitudes toward family preservation or child safety (Davidson-Arad & Benbenishty, 2010).

2. *The Dalgleish Survey* was used to assess attitudes toward family preservation and child safety (Fluke, 2016).

3. *Workload and Resources Scale & Community Services Scales* which measures caseworkers' perception of workload and availability of internal and community resources (Dettlaff, Graham, Holzman, Baumann, & Fluke, 2015).

4. *Supervision and Work Unit Scale* which assesses the caseworker's perception of supervision and team influences (Dettlaff et al., 2015).

5. *Consensus Over Liability Scale and Caseworker Skills* which measures the caseworker's perceptions of liability and skill in CPS tasks (Dettlaff et al., 2015).

6. *Adverse Childhood Events Survey (ACEs)* which is a self-report of the number and type of adverse experiences a caseworker may have experienced during childhood and adolescence (Centers for Disease Control and Prevention, 2010). (See Appendix J for copies of each survey).

Legal partners, guardians ad litem (GAL) and assistant attorneys general (AAG), were administered the *Removal From Home of Children At-risk Scale* and *The Dalgleish Survey*. In addition, legal partners were asked about their perception of the caseworkers' skills in assessing safety and risk, maintaining safety, supporting court recommendations, and enhancing well-being.

In order to reduce the burden on staff, surveys were administered over the course of three weeks, with one last call for surveys on the fourth week; see Table 52 for the dates the survey scales were administered.

Table 52. Survey Administration Dates

Scale	5/9/16	5/16/16	5/23/16	5/30/16
Demographics	X			X
1	X			X
2	X			X
3		X		X
4		X		X
5		X		X
6			X	X

The week prior to survey administration, a message was sent from the DCFS director announcing the surveys and highlighted the importance of survey participation. The process for survey administration was that on the Monday the survey was to be administered, caseworkers received an automated email from our survey system inviting them to take the survey. This survey included a link to the survey. If a staff did not take the survey that day, they received up to three email reminders with the survey link. Each subsequent week they would receive an announcement of the next survey, the link would provide them access to the new survey, as well as the prior survey(s) if they had not yet completed the previous survey(s). On the fourth week, the staff received an email thanking them for taking the survey or inviting them to complete any of the surveys they had not yet completed that week.

Databases

The following is a description of the variables that were used in this study, listed by database source. The same variables were used across samples and research questions, except for caseworker gender, which will be discussed below.

Human Resources Data

Human resources data was collected for caseworkers who were employed with DCFS between October 1, 2008 and July 31, 2016. Human resources data includes the caseworkers' gender, race, ethnicity, and the date they were first entered as a user in the DCFS database.

Though the variable gender was included in the human resources dataset, gender was missing for 38% of this sample. Therefore, gender was not included as a variable in the CPS Sample. Because of this issue, information on the caseworkers' gender was collected during survey administration and gender was included as a variable in the survey samples.

Variables for the caseworkers' race and ethnicity were provided in this dataset. The majority of caseworkers in this sample were Caucasian. Therefore, the caseworkers' race and ethnicity was coded as minority or non-minority.

The date the caseworker was entered into the DCFS agency database as a user was used as a proxy for the DCFS hire date. The caseworkers' years of experience with DCFS was created at a case level by calculating the number of years between the caseworkers' hire date and the start date of the CPS case. Therefore, years of experience with DCFS represents the years of experience with DCFS, not necessarily as a CPS caseworker.

Administrative Data

Administrative data was obtained from the SACWIS database for all supported CPS cases that had a case start date between October 1, 2008 and July 31, 2016; this includes the five-year period prior to the implementation of Utah's IV-E Waiver. This dataset included the case identification number (case ID), the child identification number (child ID), the CPS case start and end date, number of times the child was involved in a supported CPS investigation, foster care start date (if applicable), the child's age, the child's gender, and the child's race and ethnicity.

Variable Definitions

Caseworkers

In Utah's database, there is no identification for job type. That is, the database does not differentiate between a CPS investigator and a foster care caseworker. CPS caseworkers are identified by the types of cases that are assigned to them. Therefore, the variable caseworkers refers to the CPS investigators who were assigned as the primary caseworker during the CPS investigation.

Cases, Children, and Child-Cases

A case is defined as a unique CPS investigation of abuse. Cases may involve multiple children and there is always one primary caseworker assigned to each unique case. Children are unique children identified by a child ID. Children can appear multiple times in this dataset if they were involved in more than one CPS investigation. Because cases may have multiple children assigned to them and children can appear multiple times if involved in more than one investigation, the variable child case was used. A child case is a unique child ID and case ID combination.

Family

Children on the same case are expected to share some variance in their reasons for removal. Additionally, it is expected that children have similar reasons for removal as other children with whom they share cases. For example, if child A shared a case with child B and child B shared a case with child C, it is expected that child A and child C will have shared variance that should be accounted for in these analyses. To account for this systematic variance, a family variable was created. A family is defined as any children who share cases and the children with whom any of those children share cases.

Previous Supported Investigations

The variable previous supported investigations is a count of the number of times the child was involved in a supported CPS investigation. Supported investigations are when the CPS investigator finds sufficient evidence to conclude an allegation of abuse has merit. The variables child age and number of previous supported investigations was used as a proxy for risk of future maltreatment.

Region

The region is the child welfare area where case was assigned. Caseworkers can work in different regions overtime and these data span a lengthy time period and, as a result, caseworkers cannot be nested within regions. Therefore, region was entered as a case-level predictor. There are five regions in Utah's child welfare system: Northern, Salt Lake Valley, Western, Eastern, and Southwest.

Removal

Removal is the dependent variable in the primary analyses. A removal occurs when a child is removed from his or her home and placed into foster care during a CPS maltreatment investigation. In this dataset, the child is considered to be removed when a foster care case is opened for a specific child-case between the CPS case-start and CPS case-end date.

SAMPLES

Caseworker Characteristics and Decision-Making

The analyses required complete case data. To maximize power, instead of limiting the sample to the caseworkers who completed all the surveys, participants were split into the following samples:

CPS Sample: The first sample will be called the CPS sample and includes only SACWIS data of all CPS cases that were investigated between October 1, 2008 and July 31, 2016 and corresponding caseworker data from Department of Human Services Human Resources

Attitudes Sample: This included all caseworkers who completed surveys 1 and 2

ACE Sample: This sample included all caseworkers who completed the Adverse Childhood Events survey, survey six

Perceptions Sample: This sample included all caseworkers who completed surveys three-five

A total of 445 administrators, supervisors, and caseworkers were asked to complete the surveys. See Table 53 submission rates by scale.

Table 53. Survey Submission Rates

Scale	Percent submitted*
Demographics	79%
1	75%
2	71%
3	67%
4	67%
5	67%
6	56%

*This is the total percent of individuals who completed the survey. Some survey results were used in the final analyses due to incomplete survey data.

Of those 445 staff who were asked to participate in the survey, 224 had CPS cases with complete data in SACWIS. See Table 54 for rates of caseworkers who were matched to complete cases in SACWIS.

Table 54. Survey Submission Rates for Complete Cases

Scale	Percent submitted*
Demographics	85%
1	85%
2	85%
3	70%
4	70%
5	70%
6	64%

*Of the 445 DCFS staff surveyed, 224 had complete cases in the SACWIS data. These are percent of those 224 individuals who completed the survey.

Demographics

Table 55 shows the demographics and survey scores by sample. There was no difference in the composition of the samples regarding race and ethnicity. Accordingly, the caseworkers in the survey samples appear to be representative of the population of caseworkers who were CPS caseworkers between October 1, 2008 and July 31, 2016 with regards to the racial and ethnic composition of the workforce. The samples were not compared by gender because gender was not included as a variable in the CPS Sample.

Table 55. Caseworkers Demographics

	CPS Sample (n = 516)	Attitudes Sample (n = 191)	ACE Sample (n = 143)	Perceptions Sample (n = 157)
	%	*% or M*	*% or M*	*% or M*
Gender				
Female		69	66	65
Male		31	34	32
Race and ethnicity[a]				
African American[b]	<1	0	0	0
American Indian or Alaskan[b]	1	1	1	1
Asian[b]	1	2	1	1
Caucasian[b]	91	90	90	90
Latino or Hispanic	6	7	6	6
Pacific Islander[b]	<1	1	1	1
Two or more[b]	<1	1		1
Years of experience				
With DCFS[c]	5.02	5.02	5.17	4.83
Attitude Surveys				
Dalgleish[c]		0.37		
Against Removal[c]		2.64		
ACE Survey				
0 ACEs[c]			26	
1 ACEs[c]			10	
2 ACEs[c]			23	
3 ACEs[c]			13	
4 or more ACEs[c]			27	
Supervision, Work Unit				5.75
Workload and Resources				5.05
Consensus on Liability				3.29
Community Services				4.70
Caseworker Skills				5.68

Note. All are a. Z-test for proportions compared the latter three samples with the CPS sample, all were non-significant. b. Non-Hispanic. c. At level 2 (weighted by caseworker)

The Influence of Role on Decision-Making

All guardians ad litem (GAL) and assistant attorneys general (AAG) throughout the state of Utah who were in their positions at the time the surveys were administered were asked to complete the survey. In total, 43 GALs and 39 AAGs were recruited to take the surveys. In total, 55 legal partners took the survey; 24 GALs (56%) and 31 (80%) AGs completed most of the survey scales.

Demographics

Due to the small number of respondents there is a potential to identify legal partners who took the survey by their demographics, therefore, the descriptive statistics reported here are reported in aggregate, rather

than separately by GAL and AAG. Most of the legal partners identified as Caucasian (91%), 4% identified as more than one race and ethnicity, and 5% declined to disclose their race and ethnicity. Just over half of the legal partner participants were female (56%), 38% were male, and 5% declined to disclose. Many of the legal partners reported having some previous related experience. This included as a GAL or specialized GAL (18%), parental defender (16%), as an attorney in a child welfare related field (8%), or in a related social service role (3%).

The week of 3/6/2017 all GALs and AAGs were send an email from their directors introducing the survey and encouraging their participation. Following the email from their respective directors, the participants received an automated email from our survey system requesting they complete the survey. They received an email every day for three days until they completed the survey.

Relationship between Caseworker Placement Rates and Child Safety

SAFE (SACWIS) data was collected on CPS cases that had a start date of after 7/1/2012 and 7/31/2017. Cases with missing data were excluded from the analyses. The final sample included 39,498 child-cases (unique combinations of children and case IDs), which consisted of 33,567 unique children, and 409 unique caseworkers in this sample.

Demographics

See Table 56 for a description of the children and caseworkers that were included in this data. Just over half of the children in the sample were female (54.7%) and the average age of the children was 8.29. The children had an average of 1.64 previous supported investigations. Most of the children White (70%), the second largest group was Latino/Hispanic (19.9).

The majority of the caseworkers were White (90.2). The average number of years of experience with child welfare was 6.27 years (calculated from the date the caseworker was entered into SAFE as a caseworker) and the average number of years of experience as a CPS caseworker was 4.87 years.

Table 56. Child and Caseworker Demographics

	Child Cases[a] (n = 39,498)	Caseworker[b] (n = 409)
	% or M (SD)	*% or M (SD)*
Gender		
Female	54.7	–
Male	45.3	–
Age	8.29 (5.30)	–
Race and ethnicity		
African American[c]	2.7	0.5
American Indian or Alaskan[c]	1.9	1.0
Asian[c]	0.8	1.2
Caucasian[c]	71.4	90.2
Latino or Hispanic	19.9	6.1
Pacific Islander[c]	1.3	0.0
Two or more[c]	2.0	1.0

Number of pervious supported investigations	1.64 (2.41)	–
Years of experience with child welfare[d]	–	5.60 (5.73)
Years of experience with CPS[d]	–	4.03 (4.72)
Grand mean years of child welfare experience[e]	–	6.27 (5.48)
Grand mean years of CPS experience[e]	–	4.87 (4.63)

Note: a. counts of unique case and child combinations, b. counts of unique caseworkers, c. non-Hispanic, d. caseworker mean years of experience, e. experience weighted by the number of cases.

DATA ANALYSIS

CASEWORKER CHARACTERISTICS AND DECISION-MAKING

Multilevel Modeling

The primary analyses for these data were logistic multilevel models conducted in R using the lme4 package, version 1.1-12 (Bates, Maechler, Bolker, & Walker, 2015). Each analysis was modeled as follows:

$$\log\left(\frac{\varphi_{ijk}}{1-\varphi_{ijk}}\right) = \theta_0 + \beta_{01k}X_k + \pi_{1jk}a_{ijk} + b_{00j} + c_{00k} + d_{0jk}$$

where

$\varphi_{ijk}/(1 - \varphi_{ijk})$ is the predicted odds of removal,
θ_0 is the average predicted removal for all child-cases,
β_{01k} is the generic term for a between-cell, or level 2 fixed effect,
X_k is the value for caseworker *k*,
π_{1jk} is the generic term for a within-cell, or level 1, fixed effect,
a_{ijk} is the value for individual *i*, in family *j*, with caseworker *k*,
b_{00j} is the random main effect for family *j*, meaning the contribution of family *j* averaged across caseworkers,
c_{00k} is the random main effect for caseworker *k*, meaning the contribution of caseworker *k* averaged across family, and
d_{0jk} is the random interaction effect, that is, the deviation of the cell mean from that predicted by the grand mean and the two main effects.

To account for regional variation and child case characteristics, the following were included in the analytic models as control variables: region, number of previous supported investigations, and the child's age, race, and ethnicity.

As discussed below, there was little random variation between caseworkers, so the random effect for caseworkers was dropped, as was the random interaction effect. Therefore, the final model was:

$$\log\left(\frac{\varphi_{ijk}}{1-\varphi_{ijk}}\right) = \theta_0 + \beta_{01k}X_k + \pi_{1jk}a_{ijk} + b_{00j}$$

In multilevel models, variance can be calculated between families, between caseworkers, and as residual variance (Raudenbush & Bryk, 2002). It is noted that in logistic models, the residual at level 1 is fixed and has a variance of $\pi^2/3$ (Hedeker, 2008). These intraclass correlation coefficients (ICC) is calculated as follows:

a) the ICC between two child-cases within the same family unit and assigned to the same caseworker:

$$\text{corr}(\eta_{ijk}, \eta_{i'jk}) = \rho_{bcd} = \frac{\tau_{b00} + \tau_{c00} + \tau_{d00}}{\tau_{b00} + \tau_{c00} + \tau_{d00} + \frac{\pi^2}{3}}$$

b) the ICC for two child-cases in the same family unit but have different caseworkers:

$$\text{corr}(\eta_{ijk}, \eta_{i'jk'}) = \rho_{bcd} = \frac{\tau_{b00}}{\tau_{b00} + \tau_{c00} + \tau_{d00} + \frac{\pi^2}{3}}$$

c) the ICC for two child-cases that have the same caseworker but different family units:

$$\text{corr}(\eta_{ijk}, \eta_{i'j'k}) = \rho_{bcd} = \frac{\tau_{c00}}{\tau_{b00} + \tau_{c00} + \tau_{d00} + \frac{\pi^2}{3}}$$

where

τ_{b00} is the family variance,

τ_{c00} is the caseworker variance, and

τ_{d00} is the residual variance at level 2.

Centering

It is important to understand the impact of centering variables within multilevel models. Variables can be centered though different methods, including centering around the grand mean (CGM), and centering around the group mean, referred to as centering within cluster (CWC; Enders & Tofighi, 2007). CGM involves subtracting the grand mean from each data point, $x_{ij} - \bar{x}$. CWC involves calculating the mean for each higher-level grouping and subtracting the group mean from each data point, $x_{ij} - \bar{x}_j$.

As with linear regression, centering changes the meaning of the intercept in a model (Enders & Tofighi, 2007). When variables are entered in their raw metric, the intercept is the predicted level of Y when all

other variables are held constant at 0; the value of 0 may or may not be meaningful in the raw metric. However, when variables are centered at their means, the intercept becomes the predicted level of Y at the mean of the predictor variable. For example, if the variable child age is entered into a model, the intercept represents the odds of removal for a child who is 0. If the variable is CGM, the grand mean, or the average age of all of the child cases, is subtracted from the age of each child case, AGE_{ij}- $\bar{x}_{AGE}$. The intercept then represents the log odds of removal for the average-aged child and all coefficients are interpreted at the average of all other coefficients.

The same interpretation is applicable to dummy coded variables (Enders & Tofighi, 2007). When variables are coded 0-1, the interpretation of any fixed effects is for the group coded 0. For example, race and ethnicity is dummy coded with Caucasian as the reference group, any interpretation of level 2 fixed effects is for Caucasian children. However, if the dummy codes are centered, the dummy code is interpreted as a proportion, or a weighted average.

Centering can also be used to partition the within and between level variance (Enders & Tofighi, 2007). For example, in this study the variance for years of experience was partitioned so that the within person variance is at level 1 and the between person variance is at level 2. This means that at level 1, the variance represents removal decisions as an individual caseworker gains more years of experience. At level 2, the variance represents how removal decisions are different between caseworkers with different average years of experience.

Variance can be partitioned using the two centering methods discussed (Enders & Tofighi, 2007). Scores can be CGM at level 1 and the means for each group aggregated and entered at level 2. While CGM means level 1 includes a mix of both between and within group variance, entering the means at level 2 creates two orthogonal variables. CWC at level 1 has the same effect and is algebraically equivalent to CGM. However, CGM with group means at level 2 creates the ability to assess not only whether there is a difference between the between and within group variance, but also to assess if the between group predictor at level 2 is different than zero.

The region in which the CPS case was investigated and each of the child case variables were entered at level 1 of each model. Each of these level 1 predictors, including dummy coded variables, were CGM. CGM was chosen partly to reduce non-essential multicollinearity in the models. This means, however, that each of the variables contains a mix of within and between caseworker variance. As such, the coefficients are uninterpretable.

Analysis of ACE Data

The next step was to compare the proportion of CPS caseworkers who had ACEs to ACEs rates in a U.S. sample that included ten states and Washington D.C. (Centers for Disease Control and Prevention, 2010) and the proportion of ACEs Utah (Utah Department of Health, 2011). This was done by conducting chi-square tests of independence:

$$\chi^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

where

O_i is the observed frequencies and

E_i is the expected frequencies based on the population.

Post hoc tests were conducted as post hoc analysis of the omnibus chi-square test of independence to discover which proportions differed. This was done by conducting two-proportion z-tests:

$$z = \left(\frac{p_1 - p_2}{sqrt\left\{p\,(1-p)\left[\frac{1}{n_1} + \frac{1}{n_2}\right]\right\}} \right)$$

where

p_1 is the sample proportion from population 1,
p_2 is the sample proportion from population 1,
n_1 is the size of sample 1,
n_2 is the size of sample 2, and

$$p = \frac{(p_1 * n_1 + p_2 * n_2)}{(n_1 + n_2)}.$$

Relationship between Caseworker Placement Rates and Child Safety

All models and variables were specified identically to the April 2017 semi-annual waiver report. Child cases were at level 1 of the model and there was a random effect for the family at level 2. Control variables included the region, age of the child, race and ethnicity of the child, and number of previous supported investigations.

RESULTS

Caseworker Characteristics and Decision-Making

As detailed above, the analyses were run by survey samples. The results are presented by those samples. The first step of each analysis was to estimate the ICC. Next, was to run bivariate analyses of each predictor to see what should be included in the final models. Finally, the full model was run to see if caseworker factors predicted removal decisions above and beyond the case and region variables.

CPS Sample

The CPS Sample included all SACWIS and human resources data. This sample was used to investigate if the following caseworker factors predict removal decisions: caseworkers minority status, match between the caseworker and children's ethnicity, and caseworker experience.

Step One

The first step was to calculate the variance at the family and caseworker levels. The variances for families and caseworkers were 189.35 (*SD* = 13.76) and 0.86 (*SD* = 0.93), respectively. The ICC was 0.9786 for the random effect family and 0.0044 for the random effect for caseworker. This means that, 97.86% of the variance lies between families and 0.44% lies within caseworkers. The ICC for child cases that share the

same family and caseworker was 0.9830. This means that 98.30% of the variance lies between child cases that share the same family and caseworker.

There did appear to be variance between caseworkers. In a model with only a random effect for caseworkers, the ICC was .1589, meaning 15.89% of the variance is between caseworkers ($\sigma^2 = 0.6215$, SD = .79). However, with such low variance between caseworkers in the model with both random effects, the random effect for caseworker was not needed (Heck, Thomas, & Tabata, 2013) and was removed from the model.

Without the random effect for caseworker the model became a two-level model, where child cases were nested within families. In this model, the variance at the level of the family was 148.7 (*SD* = 12.19). The ICC at the family level was 0.9784, accordingly, 97.84% of the variance was between families and approximately 2.26% of the variance was within families.

Step Two

The second step was to calculate the bivariate relationships between the region where the case was investigated and the case characteristics: child age, gender, race, ethnicity, and number of previous supported investigations with removal decisions. A separate model was run for each of the predictors to assess the relationship between each predictor and removal decisions without the impact of other predictors.

Each of these predictors were entered at level one of the models. These predictors were only of interest in the current study to control for their variance in the final model; therefore, only the significance of the predictors was highlighted here because these variables will be included in the later models. As discussed above, the coefficients were not, and should not be, interpreted.

Table 57 presents the odds ratios (OR) of the predictors from each model. Each of the comparisons for region were significant: Salt Lake Valley versus Eastern (OR = 1.67, $p < .001$), Salt Lake Valley versus Western (OR = 1.34, $p < .01$), Salt Lake Valley versus Eastern (OR = 1.68, $p < .001$), and Salt Lake Valley versus Southwest (OR = 1.41, $p < .05$). Number of previous supported investigations (OR = 1.72, $p < .001$) and the child's age (OR = .95, $p < .001$) significantly predicted removals. Two of the comparisons for child race and ethnicity were significant: Caucasian versus African American (OR = 1.75, $p < .01$) and Caucasian versus two or more race and ethnicities (OR = 1.86, $p < .001$). The gender of the child was not a significant predictor (odds ratio; OR = 1.09, $p = .055$). The significant predictors identified here were included in the later models to control for their variance when examining level two variables of interest.

Step Three

The third step was to calculate the bivariate relationships between the caseworker minority status, correspondence between the caseworker's and child's race and ethnicity, and the caseworker's years of experience with DCFS. Table 57 also presents the odds ratios for each of these fixed effects from each model.

Caseworker minority status (OR = 1.07, p = .42) and race and ethnicity correspondence (OR = 1.08, p = .21) were not significant. This means there were no differences in removal decisions between caseworkers of minority and non-minority status. Also, there were no differences in removal decisions when the child was or was not of the same racial or ethnic group as the caseworkers.

There were, however, differences between caseworkers by years of experience with DCFS for both the within and between caseworker variables. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 2.27, $p < .001$). This means as caseworkers increases one standard deviation (SD; *SD* = 4.98) of experience above their own average experience, they are 2.27 times more likely to remove children from their homes. The between caseworker variance at level two was also significant (OR = 0.39, $p < .001$). The means that caseworkers with one SD (*SD* = 4.98) of experience below the average years of experience (*M* = 6.02), caseworkers were 2.56 times more likely to remove children from their homes. These are the coefficients with no control variables in the model and should be interpreted with caution.

Table 57. CPS Sample Bivariate Analyses

Fixed effect parameter estimates		
	Odds ratio	95% CI
Region[a]		
Northern	1.67***	1.37, 2.03
Western	1.34**	1.08, 1.66
Eastern	1.68***	1.26, 2.23
Southwest	1.41*	1.08, 1.86
Previous supported investigation	1.72***	1.60, 1.84
Child Age	0.95***	0.94, 0.96
Child Ethnicity[b]		
African American[c]	1.75**	1.22, 2.51
American Indian or Alaskan[c]	0.65	0.41, 1.03
Asian[c]	1.31	0.65, 2.65
Latino or Hispanic	0.95	0.81, 1.11
Pacific Islander[c]	0.68	0.36, 1.28
Two or more[c]	1.86***	1.31, 2.63
Child Gender	1.09	1.00, 1.20
Caseworker minority status	1.07	0.90, 1.28
Ethnicity correspondence	1.08	0.96, 1.23
Within caseworker years of experience with DCFS[d]	2.27***	1.89, 2.72
Between caseworker years of experience with DCFS[d]	0.39***	0.32, 0.47

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored.

* = p <.05, ** = p <.01, *** = p <.001

Step Four

The fourth step was to explore if the significant caseworker factors identified in step three remain significant after controlling for the significant level one predictors identified above. This was done by entering all predictors into one model together. Predictors included region, child age, child ethnicity, number of previous supported investigations and caseworker years of experience with DCFS. Results are displayed in Table 58. Years of experience with DCFS was a significant predictor of removal, both within and between caseworkers.

As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 2.10, $p < .001$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (SD = 4.98) of experience above their average experience, they are 2.10 times more likely to remove children from their homes. The between caseworker variance was at level two was also significant (OR = 0.43, $p < .001$). This means that, after controlling for all other variables in the model, caseworkers with one SD (SD = 4.98) of experience below the average years of experience (M = 6.02), caseworkers are 2.33 times more likely to remove children from their homes.

Table 58. CPS Sample Full Model

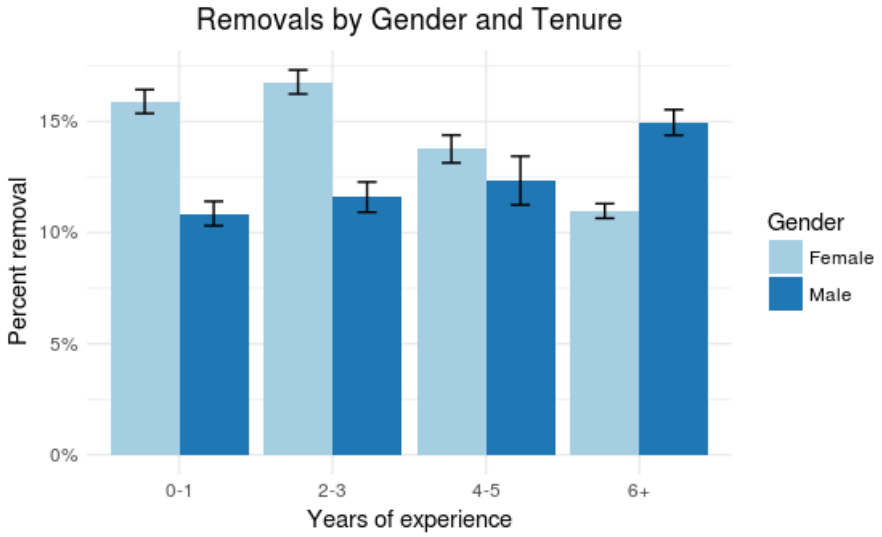
Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	1.77***	1.44, 2.17
Western	1.50***	1.20, 1.88
Eastern	1.69***	1.25, 2.29
Southwest	1.47**	1.10, 1.95
Previous supported investigation	2.53***	2.32, 2.75
Child Age	0.89***	0.88, 0.90
Child Ethnicity[b]		
African American[c]	1.89***	1.29, 2.77
American Indian or Alaskan[c]	0.63	0.38, 1.05
Asian[c]	1.77	0.74, 4.22
Latino or Hispanic	0.97	0.82, 1.14
Pacific Islander[c]	0.78	0.39, 1.59
Two or more[c]	1.86***	1.29, 2.69
Within caseworker years of experience with DCFS[d]	2.10***	1.74, 2.53
Between caseworker years of experience with DCFS[d]	0.43***	0.35, 0.52

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic d. z-scored.
** = p <.01, *** = p <.001.

To visualize the influence of years of experience with DCFS by gender, a chart was created to show removal rates overtime separated by gender. DCFS years of experience was transformed into a categorical variable approximately by quartiles, 0-1 year, 2-3 years, 4-5 years, and 6 or more years. That is, all

removal decisions the caseworkers made from their hire date through their 24th month of employment with DCFS was included in the first category, decisions made when the caseworkers had two to three years of experience were included in the second category, etc. These removal decisions were further split by gender of the caseworkers. As can be seen in Figure 99 it appears females begin with a higher removal rate but reduce overtime and males begin lower and increase to a removal rate above females overtime. This should be interpreted with caution because it is descriptive and no other pertinent variables were included in this figure.

Figure 99. Removal Rate by Experience and Gender



Attitudes Sample

This sample included all SACWIS, human resources data, and surveys one and two. This sample was used to investigate if the following caseworker factors predict removal decisions: caseworkers gender, caseworker experience, and attitudes towards child safety and family preservation as measured by surveys one and two.

Step One

The first step of was to calculate the variance at the family and caseworker levels. The variance for families and caseworkers were 342.47 (*SD* = 18.51) and 1.09 (*SD* = 1.05), respectively. The ICC was 0.9873 for the random effect family and 0.0031 for the random effect for caseworker. This means that, 98.73% of the variance was between families and 0.31% lies between caseworkers. The ICC for child cases that share the same family and caseworker was 0.9905. This means that 99.05% of the variance was between child cases that share the same family and caseworker.

As with the above model, there is variance between caseworkers. In a model with only a random effect for caseworkers, the ICC was 0.1655, meaning 16.55% of the variance is between caseworkers (σ^2 =0.6425, SD = 0.80). However, with such low variance between caseworkers in the model with both random effects, the random effect for caseworker was not needed (Heck et al., 2013) and was removed from the model. Therefore, an unconditional model was run, where child cases were nested within

families. The variance at the family level was 263.8 (*SD* = 16.24). The ICC at the family level was .9877, accordingly, 98.77% of the variance was between families and 1.23% of the variance was within families.

Step Two

The second step was to calculate the bivariate relationships between attitudes toward child safety and family preservation, as measured by both surveys, and removal decisions. Also, because the caseworker variable gender was not included in the previous sample, the bivariate relationship between gender and the outcome was calculated in this step. The bivariate relationships were assessed by adding each predictor into the model individually.

Results for each of the bivariate analyses are displayed in Table 59. Each of these caseworker level predictors were significant. The gender of caseworker significantly predicted removal (OR = 0.79, p = .05). This means female caseworkers are 1.27 times more likely to remove a child than male caseworkers.

The Dalgleish scale significantly predicted removal (OR = 1.10, $p < .01$). This means that for every one point higher on the Dalgleish scale a worker is above the mean (M = 0.42), they are 1.10 times more likely to remove a child.

Against Removal scale significantly predicted removals (OR = 1.20, $p < .05$). This means that for every point higher on the Dalgleish scale a worker is above the mean (M = 2.56), they are 1.20 times more likely to remove a child. As with step three above, these coefficients should be interpreted with caution because no control variables were included in this model.

Table 59. Attitudes Sample Bivariate Analyses

Fixed effect parameter estimates		
	Odds ratio	95% CI
Caseworker gender	0.79*	0.63, 0.99
Dalgleish scale	1.10**	1.04, 1.16
Against Removal scale	1.20*	1.04, 1.39

* = p <.05, ** = p <.01

Step Three

The third step was to explore if attitudes toward child safety and family preservation predict removal decisions after controlling for the predictors that were found to be significant above.

Results from the model with the Dalgleish scale are displayed in Table 60. As discussed above, the case level control variables will not be interpreted. Regarding the caseworker variables, in this model, the caseworker's gender was no longer significant (OR = 0.80, p = .08). The Dalgleish scale was also not significant (OR = 1.05, p = .10). Multicollinearity may have contributed to the lack of significant findings for the Dalgleish scale and caseworker gender. These variables were significantly correlated (r(31,743)= -0.29, $p < .001$); the correlation of the fixed effect was 0.24.

Years of experience with DCFS remained significant after controlling for other variables in the model. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from

their homes (OR = 2.45, $p < .001$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (*SD* = 4.96) of experience above their average experience, they are 2.45 times more likely to remove children from their homes. The between caseworker variance was at level two was also significant (OR = 0.32, $p < .001$). This means that, after controlling for all other variables in the model, caseworkers with one SD (*SD* = 4.96) of experience below the average years of experience (*M* = 6.00), caseworkers were 3.13 times more likely to remove children from their homes.

Table 60. Attitudes Sample Dalgleish Full Model

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	2.30***	1.56, 3.39
Western	1.75*	1.09, 2.81
Eastern	1.90*	1.13, 3.20
Southwest	1.55	0.91, 2.61
Previous supported investigation	2.34***	1.99, 2.74
Child Age	0.88***	0.86, 0.90
Child Ethnicity[b]		
African American[c]	2.22*	1.15, 4.31
American Indian or Alaskan[c]	0.53	0.21, 1.33
Asian[c]	1.52	0.30, 7.76
Latino or Hispanic	1.04	0.77, 1.41
Pacific Islander[c]	1.67	0.54, 5.14
Two or more[c]	1.28	0.65, 2.53
Caseworker gender	0.80	0.62, 1.03
Within caseworker years of experience with DCFS[d]	2.45***	1.75, 3.43
Between caseworker years of experience with DCFS[d]	0.32***	0.23, 0.45
Dalgleish scale	1.05	0.99, 1.12

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored.
* = p <.05, ** = p <.01, *** = p <.001.

The same model was run but the Dalgleish scale was replaced with the Against Removal scale. Table 61 displays the results this model. In this model, the Against Removal scale was not a significant predictor of removal (OR = 1.07, $p = .38$).

The caseworker's gender was significant (OR = 0.77, $p < .05$). This means that, after controlling for the other variables in the model, female caseworkers are 1.30 times more likely to remove than male caseworkers. Years of experience with DCFS was significant at both levels of the model. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 2.45, $p < .001$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (*SD* = 4.96) in experience above their own average experience, they are 2.45 times more

likely to remove children from their homes. The between caseworker variance was at level two was also significant (OR = 0.30, $p < .001$). This means that, after controlling for all other variables in the model, caseworkers with one SD (*SD* = 4.96) of experience below the average years of experience (*M* = 6.00), caseworkers were 3.33 times more likely to remove children from their homes.

Table 61. Attitudes Sample Against Removal Full Model

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	2.23***	1.58, 3.43
Western	1.71*	1.07, 2.75
Eastern	1.84*	1.07, 2.75
Southwest	1.53	0.90, 2.58
Previous supported investigation	2.34***	2.00, 2.75
Child Age	0.88***	0.86, 0.90
Child Ethnicity[b]		
African American[c]	2.20*	1.13, 4.28
American Indian or Alaskan[c]	0.52	0.21, 1.31
Asian[c]	1.51	0.30, 7.65
Latino or Hispanic	1.05	0.77, 1.42
Pacific Islander[c]	1.67	0.54, 5.13
Two or more[c]	1.28	0.65, 2.54
Caseworker gender	0.77*	0.60, 0.98
Within caseworker years of experience with DCFS[d]	2.45***	1.75, 3.43
Between caseworker years of experience with DCFS[d]	0.30***	0.21, 0.43
Against Removal scale	1.07	0.92, 1.26

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored.
* = p <.05, ** = p <.01, *** = p <.001.

ACE Sample

This sample included all SACWIS, human resources data, and survey six. This sample was used to investigate if the following caseworker factors predict removal decisions: caseworker gender, caseworker experience, and adverse childhood experiences as measured by survey six.

Step One

The first step was to calculate the variance at the family and caseworker levels. The variance for families and caseworkers were 412.02 (*SD* = 20.30) and 1.11 (*SD* = 1.054) respectively. The ICC was .9894 for the random effect family and .0003 for the random effect for caseworker. This means that, 98.94% of the variance lies between families and 0.02% lies between caseworkers. The ICC for child cases that share

the same family and caseworker was .9921. This means that 99.21% of the variance lies between child cases that share the same family and caseworker.

In a model with only a random effect for caseworkers, the ICC was 0.1739, meaning 17.39% of the variance is between caseworkers (σ^2 =0.6926, SD = 0.8322). However, as with the above models, the random effect for caseworker was not needed due to the small amount of variances in the model with both random effects (Heck et al., 2013). Therefore, an unconditional model was run, where child cases were nested within families. The variance at the family level was 334.5 (*SD* = 18.29). The ICC at the family level was .9903, thus, 99.03% of the variance was between families less than 1% of the variance was within families.

Step Two

The second step was to calculate the bivariate relationship between history of adverse childhood experiences and removal. This was done by conducting a bivariate analysis of this survey and the outcome removal. Table 62 displays the results of this model. Only one of the comparisons for the ACE variables was significant. Compared to caseworkers with no ACEs, caseworkers with three ACEs were 1.54 times more likely to remove children from their homes (OR = 1.54, $p < .05$). Compared to caseworkers with no ACEs, there was no differences in removals for caseworkers who had one (OR = 1.48, $p = .10$), two (OR = 0.82, $p < .30$), or four or more (OR = 1.02, $p = .93$) ACEs.

Table 62. ACE Sample Bivariate Analyses

Fixed effect parameter estimates		
	Odds ratio	95% CI
ACEs[a]		
1 ACE	1.48	0.92, 2.38
2 ACEs	0.82	0.56, 1.20
3 ACEs	1.54*	1.01, 2.33
4 ACEs	1.02	0.71, 1.46

Reference group: 0 ACEs

* = p <.05

Step Three

The third step was to explore if a history of adverse experiences predicts removal decisions after controlling for the predictors that were found to be significant above. Results for this model are displayed in Table 63.

The gender of the caseworker was significant (OR = .59, $p = .01$). This means that, after controlling for all other predictors in the model, female caseworkers are 1.69 times more likely to remove a child than male caseworkers.

The number of ACEs was a significant predictor for two of the four comparisons in the model. Compared to caseworkers with no history of ACEs, caseworkers with two ACEs are less likely to remove children from their homes (OR = 0.61, $p < .05$), as were caseworkers with four or more ACES (OR = 0.65, p =

.05). This means that, after controlling for all other predictors in the model, caseworkers with no ACEs are 1.64 times more likely to remove children than caseworkers with two ACEs. Similarly, caseworkers with no ACEs are 1.54 times more likely to remove a child than caseworkers who have four or more ACEs. There was no difference for caseworkers with one ACE (OR = 1.20, p = .48) or three ACEs (OR = 0.92, p = .72).

Experience was also a significant predictor of removal. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 2.05, $p < .01$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (*SD* = 4.86) of experience above their average experience, they are 2.05 times more likely to remove a child from their home. The between caseworker variance was at level two was also significant (OR = 0.35, $p < .001$). This means that, after controlling for all other variables in the model, caseworkers with one SD (*SD* = 4.86) of experience below the average years of experience (*M* = 5.73), caseworkers were 2.86 times more likely to remove children from their homes.

Table 63. ACE Sample Full Model

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	1.95*	1.13, 3.35
Western	1.45	0.80, 2.63
Eastern	1.53	0.82, 2.87
Southwest	1.95	0.95, 4.01
Previous supported investigation	2.36***	1.91, 2.90
Child Age	0.88***	0.85, 0.91
Child Ethnicity[b]		
African American[c]	3.08*	1.29, 7.38
American Indian or Alaskan[c]	0.76	0.26, 2.16
Asian[c]	0.96	0.09, 10.5
Latino or Hispanic	0.99	0.66, 1.47
Pacific Islander[c]	2.16	0.51, 9.16
Two or more[c]	1.15	0.44, 2.96
Caseworker gender	0.59**	0.39, 0.88
Within caseworker years of experience with DCFS[d]	2.05**	1.29, 3.24
Between caseworker years of experience with DCFS[d]	0.34***	0.21, 0.56
ACEs[e]		
1 ACE	1.20	0.72, 2.02
2 ACEs	0.61*	0.40, 0.93
3 ACEs	0.92	0.58, 1.46
4 ACEs	0.65*	0.43, 0.97

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored, e. Reference group: 0 ACEs.

* = p <.05, ** = p <.01, *** = p <.001.

Step Four

Step Four was to compare the proportion of CPS caseworkers who had ACEs to the proportion of ACEs in the and in Utah (Centers for Disease Control and Prevention, 2010; Utah Department of Health, 2011). This was done by conducting a chi-square test of independence and post hoc z-tests of independent proportions (equations 3.11 to 3.13). The results of the chi-square tests of independence showed there were significant differences between the sample of CPS caseworkers and U.S. sample, χ^2 (4) = 49.82, p <.001, and the sample of CPS caseworkers and Utah sample, χ^2 (4) = 51.25, p <.001.

As can be seen in Table 64 and Table 65, there were significant differences between the sample of CPS caseworkers who had ACE compared to both the national and Utah populations. The CPS caseworkers have significantly more ACEs than the national and Utah population.

Table 64. Percentage with ACEs, ACE Sample vs. U.S. Sample

	ACE Sample (n = 191)	U.S. Sample (n = 53,748)	Z
	%	%	%
ACE Survey			
0 ACES	25.9	40.7	3.61***
1 ACE	10.5	23.6	3.69***
2 ACES	23.1	13.3	-3.43***
3 ACES	13.3	8.1	-2.26*
4 or more ACES	27.3	14.3	-4.42***

Note. Z-test for proportions compared ACE Sample with the U.S. Sample.
* = p <.05, ** = p <.01, *** = p <.001.

Table 65. Percentage of individuals with ACEs, ACE Sample vs. Utah Sample

	Attitudes Sample (n = 191)	Utah Sample (n = 2,307)	Z
	%	%	%
ACE Survey			
0 ACES	25.9	41.1	4.25***
1 ACE	10.5	20.7	3.16***
2 ACES	23.1	14.8	-3.21***
3 ACES	13.3	7.9	-2.35*
4 or more ACES	27.3	15.5	-4.71***

Note. Z-test for proportions compared ACE Sample with the Utah Sample.
* = p <.05, ** = p <.01, *** = p <.001.

Perceptions Sample

This sample included all SACWIS, human resources data, and surveys three through six. This sample was used to investigate if the following caseworker factors predict removal decisions: caseworker perceptions of their supervisor, workload, liability, community resources, and skills.

Step One

The first step was to calculate the variance at the family and caseworker levels. The variance for families and caseworkers were 401.53 (*SD* = 20.04) and 1.31 (*SD* = 1.15), respectively. The ICC was 0.9887 for the random effect for family and 0.0032 for the random effect for caseworker. This means that, 98.87% of the variance was between families and 0.32% lies between caseworkers. The ICC for child cases that share the same family and caseworker was 0.9887. This means that 98.87% of the variance was between child cases that share the same family and caseworker.

As with the above model, there is variance between caseworkers. In a model with only a random effect for caseworkers, the ICC was 0.1530, meaning 15.30% of the variance is between caseworkers (σ^2 =0.5941, SD = 0.77). However, with such low variance between caseworkers in the model with both random effects, the random effect for caseworker was not needed (Heck et al., 2013) and was removed from the model. Therefore, an unconditional model was run, where child cases were nested within families. The variance at the family level was 308.0 (*SD* = 17.55). The ICC at the family level was .9893, accordingly, 98.93% of the variance was between families and 1.07% of the variance was within families.

Step Two

The second step was to calculate the bivariate relationships between each of the scales and removal. The bivariate relationships were assessed by adding each predictor into the model individually. Results for each of the bivariate analyses are displayed in Table 66.

The Supervision and Work Unit scale significantly predicted removal (OR = 1.11, $p < .01$). This means that for every point higher on the Supervision and Work Unit scale a worker is above the mean (M = 5.60), they are 1.10 times more likely to remove a child.

The Workload and Resources scale significantly predicted removal (OR = 1.14, $p < .001$). This means that for every point higher on the Workload and Resources scale a worker is above the mean (M = 5.09), they are 1.14 times more likely to remove a child.

The Caseworker Skills scale significantly predicted removal (OR = 1.40, $p < .001$). This means that for every point higher on the Caseworker Skills scale a worker is above the mean (M = 5.74), they are 1.40 times more likely to remove a child.

The Consensus on Liability (OR = 0.93, $p = .27$) and Community Services (OR = 1.02, $p = .67$) scales did not predict removals.

These coefficients should be interpreted with caution because no control variables were included in this model.

Table 66. Perceptions Sample Bivariate Analyses

Fixed effect parameter estimates		
	Odds ratio	95% CI
Supervision, Work Unit	1.11*	1.02, 1.21

Workload and Resources	1.14***	1.07, 1.23
Consensus on Liability	0.93	0.80, 1.06
Community Services	1.02	0.93, 1.12
Caseworker Skills	1.40***	1.18, 1.66

Step Three

The third step was to explore if the three significant scales, the Supervision and Work Unit, Workload and Resources, and the Caseworker Skills scale, predict removal decisions after accounting for the control predictors.

Results from the model with the Supervision and Work Unit scale are displayed in Table 67. As discussed above, the case level control variables will not be interpreted. Regarding the caseworker variables, in this model, the caseworker's gender was not significant (OR = 0.75, $p = .06$). The Supervision and Work Unit scale was also not significant (OR = 1.05, $p = .24$).

Years of experience with DCFS remained significant after controlling for other variables in the model. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 1.52, $p < .05$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (*SD* = 4.80) of experience above their average experience, they are 1.52 times more likely to remove children from their homes. The between caseworker variance was at level two was also significant (OR = 0.54, $p < .01$). This means that, after controlling for all other variables in the model, caseworkers with one SD (*SD* = 4.80) of experience below the average years of experience (*M* = 5.75), caseworkers were 1.85 times more likely to remove children from their homes.

Table 67. Perceptions Sample Supervision, Work Unit Model

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	1.95**	1.25, 3.03
Western	1.70*	1.02, 2.85
Eastern	1.56	0.90, 2.71
Southwest	1.38	0.75, 2.54
Previous supported investigation	1.97***	1.64, 2.37
Child Age	0.88***	0.86, 0.91
Child Ethnicity[b]		
African American[c]	1.83	0.82, 4.09
American Indian or Alaskan[c]	0.80	0.29, 2.20
Asian[c]	0.68	0.08, 5.91
Latino or Hispanic	1.01	0.70, 1.45
Pacific Islander[c]	1.62	0.42, 6.19
Two or more[c]	1.31	0.57, 3.01
Caseworker gender	0.75	0.56, 1.01
Within caseworker years of experience with DCFS[d]	1.52*	1.01, 2.29

Between caseworker years of experience with DCFS[d]	0.54**	0.35, 0.84
Supervision, Work Unit	1.05	0.96, 1.15

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored.
* = p <.05, ** = p <.01, *** = p <.001.

Results from the model with the Workload and Resources scale are displayed in Table 68. As discussed above, the case level control variables will not be interpreted.

The Workload and Resources scale was a significant predictor of removal (OR = 1.16, $p < .001$). This means that for every point over the average score on this scale (M = 5.09), individuals are 1.16 times more likely to remove a child.

Regarding the caseworker variables, in this model, the caseworker's gender was a significant predictor of removal (OR = 0.74, $p < .05$). This means that females are 1.35 times more likely to remove than males.

Years of experience with DCFS remained significant after controlling for other variables in the model. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 1.58, $p < .05$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (SD = 4.80) of experience above their average experience, they are 1.58 times more likely to remove children from their homes. The between caseworker variance was at level two was also significant (OR = 0.51, $p < .01$). This means that, after controlling for all other variables in the model, caseworkers with one SD (SD = 4.80) of experience below the average years of experience (M = 5.75), caseworkers were 1.96 times more likely to remove children from their homes.

Table 68. Perceptions Sample Workload, Resources Full Model

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	1.85**	1.19, 2.87
Western	1.84*	1.10, 3.08
Eastern	1.99*	1.13, 3.52
Southwest	1.51	0.82, 2.80
Previous supported investigation	1.99***	1.65, 2.39
Child Age	0.88***	0.86, 0.91
Child Ethnicity[b]		
African American[c]	1.88	0.85, 4.16
American Indian or Alaskan[c]	0.82	0.30, 2.24
Asian[c]	0.70	0.08, 6.02
Latino or Hispanic	1.03	0.71, 1.47
Pacific Islander[c]	1.66	0.43, 6.34
Two or more[c]	1.32	0.57, 3.02
Caseworker gender	0.74*	0.55, 1.00

Within caseworker years of experience with DCFS[d]	1.58*	1.05, 2.38
Between caseworker years of experience with DCFS[d]	0.51**	0.33, 0.79
Workload and Resources	1.16***	1.07, 1.25

a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored.
* = p <.05, ** = p <.01, *** = p <.001.

Results from the model with the Caseworker Skills scale are displayed in Table 69. As discussed above, the case level control variables will not be interpreted. In this model, the caseworker's gender was not a significant predictor of removal (OR = 0.85, $p < .29$).

The Caseworker Skills scale was a significant predictor of removal (OR = 1.41, $p < .001$). This means that for every point over the average score on this scale (M = 5.09), individuals are 1.41 times more likely to remove a child.

Years of experience with DCFS remained significant after controlling for other variables in the model. As caseworkers increase in years of experience with DCFS, they are more likely to remove children from their homes (OR = 1.55, $p < .05$). This means that, after controlling for all other variables in the model, as caseworkers increase one SD (SD = 4.80) of experience above their average experience, they are 1.55 times more likely to remove children from their homes. The between caseworker variance was at level two was also significant (OR = 0.52, $p < .01$). This means that, after controlling for all other variables in the model, caseworkers with one SD (SD = 4.80) of experience below the average years of experience (M = 5.74), caseworkers were 1.92 times more likely to remove children from their homes.

Table 69. Perceptions Sample Caseworker Skills Model

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Northern	2.04**	1.31, 3.17
Western	1.82*	1.09, 3.05
Eastern	1.67*	0.96, 2.92
Southwest	1.32	0.72, 2.41
Previous supported investigation	1.98***	1.64, 2.38
Child Age	0.88***	0.86, 0.91
Child Ethnicity[b]		
African American[c]	1.86	0.84, 4.13
American Indian or Alaskan[c]	0.82	0.30, 2.23
Asian[c]	0.71	0.08, 6.09
Latino or Hispanic	1.00	0.70, 1.44
Pacific Islander[c]	1.59	0.42, 6.06
Two or more[c]	1.29	0.56, 2.96
Caseworker gender	0.85*	0.63, 1.15

Within caseworker years of experience with DCFS[d]	1.55*	1.03, 2.33
Between caseworker years of experience with DCFS[d]	0.52**	0.33, 0.80
Caseworker Skills	1.41***	1.17, 1.69

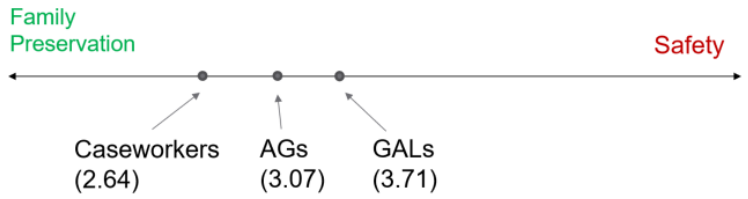
a. Reference group: Salt Lake Valley, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic, d. z-scored.
* = p <.05, ** = p <.01, *** = p <.001.

The Influence of Role on Decision-Making

The survey results from the legal partner surveys were compared to the caseworkers' survey results, where applicable, published in previous semi-annual report, Spring 2017.

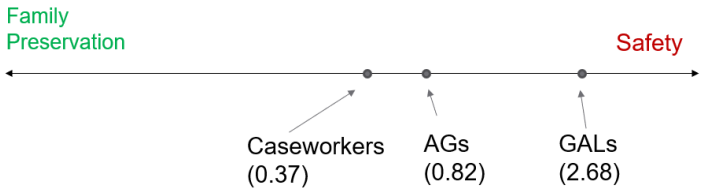
The scores on the Against Removal Scale can be seen in Figure 100. The scores on this scale range from one to seven, where one is a strong preference for keeping children in the homes, four is neither agree/disagree, and seven is a strong preference for child safety. The average scores were 2.64 (SD = .69), 3.07 (SD = .75), and 3.71 (SD = .75) for caseworkers, AGs, and GALs, respectively. There was a significant difference between the means for the caseworkers versus the AGs, $t(220) = 3.18$, $p < .01$, caseworkers versus the GALs, $t(213) = 7.09$, $p < .001$, as well as between the AGs and GALs $t(53) = 3.14$, $p < .01$.

Figure 100. Against Removal Survey Results



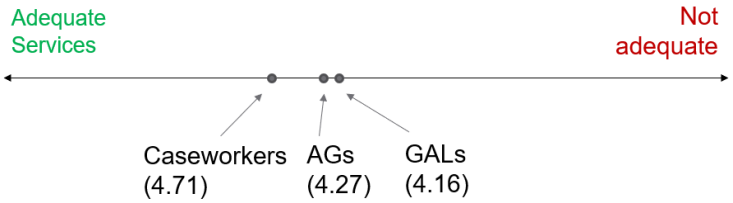
The scores on the Dalgleish Scale can be seen in Figure 101. (Note: Only 29 AGs completed this survey.) The scores on this scale range from -5 to 5, where -5 is a strong preference for keeping children in the homes, 0 is neutral, and 5 is a strong preference for child safety. The average scores were .37 (SD = 1.72), .82 (SD = 1.68), and 2.68 (SD = 1.57) for caseworkers, AGs, and GALs, respectively. The difference between the caseworkers' perceptions of community services and the AGs' was not significant $t(218) = 1.32$, $p = .19$; however, there was a significant difference between the perceptions of the caseworkers versus the GALs, $t(213) = 6.26$, $p < .001$.

Figure 101. Dalgleish Survey Results



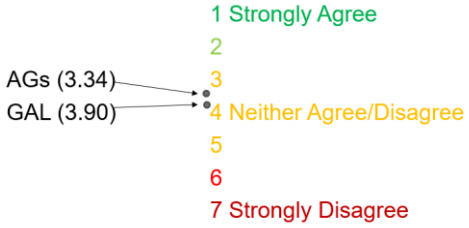
All three groups also took the Perception of Community services scale (see Appendix J). These results can be seen in Figure 102. This scale range was one to seven, where one represents strongly disagree with the belief that community services are adequate, four is neither agree nor disagree, and seven is strongly agree that services are adequate. The scores on this scale were 4.71 (*SD* = 1.25), 4.27 (*SD* = .73), and 4.16 (*SD* = .67), for caseworkers, AGs, and GALs, respectively. The difference between the caseworkers' perceptions of community services and the AGs' was not significant $t(220) = 1.90$, $p = .058$; however, there was a significant difference between the perceptions of the caseworkers versus the GALs, $t(213) = 2.11$, $p < .05$.

Figure 102. Community Services Scale Results



A survey assessing the legal partners' attitudes toward emphasizing in-home services for children was administered (see Appendix J). The results are displayed in Figure 103. This scale range was one to seven, where one is represents a strongly agree that in-home services should be prioritized, four is a neither agree, nor disagree, and seven is strongly disagree that priority should be placed on in-home services. The scores for the AGs was 3.44 (*SD* = .95) and the scores for the GALs was 3.90 (*SD* = .82). Both groups are close to a neutral score, meaning they neither strongly agree, nor disagree that there are adequate community services.

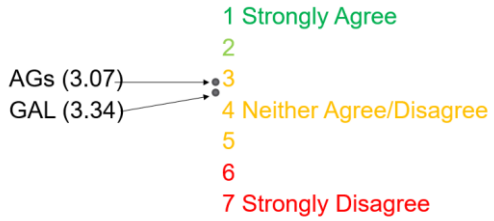
Figure 103. Belief in in-home services



The next survey that was administered measured legal partners' perception of the caseworkers' skills in assessing safety and risk, maintaining safety, supporting court recommendations, and enhancing well-being (see Appendix J). The results are displayed in Figure 104. This scale range was one to seven, where one represents a strongly agree that caseworkers are skills, four is a neither agree, nor disagree, and seven

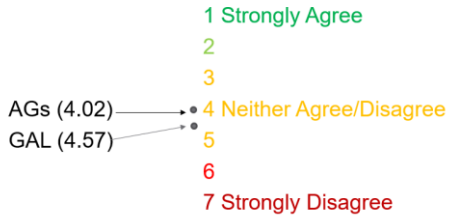
is strongly disagree that caseworkers have adequate skills. The scores for the AGs was 3.07 (*SD* = 1.05) and the scores for the GALs was 3.34 (*SD* 1.17).

Figure 104. Perceptions of caseworker skills



The final survey that was administered measured legal partners' perception of if the caseworkers have adequate time to assessing safety and risk, maintaining safety, supporting court recommendations, and enhancing well-being (see Appendix J). The results are displayed in Figure 105. This scale range was one to seven, where one represents a strongly agree that caseworkers have time, four is a neither agree, nor disagree, and seven is strongly disagree that caseworkers have adequate time. The scores for the AGs was 4.02 (*SD* = 1.22) and the scores for the GALs was 4.57 (*SD* = .98).

Figure 105. Perception of caseworker time



Qualitative Feedback

At the end of each survey, open-text fields were available for legal partners to provide opportunities for feedback not covered in the survey. Thirty (55%) of the legal partners provided qualitative feedback. Analysis of those responses revealed three primary themes.

Most commonly legal partners felt that more interventions, time, and resources are needed to improve the effectiveness of HomeWorks. Comments included, "It really isn't for a lack of skills, its a lack of resources and services available;" "In my experience there is nothing different about HomeWorks than a typical PSS case. DCFS has no additional to help families than they typically do;" and "Caseloads are way too high for a caseworker to use their skills since they have too little time to devote to families they serve."

The second major theme identified was that efforts to keep children in their homes, simply servers to delay removals that are inevitable. Examples of responses in this theme included, "caseworkers don't seem to be able to hold parents to the level of accountability necessary and it just prolongs the inevitable;" "there are a number of cases the end up in removals because some of the HomeWorks caseworkers are not sufficiently involved with the families;" and "there are many cases that have all the elements of a

removal but it seems like DCFS is pushing that children remain in the home even though "everybody' knows that the case will eventually end up as a removal--it's just a matter of when."

There were also a number of comments that were favorable of HomeWorks. Comments in this theme included, "the concept is note-worthy and attempting to keep kids in their homes is ideal;" "I think it is the right course of action and I believe DCFS' program and efforts are well-crafted and are being appropriately and effectively implemented;" and "transferring funds and other resources from foster care to HomeWorks is a very promising approach to child welfare work."

Relationship between Caseworker Placement Rates and Child Safety

The first model explored the relationship between the percent of case a caseworker supports and removal after accounting for the control variables. The results of this model are displayed in Table 70. As can be seen, the relationship between percent of cases a caseworker supports and removal decisions was not significant (*OR* = 1.05, *p* = .79).

Table 70. Model One

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.93***	1.49, 2.49
Region Western	2.27***	1.71, 3.02
Region Eastern	1.79**	1.21, 2.66
Region Southwest	1.21	0.82, 1.81
Previous supported investigation[b]		
One previous	1.70***	1.44, 2.02
Two previous	2.82***	2.32, 3.43
Three previous	3.77***	3.01, 4.71
Four or more previous	6.77***	5.45, 8.41
Child Age	0.86***	0.85, 0.88
Child Ethnicity[c]		
African American[d]	1.92*	1.17, 3.17
American Indian or Alaskan[d]	1.21	0.67, 2.19
Asian[d]	1.00	0.27, 3.74
Latino or Hispanic	1.18	0.95, 1.46
Pacific Islander[d]	0.51	0.16, 1.64
Two or more[d]	1.92**	1.21, 3.05
Percent of cases supported	1.05	0.98, 1.12

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. non-Hispanic.
* = *p* <.05, ** = *p* <.01, *** = *p* <.001

The relationship between DCFS experience and removal, after taking into account the percent of cases that the caseworker supports and other control variables, was investigated to see if percent of cases changed the relationship between DCFS experience and removal decisions. The results of this model are displayed in Table 71. As with the above model, the relationship between percent of cases a caseworker

supports and removal decisions was not significant (*OR* = 1.05, *p* = .16). The relationship between DCFS experience remains in the same direction as the previous models, where caseworker are more likely to remove children from their homes as they gain experience with DCFS (*OR* = 4.45, *p* < .001) and caseworkers with more average experience are less likely to remove children from their homes (*OR* = 0.19, *p* < .001).

Table 71. Model Two

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.95***	1.51, 2.53
Region Western	2.25***	1.69, 2.99
Region Eastern	1.66*	1.11, 2.84
Region Southwest	1.23	0.83, 1.84
Previous supported investigation[b]		
One previous	1.66***	1.40, 1.97
Two previous	2.74***	2.54, 3.33
Three previous	3.59***	2.87, 4.50
Four or more previous	6.24***	5.02, 7.77
Child Age	0.86***	0.85, 0.88
Child Ethnicity[c]		
African American[d]	1.86*	1.13, 3.09
American Indian or Alaskan[d]	1.15	0.63, 2.10
Asian[d]	0.99	0.26, 3.69
Latino or Hispanic	1.18	0.96, 1.46
Pacific Islander[d]	0.50	0.15, 1.62
Two or more[d]	1.89**	1.19, 3.01
Percent of cases supported	1.05	0.98, 1.12
Within caseworker years of experience with child welfare	4.45***	3.02, 6.56
Between caseworker years of experience with child welfare	0.19***	0.13, 0.28

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. non-Hispanic.
* = *p* <.05, ** = *p* <.01, *** = *p* <.001

The next model run explored the relationship between years of experience as a CPS caseworker and removal, after accounting for the control variables. The results of this model are displayed in Table 72. The results of this model show the relationship between years of experience as a CPS caseworker and removal decisions has the same pattern as DCFS experience and removal decisions. Caseworker are more likely to remove children from their homes as they gain experience as a CPS caseworker (*OR* = 3.48, *p* < .001) and caseworkers with more average CPS experience are less likely to remove children from their homes (*OR* = 0.24, *p* < .001).

Table 72. Model Three

Fixed effect parameter estimates		
	Odds ratio	95% CI

Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.96***	1.51, 2.54
Region Western	2.19***	1.64, 2.92
Region Eastern	1.63*	1.09, 2.42
Region Southwest	1.30	0.87, 1.94
Previous supported investigation[b]		
One previous	1.66***	1.40, 1.97
Two previous	2.74***	2.25, 3.34
Three previous	3.58***	2.85, 4.48
Four or more previous	6.22***	5.00, 7.74
Child Age	0.86***	0.85, 0.88
Child Ethnicity[c]		
African American[d]	1.83*	1.10, 3.03
American Indian or Alaskan[d]	1.16	0.64, 2.11
Asian[d]	0.97	0.26, 3.67
Latino or Hispanic	1.18	0.95, 1.46
Pacific Islander[d]	0.49	0.15, 1.60
Two or more[d]	1.87**	1.17, 2.98
Within caseworker years of experience with child welfare[d]	3.48***	2.51, 4.83
Between caseworker years of experience with child welfare[d]	0.24***	0.17, 0.33

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. non-Hispanic.
* = p <.05, ** = p <.01, *** = p <.001

The next model run explored the relationship between the age of the caseworker and removal decisions, after accounting for the control variables. The results of this model are displayed in Table 73. Interestingly, in the results show that the relationship between age of the caseworker and removal decisions has the same pattern at level one, or the within-caseworker age change, as DCFS years of experience and CPS years of experience (OR = 1.30, p < .001). That is, as caseworkers get older they are more likely to remove children from their homes. However, between caseworker years of experience was not significant (OR = 1.01, p = .78). The means that caseworkers who are older on average are making similar decisions as caseworkers who are younger on average.

Table 73. Model Four

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.90***	1.46, 2.46
Region Western	2.29***	1.72, 3.05
Region Eastern	1.80**	1.21, 2.68
Region Southwest	1.24	0.83, 1.84
Previous supported investigation[b]		
One previous	1.66***	1.40, 1.96
Two previous	2.73***	2.25, 3.33
Three previous	3.63***	2.90, 4.54

Four or more previous	6.28***	5.05, 7.81
Child Age	0.86***	0.85, 0.88
Child Ethnicity[c]		
African American[d]	1.87*	1.13, 3.09
American Indian or Alaskan[d]	1.19	0.65, 2.15
Asian[d]	0.99	0.26, 3.72
Latino or Hispanic	1.17	0.95, 1.45
Pacific Islander[d]	0.50	0.15, 1.62
Two or more[d]	1.94**	1.22, 3.08
Percent of cases supported	1.05	0.98, 1.12
Within caseworker age	1.30***	1.21, 1.39
Between caseworker age	1.01	0.94, 1.08

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. non-Hispanic.
* = p <.05, ** = p <.01, *** = p <.001

The next model explored the relationship between having previous experience as an in-home caseworker and removal decisions, after accounting for the control variables. Experience as an in-home caseworker was defined as having worked ten or more in-home cases, prior to the CPS cases. Because caseworkers experience overtime changes (they may not have in-home experience when they work some cases, but have experience when they work other cases), this variable was entered at level one of the model (within person). Additionally, because working in different roles could be confounded with experience (tenure), we included tenure as a control variable. The results of this model are displayed in Table 74. The results were not significant, that is, caseworkers do not make different removal decisions as they gain experience as an in-home caseworker.

Table 74. Model Five

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.96**	1.26, 3.05
Region Western	2.41***	1.51, 3.48
Region Eastern	1.78	0.94, 3.38
Region Southwest	1.42	0.73, 2.76
Previous supported investigation[b]		
One previous	1.67***	1.36, 2.03
Two previous	3.02***	2.39, 3.82
Three previous	3.78***	2.87, 4.98
Four or more previous	6.12***	4.61, 8.12
Child Age	0.86***	0.84, 0.88
Child Ethnicity[c]		
African American[d]	1.84	0.86, 3.93
American Indian or Alaskan[d]	0.97	0.41, 2.32
Asian[d]	1.20	0.15, 9.80
Latino or Hispanic	1.27	0.94, 1.73
Pacific Islander[d]	0.58	0.09, 3.63
Two or more[d]	2.36**	1.24, 4.51

Within caseworker years of experience with child welfare[d]	7.64***	4.47, 13.06
Between caseworker years of experience with child welfare[d]	0.11***	0.07, 0.19
10 or more in-home cases	1.06	0.96, 1.16

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. non-Hispanic.
* = *p* <.05, ** = *p* <.01, *** = *p* <.001

The next model explored the relationship between having previous experience as a foster care caseworker and removal decisions, after accounting for the control variables. Experience as a foster care caseworker was defined as having worked ten or more foster care cases, prior to the CPS cases. Because caseworkers experience overtime changes (they may not have foster care experience when they work some cases, but have experience when they work other cases), this variable was entered at level one of the model (within person). Additionally, because working in different roles could be confounded with experience (tenure), we included tenure as a control variable. The results of this model are displayed in Table 75. The results were not significant, that is, caseworkers do not make different removal decisions as they gain experience as a foster care caseworker.

Table 75. Model Six

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.98***	1.48, 2.67
Region Western	2.39***	1.73, 3.28
Region Eastern	1.80**	1.16, 2.80
Region Southwest	1.44	0.92, 2.26
Previous supported investigation[b]		
One previous	1.66***	1.37, 2.01
Two previous	3.02***	2.42, 3.77
Three previous	3.78***	2.93, 4.88
Four or more previous	6.09***	4.74, 7.82
Child Age	0.86***	0.84, 0.88
Child Ethnicity[c]		
African American[d]	1.84*	1.03, 3.30
American Indian or Alaskan[d]	0.97	0.41, 2.32
Asian[d]	1.18	0.29, 4.81
Latino or Hispanic	1.27	1.00, 1.63
Pacific Islander[d]	0.58	0.16, 2.04
Two or more[d]	2.36**	1.39, 3.99
Within caseworker years of experience with child welfare[d]	7.39***	4.51, 12.13
Between caseworker years of experience with child welfare[d]	0.12***	0.07, 1.19
10 or more foster cases	1.19	0.99, 1.42

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. non-Hispanic.
* = *p* <.05, ** = *p* <.01, *** = *p* <.001

The final analysis explored the relationship between removal rates and rates of new supported reports of abuse following the CPS cases. A percent of cases removed variable was created for each worker. The average removal rate for caseworkers was 13.7 (*SD* = 8.0). The outcomes of the model was whether children left in the home experience new supported maltreatment within 12 months of the initial CPS case (level 1 of the model). The predictor of interest, the percent of cases the caseworkers removed was at level 2 of the model. As with the models described above, there was a random effect for the family and the control variables included the region, age of the child, race and ethnicity of the child, and number of previous supported investigations.

Table 76 displays the results of this model. There was no relationship between the percent of removals a caseworker made and new supported allegations of abuse for the children who were not removed from the home (OR = 1.02, p = .75).

Table 76. Percent removed and new supported abuse

Fixed effect parameter estimates		
	Odds ratio	95% CI
Intercept	0.00***	0.00, 0.00
Region[a]		
Region Northern	1.08	0.77, 1.53
Region Western	0.67	0.44, 1.01
Region Eastern	1.34	0.81, 2.21
Region Southwest	1.18	0.74, 1.87
Previous supported investigation[b]		
One previous	0.59***	0.47, 0.72
Two previous	0.46***	0.36, 0.59
Three previous	0.42***	0.31, 0.56
Four or more previous	0.56***	0.42, 0.74
Child Age	0.98	0.96, 1.00
Child Ethnicity[c]		
African American[d]	1.55	0.82, 2.94
American Indian or Alaskan[d]	0.96	0.45, 2.08
Asian[d]	0.41	0.04, 4.17
Latino or Hispanic	0.82	0.62, 1.09
Pacific Islander[d]	0.62	0.20, 1.95
Two or more[d]	1.51	0.81, 2.84
Percent child-cases removed	1.02	0.92, 1.12

Note: a. Reference group: Salt Lake Valley Region, b. Reference group: No previous supported investigations, c. Reference group: non-Hispanic Caucasian, d. Non-Hispanic.
* = p <.05, ** = p <.01, *** = p <.001

DISCUSSION

The results of the decision-making sub study were intended to address decision making that may reduce the effectiveness of waiver demonstration services for reducing placements into out-of-home care. This summary will focus on the key findings and their implications.

Caseworker Characteristics and Decision-Making

The sub study first identified the key characteristics of DCFS staff that contribute to variation in placement decision making. The focus was on whether children are placed out-of-home during or at the conclusion of CPS investigations. It is important to point out that the analyses are correlational. This limits interpretation of the results since they reflect associations of characteristics with placement decision rather than causes. The analytical goal was to determine if when holding case characteristics equal, caseworker characteristics contribute to the variability in placement decisions.

A persistent finding is that caseworker job tenure influences placement decisions. However, the relationship to tenure is complex. Caseworkers are more likely to place children in out-of-home care the longer they are on the job. What makes this finding complex is that caseworkers who have been on the job the longest are less likely when compared with their less experienced colleagues to place a child. These two findings appear contradictory. One explanation may be that when some caseworkers were hired the placement rate was either less or more than at other times. Another finding is that there are significant regional differences by DCFS region. These regional differences may interact with tenure. If caseworkers with more tenure work in regions where placement rates are greater, then they may contribute more to the overall rates. Although more analysis is needed to determine for certain which of these explanations are true, clearly tenure is an important influence on how placement decisions are made. Caseworker gender also influences placement decisions. Females are more likely to place children in out-of-home care compared to their male colleagues. Gender may also interact with tenure. Female caseworkers as they gain more experience tend to place fewer children, whereas men place more children as they gain experience. The reasons for this remain unexplored but may have implications for training and supervision.

Attitudes regarding placement, based on two measures of attitudes, did not significantly correlate with placement decisions when case characteristics were controlled. Perceptions of high workload were related to increased likelihood of placement. Caseworkers who believe they are more overwhelmed with the effort to investigate may be facing larger burdens since placement related work requires more effort. Self-assessed skill level was also related to a higher likelihood of placement. High self-assessments of skill may suggest that such caseworkers are more confident in their decision-making abilities and more willing to take more difficult decisions such as placement.

Based on a standard assessment of adverse childhood experiences (ACEs), caseworkers who had experienced more ACEs as a child were less likely to place children in out-of-home care. One possible explanation of this finding is that children who experience ACEs and go on to become successful adults have tapped into their resiliency. For that reason they may be in a better position to relate to the longer term consequences of maltreatment when they carry out assessments and be less likely to place because they can translate their experience as less harmful than a colleagues who lack such formative experiences. More study of the relationship of placement decisions with ACEs is needed.

The Influence of Role on Decision-Making

After examining the influence of caseworker characteristics on placement decisions, the relationship between different agents in the child welfare system that are involved in making or supporting decisions

to place children in out of care was examined. The hypothesis was whether the values and beliefs of court agents were more oriented toward use of out-of-home care compared to DCFS caseworkers.

Using the same two measures of attitudes that were used to assess caseworker attitudes, AGs and GALs were found to be more oriented toward removal and child safety compare to DCFS caseworkers. GALs also tended toward greater concerns regarding child safety compared to their AG counterparts. AGs and GALs were found to view community services as in adequate to DCFS caseworkers. This may be reflective of the limited range of cases that AGs and GALs see. These roles have CPS caseloads that are more limited to high risk and high severity cases than those served by DCFS caseworkers. Thus, the attitudes of AG and GAL's may arise from the mix of cases they see.

On average AGs and GALs neither agreed nor disagreed in their support of in-home services and in their perceptions that DCFS caseworker skills were adequate. They also tended to agree that DCFS caseworkers lacked sufficient time to provide services to their clients.

These results suggest that communication about and broader exposure to the range of CPS cases may be beneficial in aligning beliefs and attitudes across various system actors. In turn, while such adjustment may have some impact on placement and permanency decision making, additional study is needed to determine whether changes will occur.

Relationship between Caseworker Placement Rates and Child Safety

The last area of decision-making replicated the first analysis that looked at the influence of caseworker characteristics on placement decisions. The analysis was extended to include the impact on a subset of children who had an initial investigation that did not result in placement but had a supported subsequent investigation. This outcome served as proxy for the concept of a false negative error, where it suggests that the child should have been placed at the time of the initial investigation. The aim of the analysis was to see if caseworkers with higher average rates of placement (placement thresholds) decreased the rate of subsequent findings.

The analyses replicated the findings from the first analysis that caseworkers with more tenure were less likely to place children and that caseworkers tended to place more children compared to their prior placement rates as the gained experience. Like job tenure, as caseworkers become older they are more likely to place children as well, however, older caseworkers are no more likely than younger caseworkers to place children.

The study also found that the average rate of supported case findings that a worker has does not have an influence on placement. That is, if Caseworker A finds maltreatment more often than Caseworker B there is no difference in the chance that Caseworker A will place children more often compared to Caseworker B. Further, caseworkers with experience with in-home or foster care cases are not any more or less likely to place children.

The analysis of the rate at which the assigned caseworker placed children in their caseload found no significant relationship between the rate of placement and the likelihood of a subsequent supported

investigation. The average rate of placement for caseworkers was approximately 14%. While not a necessarily surprising result, the lack of relationship is important because it provides empirical support for the concept that caseworkers who place more or fewer children on average have similar child safety outcomes. This finding implies that increasing or decreasing placement rates, within the limits of this study, has little bearing on child safety.

SECTION SEVEN: SUMMARY AND SUGGESTIONS

SUMMARY

Throughout waiver demonstration, DCFS consciously worked to make implementation science the operating system for installing waiver services. Results suggest the agency's efforts were effective in leading to significant changes in practice.

IMPLEMENTATION

The implementation analysis identified and described implementation of the Waiver in terms of leadership, vision and values, environment, stakeholder involvement, organizational capacity and infrastructure, Waiver impact, and lessons learned throughout the process.

Overall, it was clear that DCFS focused in a sustained and significant way on quality implementation. A number of common themes emerged across the regions. First, there was widespread agreement from respondents that there had been strong support and involvement from state leadership throughout the Waiver implementation process. There was somewhat less certainty as to the extent to which accountability was shared with frontline staff continuing to feel a strong sense of liability.

Many respondents reported the roll out of waiver demonstration services (i.e. HomeWorks) was well-planned and well-executed. This was attributed to the development and active engagement of the Waiver Leadership Team, adherence to implementation science, and a quality training approach. Overall, respondents felt that the actual rollout was done very effectively, as evidenced by the way stakeholders were looking to its successes as lessons for future initiatives.

By the final rounds of stakeholder interviews, there appeared to be extensive buy-in to the vision and goals of the waiver, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners. Respondents from both within and outside of DCFS overwhelmingly appeared to be in agreement regarding the goals of reducing foster care and keeping children in the home, as long as they could do so safely.

There was general agreement that the introduction of evidence-based assessment tools (e.g. the SDM, UFACET) had improved the quality and validity of assessments completed by caseworkers. This increased confidence among legal partners in the decisions of caseworkers.

Improved family engagement was another commonly perceived strength. This was frequently reported as one of the main impacts of the Waiver, as it was widely recognized that HomeWorks encouraged greater engagement with families. It was clear that HomeWorks had energized many stakeholders because of its emphasis on genuine family engagement and doing what was best for families.

The above successes notwithstanding, there were some important implementation issues. A commonly noted limitation was a lack of stakeholder involvement in planning and decision-making processes. Many

staff felt that there had not been sufficient effort to engage them. It was widely reported that external stakeholders and family and youth representatives had not been directly involved in planning and implementation.

The other major issue was inadequate funding and resources to support waiver implementation. Respondents reported that they were struggling to implement HomeWorks properly at their current capacity due to insufficient staff and resultant high caseloads, which made it difficult to dedicate as much time to family engagement as caseworkers ideally should. A additional barrier was critical shortages of appropriate services, which were needed to ensure child safety for in-home service cases. Given this issues, some stakeholders were unsure of the extent to which HomeWorks could remain operational without adequate funding, especially once the Waiver ends.

The degree to which the waiver demonstration services were incorporated into the everyday practice of caseworkers was measured using a process we have termed Saturation Assessment. The National Implementation Research Network has provided a way to conceptualize the implementation process in terms of moving from paper implementation, through process implementation, and finally to performance implementation (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005). Paper implementation is defined as the development of new policies and procedures, but only to the point that the program or practice exists on paper. Performance implementation refers to implementation that has developed to the point where activities and programs are incorporated into daily work routines and therefore likely to impact outcomes. The Saturation Assessment is designed to quantify when performance implementation has been reached and provide a focal indicator for Continuous Quality Improvement.

Achieving saturation means that a sufficient proportion of caseworkers are implementing the wavier services consistently enough that changes in child and family outcomes should be measurable. In other words, saturation observations are assessing whether or not the system changes related to the waiver demonstration has led to the desired changes in daily casework practice. Therefore, the key question for the saturation assessment is are at least 75% of caseworkers providing waiver services at a basic level of fidelity?

Several important findings should be noted regarding measurement of saturation. First, reaching saturation was a challenging task for most regions. Our saturation methodology measured the degree to which 75% of caseworkers were providing waiver demonstration services (i.e. HomeWorks) with basic competence, not expert level performance. However, no region reached saturation on the first assessment. After the completion of the first saturation assessment, each region was given feedback on the areas for which improvement was most needed. Regions that implemented later also received an overview of other region assessments. Implementation advice was provided also. As detailed in the general implementation findings, each region was given flexibility by the state office in how to incorporate the implementation guidance.

After much effort (as detailed in the implementation evaluation section), every region reached saturation on the second assessment and the three regions that were evaluated for a third saturation assessment successfully maintained saturation. From this, we conclude that the implementation of HomeWorks was difficult but achievable with a sustained focus that employed many of the principles of implementation

science. Impressively, all regions that were measured for sustained saturation were successful at achieving this stage.

OUTCOMES

The expected intermediate outcomes of the waiver were two-fold. First, families would increase the ability to care and protect their children by learning skills and changing related attitudes, cognitions, and behaviors. From this change, children and families would experience improved well-being after receiving services from DCFS. While our results suggest there may have been a small improvement in concrete supports in the sample that received waiver demonstration services over the comparison sample, the impact of the waiver on the well-being of the families that received services should be viewed as inconclusive due to methodological issues (detailed in the full report).

Long term, the waiver demonstration was predicted to increase the number of children who are safe from maltreatment and repeat maltreatment. In addition, more children would remain safe in their homes and avoid placement. We evaluated these outcomes by examining the baseline and waiver data collected to date for abuse/neglect and foster care placement outcomes. We examined outcomes from two points: at CPS case start and in-home case start. In-home case start tracks outcomes for the specific subset of children that receive in-home waiver services. The outcomes for children in this sample indicate whether waiver services are impacting the in-home population the waiver services are designed to target. The CPS case start is used to track outcomes for all children that enter the DCFS system. This sample is designed to measure the goal of the waiver demonstration, namely reducing the number of children entering foster care from any point in the system. It is possible that the waiver may be effective for children who receive in-home services, yet not achieve overall reductions in the number of children entering foster care if the number of children who enter foster care from CPS increases. It is important to note that the characteristics of the in-home population is hypothesized to change because of waiver-related policy decisions, whereas the characteristics of the CPS population at case start should remain relatively stable.

New Foster Care Cases from In-Home Case Start

Results of this analysis were mixed. The Northern Region showed a significant decrease in new foster care cases from both the startup period and the saturation period. Southwest, Eastern, and Western results showed no significant difference between baseline and startup or saturation period. Salt Lake Valley Region showed a significant increase in referrals to CPS from the start of an in-home case both during the start-up period and saturation period compared to the baseline period. These initial results in Northern are important because they suggest that increased fidelity to the HomeWorks model may lead to the desired impact of decreasing the number of children removed from their homes after starting in-home services with DCFS. However, the impact may not be consistent across regions since the other regions were either not significant or had a significant increase when compared to the baseline. More time is needed to determine a more complete picture of the changes in the regions who implemented HomeWorks later.

New Foster Care Cases from CPS Case Start

All regions demonstrated a significant increase in the percent of children who enter foster care from CPS start in the start-up period and saturation period (where relevant) compared to the baseline. These results demonstrate a consistent statewide trend of increasing removal after the start of a CPS case. Increasing

CPS to foster care rates could cancel out or overwhelm the effect of the initial decrease seen in in-home to foster care rates. For this reason, this finding is important for the agency to pay attention to moving forward both to identify the potential causes for these increases and to identify solutions that expand the reach of the HomeWorks model into CPS services.

New Supported Cases from In-Home Case Start

Results on the occurrence of new supported cases across regions largely showed no differences in the number of new supported cases from in-home case start with some regions demonstrating significant decreases in startup and saturation periods (Southwest and Western). These findings may be promising considering that DCFS is theoretically managing harder in-home cases under the HomeWorks model.

New Supported Cases from CPS Case Start

Results on the occurrence of new supported cases after CPS case start were mixed across regions. Southwest in the saturation period and Eastern and Western in the start-up periods show no significant difference from the baseline. Northern showed an initial significant decrease in the start-up period with an increase during the saturation period, which Salt Lake Valley showed an initial significant increase in the start-up period with a significant decrease in the saturation period. The agency should look into region specific factors that may be contributing to these mixed findings.

Cost Analysis Study

The cost-effectiveness study examined the relative costs of reducing out-of-home placements and findings of abuse and neglect. The key question was: What is the per child cost savings that arises from reductions in new entries to out-of-home placements and findings of abuse and neglect that result after waiver implementation? The answer to this question brought together both the differences in costs that are observed between the demonstration and comparison groups and the expected change in outcomes.

Overall and maintenance costs have shifted over the course of the Title IV-E Waiver Demonstration. While not all these movements can be attributed to the project, comparing variable costs to outcomes for the period of the demonstration using earlier time periods as a baseline helped in understanding if the project was cost effective. We used information about these factors to estimate the cost effectiveness by region for each outcome and population included in the Outcome Study.

The cost effectiveness by region during the demonstration period was conducted for each child welfare region. Within a region, each system outcome was evaluated for cost effectiveness. To illustrate, in the Salt Lake Valley Region, costs were analyzed for outcomes for CPS and in-home to foster care and new abuse/neglect. Results that are cost effective are highlighted in green. The analysis suggests that the waiver demonstration is cost-effective for three of the five regions, namely Northern, Western, and Eastern Regions.

Critically, the uncertainty inherent in probabilistic analyses limits strong conclusions. Furthermore, it was not possible to analyze cost-effectiveness after saturation for most regions. This limits the conclusions that can be drawn of how the waiver demonstration impacted costs once full implementation was reached. Therefore, the results of the cost analysis are tentative.

SUGGESTIONS

Throughout the course of the waiver demonstration, we have made suggestions designed to increase the impact of waiver services. DCFS has responded incorporated many of these suggestions as detailed in the past reports. The following suggestions have continued relevance for maintaining full implementation of the waiver activities. We have grouped them by topic beginning with three overarching suggestions that will be helpful for maintaining and improving implementation of waiver demonstration services and for new initiatives.

OVERARCHING SUGGESTIONS

- *Continue to use implementation science as an operating system for sustaining HomeWorks and installing any new initiatives.* Throughout the waiver demonstration, DCFS consciously worked to use implementation science as an operating system for installing the waiver services. Results consistently show the agency's efforts led to significant changes in practice. All child welfare regions reached saturation, which shows that 75% of caseworkers are delivering HomeWorks with basic competence. This is a significant achievement as the waiver was a complex, systemwide change. We believe the results would not have happened if the principles of implementation science were not used as a guide.

- *Further develop coaching and practice supports for increasing the skills of the caseworkers who are providing HomeWorks.* Continued implementation success will be facilitated by further developing coaching and other practice supports. These efforts should continue to focus on how caseworkers spend time in the home and how caseworker activities are guided by the UFACET and SFPF Framework. Evidence-based methods of acquiring skills should be used including frequent, brief skill practice using role-plays, vignettes, practice exercises, and other resource materials. In addition, continuing regular staffings that incorporate detailed discussion and practice on the SFPF interventions is likely to be particularly helpful. Coaching should be a regular part of supervision-with the understanding that skills base coaching can be effectively provided in brief encounters. Finding a way to continue brown bags and other skills boosting sessions on a regular basis will assisting increasing skill also. Continuing to build a library of interactive activities will be helpful for implementing this recommendation. Because skills focused coaching often takes a backseat when crises present, methods of tracking these efforts on an ongoing basis will likely be necessary.

- *Involve outside stakeholders in planning and decision-making at the start of new initiatives*. A limitation to the implementation process was an overall lack of stakeholder involvement in planning and decision-making processes. It was reported that external stakeholders and family and youth representatives had not been directly involved. Their inclusion would have greatly benefitted the implementation of the waiver demonstration services.

GENERAL IMPLEMENTATION SUGGESTIONS

- *Continue to involve state level and regional leaders* in providing on-site management and hands-on technical assistance to frontline caseworkers. The degree to which leaders from across the state were heavily involved in the waiver demonstration is a notable strength that likely assisted in reaching full implementation.

- *Continue to ensure that the responsibility for problem-solving, mentoring, and sustainability is spread across staff at multiple levels and regions* so that the momentum of the waiver does not rest in the hands of a few core leaders. A notable characteristic of the waiver implementation was the extensive involvement of regional administration. Supervisors and frontline staff should also be involved in these efforts.

- *Continue to strengthen relationships and develop educational and outreach strategies with legal partners* through trainings, conferences, and collaborative networking (e.g. committees). Stakeholder interviews consistently supported the importance of gaining the support of legal partners to the ongoing success of the waiver demonstration. The decision making substudy showed there are clear differences between legal partners and child welfare workers in the preference for keeping children in the home. Outreach strategies may be more effective if they address these differences in collaborative ways. Collaboration with judges and other legal partners is likely to be enhanced if an acceptable method of sharing summaries of UFACET and SDM results, as well as the criterion used for each rating scale, for each case is developed.

- *Continue to expand the Continuous Quality Improvement focused reports* related to waiver demonstration activities. These reports can be used to promote successes and identify areas needing improvement. Our ongoing feedback and state tracking reports (e.g. the HomeWorks Data, UFACET, and SDM reports) were frequently cited by state and regional administrators as helpful for tracking progress and guiding ongoing implementation. The instruments developed or used during the evaluation are provided in the appendices. All of these instruments can be used by a wide range of staff to assess ongoing adherence and saturation.

Evidence-based Assessment: UFACET

- *Train caseworkers to clearly specify with judges at the time of petition whether a case will be HomeWorks and what the plan is to keep the child(ren) safe*. Interviews with legal partners consistently emphasized the importance of knowing the intended disposition and safety plan for gaining their support.

- *Continue to focus on helping caseworkers integrate UFACET results into case planning.* Service plan reviews showed items marked with 2s and 3s were not always addressed in the service plan. Continuing to provide training and/or coaching to help caseworkers connect need areas (identified by the UFACET) with the SFPF Framework and other interventions is likely to help reduce this issue.

- *The UFACET reassessment process should be evaluated to address process concerns.* It should be revisited on how often reassessment should be completed, as well as if and how the family should be involved again in each section, such as trauma history. Administration can educate caseworkers on best practices for completing reassessment.

- *Ensure that concrete steps and expectations for strengthening the protective factors are clearly defined in the service plan.*

Enhanced Caseworker Skills: SFPF

- *Continue training on the SFPF Framework*. Saturation assessments showed it takes considerable time to reach basic competence in the use of the SFPF Framework. Consciously focusing on protective factors, as opposed to risk and safety, continues to be a change in thinking for child welfare. Based on findings from the saturation assessment, the definition and use of protective factors continues to be confusing. Many caseworkers held a variety of definitions and methods for scoring protective factors. Given this, training is vital to maintaining the gains in caseworker skill achieved during the waiver demonstration.

- *Continue to provide ongoing, skills focused training sessions* (e.g. brown bags and HomeWorkables). In addition to coaching, ongoing training sessions were well received and appeared to be helpful for reaching saturation. For sustainability, a structure for providing this type of training at the regional level will need to be developed. Micro-learning, that is providing five minute or less, web-based skills practice experiences may be a means to maintain a high level of quality in a cost-efficient method.

- *Ongoing training should assist caseworkers in conducting more skill building activities with clients.* Activities were not completed with families very often during visits. Caseworkers need the resources to do this in conjunction with their busy caseloads. Activity ideas could be sent out monthly for each protective factor.

- *Use plain language when discussing HomeWorks with families and system partners*. Stakeholder interviews suggest that use of acronyms and other terms used with HomeWorks has been confusing times for families and system partners. Providing ongoing training on how to communicate protective factors to families who have difficulty understanding them will be helpful. In addition, it would be helpful for caseworkers to have examples on how to explain the UFACET and SFPF to families in terms that are understandable. Administration can provide simplified language around protective factors.

- *Continue to add resources to the HomeWorks website*. Specifically, caseworkers want more information on concrete supports and activity worksheets to do with families.

- *Ensure HomeWorks resources are available in Spanish*.

Community-based services

- *Provide necessary supports and engage in collaborative efforts to address the substance abuse treatment needs of caregivers.* The community-based services needs assessment showed a range of substance abuse services are lacking across the state. Critical substance abuse resource needs include residential substance abuse treatment- specifically residential treatment that allows the children to stay with the parents and residential treatment for men, intensive outpatient treatment, individual and group treatment available outside of drug court, family focused treatment, and more timely and immediate access to substance abuse intervention.

- *Continue to develop community-based resources and service array, particularly in rural areas*. Stakeholders interviews supported the importance of continuing to look for creative, cost effective ways to providing services across a range of needs, including mental health and substance abuse.

- *Continue to problem solve around lack of transportation in rural areas*. A dearth of affordable transportation options in rural areas was commonly listed as a major barrier to accessing services in stakeholder interviews.

- *Expand peer parenting and family focused interventions statewide*. Family Conflict Resolution is the most common need in the Family Together domain on UFACET. Caseworkers consistently described peer parenting programs (STEP and Families First) as a vital asset in this area.

- *Create a process for regularly evaluating and improving the quality of peer parenting interventions. Methods for Doing This Include: 1)* Continue measuring fidelity using the peer parenting fidelity tool and establish criteria for the frequency of observations, such as two observations completed on every peer parent per quarter. For peer parent who do not achieve adequate fidelity, the frequency of observations should be increased until fidelity is achieved. 2) Convening regular regional staff meetings (e.g. once per month or once per quarter) where peer parent can come together to discuss successes and challenges, share materials, and engage in peer learning with one another. 3) Create opportunities for peer parent to shadow one another so they can observe different leadership styles and approaches to engaging with clients. 4) After each observation session is completed, the peer parent's supervisor should debrief with the peer parent to discuss the results of the fidelity assessment. This debriefing should note the strengths observed during the session as well as identify challenges, with specific suggestions on how the peer parent can improve their practice. 5) Use the findings from the fidelity tool to develop individualized practice improvement plans with each peer parent. Assess changes in practice over time at the individual level (in addition to at the agency level) and update improvement plans accordingly.

Decision Making Substudy

It is important to point out that the following suggestions lack empirical support as ways to address the findings from the decision making substudy. In other words, there is no clear way to know if they will work unless they are tried and evaluated. That said, they can serve as a starting point for an informed dialogue about possible solutions.

- *Implement methods for increasing length of employment for caseworkers.* While more research is needed to determine why caseworkers tend to place more children as they gain experience, it does seem clear that more experienced caseworkers place fewer children than their less experienced counterparts. This finding supports the notion that strategies to increase staff retention are important for reducing placements connected with an investigation.

- *Address the differences in how legal professionals view child safety compared to DCFS caseworkers.* Court personnel favor child safety to compared to DCFS Caseworkers. While results of the sub study did not determine that differences in attitudes and beliefs towards safety modified placement decisions, such modifications may be occurring which would lead to higher placement rates. If this is

the case, developing messaging to court staff regarding the range of CPS cases may be helpful as way to combat the availability heuristic (Tversky & Kahneman, 1973) which occurs when court staff see a limited range of CPS cases. It would also be possible to offer a proactive program of shadowing where court staff could accompany DCFS caseworkers on home visits to obtain a broader perspective on the types of cases that DCFS caseworkers typically handle. Another suggestion would be to offer joint trainings on decision making where participants could learn about decision-making bias and engage in processes to explore how such biases affect their decision-making thresholds. These types of awareness building activities may lead to better understanding and communication between DCFS caseworkers and court personnel around child safety decisions.

- *The finding that rates of placement are not related to false negative errors (not acting when one should have) could be important and, if replicated, helpful*. This finding is among the most important in these studies since it is the only attempt to relate decision making behavior to actual case outcomes. If the finding was replicated and confirmed, it suggests that decision making oriented toward reducing placements is not likely to influence the rates of false negatives (not acting when one should have).

  This finding could be used in communications to staff and other stakeholders. The basic message is that taking a more risk adverse approach (i.e., increasing the placement rates) is not likely to result in reductions in identifying children that investigators missed (Doubtless, there is some limit where an increase in rates of false negatives will get larger so caution and gradual reductions in placement rates would be important to consider). This finding could also be used to develop a CQI process where the objective would be to reduce false negative events based on small changes evaluated quickly. For example, the CQI process could be used to help reformulate and retest the use of SDM with an eye toward improving accuracy and implementation.

EVALUATION LESSONS LEARNED

Two issues stand out in terms of evaluation lessons: 1) the importance of observation of service delivery; 2) measuring well-being from multiple data sources and methods.

Data gathering for saturation observations was more resource intensive than anticipated. For example, the scheduling process for saturation observations typically required multiple appointments to observe one in-home visit due to the schedules of the caseworkers or cancellations of the visit by the family. With continued experience we were able to reduce the time it took to schedule visits, however, this type of in-depth data gathering continued to be resource intensive throughout the evaluation. We believe the value of information made this type of data gathering worthwhile. Direct observation of workers providing services in the home enabled the evaluators confidence in the process evaluation findings. In addition, the agency found saturation observations to be helpful for guiding implementation throughout the demonstration. The saturation methodology enabled leadership at the state and local level to have a shortcut for easily communicating progress to various stakeholders. Saturation assessments were also helpful to decide on which areas should be targeted for course corrections during implementation.

Measurement of well-being using a self-report measure was difficult. The high pretest scores would suggest that most caregivers were parenting well despite being involved with child welfare. This made it difficult to measure change due to participation in waiver demonstration services. Future studies should include additional measures of well-being aside from self-report such as assessments administered by the agency or another third party.

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APPENDIX A. INFORMED CONSENT DOCUMENTS

WORKER CONSENT DOCUMENT

BACKGROUND

You are being asked to take part in a research study. It is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully – some information has changed since the last time you saw this document. Ask us if there is anything that is not clear or if you would like more information. The purpose of this study is to evaluate the Title IVE Waiver Demonstration. Utah's Division of Child and Family Services (DCFS) has chosen to strengthen the delivery of services to families in their home as its Waiver Demonstration. The purpose of the Waiver Demonstration is to improve the efficacy and effectiveness of in-home services, as well as to minimize placement of children into the custody of DCFS. In order to improve in-home services DCFS has proposed three main components of its waiver demonstration project. These three components are (1) implementation of an empirically based assessment tool, (2) training for workers that more clearly outlines use of the assessment tool as well as ways of interacting with the family in the home and with providers in the community to lead to change, and (3) identification and building an array of services in the community to meet the needs of the target population. The University of Utah's Social Research Institute will be conducting an evaluation of DCFS' Waiver Demonstration. The goal of this evaluation is to understand and facilitate the implementation of evidence-based practices in DCFS under the IVE Waiver. The investigators may use the results in reports, academic articles, conference presentations, and to meet the requirements for degree completion.

STUDY PROCEDURE

Staff in your agency have provided you with an overview of this research project. If you still have questions, contact information for the research team is provided later in this document. We encourage you to ask questions and understand the study before you agree to participate. For this study you may be asked to complete surveys, participate in interviews, or allow observation of your work activities. Depending on your role, interviews and observations may take anywhere from one hour to one work day. The research team may observe the program activities, and may record these observations with audio and/or visual recording equipment or take notes. You may also be asked to engage in a confidential interview that asks about the work you do, and what you think about the program services. The interview will ask you about what you think of providing services under the DCFS IVE Waiver Demonstration.

You are consenting today to participate in:

- ☐ Observation of DCFS in-home work
- ☐ Decision making observation
- ☐ Peer Parent observation
- ☐ Stakeholder interview

If you participate in an interview, we would like to audio-record your responses. Please check the appropriate box below to either allow or opt-out of audio recording:

- ☐ Yes, my interview may be recorded
- ☐ No, I do not want my interview recorded

You may be asked to participate in interviews again throughout the course of the evaluation, which will continue until Spring 2019. In addition, we are interested to see how you implement services related to your job function. This includes in-home services with the families, investigations, completing assessments, reports, and plans, and making decisions about case. In order to understand implementation of these services, you may be asked to participate in a work observation in which a research assistant will observe you. These procedures for gathering data are not experimental. Any identifying information you provide will be destroyed by June 30, 2020. Approximately 500 study participants are expected.

RISKS

The risks of this study are minimal. You may feel upset thinking about or talking about your experiences conducting work under the IVE Waiver, or you may feel nervous about someone observing your in-home work with families. These risks are similar to those you would experience when discussing this material, or being observed, with anyone. There is no compensation offered for any injuries or damages arising from this minimal risk, and medical treatment is not available for such injuries and damages. However, if you feel upset from this experience, you can tell the researcher and he/she will tell you about the resources available to help.

BENEFITS

There are no direct benefits for taking part in this study. However, we hope the information gleaned from this research may help develop a greater understanding of child welfare activities and procedures in the future. Information gained from this study will be used to develop an empirical base for effective triage and treatment of families entering the child welfare system, and to enable individual programs to enhance the services they provide. It will also be used to generate increased knowledge about effective programming for preventing and intervening with families in the child welfare system.

CONFIDENTIALITY

We will keep all research records that identify you private to the extent allowed by law. Records about your role as a worker will be kept in locked filing cabinets, password protected computers, and/or encrypted databases. Only those who work with this study or are performing their job duties for the Social Research Institute will be allowed access to your information.

Any actual or suspected abuse, neglect, or exploitation of a child, disabled adult, or elder adult disclosed in the course of the research study will be reported to authorities, as required by federal and state laws.

PERSON TO CONTACT

If you have questions, complaints, or concerns about this study you can contact Matt Davis, PhD at 801-581-5738 or Matt.Davis@socwk.utah.edu. If you feel you have been harmed as a result of participation,

please call the Institutional Review Board at 801-581-3655, who may be reached M-F 9 AM – 4 PM. Contact the Institutional Review Board if you have questions, complaints, or concerns which you do not feel you can discuss with the researcher. The University of Utah IRB may be reached by phone at 801-581-3655 or by email at IRB@hsc.utah.edu. You may also contact the Research Participant Advocate (RPA) at 801-581-3803 or participant.advocate@hsc.utah.edu. Additionally, you may contact Frank Reese, Ph.D, Department of Human Services (DHS) IRB Chair, at 801-344-4203 or frees@utah.gov. If you have any questions for the DCFS representative to the Department of Human Services IRB contact Vanessa Amburgey at vvallejo@utah.gov or at (801) 541-5705.

VOLUNTARY PARTICIPATION

Your participation in this research study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Your decision to participate will not affect your employment status. You may discontinue participation at any time without any penalty or loss of benefits. If you want to withdraw from the research study, please contact Dr. Matt Davis using the contact information provided above. If you contact Dr. Davis to withdraw from the study, your participation will be discontinued at your request. Unless you decide to cease participation, there are no anticipated circumstances in which the research team will terminate your participation in the research study. If the researcher makes significant new research findings that could relate to your willingness to continue participation in the research project, you will be notified of these findings during the study.

COSTS AND COMPENSATION TO PARTICIPANTS

There is no cost to participate in this research; you will not be compensated for participation in this project.

CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

_____

Printed Name of Person Obtaining Consent

_____ _____

Signature of Person Obtaining Consent Date

STAKEHOLDER CONSENT DOCUMENT

BACKGROUND

You are being asked to take part in a research study. It is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

The purpose of this study is to evaluate the Title IVE Waiver Demonstration; the implementation of waiver activities will be the first phase studied. Utah's Division of Child and Family Services (DCFS) has chosen to strengthen the delivery of services to families in their home as its Waiver Demonstration. The purpose of the Waiver Demonstration is to improve the efficacy and effectiveness of in-home services, as well as to minimize placement of children into the custody of DCFS. In order to improve in-home services DCFS has proposed three main components of its waiver demonstration project. These three components are (1) implementation of an empirically based assessment tool, (2) training for caseworkers that more clearly outlines use of the assessment tool as well as ways of interacting with the family in the home and with providers in the community to lead to change, and (3) identification and building an array of services in the community to meet the needs of the target population. The University of Utah's Social Research Institute will be conducting the study. The goal of this evaluation is to understand and facilitate the implementation of evidence-based practices in DCFS under the IVE Waiver.

STUDY PROCEDURE

You recently received an email from DCFS describing this research project in detail. If you still have questions, contact information for the research team is provided later in this document. We encourage you to ask questions and understand the study before you agree to participate. If you agree to participate, research staff will send you web-based surveys to complete, and may contact you to schedule an interview. Surveys will take approximately 20 minutes to complete, interviews will take no more than one hour to complete. You may be asked to take surveys again throughout the course of the evaluation, which will continue until Spring 2019. Surveys and interview will ask you about what you think of services provided under the DCFS IVE Waiver Demonstration. If you participate in an interview, we would like to audio-record your responses. Please check the appropriate box below to either allow or opt-out of audio recording:

- ☐ Yes, my interview may be recorded
- ☐ No, I do not want my interview recorded

These procedures for gathering data are not experimental. Approximately 50-100 study participants are expected.

RISKS

The risks of this study are minimal. You may feel upset thinking about or talking about your experiences conducting work under the IVE Waiver. These risks are similar to those you would experience when discussing this material with anyone. There is no compensation offered for any injuries or damages arising from this minimal risk, and medical treatment is not available for such injuries and damages.

However, if you feel upset from this experience, you can tell the researcher and he/she will tell you about the resources available to help.

BENEFITS

There are no direct benefits for taking part in this study. However, we hope the information gleaned from this research may help develop a greater understanding of child welfare activities and procedures in the future. Information gained from this study will be used to develop an empirical base for effective triage and treatment of families entering the child welfare system, and to enable individual programs to enhance the services they provide. It will also be used to generate increased knowledge about effective programming for preventing and intervening with families in the child welfare system. For the implementation phase described in this IRB application, information obtained will be used to develop and refine optimal methods for implementation of evidence-based programs and practices in child welfare agencies.

CONFIDENTIALITY

We will keep all research records that identify you private to the extent allowed by law. Records about your role as a community stakeholder will be kept in locked filing cabinets, password protected computers, and/or encrypted databases. Only those who work with this study or are performing their job duties for the Social Research Institute will be allowed access to your information.
Any actual or suspected abuse, neglect, or exploitation of a child, disabled adult, or elder adult disclosed in the course of the research study will be reported to authorities, as required by federal and state laws.

PERSON TO CONTACT

If you have questions, complains, or concerns about this study you can contact Matt Davis, PhD at 801-581-5738 or Matt.Davis@socwk.utah.edu. If you feel you have been harmed as a result of participation, please call the Institutional Review Board at 801-581-3655, who may be reached M-F 9 AM – 4 PM.. Contact the Institutional Review Board if you have questions, complaints, or concerns which you do not feel you can discuss with the researcher. The University of Utah IRB may be reached by phone at 801-581-3655 or by email at IRB@hsc.utah.edu. You may also contact the Research Participant Advocate (RPA) at 801-581-3803 or participant.advocate@hsc.utah.edu. Additionally, you may contact Frank Reese, Ph.D, Department of Human Services (DHS) IRB Chair, at 801-344-4203 or frees@utah.gov.

VOLUNTARY PARTICIPATION

Your participation in this research study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Your decision to participate will not affect your employment status. You may discontinue participation at any time without any penalty or loss of benefits. If you want to withdraw from the research study, please contact Dr. Matt Davis using the contact information provided above. If you contact Dr. Davis to withdraw from the study, your participation will be discontinued at your request. Unless you decide to cease participation, there are no anticipated circumstances in which the research team will terminate your participation in the research study. If the researcher makes significant new research findings which could relate to your willingness to continue participation in the research project, you will be notified of these findings during the study.

COSTS AND COMPENSATION TO PARTICIPANTS

There is no cost to participate in this research; you will not be compensated for participation in this project.

CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

_____

Printed Name of Person Obtaining Consent

_____ _____

Signature of Person Obtaining Consent Date

WELL-BEING CONSENT COVER LETTER

The purpose of this study is to evaluate the Title IVE Waiver Demonstration, and the purpose of the Waiver Demonstration is to improve the efficacy and effectiveness of in-home services, as well as to minimize placement of children into the custody of the Division of Child and Family Services (DCFS). We are doing this study in order to determine if the activities provided under the IVE Waiver have been helpful to families in the child welfare system, and to by proxy, to determine if the individuals who provide services under the waiver are helped by the trauma trainings provided by DCFS.

As part of this effort, we would like to ask you to complete an online questionnaire before and after you participate in a trauma training provided by DCFS. You will take these surveys online by following a link that will be emailed to you from DCFS. There are no known risks or benefits to completing this survey, and you aren't required to participate.

The surveys don't gather any information that could be used to identify you. Your name or any other identifying information won't be on survey, and all your answers will be held in confidence. No one besides the researchers working on this project will see how you answer the survey questions; we will not share your information with anyone.

If you have any questions, complains, or concerns about this study you can contact Matt Davis, PhD at 801-581-5738 or Matt.Davis@socwk.utah.edu.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

It should take less than fifteen minutes to complete the questionnaire. Participation in this study is voluntary. You can choose not to take part. You can choose not to finish the questionnaire or skip any question you prefer not to answer without penalty or loss of benefits.

By completing the survey, you are giving your consent to participate.

Thank you for participating in DCFS trauma trainings, and the Title IVE Waiver Evaluation Study. We appreciate your input.

DECISION MAKING SUB-STUDY CONSENT COVER LETTER-CASEWORKERS

The purpose of this research study is to understand the factors that influence removal decisions during CPS investigation. We are doing this study as part of the Title IV-E Waiver Demonstration evaluation

We are asking you to complete this survey on factors related to how decisions are made in child welfare. The survey asks questions about you or other professionals you work with regarding: about your background, perceptions of support for child welfare work, perceptions of leadership, your perceptions of community services, your thoughts on families, perception of skills, workload, and your personal history of adverse events. Your answers will assist us in determining the relative influence of these factors on removal decisions. There are no known risks or benefits to completing this survey.

Your survey responses will be matched to administrative data from the SAFE database. The researchers will not share your responses with anyone outside of the research team and identifying information will be destroyed by June 30, 2020. Results will be reported in aggregate form for groups of child welfare professionals, not individually. The investigators may use the results in reports, academic articles, conference presentations, and to meet the requirements for degree completion.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

If you have any questions for the DCFS representative to the Department of Human Services IRB contact Vanessa Amburgey at vvallejo@utah.gov or at (801) 541-5705.If you have any questions complaints or if you feel you have been harmed by this research please contact Mindy Vanderloo, M.Ed., Social Research Institute, at (801)581-8841 or mindy.vanderloo@utah.edu.

This survey will be administered in four parts on different days. It should take about 10 minutes to complete each survey. Participation in this study is voluntary. You can choose not to take part. You can choose not to finish the questionnaire or omit any question you prefer not to answer without penalty or loss of benefits.

By completing the survey, you are giving your consent to participate.

Thank you for your time! We appreciate your input. Your views are crucial to having an accurate understanding of the factors that influence decision making in child welfare.

DECISION MAKING SUB-STUDY CONSENT COVER LETTER- LEGAL PARTNERS

The purpose of this research study is to understand the factors that influence removal decisions during CPS investigation. We are doing this study as part of the Title IV-E Waiver Demonstration evaluation.

We are asking you to complete this survey on factors related to how decisions are made in child welfare. The survey asks questions about you or other professionals you work with regarding: your background, perceptions of support for child welfare work, your perceptions of leadership, your perceptions of community services, your thoughts on families, perception of skills, workload, and your personal history of adverse events. Your answers will assist us in determining the relative influence of these factors on removal decisions. There are no known risks or benefits to completing this survey.

Your survey responses will be used to understand the views of legal partners and matched to administrative data from the SAFE database. The researchers will not share your responses with anyone outside of the research team and identifying information will be destroyed by June 30, 2020. Results will be reported in aggregate form for groups of legal partners, not individually. The investigators may use the results in reports, academic articles, conference presentations, and to meet the requirements for degree completion.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

If you have any questions for the DCFS representative to the Department of Human Services IRB, contact Vanessa Amburgey at vvallejo@utah.gov or at (801) 541-5705. If you have any questions complaints or if you feel you have been harmed by this research, please contact Mindy Vanderloo, M.Ed., Social Research Institute, at (801)581-8841 or mindy.vanderloo@utah.edu.

Participation in this study is voluntary. You can choose not to take part. You can choose not to finish the questionnaire or omit any question you prefer not to answer without penalty or loss of benefits.

By clicking on the START button you are giving your consent to participate. After completing the survey, you will be provided with the option to opt out of the portion of the research that involves matching your responses to SAFE data. If you choose to opt out of the matching portion but complete the survey, your responses will only be used to understand average responses of legal partners. If you do not opt out, your responses will also be match to SAFE data to understand how these factors influence outcomes. The matched data will only be presented in aggregate form so that no individuals are identified.

Thank you for your time! We appreciate your input. Your views are crucial to having an accurate understanding of the factors that influence decision making in child welfare.

APPENDIX B. IMPLEMENTATION INTERVIEW TEMPLATES

STAKEHOLDER INTERVIEW TEMPLATE

The following questions are intended to help us understand the planning and implementation that is taking place as part of the Child Welfare Demonstration Project (the Waiver Demonstration or HomeWorks).

We are interested in hearing about the successes, challenges, resources, and needs related to implementation. The feedback you provide will help to inform and support the implementation process.

1) What is your position/job title at your agency? How long have you been at your agency? How long in your current position? Describe your involvement in the Waiver Demonstration.
   a. If **caseworker**: Who is your supervisor? What type of cases do you/your team typically have?
   b. If **supervisor**: What type of cases do you/your team typically have?

2) In your opinion, why was the Waiver Demonstration (HomeWorks) desired by DCFS? How would you describe the vision and goals of HomeWorks?

3) What changes would you like to see in the child welfare system as a result of HomeWorks? What needs to happen to make this change possible?

4) To what extent do the leadership, staff, and other stakeholders within your organization (this region, office) and the larger child welfare system (including DCFS state office, court system, etc.) share a clear vision and mission for the system change effort? To what extent is there a shared understanding of the values and principles that will provide a framework for HomeWorks (the Waiver Demonstration)?

5) What factors do you believe will facilitate or support the successful implementation of HomeWorks (the Waiver Demonstration)?

6) What barriers may present challenges in implementing HomeWorks (the Waiver Demonstration)? How might these barriers be overcome?

7) How have key leaders been involved in the project planning and/or implementation process? Are there any necessary leaders who have not yet been included that might increase the likelihood of a successful implementation?

8) To what extent is there shared accountability among system leaders for the expected outcomes of HomeWorks?

9) To what extent is there support at all levels of the community/ child welfare system to move forward with HomeWorks?

10) To what extent is there open communication and collaboration among stakeholders (e.g. DCFS, provider agencies, courts, parents, youth, advocacy organizations, the legislative branch) in the local child welfare areas (DCFS regions, offices) relevant to HomeWorks? How is DCFS (or agency that stakeholder works for) promoting/supporting collaboration with the child welfare system partners?

11) In what ways have staff within your organization (DCFS, legal system, etc.) been involved in the project planning, decision-making, and/or implementation process?

12) In what ways have parent and youth representatives been involved in the project planning, decision-making, and/or implementation process?

13) To what extent are your organization's current policies, procedures, and practices aligned with the vision and goals of the project? What changes have been made to align them? What changes are still needed?

14) What information is provided to you to support continuous quality improvement or demonstrate effectiveness of HomeWorks?

15) What resources, training, or technical assistance are needed at this point to support implementation of HomeWorks?

16) Is there anything else you would like to share regarding HomeWorks?

For **caseworkers**:

A. Has your practice changed since HomeWorks training? What do you do differently in practice as a result of HomeWorks?
B. What does partnership with the courts (judges, GALs, AGs) look like since the rollout of HomeWorks?
C. What does your supervisor think of HomeWorks? What does your team think?
*Remind them that confidentiality is something we take seriously so they feel comfortable and confident in answering this question in particular
D. Does your supervisor feel confident to mentor about HomeWorks and the UFACET?
E. What do you like about HomeWorks? What do you dislike?

For **supervisors**:

A. Has your practice changed since HomeWorks training? What do you do differently in practice as a result of HomeWorks?
B. What does partnership with the courts (judges, GALs, AGs) look like since the rollout of HomeWorks?
C. What does your team think of HomeWorks?
*Remind them that confidentiality is something we take seriously so they feel comfortable and confident in answering this question in particular
D. Do you feel confident to mentor about HomeWorks and the UFACET?
E. What do you like about HomeWorks? What do you dislike?

For **clinicians**:

A. Do you have any concerns about CW being more involved with families?
B. CW feel like they can't or aren't comfortable doing so?
C. Do you have any concerns with the changing role of the CW, like being more involved and identifying areas of need (ie trauma) and providing more services/interventions/more frequent contact with the family?

LEGAL PARTNER INTERVIEW TEMPLATE

The University of Utah's Social Research Institute is under contract with the Utah Division of Child and Families Services to evaluate the implementation of Utah's IV-E Waiver demonstration project (also known as HomeWorks), which started October 1, 2013, in the pilot sites. The purpose of this interview is to collect information about how the Utah IV-E Waiver was planned and implemented in your area and how the IV-E Waiver/HomeWorks is changing child welfare practice. This is a five-year project and we are hoping you will be willing to participate in a similar interview once a year. The feedback you provide will help to inform and support the implementation process.

1) What is your current understanding of the IV-E Waiver (HomeWorks)?

2) What type of information, training, or educational materials specific to HomeWorks have you received, if any?

3) Were you a part of any joint planning efforts with the local lead agency regarding implementation of HomeWorks? Please describe.

4) What are your views regarding how HomeWorks/IV-E waiver has impacted child welfare practices (e.g., array of services, changes in cost allocations and spending, child and family outcomes)? What kinds of changes have you seen in caseworker practice as a result of HomeWorks training?

5) How do you feel about the agency's increased emphasis on keeping children in the home? Do you have concerns? If so, what?

6) What can DCFS do to increase your confidence that the agency can work successfully with families in the home?

7) Have you changed the way you make removal, reunification, or permanency decisions/recommendations since HomeWorks was implemented? If so, please explain.

8) What do you see as the strengths of the current child welfare system? Do you feel that HomeWorks will strengthen the child welfare system?

9) What do you see as the barriers or challenges of the current child welfare system? What barriers may present challenges in implementing HomeWorks?

10) In your opinion, how can you and other people in your position help families overcome barriers or challenges within the child welfare system?

11) Is there any additional information you would like to share regarding implementation of the Waiver (HomeWorks)?

COMMUNITY PARTNER INTERVIEW TEMPLATE

The University of Utah's Social Research Institute is under contract with the Utah Division of Child and Families Services to evaluate the implementation of Utah's IV-E Waiver demonstration project (also known as HomeWorks), which started October 1, 2013, in the pilot sites. The purpose of this interview is to collect information about how the Utah IV-E Waiver was planned and implemented in your area and how the IV-E Waiver/HomeWorks is changing child welfare practice. This is a five year project and we are hoping you will be willing to participate in a similar interview once a year. The feedback you provide will help to inform and support the implementation process.

1) What is your current understanding of the IV-E Waiver (HomeWorks)?

2) What type of information, training, or educational materials specific to HomeWorks have you received, if any?

3) Were you a part of any joint planning efforts with the local lead agency regarding implementation of HomeWorks? Please describe.

4) What are your views regarding how HomeWorks/IV-E waiver has impacted child welfare practices (e.g., array of services, changes in cost allocations and spending, child and family outcomes)? What kinds of changes have you seen in caseworker practice as a result of HomeWorks training?

5) How do you feel about the agency's increased emphasis on keeping children in the home? Do you have concerns? If so, what?

6) What can DCFS do to increase your confidence that the agency can work successfully with families in the home?

7) What do you see as the strengths of the current child welfare system? Do you feel that HomeWorks will strengthen the child welfare system?

8) What do you see as the barriers or challenges of the current child welfare system? What barriers may present challenges in implementing HomeWorks?

9) In your opinion, how can you and other people in your position help families overcome barriers or challenges within the child welfare system?

10) Is there any additional information you would like to share regarding implementation of the Waiver (HomeWorks)?

APPENDIX C. STATEWIDE TRAINING RESULTS FOR SFPF

Key Questions

The Training Evaluation is structured to gather data on all training processes that are needed to successfully move from designing the waiver components and training, implementing the initial training, and successfully using the components in practice.

Data Sources and Data Collection

The evaluation team has observed various trainings, presentations, workgroups, leadership meetings, and staffings as part of the implementation and evaluation of the HomeWorks program. Being involved in these activities, which are outlined below, has allowed the evaluation team to understand what HomeWorks implementation looks like on the front lines as well as from an administrative perspective. Notes were taken and observations were made at each of these activities in order to provide feedback and recommendations to the Waiver Leadership Team on how to improve. Evaluators paid special attention to caseworker and supervisor questions, consistency between trainings and trainers, content, and application of the newly trained principles in the field (as told by caseworkers/supervisors). In addition, evaluators have gathered data on multiple occasions pertaining to HomeWorks. Up to this point, evaluators have collected and analyzed data from state leadership interviews, pre/post surveys from the initial HomeWorks and UFACET trainings, and interview with DCFS contracted provider about their evidence-based interventions.

The relevant portions of the Home Works training manual were also reviewed and a content analysis was conducted of the UFACET measure Strengthening Families Protective Factors framework. This included an examination of the planning and development process along with comparison to best practices. The analysis has been guided by evidenced based approaches to assessment in child welfare along with information from national initiatives and resources, such as the National Child Traumatic Stress Network (NCTSN, www.nctsn.org, Child Welfare Trauma Training Toolkit), Project Focus (Dorsey 2012; Fitzgerald), and Project BEST (www.musc.edu/projectbest) which focus on innovative implementation of trauma-informed services in child service settings.

DATA ANALYSIS

The following model looked at statewide pre- to post-knowledge and self-rated competence scores on Strengthening Family Protective Factors (SFPF) while accounting for variability between the different Intitial HomeWorks trainings. The data include the results of 434 individuals with pre- and post-surveys within 30 trainings statewide. It should be noted that this dataset is missing data from the first three pilot trainings.

Level One

The following equation represents the level one model to determine average change in knowledge/self-rated competence score from the pre-test to the post-test.

$$score.change_{it} = \beta_{0t} + r_{it}$$

In other words, score change (post – pre) for person i in training t is a function of an intercept and a random effect (error) which represents the variability of individuals about the group means.

Level Two

The level two equation states that β_{0t} from level one is a function of an intercept and a random effect at the training level. In this model, u_{0t} takes into account the differences between the different HomeWorks trainings.

$$\beta_{0t} = \gamma_{00} + u_{0t}$$

Mixed Model

The following is the final mixed model that combines both the level one and level two equations. The analysis was run using the lme4 and lmerTest packages in R.

$$score.change_{it} = \gamma_{00} + u_{0t} + r_{it}$$

RESULTS

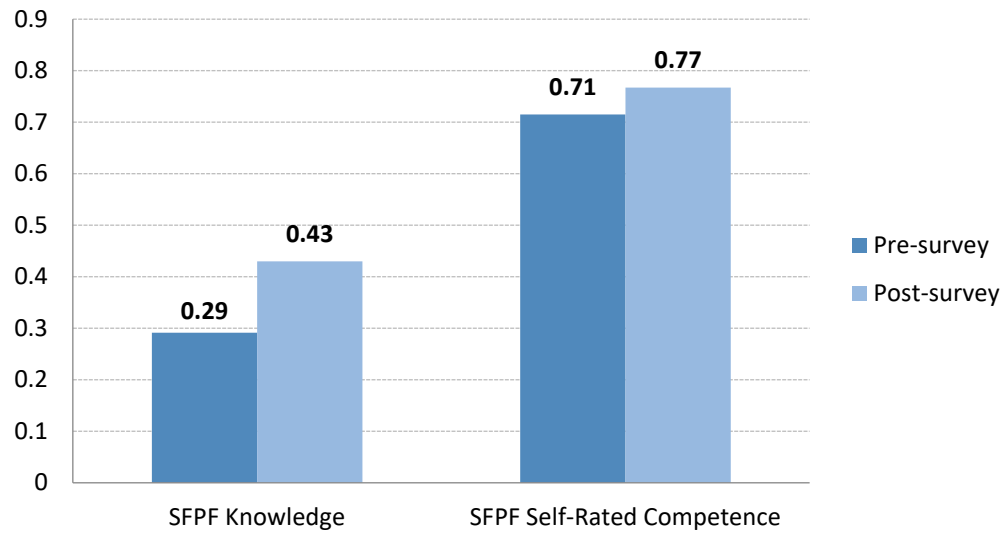
STATEWIDE SUMMARY

The results of the analysis indicate that the average change in knowledge scores from the pre- to the post-test for initial HomeWorks trainings was .139 after accounting for differences between the trainings (see **Error! Reference source not found.**) which translates into around a 14% increase in SFPF knowledge (significant at p<.001). The average pre-knowledge score was .29 and the mean post-knowledge score was .43 (see **Error! Reference source not found.**). These results indicate there was a significant increase in knowledge across all trainings statewide.

Table 77. Fixed Effects of Knowledge Score Pre- to Post-Test Change

	ESTIMATE	STD. ERROR	DF	T VALUE	P VALUE
(Intercept) γ_{00}	0.1389	0.0074	23.944	18.89	<.001

Figure 106. Overall Statewide Pre to Post Training Change in SFPF Knowledge and Self-Rated Competence



Variance and standard deviation were calculated for the random effects (see **Error! Reference source not found.**).

Table 78. Random Effects of Knowledge Score Pre- to Post-Test Change

GROUPS	NAME	VARIANCE	STD.DEV.
Training_ID - u_0	(Intercept)	0.0001678	0.01296
Residual - r_{ij}		0.0202971	0.14247

In order to determine how much of the variance in score change had to do with the difference between trainings versus the difference between individuals the Intraclass Correlation Coefficient (ICC) was calculated as follows:

$$ICC = \frac{\tau_{00}}{\tau_{00} + \sigma^2}$$

In the ICC τ_{00} is the variance between trainings (variance for μ_0) and σ^2 is the variance within the trainings (individual differences; or variance for r_{ij}). This tells us the proportion of between training variance to total variance. The ICC for this model was .0082. In other words, a very small amount (.82%) of the variance in knowledge score change can be explained by between training differences. This indicates that the trainings were relatively homogenous in their increase in knowledge.

Self-rated competence also consistently increased from the pre- to the post-test statewide. The estimated mean increase in self-rated competence was .049 after accounting for between training differences, which for this scale, translates into a 4.9% increase (see **Error! Reference source not found.**). The average pre-score for self-rated competence was .71 and the average post-score was .77. The ICC for self-rated competence score change is 4.78e-16, which indicates that almost none of the variance in self-rated competence can be explained by between training differences, or that the trainings had a very homogenous effect in increasing participants' self-rated competence.

Table 79. Fixed Effects of Self-Rated Competence Score Pre- to Post-Test Change

	ESTIMATE	STD. ERROR	DF	T VALUE	P VALUE
(Intercept) γ_{00}	4.94E-02	8.74E-03	4.00E+02	5.653	3.01E-08***

***significant at P<.001

Table 80. Random Effects of Self-Rated Competence Score Pre- to Post-Test Change

GROUPS	NAME	VARIANCE	STD.DEV.
Training_ID - u_0	(Intercept)	1.46E-17	3.82E-09
Residual - r_{ij}		3.06E-02	1.75E-01

Discussion

Overall, the results indicate that the trainings statewide have fairly consistently increased SFPF knowledge scores and self-rated competence in participants from the pre- to the post-tests. The same trainers gave the training throughout the state and the low ICC suggests that the trainers administered the trainings with consistent fidelity to their training structure; the knowledge score change did not vary greatly among the different trainings.

TRAINING OBSERVATIONS PROTOCOLS AND CHECKLISTS

Initial HomeWorks Training Checklist

Date:

Observer:

Location (office and region):

Duration of training:

Type of participants (caseworker, leadership, etc.):

Number of participants:

Presenters:

Training content	Yes	No
Welcome from leadership		
• DCFS Director (Brent Platt)		
• Regional Director		
Rationale for change		
• In home and foster care statistics		
• Considering well-being in addition to safety		
• Research highlighting outcomes of in home and foster care		
What is HomeWorks		
• Definition (A set of evidence based services, strategies, and tools….)		
• 5 pillars (Practice Model, SDM, UFACET, Resources, enhanced caseworker skills)		

• Child Welfare Demonstration Project v. Title IV-E Waiver v. HomeWorks		
Evaluation		
• Message from Navina		
• Evaluating the program, not individuals		
CPS		
• First in-home service		
• Ability to support decision to keep child in-home (safety plan, assessment)		
• Transition from CPS to in-home		
Strengthening Families: The Protective Factors Framework		
• How they were developed (CSSP, based off research)		
• Widespread use (throughout the US, other partners at state and national level)		
• "Focus on what's strong, not just what's wrong" exercise (identify factors in picture)		
• Definitions and role of risk and protective factors		
○ Parental Resiliency		
▪ Definition		
▪ Key elements		
▪ Why it's important		
▪ Research		
▪ Suggestions for use/Practical application		
○ Social Connections		
▪ Definition		
▪ Key elements		
▪ Why it's important		
▪ Research		
▪ Suggestions for use		
○ Knowledge of Parenting and Child Development		
▪ Definition		
▪ Key elements		
▪ Why it's important		
▪ Research		
▪ Suggestions for use		
○ Concrete Support in Times of Need		
▪ Definition		
▪ Key elements		
▪ Why it's important		
▪ Research		
▪ Suggestions for use		
○ Social-emotional Competence of Children		
▪ Definition		
▪ Key elements		

▪ Why it's important		
▪ Research		
▪ Suggestions for use		
• Additional Resources		
UFACET		
• Collaborative nature of tool ("communimetrics")		
• Field testing/creation process		
• Looking beyond allegations (UFACET provides more holistic look at family)		
• Parent manual		
• Practice guidelines (45 day limit, reassessment)		
• Scoring the tool (PF, 0-3, E)		
• Activities and tools (conversation cards and other activities)		
• UFACET domains		
o Family together		
▪ Who is included in "family"		
o Household		
o Caregiver strengths and needs		
o Trauma		
o Child functioning		
• Guiding interventions: what to do when score is 2-3		
• Next steps: small group trainings		
Resources		
• Website		
• How data was collected (surveys, interviews)		
• Identifying gaps in services		
• Input from staff, parents, and community partners		
• Developing needed resources		
o 3-pronged approach		
Practical Application		
• Reviewed 2-3 case scenarios		
• Determining risk level and next steps (CPS)		
• Who is assessed on a UFACET		
• Collecting necessary info		
o CPS case staffing with ongoing worker		
o Genogram, timeline, child and family team meeting		
o Transferring this info to the UFACET		
• Input onto SAFE		
• Home visit		
o Activity log		
o Family activities (timeline, etc.)		

○ Observing the protective factors in action		
○ Transferring this info to the UFACET		
○ Using manual's resources/handouts		
○ Purposefully visiting		
• Rate part of UFACET		
○ Presenters utilized manual		
○ How protective factors are captured on UFACET		
○ What to do with that info		
• Protective factors		
○ Identifying PF from UFACET and home visits/interaction with family		
• Resources		
○ In all interactions, consider what resources/services are most appropriate/available		
• Appropriate for individuals and family together		
Implementation Expectations/Next Steps		
• Supports		
○ HomeWorks Binder		
○ Brown bags		
○ Coaching		
○ Develop new activities		
○ Review HomeWorks Website		
▪ Connect guides		
○ Support from state office at staffings, etc.		
• What can you tomorrow? In the next week?		
• Post-training survey		
• Questions?		

Other notes on training content:

Skills Training Sessions (Brown Bags) Form

Brown bag trainings are an opportunity for us to gather information on barriers to the implementation of HomeWorks. Observing brown bags also allow us to evaluate trainings offered to workers, how engaged workers are in the trainings, and gauge the competency level of workers.

How to Record Information from the Trainings

Record your notes in the Event Observation Template. Record presentation facilitators and leaders by name in your notes if possible, but for everyone else use the following abbreviations when specifying a speaker in your notes (if applicable):

- Caseworker: CW
- Child protective services caseworker: CPS
- Child welfare administrator: CWA
- Supervisor: Sup

Save completed observations here: Waiver Utah > Implementation > *HomeWorks Data >Training>(choose region)>Ongoing (brownbags and activities)>Brownbag Discussions*

Name your notes in the format: *Brigham City Brownbag 3-26-14*

What Information to Record

Content and Facilitator Style

Record an outline of the material covered throughout the brown bag, but don't focus on capturing a word-for-word transcript. Focus primarily on how the content is being delivered and the content areas below:

- Do facilitators provide an overview of the protective factor and the research behind the protective factor (PF)?
- What points do the facilitators choose to emphasize?
- Beyond just giving an overview, do the facilitators find ways to connect the protective factor to actual practice (e.g. how do they decide if they should focus on that PF, do they connect the PF to the UFACET, do they give ideas of activities, do they review skills for delivering the PF, etc.)?
- Facilitator style: do they use different teaching methods to cater to different learning styles (e.g. visuals, hands-on learning, dividing into smaller groups or pairs for discussion)
- What tools or materials do they use and do they use them effectively (e.g. hand-outs, powerpoint slides, etc.)
- Do they create an environment that fosters and provides opportunities for open discussion (e.g. do they emphasize that this is a learning process, do they encourage expressing concerns, do they ask open-ended questions)?
- Do they provide opportunities to practice skills (e.g. role-playing scenarios or other hands-on activities)?
- Do they give steps for what to do next, give out assignments, follow up on previous assignments?

Discussion and Questions

Recording general discussion and questions of the participants allows you to evaluate how knowledgeable the local office is in HomeWorks, what their attitudes are, and what local leadership's role is in the implementation process. For example: Brown bags generally begin with a short game that tests the knowledge of those in attendance; use this as an opportunity to evaluate how familiar/comfortable/competent workers appear to be in using HomeWorks.

In your notes record/focus on:

- Discussion between training facilitators and participants (or among participants)
- Questions from participants and how facilitators/leadership answer the questions. Often, workers will not ask questions until someone who is more familiar with HomeWorks is present (like someone from the state office).
- Record names if/when leadership are in attendance as this type of event is an opportunity for leadership to show support and enthusiasm for HomeWorks.
- Are participants attentive and participating?
- Attitudes towards HomeWorks
- Examples of activities the offices are doing related to HomeWorks
- Barriers and strengths in implementing HomeWorks

EVIDENCED BASED TRAINING CHECKLIST

Instructions for filling out this form: take notes during the training on page 3 of this form, after the training fill out pages 1-2. For the ratings, put an "X" in the appropriate box on each row.

General	-5	0	5	N/A
	No	Some-what	Yes	N/A
Presenter(s) introduced content effectively and defined unfamiliar terms clearly				
Instructional resources were used (printouts, PowerPoint, video, etc.) and utilized appropriately?				
Pace of training was appropriate				
Presentation catered to different learning styles				
Questions elicited positive/appropriate responses from presenters				
Content supported by evidence/research				
Relevant examples were provided				

Participants:	-10	-5	0	5	10
	Not at all				To a Great Extent
Attentiveness: Most listened; Looked at presenter; Did not use phones; Attended all of training					
Activeness: Participated in discussion; Asked meaningful or difficult questions					

Presenter:	-10	-5	0	5	10
	Not at all				To a Great Extent
Encouraged "learner attitudes: Communicated: Understanding skill acquisition takes time; Support for learning, Backup for mistakes, Performance evaluation less important, Encouraged curiosity/experimental attitude					
Explained rationale for changes: Explained how changes fit into the current practice; Provided rationale for new services/procedures					
Allowed stages of change: Encouraged questioning why; Encouraged verbalizing negative comments/resistance; Responded constructively to resistance					
Explained learning supports:					

Provided examples of all support; Included structure for each support, e.g. when, where, how long; Explained why each support would be provided					

Knowledge and Skill acquisition	-5	0	5	N/A
	No	Some-what	Yes	N/A
Participant activities were structured in at least 3 of the following ways (whole group, small group, pairs, individual)				
Presenters provided concrete examples of how to use new the new information				
Participants were provided with opportunity to practice new skills				
Participants were given guidance on how to begin to apply knowledge to practice				
Participants were given assignments/directives/guidance on how to implement changes after the training				
Presenters offered information on what future trainings, coaching, or contacts for troubleshooting problems				
Presenters provided information on how/when the skills should be used				
Presenters provided guidelines for competency				

Questions from participants	Response

Summary of training (please describe your overall impressions from this training):

Notes on Training delivery

Instructions: Take notes on how the training is being delivered; materials or resources used, pacing, teaching techniques, discussion, clarity, connecting new material to practice, participant attentiveness, and other items covered in the ratings above. DO NOT focus on the actual training content here– capture that with the fidelity checklist.

APPENDIX D. CASE STAFFING OBSERVATION PROTOCOL AND FORM

CASE STAFFING PROTOCOL

The purpose of attending case staffings is to get a better look at implementation of HomeWorks on the front lines. During case staffings we can gather information on caseworker, supervisor, and legal partners attitudes toward HomeWorks, how well caseworkers know and understand the tools, and other important information about what implementation activities are going on in each office.

Steps Overview

1. *Before the Visit*
    a. Plan monthly schedule
    b. Update calendar
    c. Email to confirm
    d. Review checklist
2. *During the Visit*
    a. Explain your purpose
    b. Introductions
    c. Take notes
3. *After the Visit*
    a. Edit notes
    b. Write summary
    c. Upload notes to drive
    d. Update case staffing tracking sheet

1. Before the Staffing

a. Plan monthly schedule

Receive list of offices for which to observer staffings each month from Kristen. Check the case staffing tracking sheet for information on how many times to observe each month. Check the Utah Waiver calendar for regularly scheduled staffing days/times. We will observe case staffings in each office 1-2 times per month. At the beginning of each month, plan out which staffings you will try to attend on which days/weeks.

b. Update calendar

Add your name to the end of the name of the calendar event for the staffings you will be attending. Keep the calendar updated as you hear of changes to the staffings or if you need to change which week you observe the staffing.

c. Email to Confirm

Send an email to the CWA or a supervisor of the office a day or two before the staffing to check if they are still holding a case staffing meeting at their regularly scheduled time. If not, plan to attend that staffing on a different day/week that month.

d. Checklist before going to the staffing

- Laptop fully charged
  - Charger if needed
  - Blank event observation template
- Address of the office
- Mileage tracking sheet

Finding the event observation template

Waiver Utah > Implementation > Observations: how-to and templates > Observation Protocol and templates > Event Observation Template or https://docs.google.com/file/d/0Bw84F8X7b370Z3pxai0tSVp5RlE/edit.

2. During the Staffing

a. Explain your purpose

If it is the first time a staffing is being observed in a particular office, or if the office has had a change in leadership explain your purpose in observing the staffings.

Sample language:
"Hi my name is ____ and I am a researcher from the University of Utah HomeWorks evaluation team and we are observing staffings in each office to see how HomeWorks is starting to influence the decisions that are made about cases and how that changes over time. I will not participate in the staffing, but will be taking notes on the general conversation. We don't record identifying personal information about the cases that are discussed. We are not doing performance evaluations or evaluating individuals within the office. Just looking at the office overall."

b. Introductions

If needed you may ask the participants to go around and say their names and their role/job title before the meeting starts to help you identify who is who in your notes.

c. Take notes

Record general dialogue throughout the case staffing in the Event Observation Template. Don't worry about catching word-for-word quotes, just the general idea of what the speaker is saying. Not all information you will hear in the staffings is of equal importance to record (see next section for more specifics). For instance, we don't need a lot of specific details about each case or its legal proceedings, just enough to provide context for the rest of the discussion.

During case staffings, try to record the role of the speaker, rather than the individual's name. Use the abbreviations below to specify the role of the speaker. However, in meetings where people in leadership positions are present, identify the speaker by name if possible.

Please use the following abbreviations when specifying a speaker in your notes (if applicable):

- Caseworker: CW
- Child protective services caseworker: CPS
- Child welfare administrator: CWA
- Supervisor: Sup
- Assistant Attorney General: AAG

See the case staffing folders in drive for example case staffing notes.

What Information to Record

It is important to record information on case decisions. This should include what decisions were made, important factors in how the decision was made, what barriers were encountered, how they addressed these issues, the attitudes of the local office, leadership role in facilitating HomeWorks, and how well they understand and use different components of HomeWorks.

Case Background

At the start of each new case the group discusses, record a summary in your notes of case background info; include case type, length of case, important people in case (mother, father, children), ages of children, why case was opened, and presenting issues to provide context for the discussion. Do not record personal information on the family (full names, addresses, etc.). You may need to come back this when reviewing your notes after the staffing.

Specific points to look for in the discussion

1. Evidence of Strengthening Families Protective Factors Framework (SFPF) (e.g. use of language, considering protective factors in decision making process, etc.)
2. Services and supports for the family (including emphasis on evidence-based services)
3. Trauma-informed skills
4. Worker/supervisor emphasis on Child Well-Being
5. Structured Decision Making (SDM)/Risk assessments
6. Any discussion of HomeWorks sustainability

Please see the list of various "buzzwords" that will help you clue into important aspects of the meeting in the general Event Observation Protocol.

Note: Sometimes, they will have "admin hearing" cases to staff (typically at the end of a meeting). We do not need to take notes on these cases. (Admin hearings are when perpetrators challenge the substantiated cases so DCFS staff have to look back at the case with the AAG)

Coding:

The USF team will be coding the observation notes. For more information on what to listen for during observations, it may be helpful to refer to their notes for coding: https://docs.google.com/document/d/1aoeFM_xphQxo4nuEY64x5w-Qq2mUyOiHexLMWMSkRGw/edit

2. After the Staffing

a. Edit notes

Make sure your notes are edited so that they would make sense to a person who was not present at the staffing. Make sure it's clear when someone else it talking vs. when you are making an observation or a side note. Use the abbreviations listed above to denote the speaker.

b. Write summary

At the end of the event observation template write a summary of the staffing. Describe your overall impressions, and include any concerns, recommendations, or strengths that were not captured in your notes. These typically don't need to be more than one paragraph.

c. Upload notes to drive

1. Name your notes using the format: *Logan Staffings 3-26-14*
2. Location: *Waiver Utah > Implementation > HomeWorks Data > Case Staffings > (choose region)*

d. Update case staffing tracking sheet

Update the case staffing tracking sheet.

CASE STAFFING OBSERVATION FORM

Date:
Time:
Site (office and region):

Name/Type of/Purpose of Event (initial training, ongoing training/brownbag, meeting, staffing, etc.):

Observer:

Presenters (if applicable):

Individuals participating (role/job title):

Code key (see protocol for description) CODING TO BE DONE BY USF	
1	Leadership/Commitment
2	Vision and Values
3	Environment
4	Stakeholder Involvement
5	Capacity/Infrastructure
6	Other

Saving the Template to take notes:
Ensure you "save as" and rename the document in this format:
- Brown Bags: *Brigham City Brownbag 3-26-14*
- Case Staffings: *Logan Staffings 3-26-14*
- Workgroup meeting: *Trauma WG minutes 3-26-14*
- Other: *Peer Parenting Quarterly Meeting 4-30-14*

Code	Notes
DO NOT CODE (USF WILL)	

Summary of event/meeting (please describe your overall impressions from this training. Include any concerns, recommendations, or strengths that were not captured above.):

APPENDIX E. COMMUNITY SERVICES NEEDS AND SERVICES ASSESSMENT

KEY RESEARCH QUESTIONS

The community services component of the waiver focuses on gaining a greater understanding of the existing services, service gaps, and needs in the communities of the various regions throughout the state. The key questions are:

- What are the needs of children and families that receive waiver services?
- What evidenced based services currently exist?
- What are the gaps in the current service array?

SAMPLE AND DATA COLLECTION

The process to determine those needs and how to address them comprised four areas. First, assessing the types, availability, and quality of services that exist in the communities where DCFS clients reside. This was accomplished through an online community resources survey that was emailed to child welfare caseworkers. Second, assessing the community service needs and gaps from the perspective of DCFS-contracted service providers who actually provide a variety of direct services to clients. The method selected to collect this information was service provider telephone interviews. Third, analyzing UFACET data to find out if any relationship may be evident between child welfare worker perceptions of service needs, DCFS-contracted providers opinion of service needs, and the client assessment of needs. Recognizing the UFACET scores are not about the services the individual is receiving, the scores are indicative of the existing client needs that need to be addressed. The fourth area of the community services component is focused on monitoring the community collaborative initiative.

COMMUNITY RESOURCES SURVEY OF CHILD WELFARE CASEWORKERS

In an effort to formally measure service availability, accessibility, and types of services provided throughout the state, DCFS conducted an online survey of child welfare caseworkers. Workers completed five online surveys focused on five critical need areas: Basic needs, substance abuse, domestic violence, mental health, and family functioning. These surveys were administered in 2014 and the data analysis for caseworkers in the Northern and Southwest Regions of the state was completed in the fall of 2014. The analysis of the survey data from the Salt Lake Valley (628), Western (274), and Eastern (414) Regions was completed in the spring of 2016. The purpose of these surveys was to identify services that are working well, challenges or barriers to service access, and critical service needs**.**

Caseworkers were asked a series of questions to assess strengths, barriers, and critical service needs related to resources in five critical areas: Basic Needs, Substance Abuse, Domestic Violence, Mental

Health, and Family Functioning. The purpose was to identify services that are working well, challenges or barriers to service access, and critical service needs**.**

In addition to demographic information such as office location and duration of DCFS employment, worker surveys asked the following questions for each of the five critical service areas:

1. *How well are services meeting the needs of families served by your office?*
   Caseworkers were offered a list of pertinent services, then asked to rate the degree to which services meet family needs (little to none, some, most, almost all, or unsure). For example, in the survey about Basic Needs, caseworkers rated the degree to which family needs are met by the services available for addressing problems with basic needs (housing assistance, food programs, transportation, healthcare, employment, financial assistance, education, socialization, flexible funding). See Table 81 for a list of the services defined within each critical area.

2. *Please identify any barriers to families benefiting from or using these services in your area?*
   Caseworkers were given the option to describe barriers to each specific service as either poor quality, unavailable, inaccessible, unsure/no barriers, or other. For example, on the Basic Need survey, respondents described barriers to housing assistance, food programs, transportation, healthcare, employment, financial assistance, education, socialization, and flexible funding barriers as either unavailable, inaccessible, unsure, no barriers, or other.

3. *Please identify the top three services that are most critical to safely maintaining children in-home.*
   Caseworkers selected the need area's top three services most essential to maintaining children safely in-home. For example, on the Basic Needs survey, caseworkers choose three of the following services as critical: Housing assistance, food programs, transportation, healthcare, employment, financial assistance, education, socialization, and flexible funding.

4. *What is working well in your area pertaining to service resources?*
   Open-ended question.

5. *What is the most critical service not currently available in your area that the division should add in order to prevent removals from the home, or so families could be served with in-home services?*
   Open-ended question.

Table 81. Services Listed in Each Need Area on Worker Surveys

Need Area	Basic Needs	Substance Abuse	Domestic Violence	Mental Health	Family Functioning
Services Specified on Survey	-Housing assistance -Food programs -Transportation -Healthcare -Employment	-Substance abuse evaluations -Drug testing -Recovery supports -Drug courts	-Domestic violence shelters/safe houses -Non-offending cohabitant DV services	-MH assessments for children -MH assessments for adults -Psychological evaluations	-Parenting classes -Peer Parenting or intensive in-home parent training

	-Financial assistance -Education -Socialization -Flexible funding	-Intensive outpatient -Residential treatment -Relapse prevention services	-Offending cohabitant DV services -Children's DV services -Victim's advocates -Legal services	-Parental fitness evaluations -Individual therapy -Group therapy -Family therapy -Marital or Relationship therapy -Trauma treatment -In-home therapy -Crisis intervention or response team -Sexual perpetrator treatment -Medication management	-Parent advocates or home visiting -Crisis nursery -Respite services -Youth advocate -Family resource facilitators -Tracking -Homemaker services -Family preservation -Voluntary in-home services

Provider Interviews

Then as a follow-up to the online survey, we conducted follow-up interviews with non-Medicaid DCFS–contracted providers of services for in-home populations. This service provider interview included a variety of questions that examine the types of services offered, staff qualifications, and the role of both evidence-informed and trauma –informed practices. Specifically, providers were asked to identify the kinds of services that are provided (e.g. mental health therapy, domestic violence treatment, respite care etc.), how those services were selected for use, and how staff is trained prior to agency implementation. The interview also asked how trauma-informed services are implemented at the agency level and how staff was trained. Finally, providers were asked to describe staff education, training (certification, if required) qualifications, and fidelity of implementation.

SRI staff conducted telephone interviews with non-Medicaid DCFS-contracted providers of services for in-home populations statewide. In the fall of 2014, 21 providers were interviewed in the Northern (14) and Southwest (7) Regions. In the fall of 2015 and winter 2016, 50 additional providers were interviewed from the Salt Lake Valley (28), Western (20), and Eastern (2) Regions. These interviews focused on the services provided by the contractors including questions assessing the type of service provided, staff duties/qualifications, and the role of both evidence-informed and trauma-informed approaches. The purpose of the interview was to identify available services, classify services by service need type (mental health, substance abuse, domestic violence, basic needs, and/or family functioning), and gather basic information about the perceived service quality.

UFACET Data

The UFACET is a tool used by caseworkers to assess needs and strengths in families receiving in-home services from DCFS. The statewide roll out of the UFACET is just now providing data from each of the regions.

DATA ANALYSIS

Quantitative data from worker surveys were analyzed using descriptive statistics. Responses were ranked by frequency to determine the most pertinent needs, service, and barriers. Qualitative data from worker surveys were analyzed using a grounded theory approach, which allows data about each service area's barriers and needs to emerge and inform understanding of themes identified through preliminary research. For the qualitative analysis, a priori themes included barriers to service access or availability, critical service needs, and identification of services that currently work well.

Provider surveys were first analyzed qualitatively to determine which of the critical need area(s) are targeted by each provider. Focus areas were identified when a) A provider reported targeting this area (i.e. "I provide therapy to help recover from trauma") or b) Evidence from the interview indicates that services target an area, even if the provider doesn't specifically report this (i.e. providing respite services, but not necessarily identifying respite services as targeting family functioning).

Next, responses from provider interviews were scored according to evaluative criteria developed from current research on program evaluation. Scoring areas included intervention quality, initial & ongoing intervention training, assessment quality, initial and ongoing assessment quality, use of trauma-informed framework, trauma-informed intervention quality, and training on trauma-informed intervention quality. Some provider services were not appropriate for each scoring area – for example trauma intervention is an inappropriate scoring area for a food pantry. In these cases, the scoring area was considered to be not applicable, and the provider interview score was unaffected by omission of the scoring area. With this approach, the criteria allowed for a uniform assessment of provider interviews across a wide variety of service types.

Scores from provider interviews were summed and divided by the total number of points to determine a provider ranking score. Scores were then totaled by region and divided by the number of providers to produce an average provider score. Provider scores can range from 0-1. Results of the worker survey and provider interviews were synthesized to facilitate identification of need, barriers to service, and other factors that may affect client access to services.

RESULTS

Our assessment of the resources and services available is structured using the five core service areas identified as important to in-home families in the Utah waiver – Basic Needs, Family Functioning, Substance Abuse, Domestic Violence, and Mental Health. The summary below is based on analyses of participant responses to open ended questions in order to identify themes related to service strengths, barriers, and needs. Findings statewide are presented. Findings for each region are contained in Appendix F.

Statewide

Basic Needs Community Resources and Services

Caseworkers were asked to share their perspective concerning basic needs community resources defined on the survey by the categories of housing assistance, food programs, transportation, healthcare, employment, financial assistance, education, socialization, and flexible funding, with an opportunity to identify and comment on other basic needs resources not specified on the survey. When asked to identify what is working well pertaining to basic need resources a consistent positive theme was the availability and accessibility of food assistance for families. Respondents reported that food banks and pantries, free meals provided by churches and community organizations, and food stamps are readily available in most areas to assist families in need. School-based food assistance programs that provide breakfast and lunch to students were also identified as essential and working well.

The availability and accessibility of the Department of Workforce Services (DWS) were identified as strengths due to close geographic proximity of the services in some areas, beneficial vocational rehabilitation services, the ability of clients to access assistance through the internet, and the helpful and proactive approach of individual DWS staff. However, respondents noted areas of need concerning DWS, specifically, difficulty completing the required paperwork, limited opportunities for clients who have a felony conviction or lack of formal education, and issues with losing services. An additional noted limitation was the lack of services for parents of children who are in foster care. It was also expressed that employment opportunities are limited overall and the availability of higher paying jobs is needed to allow parents to provide for their families.

Housing assistance was a common theme included in survey responses related to basic needs resources, characterized as working well when available and a critical unmet need when not available. Positive aspects of housing assistance were related to low income housing and funds for rental assistance. However, limited availability, long waitlists, and eligibility restrictions for individuals with a felony conviction, history of eviction, and above poverty income levels were stated by respondents as barriers to families benefitting from these services. Furthermore, housing assistance was noted to be largely unavailable for parents whose children been removed from the home and placed in out-of-home care. In general, a complicated application process and inability to provide emergency housing placement were noted limitations of the housing assistance program.

Transportation services and assistance was another category identified as working well when available in specific geographic service areas and a critical need where not available. Aspects of transportation services for families that were characterized as working well were bus passes and a free bus system, where available. Respondents from service areas with inadequate transportation resources listed limited bus routes and availability of bus passes as barriers. Overall, the need for transportation services was linked to service accessibility and described to be the greatest concern in rural geographic regions that have limited or no services located in areas convenient for families.

When asked to identify the most critical service not currently available to prevent removals from the home respondents listed increased availability and access to affordable and safe housing with enough living space for families, financial assistance, higher paying jobs, affordable daycare, after school and

summer youth programs, and help with transportation due to inadequate resources in the community where the families live.

Concerning general barriers that effect access to multiple basic needs resources, respondents identified the ineligibility of parents whose children have been removed to qualify for services such as Medicaid, food stamps, and housing, the loss of services if the children are removed, and the ineligibility of individuals who have a felony conviction to qualify for basic resources. A community resource liaison was described as an important asset to improved family access to available services in areas where available and a need where not available. Improved education for parents and caseworkers concerning available community resources and services and the use of the 211 information and referral service were recommendations made to improve resource accessibility.

Family Functioning Community Resources and Services

Caseworkers were asked a series of questions to assess strengths, barriers, and critical service needs related to family functioning resources. On the survey, these resources were defined as - parenting classes, peer parenting, parent advocates, crisis nursery, respite services, youth advocates, family resource facilitators, tracking, homemaker services, family preservation, and voluntary in-home services. Respondents were also given the opportunity to note other services that they thought were important and fit within this category.

Concerning what is working well in the area of family functioning, caseworkers consistently described the peer parenting program as an asset. Survey respondents expressed that the in-home, hands on, and individualized nature of this program is essential and helpful to families. Additional positive attributes of the peer parenting program included that it is easily accessible, immediately available, and flexible, with an efficient staffing and referral process. While caseworkers made many positive and hopeful statements about the peer parenting resource, it was emphasized that the availability of the peer parents in some areas is not adequate to meet the need of the parents involved with the child welfare system. They stated that long waiting lists, ineligibility of short-term, not court ordered cases, and limited overall availability negatively impact the potential benefits of this resource.

Mixed opinions were expressed concerning the quality and availability of parenting classes and parent education. Some respondents identified the classes as a resource that is working well, beneficial to parents, and often offered free or at an affordable fee. Other respondents commented that the classes need to be more frequent, intensive, culturally responsive, individualized and targeted toward the specific needs of the child and parents including skills for parenting teens and children with difficult behaviors and mental health challenges.

Another consistent theme that emerged concerning family functioning resources was related to family preservation services. Respondents expressed consensus that intensive, in-home family preservation services are essential for families involved with the child welfare system. Characteristics of the service that were described as working well included being individualized, creative, and tailored to the needs of the family with good communication between staff and an efficient referral process. It was stated that family preservation caseworkers are engaged in ensuring that families receive interventions necessary to prevent out-of-home placement. Although views concerning family preservation services were primarily

positive, some of the needs included adding the availability of licensed clinical staff to provide clinical services, increased overall capacity and availability of the resource, improved training and skills of family preservation caseworkers, assurance of quality of service, and Spanish speaking family preservation staff. In general, respondents expressed an overall need for increased availability of in-home therapeutic services to support families.

Other Family Functioning resources that were identified as working well when available were youth advocates, crisis nurseries, family resource facilitators, and wrap around services. Strategies mentioned that support service quality and access related to family functioning resources were multi-agency and caseworker teaming, a system of care approach, and administration's support of caseworkers.

Domestic Violence Community Resources and Services

Domestic violence resources that were consistently identified as a valued resource across regions were domestic violence shelters, safe houses, and victim advocates. While overall respondents were very positive about these domestic violence resources, the need for increased capacity at shelters and safe houses was indicated as well as a need for an increased number of victim advocates, especially in rural areas. Additional positive resources identified by caseworkers included domestic violence counseling and classes, domestic violence assessments, an offender group in one area, and a woman's crisis center in one area. Domestic violence specialists and DCFS were described as very helpful in the areas that they exist. Strategies that were included as facilitators of quality domestic violence services included dedicated and committed domestic violence professionals, good communication and teaming between DCFS and domestic violence agencies, and convening of a domestic violence community coalition.

Concerning domestic violence resource needs, survey responses focused on family-based domestic violence services and therapy that includes the perpetrator, improved quality and availability of domestic violence counseling for children, legal services, services for perpetrators/offenders, and an increased infusion of a trauma-based approach.

Mental Health Community Resources and Services

Overall, survey respondents noted an improvement in mental health services including increased availability, a new contract to serve individuals without Medicaid, and improved working relationships between DCFS and mental health providers. Concerning access and availability of mental health services, responses indicated variability across regions with rural areas reporting very few resources and other areas characterized as resource rich.

One mental health service that was largely considered to be working well was mental health assessments for adults and children. Several respondents commented on the comprehensive quality, adequate availability, and timeliness of mental health assessments. One identified need was an increase in the number of professionals who complete assessments. In-home therapy services were indicated as working well in areas where the services are available with respondents emphasizing the benefit of in-home services including flexibility, individualized approach, and greater awareness of the family's home environment.

Critical mental health service and resource needs identified by caseworkers included an increased choice of mental health providers, increased Medicaid and non-Medicaid mental health services, in-home and intensive clinical services, and trauma-informed services. Transportation resources and assistance were noted as barriers to service access created by the lack of mental health services in the local community.

Substance Abuse Community Resources and Services

When asked what is working well pertaining to substance abuse resources and services, the provision of drug court and drug testing emerged as a common theme among respondents. Substance abuse evaluations, assessments, and counseling were also indicated as working well in a minority of areas. Other than these resources, substance abuse services were indicated as an overall area of need by survey respondents.

Critical substance abuse resource needs included residential substance abuse treatment, specifically residential treatment that allows the children to stay with the parents, and residential treatment for men, intensive and less intensive outpatient treatment, individual and group treatment available outside of drug court, family focused treatment, and more timely and immediate access to substance abuse intervention. A need for relapse prevention, aftercare, and recovery support services was noted by several caseworkers as was a need for increased availability and quality of intensive in-patient, community-based, and outpatient substance abuse services for adults and adolescents that are family inclusive. Although drug court and drug testing were identified as resources that are working well they were also mentioned as critical needs in certain geographic areas. As has been noted related to all of the core resource types, substance abuse services are limited to certain areas and not available or accessible to all communities, especially more rural areas.

Strategies identified as working to improve substance abuse service access included coordination and communication between DCFS and substance abuse service providers. Factors described as impeding the accessibility of substance abuse services included the cost of substance abuse services, and limited non-Medicaid and Medicaid resources, and private insurance funded services.

UFACET Findings

The purpose of collecting data from multiple independent sources is to determine if the findings from each source converge or come together in a way that indicates there is a relationship present. In the case of the community services component of the waiver, there was interest in determining if worker-identified needs in the various regions of the state align in any way with the perceptions of contracted service providers. Once this was accomplished, UFACET scores were then examined to see if the prioritized needs of the individuals appear to be aligned with the other two sources of data.

Table 82 below summarizes the top three UFACET needs within each core domain. Scores based on 7,846 people (adults and children) identified on in-home cases. In some cases, multiple UFACETS had been scored, but this analysis is based on an unduplicated count of primary (first UFACET administration) assessments. The state totals are displayed to provide an overall summary only and not for comparative purposes, as these numbers are skewed due to the high proportion the Northern Region represents in the total state scores.

The percentages listed by each construct are comprised of scores 2 or 3. UFACET scoring definitions specify that a 2 reflects an item that is a problem requiring action to be taken on it. A score of 3 indicates the problem is more severe and immediate action is required to address it.

Table 82. Ranking of Top Three UFACET Core Domains by State and Region

REGION	CORE DOMAIN RANKINGS	
State Total	Family Together (N=7,725) 1. Family Conflict Resolution (33%) 2. Parent / Caregiver Collaboration (27%) 3. Formal Supports (22%) Child Functioning (N=4,349) 1. Education (19%) 2. Behavioral / Emotional Needs (18%) 3. Adjustment to Trauma (15%)	Household (N=7,725) 1. Financial Resources (24%) 2. Residential Stability (13%) 3. Phys. Home Environ. (10%) Caregiver Strengths & Needs (N=3,436) 1. Substance Abuse (22%) 2. Knowledge (21%) 3. Mental Health (20%)
Northern	Family Together (N=4,355) 1. Family Conflict Resolution (31%) 2. Parent / Caregiver Collaboration (28%) 3. Formal Supports (21%) Child Functioning (N=2,332) 1. Adjustment to Trauma (14%) 2. Behavioral / Emotional Needs (13%) 3. Education (11%)	Household (N=4,355) 1. Financial Resources (21%) 2. Residential Stability (12%) 3. Phys. Home Environ. (11%) Caregiver Strengths & Needs (N=2,023) 1. Substance Abuse (21%) 2. Knowledge (20%) 3. Mental Health (20%)
Southwest	Family Together (N=871) 1. Family Conflict Resolution (30%) 2. Parent / Caregiver Collaboration (21%) 3. Domestic Violence (20%) Child Functioning (N=496) 1. Education (19%) 2. Behavioral / Emotional Needs (17%) 3. Adjustment to Trauma (14%)	Household (N=871) 1. Financial Resources (22%) 2. Access to Transportation (18%) 3. Residential Stability (8%) Caregiver Strengths & Needs (N=835) 1. Substance Abuse (19%) 2. Knowledge (25%) 3. Mental Health (21%) Household (N=7,725) 1. Financial Resources (24%) 2. Residential Stability (13%) 3. Phys. Home Environ. (10%) Caregiver Strengths & Needs (N=3,436) 1. Substance Abuse (22%) 2. Knowledge (21%) 3. Mental Health (20%)
Salt Lake Valley	Family Together (N=1,622) 1. Family Conflict Resolution (37%) 2. Formal Supports (33%) 3. Parent / Caregiver Collaboration (31%) Child Functioning (N=931) 1. Education (26%) 2. Behavioral / Emotional Needs (24%) 3. Child Risk Behaviors (21%)	Household (N=1,622) 1. Financial Resources (31%) 2. Access to Transportation (17%) 3. Residential Stability (15%) Caregiver Strengths & Needs (N=691) 1. Substance Abuse (25%) 2. Knowledge (24%) 3. Mental Health (20%)

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Northern and Southwest Regions

In order to identify service gaps, data was gathered from 875 child welfare caseworkers and 21 non-Medicaid DCFS-contracted Mental Health providers in the Northern and Southwest Regions. Caseworkers completed five online surveys focused on five critical need areas: Basic needs, substance abuse, domestic violence, mental health, and family functioning. Providers participated in hour-long interviews to assess service provision along nine domains: Intervention training, initial training, ongoing training, assessment, assessment training, trauma framework, trauma intervention, and initial trauma training.

In the Northern Region, caseworkers identified services that are working well as family preservation, food assistance, drug court, and domestic violence services in general. In the Southwest Region, vocational rehabilitation, employment assistance, food assistance, domestic violence services in general, and peer parenting were identified as services that are working well.

For *basic needs***,** housing assistance was identified as the most critical and least met need. For *substance abuse*, service gaps were identified in relapse prevention and residential treatment services. Limited hours for drug testing in the Brigham City area were particularly identified as problematic. For *domestic violence*, cohabitant (both offending and non-offending) services and children's services were identified as critical and lacking. For *mental health* large differences in caseworker perceptions were observed, indicating that positive or negative views may be dependent on interactions with specific individuals from service-providing organizations. In the Southwest, caseworkers perceived mental health assessment services to be especially lacking in quality and availability. For *family functioning*, caseworkers perceived peer parenting services to be critical for maintaining children in the home safely, and expressed concern that peer parenting availability is insufficient to meet families' need. Overall, inability to access services seems to be a major barrier. Access is hindered by eligibility criteria that seem to be incompatible with HomeWorks goals, limited hours of service provision, and inadequate transportation resources.

In general, contracted providers showed strength in the areas of intervention and assessment. Providers should be supported to take steps in improving training on assessment techniques and/or trauma interventions, initial training, and ongoing training. DHS may consider revising provider Request for Proposals (RFPs) to encourage the provision of critical services for least-met needs, and providing remotely-accessible trainings, particularly in the Southwest Region.

Worker Demographics

In total, 875 caseworkers responded to the surveys. In both regions, the majority of respondents were caseworkers (66%) followed by supervisors (14%), regional administrators (11%). Most respondents worked in either foster care (32%) or in-home (32%), or CPS (18%) programs. In general, caseworkers in the Southwest Region had worked for DCFS longer than those in the Northern Region. However, about 37% of caseworkers in both regions reported working for DCFS for more than 10 years, and about 23% in both regions reported employment duration of 5-10 years

Description of Providers

All non-Medicaid DCFS-contracted providers in both regions (Northern *n* = 14; Southwest *n* = 7) participated in interviews. All but one respondent reported providing services that target multiple service areas. Northern provider scores ranged from .1-.75; the mean score in the Northern Region was .41. Southwest provider scores ranged from .05-.64; the mean score in the Southwest Region was .25 (see Table 83 and Table 84).

Table 83. Interview Scores for Northern Providers (*n* = 14)

Provider Code	Scoring Domains									Raw Score	Score (0-1)
	A*	B*	C*	D*	E*	F*	G*	H*	I*		
N 1	1	2	1	2	2	0	2	n/a	n/a	10	0.71
N 2	1	1	0	1	2	1	1	n/a	n/a	7	0.50
N 3	2	2	2	2	1	0	2	2	2	15	0.75
N 4	2	0	0	0	0	0	2	2	0	6	0.75
N 5	n/a	n/a	n/a	n/a	2	0	1	n/a	n/a	3	0.38
N 6	1	0	0	0	1	0	0	0	0	2	0.10
N 7	1	1	1	0	1	0	0	0	0	4	0.20
N 8	2	0	0	0	2	0	0	2	0	6	0.30
N 9	1	n/a	n/a	n/a	1	0	1	n/a	n/a	3	0.38
N 10	1	1	0	1	1	0	1	n/a	n/a	5	0.30
N 11	2	0	2	2	2	0	2	2	2	14	0.70
N 12	1	1	0	1	0	0	0	0	0	3	0.15
N 13	2	2	2	2	2	0	2	2	2	16	0.80
N 14	1	0	0	0	1	0	1	0	0	3	0.15
REGION TOTAL	18	10	8	11	18	1	15	10	6	97	6.93

*Scoring Domains A: Intervention; B: Intervention training, C: Initial training, D: Ongoing training, E: Assessment, F: Assessment training, G: Trauma framework, H: Trauma intervention, I: Initial trauma training

Table 84. Interview Scores for Southwest Providers (*n* = 7)

Provider Code	Scoring Domains									Raw Score	Score (0-1)
	A*	B*	C*	D*	E*	F*	G*	H*	I*		
SW 1	2	2	1	1	2	0	1	n/a	n/a	9	.64
SW 2	0	2	2	1	1	0	0	n/a	n/a	6	.43
SW 3	1	0	0	0	0	0	0	0	0	1	.05
SW 4	0	0	0	0	1	0	0	0	0	1	.05
SW 5	n/a	n/a	n/a	n/a	1	0	1	n/a	n/a	2	.25
SW 6	1	0	0	0	0	0	0	0	0	1	.05
SW 7	1	0	0	0	1	0	2	2	0	6	.30
REGION TOTAL	5	4	3	2	6	0	4	2	0	26	3.71

*Scoring Domains A: Intervention; B: Intervention training, C: Initial training, D: Ongoing training, E: Assessment, F: Assessment training, G: Trauma framework, H: Trauma intervention, I: Initial trauma training

Needs and Services

Critical Service Area: Basic Needs

In both regions, caseworkers identified the top basic need services most critical to maintaining children safely in-home as housing assistance, employment services, and food programs. Caseworkers in both regions also perceived housing assistance and lack of flexible funding as the least-met need. In the

Southwest Region, housing assistance, transportation, and flexible funding were perceived as unavailable and inaccessible.

Across regions, food assistance services were perceived by caseworkers to be adequately meeting client needs. In the Southwest Region, caseworkers additionally perceived Department of Workforce Services (DWS) and Vocational Rehabilitation to be adequately meeting client needs.

Twenty-nine percent (n = 4) of Northern Region contracted providers reported providing basic needs services; 57% (n = 4) of Southwest Region contracted providers offer basic needs services.

Critical Service Area: Substance Abuse

Caseworkers in both Northern and Southwest Regions perceived relapse prevention programming and intensive-outpatient services to be critical for maintaining children safely in-home. In the Southwest Region, recovery supports were additionally identified as critical. Quantitative results from the Northern Region indicate drug-testing services to also be critical for maintaining children in-home safely.

Northern Region caseworkers perceived the least-met needs to be residential treatment and relapse prevention services. The need for residential treatment was further described by the qualitative data, in which caseworkers specifically noted the need for residential treatment that allows the children to stay with parents, and the need for men's residential treatment. Northern caseworkers also identified intensive and less intensive outpatient treatment, individual and group treatment available outside of drug court, family focused treatment, and more timely and immediate access to substance abuse intervention as critical. Although some caseworkers were unclear about whether or not children must be placed out-of-home for parents to access drug court services, caseworkers in both regions identified drug court as an especially influential service and expressed overwhelmingly favorable opinions of the program.

In the Northern Region, Treatment Assessment Screening Center (TASC) was identified as a favorable service provider; caseworkers report their services are convenient and that the agency is easy to work with. Perception of drug testing services was mixed: Some Northern caseworkers felt drug testing works well, and others reported they felt drug testing is carried out in a punitive manner that does not act as a deterrent to use.

Caseworkers in the Southwest Region perceived drug testing to be working well, but substance abuse evaluations were perceived as particularly low-quality. In qualitative data, critical substance abuse needs were primarily related to the increased availability and quantity of substance abuse assessments and treatment.

Two agencies – Southwest Center Horizon House Program and Desert Haven – were specifically identified as providing quality services; however, caseworkers perceived the agency's availability to not meet the needs of families in the child welfare system. Concerning substance abuse assessment and treatment, Southwest Center Horizon House Program and Desert Haven were specifically mentioned as programs that provide quality service, but that the availability does not meet the needs of families involved in the child welfare system.

Twenty-nine percent (*n* = 4) of Northern Region contracted providers reported providing substance abuse services; 57% (*n* = 4) of Southwest Region contracted providers offer substance abuse services.

Critical Service Area: Domestic Violence

Similar results were observed in both regions for domestic violence services. Quantitative results indicate that caseworkers perceive cohabitant domestic violence services (for both offending and non-offending cohabitants), shelters/safe house, and children's domestic violence services most critical to maintaining children safely in home. Northern Region caseworkers additionally identified a need for affordable legal services; this result was also identified in qualitative data from the Southwest Region. Overall, caseworkers perceived a general need for services that intervene with the whole family including fathers/other male caregivers and perpetrators.

Caseworkers in the Northern Region reported positive perceptions of several agencies providing domestic violence services: Your Community Connection, Safe Harbor, the Child and Family Support Center, Safe at Home, Weber Human Services, the Family Institute, and Community Abuse Prevention Services Agency.

Southwest caseworkers identified domestic violence shelters and victim's advocates as services that are working well, although it was noted that availability is limited, especially in rural areas.

Thirty-six percent (*n* = 5) of Northern Region contracted providers reported providing domestic violence services; 57% (*n* = 4) of Southwest Region contracted providers offer domestic violence services.

Critical Service Area: Mental Health

Across regions, data on mental health services identified an overall need to offer a wide variety of therapeutic modalities (individual, group, family), delivery sites (office, in-home), and availability options (evenings, weekends). Specifically, caseworkers in both regions viewed in-home therapy as critical and lacking.

In Northern Region quantitative data, the most critical services for maintaining children in-home safely were identified as family therapy, in-home therapy, and individual therapy. In qualitative data, critical needs included trauma treatment services, crisis intervention, in-home services, medication management, and respite care. Caseworkers in the Northern Region perceived parental fitness evaluations and sexual perpetrator treatment to be the least-met mental health needs.

In the Southwest Region, critical services needs were also identified through quantitative analysis as family therapy and individual therapy, but caseworkers in this region viewed mental health assessments for adults as more critically needed than in-home therapy. In qualitative data, quality mental health assessments were also identified as critical, as were in-home services and trauma-informed services. Least met needs were identified as in-home therapy, trauma treatment, and sexual perpetrator treatment.

Data on the quality of adult mental health assessments in the Northern Region is slightly mixed. Some Northern caseworkers commented on the comprehensive quality, adequate availability, and timeliness of

adult mental health assessments. However, results also yielded an identified need for increase in the number of professionals who complete assessments.

Northern caseworkers identified mental health services that affect the entire family as more critical than more targeted mental health treatment such as trauma treatment or medication management. Although assessment was perceived as critical for helping children remain in-home safely, services such as family therapy and in-home therapy were still perceived to be of more critical need.

Southwest caseworkers noted an improvement in mental health services including increased availability, a new contract to serve individuals without Medicaid, and improved working relationships between DCFS and the mental health providers. Specifically, Southwest Behavioral Health Center Treatment, Utah Family Institute, and Therapy Associates were mentioned as beneficial resources.

Seventy-one percent (n = 10) of Northern Region contracted providers reported providing mental health services; 71% (n = 5) of Southwest Region contracted providers offer mental health services.

Critical Service Area: Family Functioning

In both regions, family preservation and peer parenting were identified as critical to maintaining children safely in-home; parent advocates and homemaking services were identified as least-met needs.

In the Northern Region, caseworkers had an overall positive perception of family preservation but reported that services could be improved by increasing capacity and adding availability of licensed clinical staff to provide clinical services. Northern caseworkers additionally perceived voluntary services and respite care to be critical to maintaining children in-home. Parenting classes were also reported to be an asset, but some caseworkers noted availability was difficult for working parents.

Caseworkers in the Southwest Region overwhelmingly identified peer parenting service as a positive asset for families. However, caseworkers emphasized that that the availability of peer parents is not adequate to meet the need of the parents that they serve, and expressed concern about recent contract changes that may further limit availability. They stated that long waiting lists and limited availability to provide the service in the parent’s home negatively impacts the potential benefits of this resource.

Services provided through the Family Support Center, Families First, and the Learning Center for Families, along with wraparound services provided by Center Utah Counseling Center, were identified as working well in the Southwest Region.

Seventy-one percent (n = 10) of Northern Region contracted providers reported providing family functioning services; 100% (n = 7) of Southwest Region contracted providers offer family functioning services.

Gaps in Service and Barriers to Access

Critical Service Gap: Basic Needs

In both regions, housing assistance was identified as the most critical and least-met need in both regions. Caseworkers reported housing assistance to be both unavailable and inaccessible.

In the Northern Region, caseworkers perceived inadequate housing assistance the greatest barrier to families remaining intact. When housing services are available, they can be difficult to access and qualify for. A second major barrier was eligibility criteria that prevent parents whose children have been removed or have a felony conviction from qualifying for needed services such as Medicaid, food stamps, and housing. Lack of health care services was also identified as a barrier to families.

In the Southwest Region, caseworkers reported service gaps including waiting lists for affordable housing that can delay reunification, eligibility criteria that excludes some parents, and limited transportation that does not serve rural or outlying communities. Caseworkers in the Southwest Region perceived DWS services to be less-available to parents of children who are in foster care, and felt that eligibility criteria prevented some families from obtaining assistance when children are removed from the home. When asked to identify the most critical service not currently available to prevent removals from the home, caseworkers identified affordable housing, financial assistance, higher paying jobs, affordable daycare, after school/summer youth programs, and transportation.

Critical Service Gap: Substance Abuse

Caseworkers in both regions perceived relapse prevention services to be lacking in accessibility and quality, which is problematic given that these services were also identified as critical to keeping children in home safely. Caseworkers reported a perceived lack of residential treatment services, and caseworkers expressed concern about the general availability and quality of supports available to clients leaving residential treatment. Affordability and insurance issues were also identified as barriers in both regions, and respondents stated that limited substance abuse treatment is available for clients on Medicaid or with low incomes. Services that are not dependent upon insurance type or income are needed.

A particularly strong barrier to accessing drug-testing services in the Northern Region was identified in Brigham City: Only one drug testing facility is available, and drug testing is only available during the lunch hour. Caseworkers perceived this limited availability – paired with a lack of adequate transportation – to be a major barrier for families who need substance abuse testing in the Brigham City area of the Northern Region. Although drug court and drug testing were identified as resources that are working well in the Southwest Region, they were also mentioned as critical needs in certain geographic areas.

Critical Service Gap: Domestic Violence

Caseworkers in both regions identified a gap in cohabitant and children's domestic violence services: These needs were identified as critical and least-met needs. Caseworkers expressed general dissatisfaction with domestic violence services available for cohabitant partners (both offending and non-offending) as well as domestic violence services for children. These services were particularly perceived as unavailable, inaccessible, and poor quality.

While Northern Region caseworkers reported positive experiences with domestic violence services, issues with inadequate availability surfaced including resources not being located in all areas (which makes it necessary for clients to travel out of county), a limited number and frequency of domestic violence classes offered for adults and children resulting in clients not receiving timely services or not receiving service at all, and a lack of flexibility in class and treatment appointment scheduling to accommodate client's schedules. Geographic areas specifically identified as lacking in services included offender groups for women in Box Elder County, a shelter and classes in the Tremonton area, and domestic violence treatment services in the south end of Davis County.

In the Southwest Region, caseworkers reported that domestic violence shelters and victim advocates services work well, but that availability is limited, especially in rural areas. The domestic violence team was also identified as a valuable resource; however, it was noted that this had been recently cut back. Qualitative results included feedback from caseworkers who specifically cited changes in domestic violence laws in the state, the elimination of DCFS Domestic Violence contracts, and changes in the approach to assessing and serving domestic violence victims as factors that have negatively impacted the availability, accessibility, appropriateness, and quality of domestic violence services.

Critical Service Gap: Mental Health

Worker responses about barriers to service indicated variability across geographic areas and within the same area. This suggests that the positive or negative views for some caseworkers are dependent upon interactions between individual professionals within those organizations and individual DCFS caseworkers.

In the Northern Region, a barrier reported by more than one respondent was an adversarial relationship specifically with Bear River Mental Health. Overall, there seems to be a need for improved communication, partnering, and relationship building between DCFS and mental health providers in the Northern Region. Caseworkers in the Northern Region also perceive a gap between the need for, and availability of, parental fitness evaluations. Additionally, a lack of transportation resources was identified as barrier to service access. In some Northern Region areas, this issue was created by the lack of mental health services in the local community which in turn creates a need for families to travel greater distances.

Geographic service areas that were specifically reported to have limited availability and access to mental health services were – Cache, Rich, Box Elder, and Davis Counties and Tremonton.

Southwest Region caseworkers perceived mental health assessment services and individual therapy to be largely lacking in quality. The availability of individual therapy is less than the need for such services, which results in infrequent or inconsistent individual therapy and untimely service provision.

Critical Service Gap: Family Functioning

Caseworkers from both regions noted the importance of peer parenting, and expressed some concerns about peer parenting in their region. Northern Region caseworkers expressed concern that peer parenting contracts had been changed and that the number of peer parenting staff had been reduced. Caseworkers perceived this to have a negative impact on family success. Southwest Region caseworkers also reported the availability of the peer parents is not adequate to meet the need of the parents that they serve. They

stated that long waiting lists and limited availability to provide the service in the parent's home negatively impacts the potential benefits of this resource.

Northern Region caseworkers perceived a need for more available services for Spanish speaking parents, peer parenting and voluntary in-home services specifically. Northern Region caseworkers perceived that youth advocates, homemaker services, and tracking services were largely non-existent in their area. Caseworkers also felt that eligibility criteria and the approval process for voluntary services or intensive in-home services acted as barriers to service access.

In the Southwest Region, caseworkers perceive a particularly glaring gap between the need for family preservation services and the availability of such services. Family preservation was not only identified as critical to maintaining children safely in home, but also as a least-met need; survey respondents overwhelmingly listed family preservation services as lacking in the region. Caseworkers described a need for more intensive in-home clinical services, and described a need for increased availability and easier access to youth advocates. Availability of and access to services seems to be largely affected by geographical area. Particularly in rural areas, Southwest Region caseworkers specifically described a need for more intensive in-home clinical services, increased availability of peer parents, and access to youth advocates in rural areas.

Provider Interview Results

In the Northern Region, providers showed strengths in the scoring domains of Intervention and Assessment. All providers reported utilizing an intervention supported by at least some promising evidence obtained through quasi-experimental studies. 38% of Northern providers (n = 5) reported using an intervention supported by significant and meaningful evidence from at least two randomized-controlled trials. In regards to assessment, 86% of providers reported using an assessment that has at least marginal reliability or validity, or is commonly used. 43% of providers used an assessment technique with establish reliability and validity for child welfare populations.

Areas of weakness in Northern Region providers were in the domains of Assessment Training, Initial training, and Initial trauma training. While 33% (n = 3) of providers engage staff in ongoing training on assessment technique to ensure they are administering assessment correctly, the other 66% (n = 6) reported no formal ongoing training about assessment technique or fidelity. At new hire, 58% of providers provided only informal training on the intervention utilized at the agency; informal training is defined as unstructured "sink or swim" training, one-day didactic sessions, or one-day job shadowing. This pattern of informal training was also observed in regards to training on trauma interventions.

In the Southwest Region, providers also showed strengths in the scoring domain of Intervention and Assessment. 67% of Southwest providers (n = 4) reported using an intervention supported by significant and meaningful evidence from at least two randomized-controlled trials. In the Assessment domain, 71% of providers reported using an assessment that has at least marginal reliability or validity, or is commonly used.

Areas of weakness in Southwest service provision were similar to those observed in the Northern providers: Assessment training, Initial trauma training, and Ongoing training. In Assessment training, no

providers (n = 0) reported any ongoing training on assessment technique is provided to staff. Similarly, no providers (n = 0) reported providing initial training on trauma interventions beyond informal training such as a day-long didactic session or job shadowing. Sixty-six percent of Southwest Region providers reported providing no ongoing training beyond general supervision or CEUs/conferences.

Discussion and Recommendations

Results from worker interviews indicate that housing assistance, relapse prevention supports, cohabitant domestic violence services, a wide range of mental health treatments/delivery locations, and peer parenting are the most critical and least met needs for families.

Across regions and need areas, accessibility of services seems to be a major barrier. Three factors impede access. First, caseworkers perceive eligibility criteria to be a major barrier for accessing a wide variety of services, especially for parents with a felony criminal record or whose children have not yet been removed from the home. Especially in the Southwest Region, caseworkers felt that eligibility criteria, approval policies, procedures for mental health services have not been adapted to support the HomeWorks goal of providing services for children and families in the home when possible.

Second, services that are only available during work hours (or in the case of Brigham-area drug testing only open on the lunch hour) make it difficult for parents to access critical services. More services available on evenings and weekends are needed.

Third, caseworkers perceived that inadequate transportation resources hinder families' ability to access the available resources. Especially in rural or outlying areas, inadequate transportation resources may mean that families are unable to access services even when quality services are available.

The most direct recommendation for ameliorating the access issue is to widen eligibility criteria for services including Medicaid, housing assistance, and especially in-home services. If parents whose children remain in-home are ineligible for many of the supports available, it is likely those families will experience significant barriers to keeping their children in-home safely.

Expanding times in which services are available may also help close gaps between critical services and critical family needs. Working parents in particular need services to be available on evenings and weekends.

Especially in rural areas, transportation to service providers seems to be essential for families to access services. Public transportation routes need to reach farther into outlying areas, and need to offer more services on evenings and weekends. Conversely, if families are able to access more in-home services, transportation barriers could be minimized.

In terms of DCFS contracts, DHS may want to consider modifying contract RFPs to encourage providers to administer services aimed at meeting the most critical/least met family needs. Agencies that can provide services in-home, are easily accessible by public transportation, and can provide services on evenings or weekends should be given priority. In addition, agencies should be supported to provide staff with initial training on general assessment and intervention techniques utilized by the agency; initial

training on the trauma intervention is recommended in agencies providing trauma intervention. In the Southwest Region, many providers perceived training to be inaccessible due to distance and funding obstacles. If possible, DCFS would be well served to provide more frequent trainings in more locations throughout the Southwest Region. Alternately, technology such as video conferencing or online training could be used to remotely engage service providers in training.

While data from both providers and caseworkers identified gaps in service provision throughout the Northern and Southwest Regions, initial gap analysis can guide changes to narrow these gaps. Ultimately, child welfare work is complicated by the reality that each family has different needs. Taking any steps towards a comprehensive care system facilitating consistent access to high-quality services in a myriad of areas will likely have a positive effect on families engaged with DCFS.

Salt Lake Valley, Eastern, and Western Regions

In order to identify service gaps, data was gathered from 628 child welfare caseworkers in Salt Lake Valley Region, 274 caseworkers in Western Region, and 414 caseworkers in Eastern Region and 50 non-Medicaid DCFS-contracted Mental Health providers in these regions. Caseworkers completed five online surveys focused on five critical need areas: Basic needs, substance abuse, domestic violence, mental health, and family functioning. Providers participated in hour-long interviews to assess service provision along nine domains: Intervention training, initial training, ongoing training, assessment, assessment training, trauma framework, trauma intervention, and initial trauma training.

In these regions, caseworkers identified services that are working well as family preservation, food assistance, drug court, and domestic violence services in general.

For *basic needs***,** housing assistance was identified as the most critical and least met need. For *substance abuse*, service gaps were identified in relapse prevention and residential treatment services. For *domestic violence*, cohabitant (both offending and non-offending) services and children's services were identified as critical and lacking. For *mental health* large differences in caseworker perceptions were observed, indicating that positive or negative views may be dependent on interactions with specific individuals from service-providing organizations. Caseworkers also perceived mental health assessment services to be especially lacking in quality and availability. For *family functioning*, caseworkers perceived peer parenting services to be critical for maintaining children in the home safely, and expressed concern that peer parenting availability is insufficient to meet families' needs. Overall, inability to access services seems to be a major barrier.

In general, contracted providers showed strength in the areas of intervention and assessment. Providers should be supported to take steps in improving training on assessment techniques and/or trauma interventions, initial training, and ongoing training. DHS may consider revising provider Request for Proposals (RFPs) to encourage the provision of critical services for least-met needs, and providing remotely-accessible trainings, particularly in the rural areas of the state.

Worker Demographics

In total, 1,316 caseworkers responded to the surveys from the Salt Lake Valley, Eastern, and Western Regions. The majority of respondents were caseworkers (SLV 68%, Eastern 74%, and Western 80%) followed by supervisors. Most respondents worked in either in- home (SLV *45*%, Eastern 52%, and Western 54%), CPS (SLV *39*%, Eastern 11%, and Western 18%) or foster care (SLV *14%*, Eastern 16%, and Western 17%) programs. The caseworkers in the Salt Lake Valley Region had worked for DCFS longer than those in the Eastern or Western Region. In Salt Lake Valley about 41% of caseworkers had reported working for DCFS for more than 10 years, while in the Eastern Region it was 34% and in the Western it was 33%.

Description of Providers

Fifty of 59 (85%) of the non-Medicaid DCFS-contracted providers (Salt Lake Valley *n* = 28; Eastern *n* = 2; Western 20) participated in interviews. Salt Lake Valley provider scores ranged from .2-.80; the mean score in the Salt Lake Valley Region was .46. Eastern provider scores ranged from .05-.4; the mean score in the Eastern Region was .20. Western provider scores ranged from .2 -.64; the mean score in the Western Region was .40 (See Table 85, Table 86, and Table 87).

Table 85. Interview Scores for Salt Lake Valley Providers (*n* = 28)

Provider Code	Scoring Domains									Raw Score	Score (0-1)
	A*	B*	C*	D*	E*	F*	G*	H*	I*		
SLV 1	1	2	1	2	2	0	2	0	0	10	0.36
SLV 2	1	1	0	1	2	1	1	0	0	7	0.25
SLV 3	2	2	2	2	1	0	2	2	2	15	0.54
SLV 4	2	0	0	0	0	0	2	2	0	6	0.21
SLV 5	0	0	0	0	2	0	1	0	0	3	0.11
SLV 6	1	0	0	0	1	0	0	0	0	2	0.07
SLV 7	1	1	1	0	1	0	0	0	0	4	0.14
SLV 8	2	0	0	0	2	0	0	2	0	6	0.21
SLV 9	1	0	0	0	1	0	1	0	0	3	0.11
SLV 10	1	1	0	1	1	0	1	0	0	5	0.18
SLV 11	2	0	2	2	2	0	2	2	2	14	0.50
SLV 12	1	1	0	1	0	0	0	0	0	3	0.11
SLV 13.	2	2	2	2	2	0	2	2	2	16	0.57
SLV 14	1	0	0	0	1	0	1	0	0	3	0.11
SLV 15	2	2	2	1	1	1	1	1	0	11	0.39
SLV 16	2	2	2	1	1	0	0	1	0	9	0.32
SLV 17	1	1	1	2	2	1	2	1	1	12	0.43
SLV 18	1	1	1	2	2	1	2	1	1	12	0.43
SLV 19	1	1	1	2	2	1	2	1	1	12	0.43
SLV 20	0	0	0	0	0	0	1	2	2	5	0.18
SLV 21	2	2	1	1	2	1	0	0	0	9	0.32
SLV 22	1	1	1	1	1	1	1	1	0	8	0.29
SLV 23	0	0	0	0	1	1	0	0	0	2	0.07
SLV 24	2	2	1	2	2	1	0	0	0	10	0.36
SLV 25	2	2	1	1	1	1	1	1	0	10	0.36
SLV 26	2	2	1	2	2	1	1	1	0	12	0.43
SLV 27	0	0	1	1	1	1	1	0	0	5	0.18

SLV 28	2	2	1	2	2	1	0	0	0	12	0.36
REGION TOTAL	36	28	20	27	38	13	27	20	11	224	8.00

**Scoring Domains A: Intervention; B: Intervention training, C: Initial training, D: Ongoing training, E: Assessment, F: Assessment training, G: Trauma framework, H: Trauma intervention, I: Initial trauma training*

Table 86. Interview Scores for Eastern Providers (*n* = 2)

Provider Code	Scoring Domains									Raw Score	Score (0-1)
	A*	B*	C*	D*	E*	F*	G*	H*	I*		
E 1	1	1	0	1	2	1	2	1	0	9	0.64
E 2	1	1	0	1	2	1	1	1	0	8	0.57
REGION TOTAL	2	2	0	2	4	2	3	2	0	17	8.50

**Scoring Domains A: Intervention; B: Intervention training, C: Initial training, D: Ongoing training, E: Assessment, F: Assessment training, G: Trauma framework, H: Trauma intervention, I: Initial trauma training*

Table 87. Interview Scores for Western Providers (*n* = 20)

Provider Code	Scoring Domains									Raw Score	Score (0-1)
	A*	B*	C*	D*	E*	F*	G*	H*	I*		
W 1	1	2	1	2	2	0	1	1	1	11	0.69
W 2	2	1	1	1	2	2	1	1	1	12	0.67
W 3.	2	2	2	2	1	0	2	2	2	15	0.94
W 4	2	0	0	0	0	0	2	2	0	6	1.00
W 5	2	1	1	1	2	1	1	1	0	10	0.63
W 6	2	1	1	1	2	1	1	1	0	10	0.63
W 7.	1	1	1	1	1	1	0	0	0	6	0.50
W 8	1	1	1	0	2	2	1	0	0	8	0.67
W 9	2	0	0	0	2	0	0	2	0	6	1.00
W 10	2	1	1	1	2	2	1	1	1	12	0.67
W 11	1	1	0	1	1	0	1	0	0	5	0.50
W 12	2	0	2	2	2	0	2	2	2	14	1.00
W 13	1	1	0	1	0	0	0	0	0	3	0.50
W 14	2	2	2	2	2	0	2	2	2	16	1.00
W 15	2	2	1	1	1	1	1	1	1	11	0.61
W 16	2	2	1	1	1	1	1	1	1	11	0.61
W 17	2	1	1	1	2	2	1	1	1	12	0.67
W 18	1	1	0	1	1	1	0	0	0	5	0.42
W 19	1	0	1	2	2	1	1	1	1	10	0.63
W 20	1	0	1	1	1	1	0	0	0	5	0.25
REGION TOTAL	32	20	18	22	29	16	19	19	13	188	9.40

**Scoring Domains A: Intervention; B: Intervention training, C: Initial training, D: Ongoing training, E: Assessment, F: Assessment training, G: Trauma framework, H: Trauma intervention, I: Initial trauma training*

Needs and Services

Critical Service Area: Basic Needs

In the Salt Lake Valley, Eastern, and Western Regions, caseworkers identified the most important services most critically needed to maintaining children safely in-home as housing programs, and to a lesser extent health care, food programs, employment, and financial assistance. Similarly, many caseworkers across all three regions also indicated housing assistance and employment as the least-met need.

Across regions, parenting programs were perceived by caseworkers to be working well in meeting client needs.

Forty percent (*n* =11) of Salt Lake Valley Region and 30% (*n* =6) of Western Region contracted providers reported providing basic needs services.

Critical Service Area: Substance Abuse

Caseworkers in Salt Lake Valley, Eastern, and Western Regions perceived intensive outpatient and relapse prevention programming services to be critical for maintaining children safely in-home. In the Salt Lake Valley and Eastern Region, drug testing was also identified as high priorities. Substance abuse evaluations and recovery supports were also identified, though less frequently.

Caseworkers in these regions also perceived the least-met needs to be relapse prevention services, recovery supports, and intensive out-patient treatment. Residential treatment services was repeatedly mentioned, specifically residential treatment services that provides for families to remain intact. Salt Lake Valley respondents from Tooele indicated the general lack of substance abuse services in the area.

Across the Salt Lake Valley, Eastern, and Western Regions, caseworkers pointed to drug courts and access to evaluations as a favorable service that seems to be working well. The perception of drug testing services was mixed: while some identified it lacking, other caseworkers felt access to drug testing was working well.

Forty percent (*n* =11) of Salt Lake Valley Region and 30% (*n* =6) of Western Region, and 100% (n=2) of Eastern contracted providers reported providing substance abuse services.

Critical Service Area: Domestic Violence

Quantitative survey data reveal that caseworkers perceive children's DV services and cohabitant domestic violence services (for both offending and non-offending cohabitants) as most critical to maintaining children safely in home. Domestic violence shelters and victim's advocate's services were other services that were deemed critical.

Despite highlighting the need for DV services, a number of caseworkers across the three regions reported positive perceptions of several domestic violence services including that there is a DCFS supported shelter and that Moab finally has a domestic violence perpetrator treatment provider.

Ten percent (*n* = 6) of the contracted providers in Salt Lake Valley, Eastern, and Western Regions reported providing domestic violence services.

Critical Service Area: Mental Health

Across regions, data on mental health services identified an overall need to offer a wide variety of therapeutic modalities (individual, group, family), delivery sites (office, in-home), and availability options (evenings, weekends).

Quantitative worker data identified the most critical services for maintaining children in-home safely were identified as in-home / family therapy followed by individual therapy as the most lacking. In qualitative data caseworkers in the regions perceived parental fitness evaluations and in-home therapy to be the least-met mental health needs.

Data on the quality of both child and adult mental health services suggests significant barriers are poor quality services and services that are just too inaccessible. Specifically, poor quality child mental health services were identified in the Eastern Region.

Salt Lake Valley Region caseworkers identified both mental health assessments for children and adults as critical needs. Although assessment was perceived as critical for helping children remain in-home safely, services such as family therapy and in-home therapy were still perceived to be of more critical need.

Western Region survey respondents identified Wasatch Mental Health in Utah County as something that works well and is viewed as a strength and resource. Similarly, Eastern caseworkers identified Four Corners Mental Health and Northeastern Counseling Center as strong resources in their areas, despite not having enough capacity to provide for the need.

Seventy-six percent (n = 38) of the 50 contracted providers reported providing mental health services.

Critical Service Area: Family Functioning

The clearest need identified across the three regions are family preservation, intensive in-home parent training, and parent advocates to maintaining children safely in-home while respite and voluntary in-home services top the list of as least-met needs.

Caseworkers did identify a variety of services that were working well; however, they were diverse and included: family preservation, crises respite nursery for foster care and for parents, safety planning, Wasatch Mental Health and strengthening families.

Sixty percent (n = 30) of contracted providers across these three regions reported providing family functioning services.

Gaps in Service and Barriers to Access

Critical Service Gap: Basic Needs

Housing assistance was identified as the most critical and least-met need in all three regions. Caseworkers reported housing assistance to be lacking and inaccessible. Specifically, in the Salt Lake Valley Region, caseworkers perceived inadequate housing assistance the greatest barrier to families remaining intact. Lack of financial assistance and employment were also identified as a barrier to families.

When asked to identify the most critical service not currently available to prevent removals from the home, caseworkers identified affordable housing, financial assistance, higher paying jobs, affordable daycare, after school/summer youth programs, and transportation.

Critical Service Gap: Substance Abuse

Caseworkers perceived relapse prevention services to be lacking in accessibility and quality, which is problematic given that these services were also identified as critical to keeping children in home safely. Caseworkers reported a perceived lack of residential treatment services, and caseworkers expressed concern about the general availability and quality of supports available to clients leaving residential treatment.

Critical Service Gap: Domestic Violence

Caseworkers across the region identified a gap in children's domestic violence services: These needs were identified as critical and least-met needs. Caseworkers expressed general dissatisfaction with domestic violence services available for cohabitant partners (both offending and non-offending) as well as domestic violence services for children.

Another gap that was identified was the lack of services in some locations, however, this was counterbalanced by the recognition that services had become available in other areas not previously served. As a result, there were a number of caseworkers reporting positive experiences with domestic violence services.

Other caseworkers reported that domestic violence shelters and victim advocates services work well, but that availability is limited.

Critical Service Gap: Mental Health

Worker responses about barriers to service indicated variability across geographic areas and within the same area. This suggests that the positive or negative views for some caseworkers are dependent upon interactions between individual professionals within those organizations and individual DCFS caseworkers.

The gap in mental health services that was mentioned repeatedly was the inaccessibility and overall dissatisfaction with the overall quality of services. This is particularly the case in the more remote rural areas. Caseworkers perceive a gap between the need for, and availability of, parental fitness evaluations.

Critical Service Gap: Family Functioning

Caseworkers uniformly noted the importance of peer parenting, and expressed some concerns about peer parenting in their regions. Specifically, caseworkers also reported the availability of the peer parents is not adequate to meet the need of the parents that they serve.

While family preservation was not only identified as critical to maintaining children safely in home, but also as a least-met need; survey respondents overwhelmingly listed family preservation services as lacking in the region. Availability of and access to services appears to be dependent on where the respondent lived geographically. For example, those is outlying or rural areas emphasized the need strongly, while many in urban population centers downplayed the nature of this need.

Provider Interview Results

Across the three regions, providers varied in their strengths. For example, in the scoring domains of Intervention and Assessment nearly all providers (90%) reported utilizing an intervention supported by at least some promising evidence obtained empirically. Additionally, 90% of providers reported using an assessment that has at least marginal reliability or validity, or is commonly used.

Areas of weakness in the Salt Lake Valley, Eastern, and Western Regions, mirror those found among the Northern providers and include the domains of Assessment Training and Initial trauma training. While 60% (n = 30) of providers engage staff in ongoing training on assessment technique to ensure they are administering assessment correctly, 40% reported no formal ongoing training about assessment technique or fidelity.

DISCUSSION AND RECOMMENDATIONS

Results from worker interviews indicate that housing assistance, relapse prevention supports, cohabitant domestic violence services, a wide range of mental health treatments/delivery locations, and peer parenting are the most critical and least met needs for families.

Common need areas identified include accessibility to services generally (e.g. applies to domestic violence, mental health, and substance abuse). Access is a significant barrier to those in need. Access is influenced by a couple of well-known factors. First, geography - - that is, if the person lives in an area that has limited number of service providers (or perhaps none), then this is prevents services from being received. A related aspect of this applies to those residing in rural or outlying areas, where both services and transportation resources (or lack of it) prevent individuals from receiving the services they need. Second, if the contracted provider offers the service on a limited basis (e.g. part-time or are only available during work hours) this becomes a barrier. Finally, another factor that may contribute is the worker's perception of the quality of the service, and then this may prevent a referral from being made by the worker.

The recommendation for correcting the access issue is to expand services, which is easier said than done. Even if direct service contracts could not be expanded, increasing the funding available to other services such as transportation, housing, or to change the service delivery method may alleviate the problem (e.g. increase in-home services).

Even the simple approach of expanding service availability may also close gaps between critical services and critical family needs. Working parents in particular need services to be available on evenings and weekends.

Further, in outlying/rural areas, transportation to service providers seems to be essential for families to access services. Public transportation routes need to reach farther into outlying areas, and need to offer more services on evenings and weekends. Conversely, if families are able to access more in-home services, transportation barriers could be minimized.

In terms of DCFS contracts, DHS may want to consider modifying contract RFPs to encourage providers to administer services aimed at meeting the most critical/least met family needs. Agencies that can provide services in-home, are easily accessible by public transportation, and can provide services on evenings or weekends should be given priority. In addition, agencies should be supported to provide staff with the appropriate training and professional development to ensure adherence to assessment protocols or service model fidelity.

While data from both providers and caseworkers identified gaps in service provision across the regions, initial gap analysis can guide changes to narrow these gaps.

APPENDIX F COMMUNITY SERVICE ARRAY SURVEYS AND ASSESSMENTS

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DCFS Community Resources Assessment (Basic Needs)

Welcome

Thank you for participating in this brief assessment! We need your input about community resources that address basic needs for children and families you serve.

Your answers will help DCFS identify service gaps and needs for new resources to support children and families.

Your thoughtful answers are vital and we ask that you be as open and candid as possible.

*** 1. Which DCFS office do you currently work in?**

Other (please specify)

2. What is your current position?

- Senior Assistant Caseworker
- Caseworker
- Supervisor
- Regional Administrator

Other (please specify)

3. Which program area(s) do you work in?
****Select all that apply****

- ☐ CPS
- ☐ Foster
- ☐ Care
- ☐ Adoption
- ☐ Domestic Violence
- ☐ N/A

Other

* **4. How long have you worked for DCFS?**

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DCFS Community Resources Assessment (Basic Needs)

Basic Needs

5. How well are the services below meeting the needs of families served by your office?

	LITTLE TO NONE	SOME	MOST	ALMOST ALL	UNSURE
Housing Assistance	○	○	○	○	○
Food Programs	○	○	○	○	○
Transportation	○	○	○	○	○
Healthcare	○	○	○	○	○
Employment	○	○	○	○	○
Financial Assistance	○	○	○	○	○
Education	○	○	○	○	○
Socialization	○	○	○	○	○
Flexible Funding	○	○	○	○	○

Other (Please Identify in Space Below)

Other

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DCFS Community Resources Assessment (Basic Needs)

REFERENCE

Use the following information as a reference when answering the questions regarding barriers to resources.

POOR QUALITY: The resource is not effective at producing the desired results for families. For example: generic treatments, "watered down" programs, insufficient intensity, etc.

UNAVAILABLE: The resource is not available to meet the particular needs of families. For example: lack providers, no bilingual providers, lack diversity for age, gender, culture etc.

INACCESSIBLE: The resource is available but due to other factors families are unable to obtain or participate in the service. For example: distance, transportation, funding, discrimination, etc.

UNSURE: Mark unsure when you are not familiar with the resources for a particular need.

6. Please identify any barriers to families benefiting from or using Basic Need services in your area.

	POOR QUALITY	UNAVAILABLE	INACCESSIBLE	UNSURE	NO BARRIERS
Housing Assistance					
Food Programs					
Transportation					
Healthcare					
Employment					
Financial Assistance					
Education					
Socialization	☐	☐	☐	☐	☐
Flexible Funding	☐	☐	☐	☐	☐
Other (please specify)	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

7. Of the following services please identify the top 3 that are most critical to maintaining children home safely.

- [ ] Housing Assistance
- [ ] Financial Assistance
- [ ] Food Programs
- [ ] Socialization
- [ ] Transportation
- [ ] Education
- [ ] Healthcare
- [ ] Flexible Funding
- [ ] Employment

Other (please specify)

8. What's working well in your area pertaining to Basic Need resources?

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DCFS Community Resources Assessment (Basic Needs)

RESOURCE DIRECTORY

9. Please select the top 5 most important functions and features an online resource directory must have in order for it to be useful.

- Drop down selection for services
- Drop down selection for locations
- Thorough descriptions of the services a provider offers
- Location for easy access
- The ability to print individual provider"s information page
- Easily locate a resource for a family you are working with
- Integration with Google Maps
- Provider location, contact information, availability, payment fees, etc.
- Regularly updated with current information
- The ability to filter for contracted services
- Aesthetics
- A means to know & connect with providers
- A search function for "key words", i.e. "cognitive"
- "Live support" for the directory, i.e. chat, phone
- Other (please specify)

10. What is the most critical service not currently available in your area that the Division should add in order to prevent removals from the home (and so families could be served with in-home services)?

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DCFS Community Resources Assessment (Domestic Violence)

Welcome

Thank you for participating in this brief assessment!

We need your input about domestic violence community resources for children and families you serve. Your answers will help DCFS identify service gaps and needs for new resources to support children and families.

Your thoughtful answers are vital and we ask that you be as open and candid as possible.

*** 1. Which DCFS office do you currently work in?**

Other (please specify)

2. What is your current position?

- Senior Assistant Caseworker
- Caseworker
- Supervisor
- Regional Administrator

Other (please specify)

3. Which program area(s) do you work in?
Select all that apply

- [ ] CPS
- [ ] In-Home
- [ ] Foster Care
- [ ] Adoption Domestic
- [ ] Violence N/A
- [ ]

Other

* 4. How long have you worked for DCFS?

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DCFS Community Resources Assessment (Domestic Violence)

Domestic Violence

5. How well are the services below meeting the needs of families served by your office?

	LITTLE TO NONE	SOME	MOST	ALMOST ALL	UNSURE
Domestic Violence Shelters/Safe Houses					
Non-Offending Cohabitant Domestic Violence Services					
Offending Cohabitant Domestic Violence Services					
Children's Domestic Violence Services					
Victim's Advocates					
Legal Services					
Other (Please Identify in Space Below)					
Other					

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DCFS Community Resources Assessment (Domestic Violence)

REFERENCE

Use the following information as a reference when answering the questions regarding barriers to resources.

POOR QUALITY: The resource is not effective at producing the desired results for families. For example: generic treatments, "watered down" programs, insufficient intensity, etc.

UNAVAILABLE: The resource is not available to meet the particular needs of families. For example: lack providers, no bilingual providers, lack diversity for age, gender, culture etc.

INACCESSIBLE: The resource is available but due to other factors families are unable to obtain or participate in the service. For example: distance, transportation, funding, discrimination, etc.

UNSURE: Mark unsure when you are not familiar with the resources for a particular need.

6. Please identify any barriers to families benefiting from or using Domestic Violence services in your area.

	POOR QUALITY	UNAVAILABLE	INACCESSIBLE	UNSURE	NO BARRIERS
Domestic Violence Shelters/Safe Houses					
Non-Offending Cohabitant Domestic Violence Services					
Offending Cohabitant Domestic Violence Services					
Children's Domestic Violence Services					
Victim's Advocates	☐	☐	☐	☐	☐
Legal Services	☐	☐	☐	☐	☐
Other (please specify)					
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

7. Of the following services please identify the top 3 that are most critical to maintaining children home safely.

- [ ] Domestic Violence Shelters/Safe Houses
- [ ] Children's Domestic Violence Services
- [ ] Non-Offending Cohabitant Domestic Violence Services
- [ ] Victim's Advocates
- [ ] Offending Cohabitant Domestic Violence Services
- [ ] Legal Services

Other (please specify)

8. What's working well in your area pertaining to Domestic Violence resources?

9. What is the most critical service not currently available in your area that the Division should add in order to prevent removals from the home (and so families could be served with in-home services)?

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DCFS Community Resources Assessment (Family Functioning)

Welcome

Thank you for participating in this brief assessment regarding community resources to improve family functioning!

We need your input about community resources for children and families you serve. Your answers will help DCFS identify service gaps and needs for new resources to support children and families.

Your thoughtful answers are vital and we ask that you be as open and candid as possible.

*** 1. Which DCFS office do you currently work in?**

Other (please specify)

2. What is your current position?

- Senior Assistant Caseworker
- Caseworker
- Supervisor
- Regional Administrator

Other (please specify)

3. Which program area(s) do you work in?
Select all that apply

- [ ] CPS
- [ ] In-Home
- [ ] Foster Care
- [ ] Adoption Domestic
- [ ] Violence N/A
- [ ]

Other

* 4. How long have you worked for DCFS?

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DCFS Community Resources Assessment (Family Functioning)

Family Functioning

5. How well are the services below meeting the needs of families served by your office?

	LITTLE TO NONE	SOME	MOST	ALMOST ALL	UNSURE
Parenting Classes					
Peer Parenting / Intensive (in the home)					
Parent Advocates / Home Visiting					
Crisis Nursery					
Youth Advocates					
Family Resource Facilitators					
Tracking					
Family Preservation					
Voluntary In-Home Services					
Other (Please Identify in Space Below)					

Other

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DCFS Community Resources Assessment (Family Functioning)

REFERENCE

Use the following information as a reference when answering the questions regarding barriers to resources.

POOR QUALITY: The resource is not effective at producing the desired results for families. For example: generic treatments, "watered down" programs, insufficient intensity, etc.

UNAVAILABLE: The resource is not available to meet the particular needs of families. For example: lack providers, no bilingual providers, lack diversity for age, gender, culture etc.

INACCESSIBLE: The resource is available but due to other factors families are unable to obtain or participate in the service. For example: distance, transportation, funding, discrimination, etc.

UNSURE: Mark unsure when you are not familiar with the resources for a particular need.

6. Please identify any barriers to families benefiting from or using Family Functioning services in your area.

	POOR QUALITY	UNAVAILABLE	INACCESSIBLE	UNSURE	NO BARRIERS
Parenting Classes	☐	☐	☐	☐	☐
Peer Parenting / Intensive (in the home) Parent Training	☐	☐	☐	☐	☐
Parent Advocates / Home Visiting	☐	☐	☐	☐	☐
Crisis Nursery	☐	☐	☐	☐	☐
Respite Services	☐	☐	☐	☐	☐
Youth Advocates	☐	☐	☐	☐	☐
Family Resource Facilitators	☐	☐	☐	☐	☐
Tracking	☐	☐	☐	☐	☐
Homemaker Services	☐	☐	☐	☐	☐
Family Preservation	☐	☐	☐	☐	☐
Voluntary In-Home Services	☐	☐	☐	☐	☐

Other (please specify)

7. Of the following services please identify the top 3 that are most critical to maintaining children home safely.

- ☐ Parenting Classes
- ☐ Peer Parenting / Intensive (in the home) Parent Training
- ☐ Parent Advocates / Home Visiting
- ☐ Crisis Nursery Respite
- ☐ Services Youth
- ☐ Advocates
- ☐ Family Resource Facilitators
- ☐ Tracking
- ☐ Homemaker Services Family
- ☐ Preservation Voluntary In-
- ☐ Home Services

Other (please specify)

8. What's working well in your area pertaining to Family Functioning resources?

9. What is the most critical service not currently available in your area that the Division should add in order to prevent removals from the home (and so families could be served with in-home services)?

HomeWorks
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DCFS Community Resources Assessment (Mental Health)

Welcome

Thank you for participating in this brief assessment!

We need your input about community resources to meet the mental health needs for children and families you serve. Your answers will help DCFS identify service gaps and needs for new resources to support children and families.

Your thoughtful answers are vital and we ask that you be as open and candid as possible.

*** 1. Which DCFS office do you currently work in?**

Other (please specify)

2. What is your current position?

- Senior Assistant Caseworker
- Caseworker
- Supervisor
- Regional Administrator

Other (please specify)

3. Which program area(s) do you work in?

****Select all that apply****

- [ ] CPS
- [ ] In-Home
- [ ] Foster Care
- [ ] Adoption
- [ ] Domestic Violence
- [ ] N/A
- [ ]

Other

* 4. How long have you worked for DCFS?

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DCFS Community Resources Assessment (Mental Health)

Mental Health

5. How well are the services below meeting the needs of families served by your office?

	LITTLE TO NONE	SOME	MOST	ALMOST ALL	UNSURE
Mental Health Assessments: Children					
Mental Health Assessments: Adults					
Psychological Evaluations					
Parental Fitness Evaluations					
Group Therapy					
Marital/Relationship Therapy					
In-Home Therapy					
Crisis Intervention / Response Team					
Sexual Perpetrator Treatment					
Other (Please Identify in Space Below)					

Other

HomeWorks
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DCFS Community Resources Assessment (Mental Health)

REFERENCE

Use the following information as a reference when answering the questions regarding barriers to resources.

POOR QUALITY: The resource is not effective at producing the desired results for families. For example: generic treatments, "watered down" programs, insufficient intensity, etc.

UNAVAILABLE: The resource is not available to meet the particular needs of families. For example: lack providers, no bilingual providers, lack diversity for age, gender, culture etc.

INACCESSIBLE: The resource is available but due to other factors families are unable to obtain or participate in the service. For example: distance, transportation, funding, discrimination, etc.

UNSURE: Mark unsure when you are not familiar with the resources for a particular need.

6. Please identify any barriers to families benefiting from or using Mental Health services in your area.

	POOR QUALITY	UNAVAILABLE	INACCESSIBLE	UNSURE	NO BARRIERS
Mental Health Assessments: Children	☐	☐	☐	☐	☐
Mental Health Assessments: Adults	☐	☐	☐	☐	☐
Psychological Evaluations	☐	☐	☐	☐	☐
Parental Fitness Evaluations	☐	☐	☐	☐	☐
Individual Therapy	☐	☐	☐	☐	☐
Group Therapy	☐	☐	☐	☐	☐
Family Therapy	☐	☐	☐	☐	☐
Marital/Relationship Therapy	☐	☐	☐	☐	☐
Trauma Treatment	☐	☐	☐	☐	☐
In-Home Therapy	☐	☐	☐	☐	☐
Crisis Intervention / Response Team	☐	☐	☐	☐	☐
Sexual Perpetrator Treatment	☐	☐	☐	☐	☐
Medication Management	☐	☐	☐	☐	☐

Other (please specify)

7. **Of the following services please identify the top 3 that are most critical to maintaining children home safely.**

- ☐ Mental Health Assessments for Children
- ☐ Mental Health Assessments for Adults
- ☐ Psychological Evaluations
- ☐ Parental Fitness Evaluations
- ☐ Individual Therapy
- ☐ Group Therapy
- ☐ Family Therapy
- ☐ Marital/Relationship Therapy
- ☐ Trauma Treatment
- ☐ In-Home Therapy
- ☐ Crisis Intervention / Response Team
- ☐ Sexual Perpetrator Treatment
- ☐ Medication Management

Other (please specify)

8. **What's working well in your area pertaining to Mental Health resources?**

9. **What is the most critical service not currently available in your area that the Division should add in order to prevent removals from the home (and so families could be served with in-home services)?**

HomeWorks
A DCFS PROGRAM

DCFS Community Resources Assessment (Substance Abuse)

Welcome

Thank you for participating in this brief assessment regarding substance abuse community resources!

We need your input about community resources for children and families you serve. Your answers will help DCFS identify service gaps and needs for new resources to support children and families.

Your thoughtful answers are vital and we ask that you be as open and candid as possible.

*** 1. Which DCFS office do you currently work in?**

Other (please specify)

2. What is your current position?

- Senior Assistant Caseworker
- Caseworker
- Supervisor
- Regional Administrator

Other (please specify)

3. Which program area(s) do you work in?
Select all that apply

- [ ] CPS
- [ ] In-Home
- [ ] Foster Care
- [ ] Adoption Domestic
- [ ] Violence N/A
- [ ]

Other

* 4. How long have you worked for DCFS?

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DCFS Community Resources Assessment (Substance Abuse)

Substance Abuse

5. How well are the services below meeting the needs of families served by your office?

	LITTLE TO NONE	SOME	MOST	ALMOST ALL	UNSURE
Substance Abuse Evaluations	○	○	○	○	○
Drug testing Recovery Supports	○	○	○	○	○
Drug Courts Intensive Out Patient	○	○	○	○	○
Residential Treatment Relapse Prevention Services	○	○	○	○	○
Other (Please Identify in Space Below)	○	○	○	○	○

Other

HomeWorks
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DCFS Community Resources Assessment (Substance Abuse)

REFERENCE

Use the following information as a reference when answering the questions regarding barriers to resources.

POOR QUALITY: The resource is not effective at producing the desired results for families. For example: generic treatments, "watered down" programs, insufficient intensity, etc.

UNAVAILABLE: The resource is not available to meet the particular needs of families. For example: lack providers, no bilingual providers, lack diversity for age, gender, culture etc.

INACCESSIBLE: The resource is available but due to other factors families are unable to obtain or participate in the service. For example: distance, transportation, funding, discrimination, etc.

UNSURE: Mark unsure when you are not familiar with the resources for a particular need.

6. Please identify any barriers to families benefiting from or using Substance Abuse services in your area.

	POOR QUALITY	UNAVAILABLE	INACCESSIBLE	UNSURE	NO BARRIERS
Substance Abuse Evaluations					
Drug testing					
Recovery Supports					
Drug Courts					
Intensive Out Patient					
Residential Treatment					
Relapse Prevention Services	☐	☐	☐	☐	☐
Other (Please Identify in Space Below)	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
Other (please specify)	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

7. Of the following services please identify the top 3 that are most critical to maintaining children home safely.

- [ ] Substance Abuse Evaluations
- [ ] Drug testing
- [ ] Recovery Supports
- [ ] Drug Courts
- [ ] Intensive Out Patient
- [ ] Residential Treatment Relapse
- [ ] Prevention Services
- [ ]

Other (please specify)

8. What's working well in your area pertaining to Substance Abuse resources?

HomeWorks
A DCFS PROGRAM

DCFS Community Resources Assessment (Substance Abuse)

MOST CRITICAL SERVICE

9. What is the most critical service not currently available in your area that the Division should add in order to prevent removals from the home (and so families could be served with in-home services)?

PROGRAM ASSESSMENT TEMPLATE

Agency name:
Name of person being interviewed:
Title/position:
Date:

INTRODUCTION

Hi, This is [YOUR NAME] from the Social Research Institute at the University of Utah. Thanks for taking the time out of your busy schedule to talk with me today. This interview should take us about an hour to complete and we will be discussing the services your agency provides, your staff's experience, and evidence based/trauma informed services.

As a contracted provider for the Division of Child and Family Services you may have completed an online community resources survey. That survey was administered by the community resources workgroup which is a part of the Division's Title IV-E Waiver Demonstration Project. The workgroup was assigned by the DCFS to inventory the services available to children and families receiving in-home services across the State of Utah.

The purpose of this telephone interview is to follow up and gather more detailed information to the questions on that survey. Did you receive the survey I emailed you?

Prompt for other persons needed to answer (Is there someone at your agency who you would prefer for us to ask the question/better be able to answer?)

Do you have any questions before we get started?

I will be referring to a variety of terms during the interview and want to make sure we are using the same terms or concepts. Generally, we will be referring to the following program definitions:

EVIDENCE-BASED

- Evidenced informed- is defined as a treatment program created using an existing pool of research and knowledge of based practice
- Evidenced based- is defined as a treatment program that was created, empirically evaluated, and demonstrated positive outcomes
- Trauma informed- staff members have an awareness of the effects of trauma on youth and families, uses this information to inform treatment
- Trauma specific treatment- a specific treatment approach (evidenced based or not) is used to target trauma

REMEMBER: ASK ABOUT SERVICES PROVIDED UNDER DCFS CONTRACT, THEN ASK IF THERE ARE OTHER SERVICES A DCFS CHILD OR FAMILY MIGHT RECEIVE THAT ARE NOT PROVIDED UNDER A CONTRACT. RECORD THE SAME INFO ON THESE.

Distinguishing between contracted and non-contracted services has been difficult and may be confusing for the person being interviewed. This also seemed difficult for individuals who only worked in certain programs at their agency.

START OF QUESTIONS

Introductory questions:

I1. What are the primary services you provide? For example do you provide primarily (…In-home, outpatient, groups, shelter services, etc.)? *[You may already know from the information we have]* I see from the survey you filled out that your agency provides outpatient counseling to youth/families involved with DCFS, are there any other treatment services your agency provides for youth/families involved with DCFS?

Using report items to guide this question may create a more accurate report. Using a yes/no type checklist to better understand the services they provide is an option. Or, having them list it specifically (from our list) in the survey prior to the interview.

Contracted:

Non contracted:

I2. [If you did not get a fully picture of services from the question above, ask]What are the treatment targets of these services? For example…[behavioral problems, school/academic problems, parenting skills, domestic violence, substance abuse, trauma, abuse, attachment, homelessness, mental health problems, physical health, concrete supports (crisis nursery, food, rental assistance, weatherization, foodstamps, TANF) etc.].

a. Do you serve both male and female youth?
b. What are the ages of the youth you provide services for? (0-4, 5-10, 11-14, 15-19, parents/caregivers- *[they do not have to fall into these break-downs but just get a range]*)

I3. Where are treatment services provided?

c. - Office location
d. - In-home
e. - At school
f. - Other (list)

EBP Questions

"For this second set of questions we are going to be talking about evidenced based practice. I understand some of this is research jargon, so let me know if you have any questions or need examples along the way."

E0. Can you tell me what your understanding is or your agency's understanding is of evidence-based/evidence informed services?

E1. The initial survey indicated that your agency provides the following evidence-based (EB) service(s)/assessment(s) _____. How did the agency determine that the (specific evidence-based) service/assessment is EB? For example, did you read literature or find that on a treatment/national registry?

E2a. Are you aware if <their treatment model> this model is listed as an evidence based practice on any national registries or clearinghouses?

E2b. If <treatment model> is a promising practice, are there studies currently underway to demonstrate efficacy for the model?

E3. Was any formal training required to provide the <EB service>?

E4. [If no formal training E3] How did you/your staff become qualified to provide this evidence-based service/assessment?

E5. [If yes formal training] When was the last time practitioners were trained or re-certified?

E6. [If yes formal training] How often are practitioners required to attend trainings to maintain qualifications for the EB service/assessment?

E7. Are there any manuals or workbooks required?

E8. Some programs use formal assessments or tools to measure how closely therapists/counselors are sticking to the evidenced based program. This measures fidelity or consistency. Does the creator of the EB practice you use have any requirements like this to measure fidelity or consistency? Does your agency do any of your own assessments to measure fidelity or consistency?

E9. [ONLY ASK AS FOLLOW UP IF THEY HAVE A FIDELITY MEASURE ADDRESSSED IN PREVIOUS QUESTION] What are the names of the evaluations and instruments your agency uses to measure fidelity?

E10. Are there any other tools/instruments that you are aware of that measure things like competency, fidelity, accuracy, performance, etc. at your agency?

E11. How does your agency assess youth on intake? [If they did not list any FORMAL tools, ask the follow up question] Does your agency use any formal measures or tools when assessing a youth at intake?
The following are examples you can read them if the need them

- In-house created psychosocial history
- In-house created mental health assessment
- Child Behavior Checklist (CBCL)
- Behavior and Emotional Rating Scale: Youth Rating
- Minnesota Multiphasic Personality Inventory- Adolescent (MMPI-A)
- Behavior Assessment System for Children (BASC)
- Millon Adolescent Clinical Inventory (MACI)
- Child and Adolescent Needs and Strengths- MH (CANS-MH)
- Child PTSD Symptom Scale (CPSS)
- Exposure to Domestic Violence Scale (CEDV)
- Children's Depression Inventory (CDI)
- Family Assessment Form (FAF)
- Family Assessment Measure III (FAM-III)
- Mood and Feelings Questionnaire (MFQ)
- North Carolina Family Assessment Scale (NCFAS)
- Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales)

- Children's Exposure to Community Violence
- Parent-Infant Relationship Global Assessment Scale (PIRGAS)
- Ages and Stages Questionnaire (ASQ)
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TCSYC)
- Child Sexual Behavior Inventory
- Youth Outcome Questionnaire (YOQ)
- Outcome Questionnaire (OQ)
- Jesness Personality Inventory
- Eyeberg Child Behavior Inventory
- Child Abuse Potential Inventory (CAP)
- Screen for Childhood Anxiety Related Emotional Disorders (SCARED)
- Strengths and Difficulties Questionnaire (SDQ)
- Child Welfare Trauma Referral Tool
- Wide Range Achievement Test (WRAT)
- Wechsler Intelligence Scale for Children (WISC)
- Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A)
- American Society of Addition Medicine Tool (ASAM)
- Juvenile Sexual Offense Recidivism Risk Assessment Tool (JSORRAT)
- Juvenile Sex Offender Protocol (J-SOAP)
- Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)
- Other (list)

E12. Do you receive any assessments from referral sources on youth referred to your program. If so, what assessments do you receive? For example, do you receive the CANS or other mental health/assessments on the youth/families? Do you receive these assessments for most youth referred? (Try to sort out if they are only receiving on a few youth or most youth).

E13. Does your agency reassess clients on treatment progress? For example, some programs re-administer the YOQ to assess for symptom change. Does your agency have any formal or informal measures to assess change or treatment progress? (If they have formal tools/measures, get the names). How often does your agency reassess?

TRAUMA

Before beginning this section, give definitions

- **Trauma informed- staff members have an awareness of the effects of trauma on youth and families, uses this information to inform treatment**
- **Trauma specific treatment- a specific treatment approach (evidenced based or not) is used to target trauma**

T1. Are you aware of the concept of "trauma informed treatment?" (If they are unsure, reassure them that it is "ok, this is a newer concept. This is not a test, I just want to make sure we are on the same page when we talk about trauma." Then give them the definition above. Should we give definitions before or after question T1)

- What role, if any, does trauma play in the way your agency conceptualizes and treats youth and families?

[If they have said NO they do not treat trauma or incorporate trauma into their work, skip to question T5]

T2. Have staff at your agency received any formal or informal training on how trauma impacts clients? If yes, what are the training topics they have attended, what interventions/skills have they been taught (it was difficult for agencies to identify specific skills, maybe we can give examples?)? And how is this knowledge used in practice at your agency?

T3. Are there any assessments, approaches, interventions staff at your agency use to treat trauma that we have not already discussed?

If yes, how was your staff trained in these? Which staff were trained in these?

T4. Has your agency made any recent changes to improve the way you are addressing/treating trauma and the impact it has on a client's functioning?

T5. Do you have specific plans for becoming more trauma informed in the next year? If so, what?

Staff

"The next set of questions I am going to ask are regarding the staff at your agency." I sent you a spreadsheet with some questions about your staff, their credentials and certifications, and what treatment services they provide.

If you could email that back to me by ____, I would really appreciate it.

OR We can skip part of this section since you already sent me back that information.

OR If you would like, we can go over these questions and fill them out now, or you can take a few minutes to fill out this information on your own.

S1. *[Only ask if they are not filling that out]* Please **list each of the staff** at your agency who provide direct services (conduct therapy, facilitate groups/sessions, teach classes, conduct assessments, perform interventions).

a) List each individual's **credentials** [PhD/PsyD, LCSW/CMHC/MFT, CSW/ACMHC/AMFT, LSAC/SSW, non-licensed staff person (line staff)].
b) List each individual's therapeutic **certifications** [example: TF-CBT, DBT, EMDR (Do not include non-treatment oriented certifications such as CPR)] and **date** of certification.
c) List what **treatment services** the individual conducts (example: individual therapy, groups, parent classes).

S2. Do any staff at your agency receives clinical supervision? If so, who?

- All staff
- Staff who require it for licensure
- No staff receive clinical supervision
- Other (list)

S3. If staff do receive supervision, can you tell me the name and credentials of the individual(s) who conduct the supervision? Is that person(s) in house to your agency or out sourced?

S4. How often is clinical supervision conducted?
- Weekly
- Bi-monthly (2x month)
- Monthly
- Quarterly
- Bi-annually (2x year)
- Annually
- Other (list)

S5. Has your agency ever been assessed or participated in an evaluation? *(Clarify that you do not mean an audit, that you are referring to a process or outcome evaluation that would have been likely conducted by a PhD or other researcher.)*

a. If yes, describe the evaluation and findings.
b. Who to contact for the report?
c. Upload report

Write-up – other comments [how the interview went]:
W.1 Length of the interview:
W.2 Engagement with the interviewer:
W.3 Confidence in answering the questions, interest, willingness, etc.:

PROGRAM ASSESSMENT SCORING

Intervention

NA =Not applicable,

0 = No evidence located, no quality studies exist.

1 = Framework only identified, promising evidence exists through quasi-experimental, manual exists

2 = Multiple (at least 2) RCT or quasi-experimental conducted, found significant and meaningful results. Manual exists and offers specific guidance.

Intervention Items

E.1

E.2

E.3

E.5

E.7

E.10

Intervention Training

NA = Not applicable

0 = Training is informal, variable from one staff to the next, includes mostly job shadowing, no ongoing training, CEU

2 = Formal training requirement at hire

3 = Formal ongoing training requirements

ITEMS: E3, E4, E5

Training Implementation

NA = Not applicable

0 = Informal training on the intervention, day long didactic style, job shadowing

1 = Formal period of job training on the intervention that includes didactic; regular, consistent, and frequent skill practice (not just one day of practice)

2 = All from #1 + structured tests of competence in intervention knowledge & skill

Ongoing Training

NA = Not applicable

0 = No ongoing training; general supervision; CEU's & conferences not necessarily connected to the intervention

1 = Regular training with supervision focused on skills, feedback provided. Manual used for training.

2 = 1+ regularly assessing fidelity using a structured instrument; feedback based on both supervision and fidelity instrument. Agency requires recertification as appropriate

ITEMS: E.6, E.10, S.2, S.3, S.4

Assessment (initial, general)

NA = Not applicable

0 = No evidence located, no quality studies exist.

1 =Marginal reliability and/or validity OR commonly used

2 = Established reliability and validity for appropriate population (using the right assessment to get right info)

ITEMS: E.1, E.2

Assessment Training

NA = Not applicable

0= No ongoing training; general supervision; CEU's & conferences not necessarily connected to the intervention

1 = Regular training on the assessment with supervision focused on skills, feedback provided. Manual used for training.

2 = 1+ observation of staff to ensure they are administering assessment correctly; feedback offered.

ITEMS: E.7, E.8, E.9,

Trauma

Trauma Levels: Framework

NA = Not applicable

0 = Reading, CEUs, professional education or judgment.

1 = Trauma informed framework *without research based trauma-informed intervention if appropriate*.

2 = Trauma informed framework, research based trauma-informed interventions if appropriate, staff trained on how trauma impacts clients.

ITEMS: T.1, T.2, T.5, T.6

Trauma Levels: Intervention

NA = Not applicable

0 = No evidence located, no quality studies exist.

1 = Promising evidence exists through quasi-experimental, manual exists

2 = Multiple (at least 2) RCT or quasi-experimental conducted, found significant and meaningful results. Manual exists and offers specific guidance.

ITEMS: T.4

Trauma Intervention Implementation

NA = Not applicable

0 = Informal training on the intervention, day long didactic style, job shadowing

1 = Formal period of job training on the intervention that includes didactic; regular, consistent, and frequent skill practice (not just one day of practice)

2 = All from #1 + structured tests of competence in intervention knowledge & skill

ITEMS: T.3

APPENDIX G. STEP PEER PARENTING FIDELITY PROTOCOL AND CHECKLIST

PEER PARENTING FIDELITY PROTOCOL

The peer parent observations are meant to evaluate how well the STEP curriculum is being delivered to families as part of the Utah IV-E Waiver demonstration (i.e. HomeWorks). SRI staff will observe peer parent visits and activities for in-home cases with DCFS. The observations are meant to evaluate the system as a whole, not the individual peer parents.

Steps

1. *Before the Visit*
    a. Appointments are scheduled
    b. Consent Forms
    c. Checklist
2. *During the Visit*
    a. Explain your purpose
    b. Information to gather before going into a home
    c. The observation in home
    d. After the in-home observation
3. *After the Visit*
    a. Review notes, upload documents

1. Before the Visit

a. Appointments are Scheduled

1. Contact the peer parent coordinators to confirm list of peer parents and ask him/her to notify peer parents
2. Schedule through coordinators if possible, if not call individual peer parents to schedule
    a. Have them let their families know we are not observing them, just the program, and will not take down any of their personal information.
3. Update the peer parent tracking sheet with new peer parents/contact info/scheduling info/etc. **Make sure to include notes about attempted contacts and where we are at in scheduling with each person**.
    a. *Waiver Utah -> Waiver Components -> Component 3_Community resources -> Peer Parenting -> Observations -> "peer parent list 2015"*

Sample script for phone calls

Hi this is _____ calling from the University of Utah how are you? I am calling to see if you would help us out with our evaluation of DCFS's HomeWorks program and how Peer Parenting plays a part in that. You should

have received an e-mail or phone call about this from *<Peer parent coordinator>.* Did you get that? <If no, explain...> I am wondering if I could set up a time to go out on a peer parent visit with you as an observer.

The purpose for these visits is *for us to gain an understanding of how the STEP curriculum is being delivered to the families*. We are not here to evaluate or "test" you as individual, we are looking at the peer parenting program as a whole, overall so all results will be reported in aggregate form. The idea would be to go out on a regular home visit with you and listen in as an observer, it would require very little extra time or effort on your part. Does that sound like something you would be willing to participate in?

If yes:
Set time and place: "Great! We have somebody coming in to your area next _____, do you have any appointments set up at that time?...What works best for you?" What address should we meet you at?

I will send you an e-mail before the visit confirming the appointment, and I will attach a consent form. If your appointment cancels or changes let me know. You can also let the families know that we are not observing them, and as such will not take down any of their personal information. Do you have any questions?

If no: ...

We really value your input/participation. Are you sure? <probe for concerns that can be resolved> Though, if you don't want to we understand. Thanks, and have a nice day!

Sample email to Peer Parents (alternate to phone calls)

HI <Caseworker first name>,

I am calling to see if you would help us out with our evaluation of DCFS's HomeWorks program and how Peer Parenting plays a part in that. You should have been notified previously by <peer parent coordinator>. I am wondering if I could set up a time to go out on a peer parent visit with you as an observer. The purpose for these visits is *for us to gain an understanding of how the STEP curriculum is being delivered to the families*.

We at the University are a neutral third party observer when it comes to the Peer Parenting program and we want to gain a clear understanding of how the program is working. We won't be evaluating you as an individual caseworker, or the families, we're just looking for overall trends in program delivery. The observation is very simple, we'd just like to meet with you a little before (if it's a home visit) to ask some 2-3 background questions, and then will listen in as an observer, taking notes. It will require very little extra effort on your part. Your participation is very important to us. Feel free to let us know if you have any questions.

If that sounds like something you can help us out with, could we schedule a time to go out on a visit with you? We will have someone in your area <next week, certain day>. What visits do you have set up for that time? OR What days/times do you have peer parent visits already set up?
Best Regards,

Confirmation email/phone call for the day before or morning of

Hi <peer parent>,

Thanks again for agreeing to have us come out with you _____. Just to confirm, we will meet you at <address> at <Time> to ask you a couple questions beforehand, and then we will accompany you on your visit>.

Again, just as a reminder, we are not going to evaluate or "grade" you as individual, we are looking at overall trends that we will find from going on visits with many peer parents. We don't expect perfection. Just do what you would normally do with the family - we will just be there taking notes. We won't get in your way at all. We won't be taking notes on any sensitive information about the family, which we can explain to them when we get there so they know what we're doing.

I've attached a consent document that we will have you sign before the visit. When you sign it means, basically, that you give us your permission to observe you and use the information in our study. You can read over it beforehand if you would like.

Let me know if you have any questions, or if your appointment has cancelled.

Thank you so much!

b. Review Peer Parent observation tool

1. Make sure you are familiar with the peer parent observation tool and peer ***parenting*** chapter overview found here: *Waiver Utah -> Waiver Components -> Component 3_Community resources -> Peer Parenting -> Observations*
2. Create a copy of the observation sheet for each observation
3. Print out hard copies to bring with you as a back-up

c. Collect Materials

1. Daily schedule
2. Contact information for peer parent
3. Directions
4. Laptop *(if taking notes on a computer - preferred)*
    a. Charger
5. Paper copy of consent form, observation tool, and peer parenting chapter overview
6. Pens
7. Mileage tracking sheet
8. Personal ID (some housing complexes may ask for it)

2. During the Visit

a. Explain your Purpose

Make sure the Peer Parent and Family are comfortable with you being there. Emphasize that you are not here to evaluate them individually, but are here to evaluate trends in the overall system.

Sample script for the Peer Parent

<Introduce yourself, that you're from SRI at the University of Utah, etc.>

Thanks for letting me come out with you today! Has anyone explained to you what we're doing here? The purpose of this observation is for us to gain an understanding of how the STEP curriculum is being delivered to the families as a piece of the Utah IV-E Waiver Demonstration Project, also referred to as HomeWorks. Unless we observe an incident that falls under mandatory reporting guidelines, such as an incident of abuse or neglect, information from this observation will only be reported in aggregate form. This means the data from all our observations will be compiled and reported together and **you will not be individually identified**. So, in other words we won't be reporting back to your supervisors or anything and we will be looking at all the information gathered today together with the all the other information we gather. So just do what you would normally do. Sometimes people feel a little hesitant when someone like me shows up to take notes so I want to make sure that you feel comfortable with this whole process. Do you have any questions or concerns about this?"

Also, just like we aren't interested in individual peer parents, we aren't interested in evaluating individual families. We want the family to feel comfortable with me as well, so do you think you could introduce me when we get there and then I can explain the same thing to them? Thanks!

Sample script for families

Hi, my name is ____ from the University of Utah and I'm just here to observe the Peer Parent so don't mind me. I'm part of an evaluation that is helping DCFS make sure the services they provide are effective. **I'll be taking some notes about what <name of peer parent> is doing, but not any sensitive information about you or your children, just notes that will help us know how to improve the services you get. However, if at any point you don't feel comfortable with me being here, that is completely fine, just let me know.** Do you have any questions?

(Reassure them that we are not interested in them (the parents or the children) just the overall system)

b. Consent Forms

- Review the worker consent form with the Peer Parent and retain a signed copy.
    - Stakeholder/worker consent form found in drive: Waiver Utah -> Admin -> IRB -> Current Consent Documents
- The families do not need to sign a consent form because we are not collecting sensitive information about them. ***Make sure they know that you're not collecting sensitive information and that you will leave if they are not comfortable with you being there***.

c. Gather information before going into a home

Before going into the home ask the peer parent caseworker the background questions on the observation form. Record this information in the template. (You can also ask the peer parentker for more information after leaving the home).

- How long they've been meeting with the family
- What session of STEP they are on (or if it's the introduction visit)?

- Case number
- Any family history or issues context we should be aware of
- Goals or objectives of the visit
- Any other useful information

d. The Observation

- Take notes in the respective boxes for each item in the observation form.
- Sections of the observation template
  - Fidelity criteria
  - Demonstration of leadership skills and behaviors

3. After the Visit

a. Review, Upload, and Update

1. Review your notes, make sure each section is filled out
   a. Add any other comments/notes you have about the observation
2. Upload consent documents here in the drive: Waiver Utah -> Admin -> IRB -> Signed consents -> Stakeholder consent documents 2015
   a. Save observations as "Firstname.Lastname_consent"
   b. Specific drive location may change year to year
3. Upload observation notes here: *Waiver Utah -> Waiver Components -> Component 3_Community resources -> Peer Parenting -> Observations*
   a. Save observations as "Firstname.lastname_peerparentobservation_date"
4. Update the tracking sheet (make sure you fill out every column)

PEER PARENTING FIDELITY CHECKLIST

Case #: _____ Region: _____
Session date: _____ Session #: _____
Peer Parent: _____ Observation completed by: _____

Observer say to Peer Parent: *"My name is ____. I am a researcher from the Social Research Institute at the University of Utah. The purpose of this observation is for us to gain an understanding of how STEP is being delivered to families as a piece of the Utah IV-E Waiver Demonstration Project, also called HomeWorks. We are interested in the program as a whole, not the difference between individual caseworkers. So although we're observing you, our focus is on how well the state and/or agency that you work for have trained you and supported your ability to deliver STEP. Information from this observation will only be reported in aggregate form, except, of course, if we observe an incident that falls under mandatory reporting guidelines, such as abuse or neglect. This means the data from all our observations will be reported together and you will not be individually identified. Do you have any questions or concerns about this?"* Review the consent form with the Peer Parent and retain a signed copy.

Fidelity to Session Structure Criteria

For each of the key session components listed below, indicate whether the component was addressed in the session observed by marking Yes or No. Provide observational notes about things that were done well or things needing improvement in the Notes column.

Prior to Session- Peer Parent Interview
How many times have you met with this family prior to this meeting?
Which STEP manual are you using (Standard, Young Child, Teen)?
What chapter are you covering today?
What chapter did you cover last week
If the same chapter: How many session have you spent on that chapter?
What chapter did you cover prior to this chapter AND many sessions did you spend on that chapter?

Prior to Session- Peer Parent Interview continued…

1. If there is a discrepancy and they are not following the chapters, find out the reason for that discrepancy.

2. What are the goals or objectives for the session today?

3. Is there any family history or issues I should know about to put this session into context?

Session Structure			
Fidelity Criteria	Yes	No	Notes
1. Did the Peer Parent follow the agenda (or chapter) for the session?			(Attach agenda and note any deviations.)
2. Did the session include each of the following components:			
a. Review previous homework assignment?			What was the assignment?
b. Introduce new topic/information/ skill?			Write a summary.
c. Did the peer parent connect the learning from the previous session to today's topic (skip if first session).			Write a summary.
d. Discussion of new ideas?			Write a summary.

e. Were the new ideas related to the agenda/goal for the session?	
f. Did the Peer Parent complete an activity with the family (if a skill was completed- note that in the next section)?	Notes on the activity.
g. Was the activity related to the agenda/goal for the session?	
h. Did the Peer Parent model the new skill (by doing, not just talk about it)?	Notes on how was the skill modeled.
i. Was the modeled skill related to the agenda/goal for the session?	
j. Did the peer parent have the family practice the new skill (did the Peer Parent have the family practice by doing the skill- not just talking about it)?	Notes on how was the skill practiced.
k. Thinking of ways to apply new ideas and skills in the family?	What were the ideas?
l. Were the ideas related to the agenda/goal for the session?	

m. Was homework assigned that involved practicing and/or using the new skill?

What was the assignment?

n. Was the homework assignment related to the agenda/goal for the session?

3. Did the Peer Parent keep the session on track and on topic?

(If not, please make note of deviations, challenges, ability of Peer Parent to redirect the session, etc.)

Any other notable information?

Demonstration of Leadership Skills and Behaviors

Leadership skills are organized into 4 key domains: listening, empathy, encouragement, and engagement. A fifth domain, poor engagement, is also included to assess negative behaviors that may be exhibited during the session. For each of the Leadership Skills listed below, indicate the degree to which the skill or behavior was demonstrated by the Peer Parent using the following Rating Scale:

0 = skill/behavior not demonstrated during session, severely lacking
1 = skill/behavior rarely or poorly demonstrated during session, in need of development
2 = skill/behavior demonstrated several times during the session, could use some strengthening
3 = skill/behavior consistently demonstrated throughout the session

Please circle the number in the Rating column and provide any additional observation notes about things that were done well or things needing improvement in the Notes column. The notes should provide justification for your score.

Examples of what each skill may look like are included.

Leadership Skills		
Skill	Rating	Notes
Listening	0 1 2 3	

Examples & Criteria:

Acknowledgement: Peer Parent verbally acknowledges the client when (s)he shares something (e.g. Yes; mm-hmm; Thank you for sharing)

Clarifying question: Peer Parent seeks clarification about something the client has shared (e.g. You said this happened yesterday?)

Reflection: Peer Parent reflects on something the client has shared or done (e.g. You've done your homework; You've been practicing your new skills)

Reframing: Peer Parent re-phrases something the client has shared to help the client see it from a different perspective

Responsive: Peer Parent responds to questions or identified challenges in a way that demonstrates understanding of the client's problem

Skill	Rating	Notes
Empathy	0 1 2 3	

Examples & Criteria:

Feelings acknowledged: Peer Parent verbally acknowledges the feelings expressed by the client (e.g. That must have been hard; You must have been furious)

Universalizing: Peer Parent normalizes the reaction by stating others would have/do reacted similarly in similar situations. Peer Parent shares a story that shows the client his/her experience is not unusual and that other parents share the same concerns or challenges.

Skill	Rating	Notes
Encouragement	0 1 2 3	

Examples & Criteria:

Positive affect/body language: Peer Parent uses their physical body language to encourage the client (e.g. smiling, laughing, nodding, thumbs up, etc.)

Positive contact: Peer Parent provides encouragement through physical contact (e.g. pat on the back or shoulder, hug, etc.)

Praise/positive verbal: Peer Parent provides verbal encouragement and/or acknowledgement of the client's efforts (e.g. Good job; Well done; That's great, keep trying)

Constructive feedback: Peer Parent offers feedback that helps the client to make improvements without being overly critical or negative (e.g. Next time that happens, try this; That's a good start, but now let's try to do it this way)

Skill	Rating	Notes
Engagement	0 1 2 3	

Examples & Criteria:

Open-ended questions: Peer Parent asks open-ended questions that encourage discussion, rather than Yes/No questions (e.g. What did you learn? How did that make you feel?)

Recognizing goals of misbehavior: When the client presents an example of misbehavior, the Peer Parent facilitates a discussion to identify the child's goal (What specifically did the child do? How did the parent feel? What did the parent do about the misbehavior and how did the child respond?)

Reflection on new ideas/skills: Peer Parent encourages the client to reflect on how new ideas or skills might be used in various situations

Thought provoking: Peer Parent asks questions that encourage critical thinking and gets the client to apply new concepts/ideas introduced during the session (e.g. What do you think will happen if you…?)

Problem-solving: Peer Parent encourages the client to brainstorm possible solutions to a current problem, and engages the client in a discussion to identify an appropriate approach

Rating Scale for Poor Engagement behaviors:

0 = not exhibited during session

1 = behavior exhibited once or twice during the session

3 = behavior exhibited frequently during the session

Poor Engagement	Definition	Rating	Notes
Critical/negative verbal	Peer Parent responds in a manner that is criticizing or discouraging (e.g. No, that's wrong; This is a waste of time)	0 1 2	

Closed questions	Peer Parent asks primarily closed-ended Yes/No questions that do not encourage discussion or critical thinking (e.g. Was that good? Did you like it?)	0 1 2
Negative body language	Peer Parent exhibits negative body language (e.g. frowning, crossed arms, rolls eyes)	0 1 2
Distracted or not actively engaged in session	Peer Parent is continually distracted by other things and has little engagement with the client (e.g. texting or checking email)	0 1 2
Off topic/agenda	Peer Parent allows the session to deviate substantially from the agenda and fails to keep the session focused and on track (e.g. allows the client to derail the session with another issue/topic)	0 1 2
Failure to address problems during session	Peer Parent does not address problems arising during the session, such as lack of engagement by the client or lack of follow through with assignments	0 1 2

Debrief with Peer Parent following session
1. Were the activities, skills, worksheets used in the session from the STEP manual or did they come from other sources? If other, what were those sources? 2. Other?

APPENDIX H. WAIVER DEMONSTRATION SERVICES FIDELITY AND SATURATION PROTOCOL, CHECKLIST, AND SCORING

HOMEWORKS FIDELITY PROTOCOL

The saturation observations are meant to evaluate how well the HomeWorks program is functioning in each area. SRI staff will observe caseworker activities on HomeWorks cases as they perform initial assessments, do case planning, and provide services. The observations are meant to evaluate the system as a whole, not the individual caseworkers.

Steps

1. *Before the Visit*
    a. Appointments are scheduled
    b. Consent Forms
    c. Create new assessment in builder
    d. Checklist
2. *During the Visit*
    a. Explain your purpose
    b. Information to gather before going into a home
    c. The observation in home
    d. After the in-home observation
3. *After the Visit*
    a. Edit and Sync Client tool

1. Before the Visit

a. Appointments are Scheduled

Preferably, you will meet the caseworkers at the office and ride with them to the home visit(s). Appointments may also be scheduled to observe a caseworker filling out a UFACET form.

Sample script for phone calls

Hi this is _____ calling from the University of Utah how are you? I am calling to see if you would help us out with our evaluation of the HomeWorks program. You should have received an e-mail about this from *<Regional Director>.* Did you get that e-mail? <If no, explain> I am wondering if I could set up a time to go out on an in-home case visit with you or observe you filling out a UFACET form.

The purpose for these visits is to see how well the HomeWorks program has been implemented in your area. We are not here to evaluate or "grade" you as individual; we are looking at overall trends. So for example, We want to determine the effectiveness of the trainings, if caseworkers have the support they need, if the tools and materials are understood, etc. Basically, we want to identify the strengths and weaknesses in the program implementation at this point in time. The idea would be to go out on a home visit with you or to observe you filling out a UFACET form. Does that sound like something you would be willing to participate in?

If yes:
Set time and place: "Great! We have somebody coming in to your area next _____, do you have any time available then?...What works best for you?"Address: Would it work to meet you at the office and ride with you? If not what address should we meet you at?

I will send you an e-mail before the visit confirming the appointment, and I will attach a consent form. If your appointment cancels or changes let me know. Do you have any questions?

If no: ...

Are you sure? We really value your input/participation. Though, if you don't want to we understand. Thanks, and have a nice day!

Sample email to caseworkers (alternate to phone calls)

HI *<Caseworker first name>*,

I'm e-mailing to see if you could help us out with our evaluation of the HomeWorks program. You should have received an e-mail a couple of weeks ago from *<Regional Director>* about this. We would like to go out on a couple of home visits with you and/or observe you filling out a UFACET form. Does that sound like something you would be willing to participate in? If so, that would be great and I would love to schedule a time to go out with you within the next two weeks.

We at the University are a neutral third party observer when it comes to HomeWorks and we want to get a really clear picture on how the program has been implemented, both its strengths and weaknesses. We won't be evaluating you as an individual caseworker, we're just looking for overall trends. The observation is very simple, we'd just like to meet with you a little before (if it's a home visit) to ask some background questions, and then will only take notes during the home visit - we stay out of the way. Your participation is very important to us. Feel free to ask if you have any questions.

Best Regards,

Sample email to supervisors or CWAs

HI *<supervisor or CWA name>*,

We would like to begin scheduling our observations of some caseworkers in your office to help determine if the region is has reached the point where we can measure the outcomes of the HomeWorks program. We've decided to do the observations in 2 waves. The first wave will consist of 10 observations throughout the whole region and if we determine that the first 10 indicate the region is ready we will continue with wave 2. We have randomly selected *<insert #>* from your team for this first round of observations.

We would like to have someone in your area on <insert dates at least two weeks in advance>. Would those dates work for your team and would you be able to help facilitate getting those set up for us?

The caseworkers are: *<list names and # of times we want to observe them in this round>*

The observations are very simple, an SRI team member will plan to meet the caseworker 15-20 minutes before the visit to go over some background questions, then he/she will just sit in on the home visit taking notes and will stay out of the way. So it really requires little extra effort on part of the caseworker. We also like to emphasize that these are not performance evaluations – we will not be reporting back on any one individual caseworker, we are just looking for patterns and trends over all the observations we do. We also do not take notes on any personal information about the families, which is helpful to explain if they are concerned about an extra person sitting in.

Let me know if you have any questions!

Regards,

Confirmation email/phone call for the day before or morning of

Hi <caseworker name>,

Thanks again for agreeing to have us come out with you _____. Just to confirm, we will meet you at the <_____ office> at <Time> to ask you some questions beforehand, and then we will <go out on a home visit with you or observe UFACET>.

Again, just as a reminder, we are not going to evaluate or "grade" you as individual, we are looking at overall trends that we will find from going on visits with many caseworkers. We don't expect perfection. Just do what you would normally do with the family - we will just be there taking notes. We won't get in your way at all. We won't be taking notes on any sensitive information about the family, which we can explain to them when we get there so they know what we're doing.

I've attached a consent document that we will have you sign before the visit. When you sign it means, basically, that you give us your permission to observe you and use the information in our study. You can read over it beforehand if you would like.

Let me know if you have any questions, or if your plans change.

Thank you so much!

b. Consent Forms

- Make sure the caseworker has filled out a worker consent form (see here)
  - Sent in by e-mail/fax beforehand

    OR
  - Complete it with them in person

- The families do not need to sign a consent form because we are not collecting sensitive information about them. Make sure they know that you're not collecting sensitive information and that you will leave if they are not comfortable with you being there.

c. Create Assessment in Builder (Kristen or Mindy)

1. Log in to Builder
2. On the top right, beneath "Build Program checklist," click on "Assessments"
3. On the "assessments" screen, click on "Create New Assessment" on the bottom left-hand corner.
4. Choose the correct checklist ("Waiver (Utah) Saturation Observation")
5. Name the assessment: "Johnny Johnson Saturation Observation"
6. Provide description: Observation date, office, region, type of observation
7. Choose assessment start date: Typically the scheduled date of the observation
8. Click "Create Assessment"
9. ***Remember to refresh the client tool prior to the interview to reflect the new assessments (at the bottom of the client tool click "get assessments from server").

d. Collect Materials

1. Daily schedule
2. Contact information for participants
3. Directions
4. Laptop *(fully charged)*
    a. Charger
    b. Sync the Client Tool before observations
5. Paper copy of consents
6. Pens
7. Mileage tracking sheet
8. Personal ID (some housing complexes may ask for it)
9. Paper copy of Saturation observation sheet

1. During the Visit

a. Explain your Purpose

Make sure the Caseworker and Family are comfortable with you. Emphasize that you are not here to evaluate them individually, but are here to evaluate trends in the overall system.

Sample script for the Caseworker

<Introduce yourself, that you're from SRI at the University of Utah, etc.>

Thanks for letting me come out with you today! Has anyone explained to you what we're doing here? Basically our purpose at SRI is to evaluate DCFS's HomeWorks program (IV-E Waiver/Demonstration project).

<Clarify that they're familiar with HomeWorks, if not explain briefly what it is>

Sometimes people feel a little hesitant when someone like me shows up to take notes so I want to make sure that you feel comfortable with this whole process. As part of our evaluation, we at SRI are going out with caseworkers in all the offices that have HomeWorks in order to see how it's doing overall, to note strengths and weaknesses, and hopefully identify ways the program can improve. So, **we are not here to evaluate you as an individual caseworker**, we are looking for overall trends in the system that we gather from doing many different observations. So, in other words we won't be reporting back to your supervisors or anything and we will be looking at all the information gathered today together with the all the other information we gather. So just do what you would normally do. Does that make sense? Do you have any questions?

In order to get all the information we need I may have to ask a few questions to you or to the family, but overall you won't have to worry about me at all. Also, just like we aren't interested in individual caseworkers, we aren't interested in evaluating individual families. We want the family to feel comfortable with me as well, so do you think you could introduce me when we get there and then I can explain the same thing to them? Thanks!

Sample script for families

Hi, my name is ____ from the University of Utah and I'm just here to observe the caseworker so don't mind me. I'm part of an evaluation that is helping DCFS make sure the services they provide are effective. **I'll be taking some notes about what <name of caseworker> is doing, but not any sensitive information about you or your children, just notes that will help us know how to improve the services you get. However, if at any point you don't feel comfortable with me being here, that is completely fine, just let me know.** Do you have any questions?

(Reassure them that we are not interested in them (the parents or the children) just the overall system)

b. Gather information before going into a home

Before going into the home ask the caseworker about the case. Record this information in the template. (You can also ask the caseworker for more information after leaving the home).

- How long it's been open
- What point they're at with services
- The purpose of the visit
- Get the basic details of the case,
- Any other useful information
- Information about the UFACET (if already completed)

c. The Observation

- Open up the assessment created for each caseworker, go through each section. https://docs.google.com/document/d/17SZCMYT03VNezEpL3Ow0AInaK8q-_Tz534nHPSiVkiw/edit

- YES/NO/DK/NA
  - Score yes-observed, no, yes-caseworker report, don't know (DK), or not applicable (NA) for what you observe the caseworker do for each item
- Describe
  - Write an actual description of what the caseworker did. We assess quality in this column and frequency in the yes/no column.

- 3 overall sections of the observation template
  - The UFACET
  - Strengthening Families
  - Community Resources
- Record other observations
  - Add any observations you think may be important to understand whether the HomeWorks interventions are being used or how well they are being used)
  - For example, if the worker makes comments or expresses confusion, frustration, or positivity about HomeWorks related things.

d. After the In-home Observation

- Ask the caseworker for any other needed information or clarification.
- Make sure your observations are all recorded in the Client tool.
- Thank the Caseworker and ask if they have any other questions.

1. After the Visit

1. Review information in the client tool
   a. Add any other comments you have about the observation overall in the "B.5 Other observations" section
   b. Make sure in your notes that it is clear if who is talking (caseworker comment vs. your personal observation). Use language like "caseworker said, or "caseworker indicated"
2. Score your assessment in the Client tool
   a. Make sure your notes are clear enough that a second person would be able to come up with the same scoring based on your notes.
3. Sync results to server
4. Organize and upload consent documents
   a. Scan in the consent document and save it here
      i. *Waiver Utah > Admin > IRB > Signed Consents > Worker Consent 2015 (Saturation)*
      ii. Name it *firstname.lastname_workerconsent*
   b. Put hard copies in Kristen's box

HOMEWORKS FIDELITY CHECKLIST

Background Info

ITEM	CRITERIA AND QUESTIONS
Instructions	Make sure to score each item with a scoring option AND to describe what the caseworker did related to each item. The scores assess quantity; the details help assess quality. If a certain item doesn't apply to the observation at hand, type N/A. Bolded questions indicate questions to ask the caseworker.
B.1a Date and Location	1. Date 2. Settings observed (e.g. in-home, office, etc.)
B.1b Office	Enter Office Name (Logan, Brigham, Clearfield, etc.)
B.1c Region	Enter Region name (Northern, Southwest, Salt Lake, etc.)
B.1d Case Start date*	Record as (mm/dd/yy) Scoring **Score 0** if the visit is equal or less than 45 days from case start date **Score 1** if the visit is greater than 45 days from case start date
B.2 Worker type	**Do you specialize in in-home cases or do you have a mixed case load?**
B.3 Length of Employment	**How long have you worked with DCFS?** **How long have you been in your current position?**
B.4 Training	**Did you attend the initial HomeWorks training?** **And, did you attend brownbags (how many, which ones)?**
B.5 Case Information	1. How long has the case been open as a HomeWorks case? 2. Case type (PSS, PCS, PFP, PFR) 3. Basic details of case (anything relevant to visit today, emphasize that you do not need full case history)
B.6 Participants observed	Participants observed (Caseworker, mother, father, youth, other professionals, etc.)
B.7 Focus of activity	Main focus of worker activity (information gathering, scoring UFACET, Protective Factors intervention, "check in" with family).

	What is the main focus of your visit today? What are you planning on doing at the visit? If "checking in": Is there anything in particular you want to check up on or follow up on? If gathering information: What will you use this information for? Scoring Score 0 if working on the UFACET Score 1 if working on SFPF or anything else
B.8 Materials used before	Did the Caseworker use any materials before the visit? (SFPS manual, brownbag materials, miscellaneous materials, connect guides, HomeWorks Website)?
B.9 Other Information	Any other information you think is important. Come back to this section after the visit to give your overall impressions of the visit. Did the visit relate to HomeWorks? Did they have particular reasons why the visit didn't relate to HomeWorks? Did they have any concerns, or list any barriers to implementing HomeWorks? What do you think the worker did well? Did they highlight anything helpful in implementing HomeWorks?

UFACET (interview before home visit)

IF OBSERVING A HOME VISIT	THIS IS TO BE COMPLETED IF OBSERVING A HOME VISIT, IF OBSERVING A UFACET SCORING IN THE OFFICE SCORE UFACET SECTION BELOW
H.1 Completed?	If the UFACET has been completed and when. Have you filled out a UFACET form for this case already? If yes, when? Score N/A if the UFACET has not been filled out and the case is less than 45 days (is it 45 days?). Score 0 if the UFACET has not been filled out and the case is more than 45 days (is it 45 days?). Score 1 if the UFACET has been completed.
H.2 *Family Involvement	Has (or will) the caseworker involve the family in the UFACET scoring and how. *If the UFACET has been completed:* Was the family involved in the scoring of the UFACET? How? Did you explain what the scores mean?

	If the UFACET has not been completed: Will the family be involved in the scoring of the UFACET? How? Will you explain what the scores mean? Score 0 if the case worker has not (or will not) give the family information on what the UFACET is, OR the case worker did not (or has no plans to) explain what the scores are and what they mean, OR the family does not (or will not) have the ability to provide input. Score 1 if the case worker has (or has plans to) give the family information on what the UFACET is, AND the case worker did (or has plans to) explain what the scores are and what they mean, AND the family has (or will have) have the ability to provide input. (MUST DO ALL THREE.)
H.3 *Intervention Targets	Do the intervention targets relate to the UFACET scores (2 or higher)? What intervention targets are the current focus? Did the UFACET help you determine the targets? How? (They should be related to the UFACET assessment areas which were scored 2 or higher). Did the UFACET help you determine what services to connect the family to? *Notes for observer:* *UFACET domains include (Family Together, Household, Caregiver Strengths and Needs, Child Functioning)* Score 0 if the case worker did not complete the UFACET, cannot articulate how the targets are related, or the targets are clearly not related to the UFACET domains. Score 1 if the case worker can articulate what the intervention targets are and how they are related to the UFACET domains AND if the targets appear to be reasonably connected to the domains. Score 1 if the targets match, even if worker says they "already knew" those would need to be a target.
H.4 Protective Factors scores	Does the caseworker look for and know how to score the protective factors? Can you tell me what the scores mean for the protective factors, meaning, what is the difference between a PF, 0, 1, 2, 3? Score 0 if the case work does not know how to score the protective factors or does not assess for them. Score 1 if the case worker knows how to score the protective factor AND assesses for them.

H.5 *Parent Manual	The parent manual is a booklet that caseworkers can give to families that helps them go through the UFACET with them. **Are you familiar with the parent manual?** **How have you used it?** **Did you use it with this family? How?** **Score 0** if not using it with this family **Score 1** if using it in some (any) manner with this family
H.6 Case planning input	Is/was the family involved in determining the case plan and do they understand the plan? **Was (or will) the family be involved in creating the case plan?** **Was the family able to give input into the plan?** **Does the family understand what's on the plan and what it means?** *(Describe)* **In your notes, make it clear when you actually observed versus them just saying they did it.* **Score 0** if the family is not given information about what the case plan is, is not explained what it is or what it means, OR the family does not have the ability to provide input. **Score 1** if the family is given information about what the Case Plan is, the case worker explains what it is what it means, AND the family has the ability to provide input. (Must do all three. Can be case worker report.)
DEBRIEFING (After visit)	Ask the following questions after observing the visit.
H.7 *Connect activities to HomeWorks	Did the caseworker connect their activities to Strengthening Families or to the UFACET? **Can you tell me about the activities you did today? For example, how they are related to the UFACET and Protective Factors?** **What are your next steps with the family?** **Score 0** if the content of the visit does not relate to information collection for the UFACET or if the activities were not related to Strengthening Families. Also score 0 if their activities could relate to HomeWorks but the caseworker cannot tell how they are related to HomeWorks.

	Score 1 if the content of the session reasonably relates to the collection of information to score the UFACET OR to Strengthening families. (The content of the session should reasonably relate, but does not have to be done well.)
H.8 Attitude toward UFACET	What is the caseworker's general attitude towards the UFACET? *Describe based off of your observations and conversation with them or direct question.* What are your thoughts about the UFACET? Do you find it useful or helpful? Score N/A if the caseworker's attitude was neutral overall. Score 0 if the case worker's attitude tended toward negative. ("Just waiting for it to fail," "Just more work," "Not helpful.") Score 1 if the case worker's attitude tended toward positive. ("Like it," "Helpful," "Excited.")
H.9 Attitude toward SFPF	What is the caseworker's general attitude towards Strengthening Families? *Describe based off of your observations and conversation with them or direct question.* What are your thoughts about the SFPF (protective factors/protective capacities)? Do you find it useful or helpful? *probe more if the caseworker does not seem to know what SFPF is, they might not be familiar with that term in particular Score N/A if the caseworker's attitude was neutral overall. Score 0 if the caseworker's attitude tended toward negative. ("Just waiting for it to fail," "Just more work," "Not helpful.") Score 1 if the case worker's attitude tended toward positive. ("Like it," "Helpful," "Excited.")

Community Resources

C.1 Online directory access	Has the worker accessed the directory online? (Describe) Have you ever accessed the online directory? If yes, when? Score yes (1) or no (0)

C.2 Attitude towards online directory	What is the caseworker's general attitude towards the online directory? (Describe) **What are your thoughts on the online directory?** **Score N/A** if the case worker's attitude was neutral overall. **Score 0** if the case worker's attitude tended toward negative. ("Just waiting for it to fail," "Just more work," "Not helpful.") **Score 1** if the case worker's attitude tended toward positive. ("Like it," "Helpful," "Excited.")
C.3 Current resources	What resources are the family currently involved with **Can you list off what resources the family is currently receiving and why?** *1. List the agency/program(s)* *2. Reason for involvement (from worker perspective)* **Could be resources through DCFS or not. Ask the family and/or caseworker*
C.4 Caseworker role	What role has the caseworker played in brokering the services? *i.e. How involved are the caseworkers at getting the families set up with services? Do they just hand them a card or give them a phone number? Do they actually take them down and get them set up with services personally?)* **How would you describe your role in connecting families to community resources/services?** **Score 0** - If the caseworker is not involved, and the families are not connected to services or they are connected to services primarily through the court or other systems. **Score 1** - If the caseworker is minimally involved in connecting families to services. For example, if the caseworker only gives them a name of a service or a phone number, the caseworker may or may not follow up with the family. **Score 2** - If the caseworker is very involved in connecting the families to services. For example, if the caseworker gives the family information to get set up with a service and assures that they can (and will) do it on their own OR the caseworker connects them to services personally by bringing the family to a service or calling with the family.
C.5 Availability of services	Did the worker comment on the availability or lack or services? (Describe) **What is your opinion of the availability of services in the area?** **Score N/A** if the caseworker had a neutral attitude towards the availability of services

Score 0 if the caseworker emphasized a lack of available services and/or a need for more services

Score 1 if the caseworker thought the level of services was good and/or had a positive attitude towards the availability of services in the area.

Strengthening Families

General Observations	Any observations you think may be important to understand whether the HomeWorks interventions are being used or how well they are being used. Anything you think relates to HomeWorks, how it's used, etc. If the worker makes any comments, or expresses confusion, frustration, or positivity. You can use this space to write a narrative of what happens during the observation, then copy section into the relevant categories below. **Come back to this after the observation to add any last details
P.0 PROTECTIVE FACTORS	Which Protective Factors did the worker focus on?
P.1. Parental Resiliency	Did the worker's activities and/or discussion with the family relate to Parental Resiliency? *1. Describe what the worker did.* *2. To what was the worker responding?* <u>Scoring</u> N/A = NOT APPLICABLE. Score N/A if there was a plan to address protective factors and this factor was NOT on the plan. However, if needs related to this factor came up in the session and it was addressed, score 1 or 2. 0 = NO PLAN or PLANNED BUT NOT ADDRESSED. Score 0 if there was no plan to address any protective factors OR if there was a plan to address this protective factor, but it was not addressed. 1 = DISCUSSED BUT DID NOT CONNECT. Score a 1, for example, if the case worker gives the parent a handout on strategies for dealing with stress and instructs the parent to read it later OR the case worker speaks generally about past trauma and resiliency throughout the parents' life but DOES NOT connect to needs or current situation. 2 = DISCUSSED AND CONNECTED BUT DID NOT PRACTICE WITH FAMILY. Score a 2, for example, if the case worker discusses strategies for dealing with stress, points out the current

strengths or weaknesses in the parent(s)' ability to respond to stress, and talks about when the parent could use the strategies. The caseworker may also assign homework for the parent(s), but DOES NOT practice the skill with the parent.

3 = DISCUSSED, CONNECTED, AND PRACTICED SKILL WITH FAMILY. Score a 3, for example, if the case worker discusses strategies for dealing with stress, points out the current strengths or weaknesses in the parent(s)' ability to respond to stress, helps the parent(s) come up with a plan for dealing with stress, AND has the parent(s) practice stress management strategies in the moment while the caseworker observes/gives feedback, AND assigns homework for the parent(s).

P.2 Social connections	**Did the worker's activities and/or discussion with the family relate to Social Connections?** *1. Describe what the worker did* *2. To what was the worker responding?* <u>Scoring</u> N/A = NOT APPLICABLE. Score N/A if there was a plan to address protective factors and this factor was NOT on the plan. However, if needs related to this factor came up in the session and it was addressed, score 1 or 2. 0 = NO PLAN or PLANNED BUT NOT ADDRESSED. Score 0 if there was no plan to address any protective factors OR if there was a plan to address this protective factor, but it was not addressed. 1 = DISCUSSED BUT DID NOT CONNECT. Score a 1, for example, if while talking about Social Connections, the case worker provides handouts on local parent groups and instructs the parents to read later OR speaks generally about the client meeting other parents in the area BUT DOES NOT connect to needs or current situation. 2 = DISCUSSED AND CONNECTED BUT DID NOT PRACTICE WITH FAMILY. For example, Score 2 if talking about Social Connections and the caseworker discusses a new skill surrounding making friends and talks about when the parent could use this skill, AND connects the activity to needs or current situation. The caseworker may also assign homework, like attending a softball game to meet other parents, for the parents to practice later, but DOES NOT practice the skill with the parent. Additionally, if caseworker models a behavior but does not have the client practice, it should be scored a 2. 3 = DISCUSSED, CONNECTED, AND PRACTICED SKILL WITH FAMILY. Score 3, for example, if the caseworker discusses a new skill surrounding making friends, talks about when a parent could use this skill, like at a child's softball practices, AND connects the activity to needs or current situation, AND assigns homework, like attending a softball game to meet other parents, for the parents to practice later. In addition, the caseworker may role play talking to

	another parent with their client and make sure barriers that may prevent the parent from attending the activity (e.g. transportation) are addressed.
P.3 Knowledge of Parenting and Child Development	**Did the worker's activities and/or discussion with the family relate to Knowledge of Parenting and Child Development?** *1. Describe what the worker did* *2. To what was the worker responding?* <u>Scoring</u> **N/A =** NOT APPLICABLE. Score N/A if there was a plan to address protective factors and this factor was NOT on the plan. However, if needs related to this factor came up in the session and it was addressed, score 1 or 2. **0** = NO PLAN or PLANNED BUT NOT ADDRESSED. Score 0 if there was no plan to address any protective factors OR if there was a plan to address this protective factor, but it was not addressed. **1** = DISCUSSED BUT DID NOT CONNECT. Score 1, if talking about Child Development and the case worker gives the parent a handout and instructs the parent to read later OR speaks generally about tantrums BUT DOES NOT connect to needs or current situation. **2** = DISCUSSED AND CONNECTED BUT DID NOT PRACTICE WITH FAMILY. Score 2 if talking about Child Development and the case worker discusses a new skill around tantrums, talks about when the parents could use the skill, possibly assigns homework to practice later, BUT DOES NOT have the parent practice using the skill in the moment. Additionally, if case worker models a behavior but does not have the client practice, it should be scored a 2. **3** = DISCUSSED, CONNECTED, AND PRACTICED SKILL WITH FAMILY. Score 3 if talking about Child Development and the case worker the discusses a new skill around tantrums, talks about when the parents could use the skill, AND has the parent practice using the skill with the child or an actor in the moment, AND assigns homework for the parents to practice later.
P.4 Concrete Support in Times of Need	**Did the worker's activities and/or discussion with the family relate to Concrete Supports?** *1. Describe what the worker did* *2. To what was the worker responding?* <u>Scoring</u>

	N/A = NOT APPLICABLE. Score N/A if there was a plan to address protective factors and this factor was NOT on the plan. However, if needs related to this factor came up in the session and it was addressed, score 1 or 2. **0** = NO PLAN or PLANNED BUT NOT ADDRESSED. Score 0 if there was no plan to address any protective factors OR if there was a plan to address this protective factor, but it was not addressed. **1** = DISCUSSED BUT DID NOT CONNECT. Score 1 if the case worker gives the parent a handout about a service (e.g. daycare services in the area) or speaks generally about a service BUT DOES NOT connect to needs or the current situation. **2** = DISCUSSED AND CONNECTED BUT DID NOT PRACTICE WITH FAMILY. Score 2 if the case worker discusses a resource like childcare, talks about why the parents could use the resource, and connects the parents to the resource with a reference name and number, but DOES NOT make a phone call or visit a support/service with the parent. **3** = DISCUSSED, CONNECTED, AND PRACTICED SKILL WITH FAMILY. Score 3, if the case worker discusses a resource like childcare, talks about why the parents could use the resource, connects the parents to the resource with a reference name and number AND helps the parent make the call or sets up a time to go with the parent to a service AND addresses barriers that may keep the parent from the resource (e.g. cultural barriers/ transportation).
P.5 Social-emotional competence of children	**Did the worker's activities and/or discussion with the family relate to the Social-emotional Competence of Children?** *1. Describe what the worker did* *2. To what was the worker responding?* <u>Scoring</u> **N/A =** NOT APPLICABLE. Score N/A if there was a plan to address protective factors and this factor was NOT on the plan. However, if needs related to this factor came up in the session and it was addressed, score 1 or 2. **0** = NO PLAN or PLANNED BUT NOT ADDRESSED. Score 0 if there was no plan to address any protective factors OR if there was a plan to address this protective factor, but it was not addressed. **1** = DISCUSSED BUT DID NOT CONNECT. Score 1, for example, if talking about Social-emotional Competence of Children and the case worker gives the parent a handout and instructs the parents to read later OR speaks generally about how to help a child recognize if he/she is feeling anxious BUT DOES NOT connect to needs or current situation.

	2 = DISCUSSED AND CONNECTED BUT DID NOT PRACTICE WITH FAMILY. Score 2, for example, if the case worker discusses how to recognize if a child feels anxious, talks about when the child should use this skill, AND connects this skill to the current needs/situation BUT DOES NOT practice the skill with the family. 3 = DISCUSSED, CONNECTED, AND PRACTICED SKILL WITH FAMILY. Score 3, for example, if the case worker discusses how to recognize if a child feels anxious, talks about when the child should use this skill, AND connects this skill to the current needs/situation AND practices this skill (e.g. with a game) to develop this skill with the child. Additionally the case worker assigns this family homework instructing them how to use this skill in real life.
P.6 Strength Focused	Did the worker focus on "what's strong, not just what's wrong" with the family during the visit? Describe. Score N/A if the case worker focused fairly equally on the client's strengths and weaknesses. Score 0 if during the visit, the focus was on weaknesses when speaking with the family, the caseworker focused more on telling the family what not to do, the caseworker primarily highlighted things that is wrong with the family. Score 1 if during the visit the case worker talks with the family about their strengths, highlights what they are good at, or highlights things that the parent does well in the moment or recently.
PRACTICE SUPPORTS	
P.7 HomeWorks materials	Did the worker use the SFPF manual (HomeWorks manual), Brown bag materials, or other HomeWorks materials during, or after the visit? (List the materials used, and how they were used) **Whether given to the family or used by the caseworker themselves* Score N/A if caseworker did not use any materials Score 0 if most materials were inappropriate or unrelated Score 1 if most material was relevant to the needs of the family (based on UFACET)
P.10 Misc materials used	Did the worker use any misc. materials before, during, or after the visit? (List each one) **Whether given to the family or used by the caseworker themselves* Score N/A if caseworker did not use any materials Score 0 if most materials were inappropriate or unrelated Score 1 if most material was relevant to the needs of the family (based on UFACET)

UFACET (if observing a UFACET)	
IF OBSERVING SCORING	Complete this section if observing the scoring.
General Observations UFACET	*Record any observations you think may be important for understanding how well the UFACET is being used.* *Record anything you think relates to HomeWorks, how it's used, etc. If the worker makes any comments, or expresses confusion, frustration, or positivity.* *You can use this space to write a narrative of what happens during the observation, then copy section into the relevant categories below.* **Come back to this after the observation to add any last details and commentary
ADMINISTRATION U.1 Family Composition	Who was included in the family? (For scoring in the UFACET)
U.2 Family Involvement	*If the UFACET has been completed:* Was the family involved in the scoring of the UFACET? How? Was the family involved in creating the case plan? How? *If the UFACET has not been completed:* Will the family be involved in the scoring of the UFACET? How? Score 0 if the case worker has not (or will not) give the family information on what the UFACET is, OR the case worker did not (or has no plans to) explain what the scores are and what they mean, OR the family does not (or will not) have the ability to provide input. Score 1 if the case worker gave (or has plans to give) the family information on what the UFACET is, AND the case worker did (or has plans to) explain what the scores are and what they mean, AND the family has (or will have) have the ability to provide input. (MUST DO ALL THREE.)
U.3 Parent Manual	Did the caseworker use the parent manual in scoring the UFACET? Are you familiar with the parent manual? How have you used it? Did you use it with this family? How? Score no if not using it.

	Score yes if using it (or has plans to) in some (any) manner.
U.4 Clarification	Can you tell me how you are supposed to use the "E" scoring (for "explore")? (Note for observer: If items were initially marked E it means the caseworker should gather more information to clarify and then change the score when enough information is obtained.) Score 0 caseworker does not know how the E score should be used. Score 1 caseworker does know how the E score should be used.
SCORING U.6 Cultural Considerations	Does the CW know how to make cultural considerations? Can you tell what types of cultural issues you might consider when thinking about cultural considerations related to the family? Were cultural considerations taken into account? Or, can you give examples of cultural considerations from other cases? Score 0 if the case worker does not know how to make cultural considerations. Score 1 if the case worker does know how to make cultural considerations.
U.7 Score difference	Does the worker know the difference between 1 & 2 scores? (Describe) Can you tell me how the UFACET is scored? What do the different scores mean? What kind of decisions do you make for the different scores? **1 is like a watch (watchful waiting) and 2 or higher is something that needs immediate attention* Score 0 if the caseworker does not know the difference between scores. Score 1 if the caseworker does know the difference between scores.
U.8 Protective Factors Scores	Does the caseworker look for and know how to score the protective factors? How do you score items that have protective factor as an option for scoring? It is clear to you when to score those? Or:

	When would you score an item as a protective factor? Were any of the items scored as protective factors for the family? Score 0 if the case work does not know how to score the protective factors or assess for them. Score 1 if the case worker knows how to score the protective factor AND typically assesses for them.
CASE PLANNING U.9 Immediate Action Scores	*Do scores of 2 or above translate into areas needing immediate action levels?* Now that you have scored the UFACET, how will it inform the treatment and intervention target? How do you know what to include in your treatment plan and target in your interventions? **2 or 3 should be included in treatment plan/ as something that needs action* Score 0 if the case worker is not intending to plan interventions for items that were scored 2's and 3's. Score 1 if the case worker is intending to plan interventions for items that were scored 2's and 3's.
U.10 Family input and questions	Was (or will) the family be involved in creating the treatment plan? How? Was (or will) the case plan completed with the family? (Describe) **In your notes, make it clear when you actually observed versus them just saying they did it.* Score 0 if the family is not given information about what the case plan, does not explain what it is or what it means, OR the family does not have the ability to provide input. Score 1 if the family is given information about what the Case Plan is, the case worker explains what it is/what it means, AND the family has the ability to provide input. (Must do all three. Can be case worker report.)
U.11 Connect guide	Did the worker use a connect guide before, during, or after the visit? [If yes list which one(s)]? Are you familiar with the connect guides? In your mind, what is the purpose of the connect guides?

	Score 0 if the case worker is not familiar with the connect guides OR if the case worker has heard of the connect guides but cannot articulate the purpose of them. Score 1 if the case worker is familiar with the connect guide and can articulate the purpose of them. Score 2 if the case worker is familiar with the connect guide and can articulate the purpose of them and anticipates using for treatment planning in this case.
U.12 Attitude toward UFACET	*Describe based off of your observations and conversation with them or direct question.* What are your thoughts about the UFACET? Do you find it useful or helpful? Score N/A if the case worker's attitude was neutral overall. Score 0 if the case worker's attitude tended toward negative. ("Just waiting for it to fail," "Just more work," "Not helpful.") Score 1 if the case worker's attitude tended toward positive. ("Like it," "Helpful," "Excited.")
U. 13 Attitudes toward SFPF	*Describe based off of your observations and conversation with them or direct question.* What are your thoughts about the SFPF? Do you find it useful or helpful? Score N/A if the case worker's attitude was neutral overall. Score 0 if the case worker's attitude tended toward negative. ("Just waiting for it to fail," "Just more work," "Not helpful.") Score 1 if the case worker's attitude tended toward positive. ("Like it," "Helpful," "Excited.")

UFACET Reassessment	
ASK BEFORE VISIT	
R.1 Reason for Reassessment	*Is the worker conducting a reassessment at an appropriate time (every 6 months, significant change in the case, or at case closure)?* **Ask: Why does this case need a reassessment at this time?** Scoring 0 – If they are doing the UFACET for any reason not included in the criteria for 1. 1 – If they are doing the UFACET at a 6 month increment, in response to a significant change in the case (NOT following change in case type), or at case closure.
R.2 Future services	*Will the caseworker use the reassessment to make updated decisions about what services and interventions the family needs?* **Ask: What will you use the reassessment for? or How will the reassessment be used in future case planning?** Scoring 0 – If the worker will not use the reassessment to guide future service plans. 1 – If the worker will use the UFACET reassessment to keep the treatment plan current with treatment needs, or make decisions about case closure by determining if there are still needs that need to be addressed.
ASK AFTER VISIT	
R.3 Remove from plan	*Will the caseworker remove things from the plan that were previously marked a 2-3 and are now marked 0-1?* **Ask: How will you know if something should be removed from the existing case plan?** Scoring 0 – if worker does not know when to take something off the plan, or the UFACET scores are not used to take things off the plan. 1 – If the worker will take items marked 0-1 off the plan (that were previously on the plan).

HOMEWORKS FIDELITY CHECKLIST SCORING

OBSERVATION TYPE	ITEMS TO SCORE	SCORING RULES (final outcome = yes or no for fidelity)
1. If case is open less than 45 days and focus of the visit is anything other than the UFACET	H7, P1, P2, P3, P4, P5	If H7 yes, take the sum of H7, P1, P2, P3, P4 & P5. Sum has to be >1 in order to get a yes. Other criteria: If H7 is no, then all the remaining are scored as no (automatic No).
2. If focus of the visit is UFACET information gathering/computer entry	U2, U7, U8, U10	Take the average of the four items. They have to get 75% in order to get a yes.
3. If the case is open greater than 45 days, regardless of focus	H1 H2, H3, H4, H6, H7, P1, P2, P3, P4, P5	HI AND H7 both need to equal to 1 AND P1 or P2 or P3 or P4 or P5 need to be at least 1 AND SUM H1, H2, H3, H4, H6, H7 + 1(PF). If total = 5 or more, then yes
4. If observing a UFACET reassessment	U2, U7, U8, U10, R1, R2, R3	Take the average of the four U items, they need 75% AND ⅔ of R items

HOMEWORKS FIDELITY SCORING ACCURACY CHECK

Checking Guide:

If you are the **assigned checker**, please:

1) use the scoring guide to check the appropriate scores (scoring guide is at the bottom of the spreadsheet)
2) note which scores need to change or if note "no changes" if you agree with all of the scores
3) add any notes in the next column with feedback for the observer
4) send an email to the group letting them know you've checked the scores and they can finalize their scores.

If you are the **original observer**:

1) after your scores have been checked, review the suggested changes and notes from the checker
2) make changes if you agree or contact Mindy/Kristen to check scores if you do not agree
3) note what scores you changed, 4) record the date that you finalized the scores.

- If B.1d= 0 (less than 45 days) & B.7=0 (Focus on UFACET) then Check scoring for U's.
- If B.1d= 0 (less than 45 days) & B.7=1 (Focus on anything but UFACET) then Check scoring for H's and P's
- If B.1d= 1 (greater than 45 days) & B.7=1 (Focus on anything but UFACET) then Check scoring for H's and P's
- If B.1d= 1 (greater than 45 days) & B.7=0 (Focus on UFACET) then do not check- tell Mindy & Kristen

APPENDIX I. WELL-BEING PROTOCOL AND SURVEYS

WELL-BEING PROTOCOL

Initial Surveys:

1. Participant names provided by the state DCFS office

    a. Participants are eligible for our study if their family has recently been opened on an in home case in either a treatment region (where HW has been implemented) or a comparison site.
    b. Navina pulls the names on a weekly basis of newly opened cases and case closures (case closure information will be important for second survey scheduling)
    c. Participant names will be randomized by DCFS as part of the database query, they will send list to their staff (e.g. Christmas Box House in Northern Region, other regions will identify a point person)
    d. The list of participants will be prepared every [Monday], and the state office will notify caseworkers to update the contact information

2. Letter sent to potential participants

    a. See draft below of letter
    b. The state office sends and prepares letters on behalf of DCFS (CBH in Northern, other regions vary)
        i. Send letters every [Friday] after they receive list from DCFS

3. DCFS employees make initial contact with families to explain project and see if they're interested

    a. Place calls on [Tuesdays], assuring time to have received the letter from DCFS
    b. Contacting via phone will be done every 1-2 weeks
        i. *Unless potential participant numbers warrant more or less frequent contact*
    c. Calling location will be at a DCFS office and use a DCFS telephone or cell line.
    d. If the participant doesn't answer, DCFS staff will leave a message to call a designated DCFS line. This line will be staffed by a trained DCFS employee who will solicit participation.
    e. See draft below of contacting scripts

4. Follow up with families who are interested by SRI

    a. If possible, DCFS employees will immediately transfer the call to SRI staff so we can schedule immediately.
    b. If unable to transfer immediately, SRI will place follow up phone call
    c. See SRI scripts below
    d. If appointment is not scheduled immediately after call with regional point person, be mindful of frequency of contact until appointment is scheduled. Remain "pleasantly persistent" in attempts to contact. No more than five contacts will be made.
    e. After initial message is left, follow up 2-3 days later if we haven't heard back.
    f. Track attempts to contact on "Well being interview scheduling" document (location to be determined):
    g. Call or text evening before to remind families of survey
    h. Consent will be obtained in person at the first meeting for data collection.

Timeline

1. Timeline begins when a new in home case starts.
2. Within 7 days of case start, DCFS contacts caseworkers on cases to ensure they have the correct contact information for the participants before phone calls are made and letters are sent.
3. Between 2-3 weeks the designated region person makes call, then SRI schedules survey.
4. Within 21 days (3 weeks), SRI should have surveys completed or scheduled.

In practice:

[Mondays]: Local office receives list of participants; caseworkers asked to update contact information.
[Fridays]: Letters are sent out.
[Fridays] (the following week): Phone calls are made.

Second Survey instructions:

1. Second surveys are done at one of two points in time:
    a. Case closure
        i. Navina provides the names on a weekly basis of case closures where consent was already granted.
            1. SRI matches case closure names with names of already completed first surveys.
    b. At 8 months after case opened
        i. Scheduled month of follow up (if case has not already closed) is noted in the "well being interview scheduling" document.
    c. If cases are open longer than 9 months, a third survey will NOT be conducted at case closure.
    d. Participants are asked after the first survey if they would be willing to participate in a follow up survey. If they agree, we will plan to contact them.

2. Letter sent to participants
    a. See draft below.
    b. Send letters every Monday after we receive list from Navina.
    c. Letters will be prepared by SRI staff (Rebecca or RAs).

3. SRI calls participant to schedule survey
    a. See contacting script below.
    b. Preferably, second surveys will be completed over the phone.
        i. Gift cards will then be mailed after each survey.
        ii. If participant cannot complete survey over the phone, we may be able to complete them in person. Take this on a case by case basis.
    c. On phone call, ask them if they can complete the survey right then, or if you should schedule a time to call them back.

4. If SRI has difficulty contacting participants, home visits may be a useful tool to contact the family.
    a. These can be done if someone is in the area and can swing by the last known address.

Scheduling how-to's (SRI):

1. Schedule surveys about 45 minutes apart (when they are in close proximity)

    a. This allows time for write up and driving to next appointment.
    b. Be mindful of participant location when scheduling. Attempt to schedule surveys geographically closest whenever possible.

2. Ideal schedule should include 5-8 surveys per day.

    a. While scheduling, remind participants that we may have to change their survey time if needed.
    b. In order to use time and money efficiently, please try to schedule *at least* 3 surveys/day (this may be modified if needed, or if location is close by).

3. Double-check address for participant and ask if there is anything "tricky" about finding it.

    a. Let participant know that we can meet wherever they feel most comfortable.

4. Record information on "well being interview scheduling" sheet and add information to google calendar.

    a. Include the following information on google calendar: Participant first name and last initial (Johnny S.), phone number, address of meeting place, time of survey, 1st or 2nd survey, and any additional helpful information.

Interviewing:

1. First survey will be in person (with second survey probably over the phone)

    a. Protective Factor Survey
2. Review home visit safety

    a. (See Waiver Home Visit policy)

3. Fill out all forms on evaluation portal (password protected and encrypted server)

    a. Login to evaluation portal for the participant, then hand them the tablet for the first interview. Second interview, you may complete it over the phone unless an in person visit is requested.
    b. Ask participants if they would be willing to participate in a follow up survey in 8-9 months or at case closure.
    c. Ask participants for best contact person in case we have a hard time getting a hold of them (include name, number, and relationship) for second survey. Also collect address information if needed.

4. Make sure you have these items on survey days:

    a. Day's schedule
    b. Gift card incentive
    c. Contact information for participants
    d. Directions
    e. Laptop/tablet (fully charged!)
        i. Charger
    f. Paper copy of instrument (including consent forms)

    g. Pens
    h. Mileage tracking sheet
5. Beginning the survey:
    a. Thank them for meeting with you.
    b. Go over consent form and basics of survey.
        i. Description of the study
        ii. Confidentiality and voluntary participation, etc.
        iii. How long the survey will take (and how much time they have available)
    c. Ask if they have any questions.
    d. Sign consent form (paper copies in case there are problems with electronic).
    e. Offer to read through questions together or if they would prefer to do it on their own.
    f. Let them know that you may need to call them to clarify on some questions.

Post survey:

1. After you complete your survey, please be sure you've completed each item on this checklist. **All of this should be completed within two days of the survey**. If something prevents you from completing these within that timeframe, please email Mindy or Rosemary to let them know.

2. Review the survey
    a. Do this as soon as possible once your survey is over so the information is still fresh on your mind.

3. Write up
    a. After the survey is completed, please write a short summary of your interaction with the respondent. See examples on drive.

4. Update information on "Wellbeing Interview Tracking" sheet.

5. Don't forget to keep track of your mileage!

Drafts/Script

Letter from DCFS

Dear [insert client name here],

You have been selected to be invited to participate in a research project being conducted by the Social Research Institute at the University of Utah called the "Utah Title IV-E Waiver demonstration." The purpose of this project is to learn more about the lives, experiences, services, and opinions of people who are currently receiving services from Utah's Division of Child and Family Services (DCFS). Your views are important. The information you provide will be used to make recommendations to DCFS on how to improve their services.

If you agree to participate, you will be asked by a researcher from the University of Utah to complete a survey in your home or any other place you feel comfortable. The survey will take about 20-30 minutes to complete. You will receive a $10 gift card to a local store in appreciation for your time and participation. Your participation is completely voluntary and you may refuse to participate at any time. Whether or not you choose to participate will not affect the services you receive from DCFS.

The University of Utah will take the following precautions to protect your confidentiality: No names or identifying information will be used to report the results of this survey. The information you provide to the

University of Utah will remain confidential, except in cases where the researcher is legally obligated to report, like any reports of actual or suspected abuse that have not been previously investigated.
No information about you has been given to the University of Utah at this time. Representatives from the DCFS will be contacting you shortly to invite you to participate in this study. If you agree to participate and allow us to give your contact information to the University of Utah, research assistants from the University of Utah will follow up to schedule a survey.

If you have any questions about this study, please contact _____ from the Social Research Institute at 801-581-3625 or someone@utah.edu. Additionally, you may also contact (DCFS contact person) at 801-___-____ or _____@utah.gov.

Thank you for your help in this important study. We look forward to talking with you!

Thank you,
[DCFS Contact – Region point person insert their name here]

WELL-BEING SURVEYS

Date: _____

County: _____

Family/Case ID: _____

About You

1. What is your gender?
   - ☐ Male
   - ☐ Female

2. What is your age? _____ years

3. Are you of Hispanic, Latino, or Spanish Origin?
   - ☐ Yes (please specify) _____
   - ☐ No

4. What is your race? (check all that apply)
   - ☐ Alaska Native
   - ☐ American Indian
   - ☐ Asian (please specify) _____
   - ☐ Black or African American
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ White
   - ☐ Other (please specify) _____

5. Do you speak a language other than English at home?
   - ☐ Yes (please specify the language) _____
   - ☐ No

6. What is the highest level of education that you have completed?
   - ☐ Less than high school education
   - ☐ High school diploma
   - ☐ GED
   - ☐ 1-2 years college (no degree)
   - ☐ Community college associate degree
   - ☐ 3-4 years college (no degree)
   - ☐ Bachelors' degree
   - ☐ Graduate study (no degree)
   - ☐ Master's degree
   - ☐ Doctoral or professional degree

7. Are you currently...?
   - ☐ Employed for wages part-time
   - ☐ Employed for wages full-time
   - ☐ Self-employed

- ☐ Out of work and looking for work
- ☐ Out of work but not currently looking for work
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work

8. Which, if any, of the following do you currently receive? (check all that apply)
   - ☐ Food Stamps
   - ☐ Medicaid (State Health Insurance)
   - ☐ Earned Income Tax Credit
   - ☐ TANF (Temporary Assistance for Needy Families)
   - ☐ Head Start/Early Head Start Services
   - ☐ None of the above

9. What was the total combined income of all household members in the last year? Please include money from jobs, farm or rent, pensions, welfare or social security payments and any other money income received by you or other household member.
   - ☐ $0-$10,000
   - ☐ $10,001-$20,000
   - ☐ $20,001-$30,000
   - ☐ $30,001-$40,000
   - ☐ $40,001-$50,000
   - ☐ more than $50,001

10. During the past 12 months, how much difficulty have you had paying your bills?
    - ☐ A great deal of difficulty
    - ☐ Quite a bit of difficulty
    - ☐ Some difficulty
    - ☐ A little difficulty
    - ☐ No difficulty at all

11. Thinking again about the past 12 months, generally, at the end of each month, do you end up with…
    - ☐ More than enough money left over
    - ☐ Some money left over
    - ☐ Just enough to make ends meet
    - ☐ Not enough to make ends meet

12. Which of the following best describes your current marital status? (choose one)
    - ☐ Never married
    - ☐ Married
    - ☐ Living together
    - ☐ Separated
    - ☐ Divorced
    - ☐ Widowed

13. Which of the following best describes your family's housing situation?
    - ☐ Own
    - ☐ Rent
    - ☐ Shared housing with relatives/friends
    - ☐ Temporary (shelter, temporary with friends/relatives)

☐ Homeless

14. How many ADULTS (age 18 and older) are living or staying in your home? _____

15. How many CHILDREN (under age 18) are living or staying in your home? _____

About My Family

Please check the box that best describes how often the statements are true for your family:

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
16. In my family we talk about problems.	☐	☐	☐	☐	☐	☐	☐
17. When we argue, my family listens to "both sides of the story."	☐	☐	☐	☐	☐	☐	☐
18. In my family, we take time to listen to each other.	☐	☐	☐	☐	☐	☐	☐
19. My family pulls together when things are stressful.	☐	☐	☐	☐	☐	☐	☐
20. My family is able to solve our problems.	☐	☐	☐	☐	☐	☐	☐

Please check the box that best describes how much you agree or disagree with the following statements:

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
21. I have others who will listen when I need to talk about my problems.	☐	☐	☐	☐	☐	☐	☐
22. When I am lonely, there are several people I can talk to.	☐	☐	☐	☐	☐	☐	☐
23. I would have no idea where to turn if my family needed food or housing.	☐	☐	☐	☐	☐	☐	☐
24. I wouldn't know where to go for help if I had trouble making ends meet.	☐	☐	☐	☐	☐	☐	☐
25. If there is a crisis, I have others I can talk to.	☐	☐	☐	☐	☐	☐	☐
26. If I needed help finding a job, I wouldn't know where to go for help.	☐	☐	☐	☐	☐	☐	☐

This part of the survey asks about parenting and your relationship with your child. For this section, please *focus on the child that you hope will benefit most from your participation in services*. Please write the child's age and date of birth and then answer questions with this child in mind.

27. Child's Age: _____

28. Child's Date of Birth: ____/____/____

29. What is your relationship to this child?

- ☐ Biological mom
- ☐ Biological dad
- ☐ Foster parent
- ☐ Adoptive parent
- ☐ Grandparent
- ☐ Aunt or Uncle
- ☐ Other Relative: _____
- ☐ Other Non-Relative: _____

Please tell us how much you agree or disagree with the following statements.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
30. There are many times when I don't know what to do as a parent.	☐	☐	☐	☐	☐	☐	☐
31. I know how to help my child learn.	☐	☐	☐	☐	☐	☐	☐
32. My child misbehaves just to upset me.	☐	☐	☐	☐	☐	☐	☐

Please tell us how often each of the following happens in your family:

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
33. I praise my child when he/she behaves well.	☐	☐	☐	☐	☐	☐	☐
34. When I discipline my child, I lose control.	☐	☐	☐	☐	☐	☐	☐
35. I am happy being with my child.	☐	☐	☐	☐	☐	☐	☐
36. My child and I are very close to each other.	☐	☐	☐	☐	☐	☐	☐
37. I am able to soothe my child when he/she is upset.	☐	☐	☐	☐	☐	☐	☐
38. I spend time with my child doing what he/she likes to do.	☐	☐	☐	☐	☐	☐	☐

Child Behavior

Thinking again of the child that you chose above, in Question 27, who would benefit the most from your participation in services, please answer the following questions **based on the child's age.** *(Choose only ONE)*

- *If your child is less than 12 months old, answer Q39.*
- *If your child is 12 to 36 months old, go to and answer Q40.*
- *If your child is older than 36 months old, go to and answer Q 41.*

39. *For the child identified in Q27 who is less than 12 months old,* please answer the following questions about your infant over the LAST MONTH.

Child is less than 12 months old Your infant's behavior over the LAST MONTH	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
a. Irritable/Mood changes easily	☐	☐	☐	☐	☐	☐	☐
b. Fussy/difficult	☐	☐	☐	☐	☐	☐	☐

c. Easy to soothe/comfort	☐	☐	☐	☐	☐	☐	☐
d. Easily upset	☐	☐	☐	☐	☐	☐	☐
e. Very active/Restless	☐	☐	☐	☐	☐	☐	☐
f. Overly sensitive to people/things around them	☐	☐	☐	☐	☐	☐	☐
g. Gets mad/tantrums when does not get their way	☐	☐	☐	☐	☐	☐	☐

After completing Q39, *go to next section "Child Disability" and continue.*

40. *For the child identified in Q27 between 12 and 36 months old:* Many statements describe normal feelings and behaviors, but some describe feelings and behaviors that may be problems. Please check the box for the response that best describes your child's behavior in the LAST MONTH.

For child age 12 to 36 months Your child's behavior over the LAST MONTH	Not true	Sometimes true	Often true
a. Hits, shoves, kicks, or bites other children (not including brother/sister)	☐	☐	☐
b. Is destructive. Breaks or ruins things on purpose.	☐	☐	☐
c. Hits, bites or kicks you (or other caregiver).	☐	☐	☐
d. Purposely tries to hurt you (or other caregiver).	☐	☐	☐
e. Gets hurt so often that you can't take your eyes off him or her.	☐	☐	☐
f. Is restless and can't sit still.	☐	☐	☐
g. Runs away in public places.	☐	☐	☐

After completing Q40, *go to next section "Child Disability" and continue.*

41. *For the child identified in Q27 as older than 36 months,* please check the box for the response that best describes your child's behavior over the LAST SIX MONTHS.

Child is older than 36 months Your child's behavior over the LAST SIX MONTHS	Not true	Somewhat true	Certainly true
a. Often loses temper	☐	☐	☐
b. Generally well behaved, usually does what adults request	☐	☐	☐
c. Often fights with other children or bullies them	☐	☐	☐
d. Often lies or cheats	☐	☐	☐
e. Steals from home, school or elsewhere	☐	☐	☐
f. Often argumentative with adults	☐	☐	☐
g. Can be spiteful to others	☐	☐	☐

After completing Q41, please continue to the next section "Child Disability" and continue.

Child Disability

42. Does your child have a physical or mental condition or health problem?
    - ☐ Yes
    - ☐ No

43. If yes, how often does that condition/health problem impact amount or kind of activity that your child can do at home or school compared to other children his/her age?
    - ☐ Sometimes
    - ☐ Often
    - ☐ Never

THANK YOU FOR YOUR TIME!

APPENDIX J DECISION MAKING SURVEYS

AGAINST REMOVAL FROM HOME OF CHILDREN AT-RISK SCALE

Indicate how much you agree with each of the following statements:

1. Even when parents emotionally abuse their child an effort should be made to keep him/her at home.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
2. Even when parents physically abuse their child an effort should be made to keep him/her at home.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
3. Even when parents neglect their child an effort should be made to keep him/her at home.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
4. If parents sexually abuse their child he/she should be removed from home.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
5. If a child is removed from home a serious effort should be made to reunify him/her with his parents as soon as possible.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
6. Even in a case where a child was removed from home because his parents neglected him/her, every effort should be made to reunify the child with his parents.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
7. Even in a case where a child was removed from home because he/she was emotionally abused by his/her parents, every effort should be made to reunify the child with his/her parents.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
8. Involving the child in the decision making process regarding his/her removal from home yields better decisions.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]
9. Most of the parents of children at-risk are unable to make a good decision regarding the need for out-of-home placement for their child.	[1- Strongly agree | 2 | 3| 4- Neither agree nor disagree | 5 | 6 | 7- Strongly disagree]

DAGLEISH SURVEY

Instructions: In the following items you will be presented with a pair of statements. We want you to choose between them. We understand that you might endorse both statements but try to **choose the statement that best reflects *your* general work focus and beliefs**. Indicate your preference by circling A or B. You will see a statement more than once, but each pairing is different. There are no right or wrong answers. Please rate the strength of your preference on the following scale of one to five.

Very Weak				Very Strong
1	2	3	4	5

	Items	Which statement?	Strength of preference?
1.	Work should be focused on keeping the family together. Child protection workers should be willing to be an advocate for the child.	A B	1 2 3 4 5
2.	The client is the child and all other work is secondary. Work should be focused on keeping the family together.	A B	1 2 3 4 5
3.	Work should be focused on protecting the child. Work should be focused on keeping the family together.	A B	1 2 3 4 5
4.	Families are the best place for children to achieve their full potential. There is a need to ensure the physical and emotional well being of all children.	A B	1 2 3 4 5
5.	Children's rights should be safeguarded so they achieve their full potential. The family's right to guide the development of their children should be safeguarded.	A B	1 2 3 4 5
6.	Families are the best place for children to achieve their full potential. The state has a responsibility to protect children.	A B	1 2 3 4 5
7.	There is a need to ensure the physical and emotional well being of all children. The state should not be responsible for families or their children.	A B	1 2 3 4 5
8.	Families are the best place for children to achieve their full potential. Children's rights should be safeguarded so they achieve their full potential.	A B	1 2 3 4 5

ADVERSE CHILDHOOD EXPERIENCES SURVEY

Looking back, before you were 18,	
1. Did you live with anyone who was depressed, mentally ill, or suicidal?	Yes 1 | No 0 | Not Sure 2
2. Did you live with anyone who was a problem drinker or alcoholic?	Yes 1 | No 0 | Not Sure 2
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?	Yes 1 | No 0 | Not Sure 2
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	Yes 1 | No 0 | Not Sure 2
5. Were your parents separated or divorced or was a parent lost to you through abandonment or other reason?	Yes 1 | No 0 | Not Sure 2
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	Never 1 | Once 2 | More than Once 3 | Don't know/Not Sure 4
7. How often did a parent or adult in your home ever slap, kick, or physically hurt you?	Never 1 | Once 2 | More than Once 3 | Don't know/Not Sure 4
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	Never 1 | Once 2 | More than Once 3 | Don't know/Not Sure 4
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually	Never 1 | Once 2 | More than Once 3 | Don't know/Not Sure 4
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	Never 1 | Once 2 | More than Once 3 | Don't know/Not Sure 4
11. And last one, how often did anyone at least 5 years older than you or an adult, force you to have sex?	Never 1 | Once 2 | More than Once 3 | Don't know/Not Sure 4
12. I went to treatment for at least one of the negative experiences asked about above.	Yes 1 | No 0 | I did not experience any of the

	experiences asked about above 2
13. I found the treatment I received for the negative experience(s) helpful.	Very unhelpful 1 | 2| Neither helpful, nor unhelpful 3 | 4 | Very helpful 5 | I did go to treatment OR not experience any of these negative experiences 6

LEGAL PARTNER SURVEY

What is your ethnicity? Check all that apply.

- ☐ American Indian or Alaskan
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White (non-Hispanic or Latino)
- ☐ Other (Please Specify)_____

What is your Gender?

- ○ Female
- ○ Male
- ○ Other (Please Specify)_____

What is your current role?

- ○ Assistant Attorney General
- ○ Guardian ad Litem
- ○ Other (Please Specify)_____

What Previous employment/work have you done related to child welfare? (Please list those positions.)

_____
_____
_____
_____
_____
_____

Please indicate whether you agree or disagree to the following statements with regard to your work with DCFS:	Strongly Agree	Agree	Somewhat Agree	Neither agree nor disagree	Somewhat Disagree	Disagree	Strongly disagree
Priority should be given to serving children in their homes, rather than out-of-home placements.							
The families I come into contact with are typically NOT willing to safely maintain their children in their homes.							
The families I come into contact with are typically Not capable of safely maintaining their children in their homes.							
CPS investigative workers DO NOT have the time necessary to adequately assess child safety and risk.							
DCFS caseworkers DO NOT have the skills to maintain child safety when children remain in their homes.							
DCFS caseworkers have the time to maintain child safety when children remain in their homes.							
DCFS caseworkers have the skills to enhance child well-being.							
DCFS caseworkers DO NOT have the time to enhance child well-being.							
DCFS caseworker convey sufficient information to support their court recommendations.							
Efforts to maintain children in their homes only serve to delay eventual removals.							

Is there anything else you would like to say about removal decisions?

_____

_____

_____

How have you learned about HomeWorks?

- ○ A presentation or training conducted by DCFS.
- ○ Informally, talking to DCFS staff.
- ○ Other attorneys.
- ○ I have not learned about HomeWorks and would like further information.
- ○ I have not learned about HomeWorks but do require further information.
- ○ Other (Please Specify)_____

Is there anything else you would like to say about HomeWorks?

_____
_____
_____

Please indicate whether you agree or disagree to the following statements:	Strongly Agree	Agree	Somewhat Agree	Neither agree nor disagree	Somewhat Disagree	Disagree	Strongly disagree
Even when parents emotionally abuse their child an effort should be made to keep him/her at home.							
Even when parents physically abuse their child an effort should be made to keep him/her at home.							
Even when parents neglect their child an effort should be made to keep him/her at home.							
If parents sexually abuse their child he/she should be removed from home.							
If a child is removed from home a serious effort should be made to reunify him/her with his parents as soon as possible.							
Even in a case where a child was removed from home because his parents neglected him/her, every effort should be made to reunify the child with his parents.							
Even in case where a child was removed from home because he/she was emotionally abused by his/her parents, every effort should be made to reunify the child with his/her parents.							
Involving the child in the decision making process regarding his/her removal from home yields better decisions.							
Most of the parents of children at-risk are unable to make a good decision regarding the need for out-of-home placement for their child.							
Caseworkers can usually find services in the community that can help keep children safe in their home.							
It is easy for caseworkers to work with most of the service providers in the community and put services in place.							
I am usually comfortable with decisions concerning children when caseworkers use services in community.							

In the following items you will be presented with a pair of statements. We want you to choose between them. We understand that you might endorse both statement that best reflects your general work focus and beliefs. Indicate your preference by selecting A or B. You will see a statement more than once, but each pairing is different. There are no right or wrong answers. Please select the statement you agree with most, then rate the strength of your preference on the following scale of one (Very Week) to five (Very Strong).

	Items	Which Statement?	Strength of preference? Weak Strong 1	2	3	4	5
1.	Work should be focused on keeping the family together.	A	1	2	3	4	5
	Child protection workers should be willing to be an advocate for the child.	B					
2.	The client is the child and all other work is secondary.	A	1	2	3	4	5
	Work should be focused on keeping the family together.	B					
3.	Work should be focused on protecting the child.	A	1	2	3	4	5
	Work should be focused on keeping the family together.	B					
4.	Families are the best place for children to achieve their full potential.	A	1	2	3	4	5
	There is a need to ensure the physical and emotional well-being of all children.	B					
5.	Children's Rights should be safeguarded so they achieve their full potential.	A	1	2	3	4	5
	The family's right to guide the development of their children should be safeguarded.	B					
6.	Families are the best place for children to achieve their full potential.	A	1	2	3	4	5
	The state has a responsibility to protect children.	B					
7.	There is a need to ensure the physical and emotional well-being of all children.	A	1	2	3	4	5
	The State should be responsible for families or their children.	B					

8.	Families are the best place for children to achieve their full potential.	A	1 2 3 4 5
	Children's rights should be safeguarded so they achieve their full potential.	B	

Please let us know if you have any other thoughts or concerns.

_____

_____

_____

_____

_____

If you do not wish to opt out, no response is required.

- ☐ Check this Box if you do NOT want to have your responses matched to data pulled from the DCFS database and want to opt of that part of the study.