

**Arizona IV-E Waiver  
Expedited Reunification Demonstration  
Final Evaluation Report  
April 1, 2006 – December 31, 2008**



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## EXECUTIVE SUMMARY

The Arizona Department of Economic Security's Division of Children, Youth and Children (DCYF) was granted approval for a Title IV-E Child Welfare Demonstration project in June 2005. The project's design was to provide intensive in-home and aftercare services to families of children placed in foster care to expedite reunification of the children with their families. The project was located in Arizona's largest urban area, Maricopa County, in the cities of Phoenix, Mesa and Tempe. The goals of the project were to reduce the amount of time children spend in foster care, decrease re-entry into foster care, prevent the recurrence of child maltreatment and improve the well-being of children and families.

Services were provided by community-based agencies using four major components. The first component was the use of Child and Family Teams (CFTs) as a framework for strength-based case planning and delivery of services. Family involvement in the CFT process was strongly encouraged, as was family participation in identifying needs and planning for reunification. The second component was access to an array of services, including therapy, parenting training and peer support. In addition, intensified visitation took place between children, siblings and parents. The provision of all services by one provider was the third component. Finally, the availability and use of flexible funds to address unmet needs that could not be addressed through any other fashion was a significant component to the services. Flexible funding allowed for specialized services as well as basic needs, such as housing and transportation.

The US Department of Health and Human Services requires that all Child Welfare Demonstration Projects be evaluated to determine the extent to which project goals are achieved. Arizona's project evaluations were conducted by the Arizona State University, Center for Applied Behavioral Health Policy in coordination with the Division of Children, Youth and Families. The evaluation design compared cases within two cohorts of Child Protective Services cases: open existing CPS cases between April 17, 2006 through July 1, 2006 and new cases beginning July 1, 2006. The project ended on December 31, 2008.

### *Key Findings*

#### Reunification

Family reunification occurred more often for those families that received waiver service. This finding was in the hypothesized direction, although it was not statistically significant. Within the matched cohort, families that received waiver services experienced reunification more often than families that received services as usual, 48% and 34%, respectively. Within the randomized cohort, families that received waiver services experienced higher, albeit statistically insignificant, rates of reunification 33%, compared to 25% among those families receiving services as usual.

#### Re-entry into Out-of-Home Care

Children whose families received waiver services were less likely to return to out-of-home care following reunification than children of families who received services as usual. While these

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results are in the hypothesized direction, they were statistically insignificant. While 25% of the matched cohort children in the waiver condition returned to out-of-home care following reunification, 36% of the children in the comparison condition returned to out-of-home care post-reunification. Within the randomized cohort, 18% of the children assigned to the waiver condition returned to out-of-home care compared to 21% of the children assigned to the comparison condition.

#### Recurrence of Child Maltreatment

Recurrence of child maltreatment between families that received waiver services versus services as usual was negligible for both groups. Of the 325 cases in the Waiver Demonstration in which families received waiver services, there were 73 cases with one or more reports of alleged abuse or neglect, five (6.8%) of which were found to be substantiated reports. Waiver services did not appear to have an impact on either decreasing or increasing the number of abuse and neglect reports compared to non-waiver services

#### Child and Family Well-Being

Families receiving waiver services significantly improved in family functioning as assessed by the North Carolina Family Assessment Scale for Reunification. Families receiving waiver services within the matched cohort demonstrated statistically significant improvements in the domains of family environment, parental capabilities, family interactions, family safety and child well-being, relative to families assigned to services as usual. Likewise, within the randomized cohort, families that received waiver services demonstrated statistically significant improvements in the domains of family well-being in the areas of family environment, parental capabilities, family interactions, family safety, child well-being, and readiness for reunification, relative to families that received services as usual. There were limited data available to provide a reliable analysis of the Child and Family Well-Being among comparison cases.

#### Cost Neutrality

There were no significant differences in the average (mean) cost per case for the comparison and waiver cases in either the matched or randomized cohorts. Overall, the total direct service costs for the IV-E Waiver Demonstration Project was \$10,097,421 for the reporting period of April 17, 2006 through December 31, 2008. Of that total cost, \$5,552,508 were for services delivered to families receiving waiver services, and the remaining \$4,544,913 went for services delivered to families in the comparison conditions. Overall, the average reported cost per case was \$29,268. The average cost per waiver case was \$31,729 and the average cost per comparison case was \$26,735. While those families receiving waiver services demonstrated higher service costs relative to families receiving services as usual, these differences were statistically insignificant.

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### *Summary and Recommendations*

In addition to the preceding findings, derived primarily from analysis of quantitative data analysis, the following summary of lessons learned regarding the implementation and subsequent termination of the IV-E Waiver Demonstration was informed by these data and supplemented by extensive qualitative analyses we conducted that included program site visits and focus groups with DES and provider staff and families served.

#### *Strong Partnerships are Needed to Change the Way We Do Business*

The development of strong partnerships is a critical and on-going process for successful projects, particularly those that involve significant policy and procedural changes such as those proposed by this project. Relationships between various service providers, Child Protective Services (CPS) staff and community partners revealed that collaboration among these parties varied greatly. Those partnerships that appeared to be more problematic and varied to a greater degree were those which involved systems outside of the DES and CPS network and included parole, probation, mental health services, and the schools. Examples of positive relationships include individuals offering space at their agency for supervised visitation, providing material donations, notifying the project service provider or CPS of crucial events in cases, or taking part in other forms of collaboration. One CPS office, in particular, stands out as a model in the way they built a strong partnership with their collaborators.

Clearer communication regarding the roles and responsibilities of the various agency partners engaged in the delivery of waiver-related services appeared to be critical to the development of effective partnerships and was identified as an area that could have been addressed more effectively. Focus group meetings with CPS case managers and service providers both revealed collaboration at times was challenging due to confusion regarding the respective roles and responsibilities of CPS case managers and the staff of the service provider agencies.

#### *Greater Efforts Needed to Enhance Personnel Knowledge and Skills in the Provision of Waiver Services*

The significant shift in service orientation that was represented by the proposed Waiver Demonstration services created significant needs for enhancing (and in some instances altering) the attitudes, knowledge and skills of both CPS personnel but also service provider personnel. The need for training was highlighted in focus groups conducted with CPS cases managers. In addition to enhanced training on roles and responsibilities of service providers delivering waiver services, training the types, causes, and best practices in the treatment of substance use disorders, including skill development in specific clinical applications such as motivational interviewing were also identified as topics considered critical to the delivery of the proposed waiver program that could have been more effectively addressed through training and clinical consultation.

#### *Improved Documentation to Monitor and Evaluate the Delivery of Waiver Services.*

A general problem that confronts all social welfare programs and was particularly acute to Arizona's IV-E Waiver Demonstration was the inconsistency with which data were available.

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The compilation of data for the interim evaluation report prepared for this project revealed significant gaps in the documentation of waiver services, assessment scores, and other data variables critical to assessing program implementation, fidelity, or effectiveness. These gaps in data availability due to missing or incomplete information hindered the formative utility and weakened the overall summative impact of the evaluation findings. Future efforts to conduct such rigorous evaluation such as that proposed in Arizona's Waiver Demonstration plan, which are to be applauded for the proposed level of rigor, should be matched with more extensive efforts to ensure the timely and complete submission of data elements from provider agencies.

## Chapter I: Introduction

### A. Overview of the Demonstration

#### 1. Purpose

The US Department of Health and Human Services granted a waiver to the State of Arizona under Section 1130 of the Social Security Act to operate a child welfare waiver demonstration project as set forth in the Waiver Terms and Conditions dated June 30, 2005. The State of Arizona, through its Department of Economic Security (DES), Division of Children, Youth and Families (DCYF), has implemented an innovative child welfare demonstration project that focuses on expediting family reunification for children in congregate and licensed foster care settings. Arizona received a waiver to use Title IV-E funds to develop and deliver comprehensive in-home and community-based services that are intended to:

- 1) Facilitate earlier reunification of children in congregate and licensed foster care settings with their parents/caregivers;
- 2) Reduce re-entries into out-of-home care;
- 3) Prevent recurrence of child abuse and neglect; and
- 4) Improve child and family well-being and functioning.

The Waiver Terms and Conditions require the State to conduct a comprehensive evaluation of the demonstration program. As part of the overall evaluation, this report summarizes the findings of the 33-months of the program.

#### 2. Background and Context

State child welfare systems throughout the country continue to face many challenges in meeting the complex needs of the children and families they serve. In Arizona, the number of children in out-of-home placement was rising at an alarming rate. As a result of this significant increase, there were an insufficient number of family foster homes available to meet the various needs of children entering out-of-home placement. As such, emergency shelters and group homes were used for extended periods of time. Arizona used congregate care settings for children more often and for longer periods of time than other states. It is for these reasons that Arizona was approved for the Child Welfare Demonstration Project under Title IV-E.

In September 2005, during the developmental phase of the IV-E Waiver Demonstration Project, the Division of Children, Youth and Families released *Strengthening Families – A Blueprint for Realigning Arizona’s Child Welfare System*. The Blueprint identified five key objectives to be achieved by Summer 2006:

- Develop safe alternatives that result in fewer children being placed in out-of-home care;
  - Reduce by the number of children in congregate care settings;
  - Serve all children ages birth to six years in their homes, kinship care or foster care without using group homes;
  - Stop the placement of children ages birth to three years in shelter placements; and
  - Reduce the length of stay of children in shelters to no more than 21 days.
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Additional strategies focusing on families and children, detailed in the Blueprint, included continuing efforts to improve behavioral health services to meet the unique behavioral health needs of children and families involved with child welfare, in order to enable children to remain in their homes, or to better ensure successful placement in the least restrictive setting in out-of-home care. The IV-E Waiver Demonstration Project was singled out as one strategy among several in meeting the Division's objectives.

By the time the IV-E Waiver Demonstration Project began accepting cases for waiver services, the number of eligible cases had decreased significantly, primarily due to the effort of caseworkers and families in finding and placing children with relatives who were willing to provide care and support. The efforts by the Division were going on simultaneously with the developmental phase of the IV-E Waiver Demonstration Project. During focus groups with CPS supervisors and case managers it became apparent that CPS had been increasing the number of children placed with relatives. While this is a preferred placement option, the shortcoming was that fewer cases were eligible for the IV-E Waiver Demonstration Project.

Since federal funding traditionally ends when a child is returned home from foster care, Arizona's IV-E Waiver has been approved to use federal funding for increased intensive family reunification and aftercare services. Research has shown repeatedly that isolation and lack of community connections and supports are major challenges for CPS families.<sup>12,13,14</sup> It has also shown that children can be kept safe after early reunification if intensive services are provided to families after reunification, and remain available for some time to provide continued support and connection. The goals of the Arizona's project are to: facilitate expedited reunification of children with their parents and caregivers; reduce reentries into out-of-home care; prevent recurrence of child abuse and neglect; and improve child and family well-being and function. Three hundred fifty-three children were served during the first 32-months of the demonstration, slightly lower (83%) than the 424 children estimated to be served up to November when the project stopped accepting new cases.

### 3. Service Intervention Strategy

Arizona's IV-E Waiver Expedited Reunification Demonstration Project is based on the Intensive Family Reunification services model developed through the National Family Preservation Network.<sup>15</sup> These services help families prepare for reunification and address issues that enable children to return quickly and remain safely in the home. By reunifying children quickly with their families, when it is safe to do so, and providing intensive services to the families, the likelihood of successful reunification increases greatly. Service characteristics of the model include:

- Staff available 24/7;

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<sup>12</sup> Administration for Children, Youth and Families. (2001). National Evaluation of Family Support Programs Final Report Volume A: The Meta Analysis. Washington, DC.: Department of Health and Human Services.

<sup>13</sup> Children's Bureau, Administration for Children, Youth and Families. (2005). Child Welfare Outcomes 2002-2005: Report to Congress. Washington, D.C.: Department of Health and Human Services.

<sup>14</sup> Child Welfare Information Gateway. (2008). Systems of care. *Bulletin for Professionals*. February 2008,1-13.

<sup>15</sup> National Family Preservation Network (2003). Intensive Family Reunification Services Protocol. Retrieved August 24, 2005 from <http://www.nfnp.org>

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- Staff meeting with the family within 72 hours of referral;
- Routine evening and weekend meetings;
- Intensive services;
- Time limitations;
- Child(ren) reunited to family within 2-4 months of referral; and
- Regular visitation between parents/caregiver and child(ren) prior to reunification.

Children and families participating in Arizona's IV-E Waiver Expedited Reunification Demonstration receive intensive services which are tailored to the individual family and risk conditions, and are clustered in three major service components:

1. Intensive home-based strategies and interventions, such as, and not limited to, treatment and service planning, intensive collaborative case management, individual/family/marital/group/crisis counseling, skill development, child behavior management, stress management, home management, job readiness, and linkages to community and other resources;
2. Child and Family Teams (CFTs) to facilitate the expedited reunification of children and families, and to develop, monitor, and reassess safety plans for children and treatment plans (including substance abuse treatment) for families; and
3. Flexible funds to be used to provide services that are otherwise unavailable through existing programs or community services, and to address basic needs of families when those needs are identified as barriers to reunification.

A working logic model for Arizona's IV-E Waiver Demonstration is presented in Appendix A.

#### 4. Implementation Status

Arizona's IV-E Waiver project began implementation of waiver services on April 17, 2006. At the end of the 32 months, Phase I was completed and Phase II of the waiver project was active and accepted new case referrals until the notification of closure of the program.

### **B. Methodology**

#### 1. Research Design

The overall evaluation design compared IV-E Waiver services within two distinct cohorts of CPS cases (or research "arms"):

- Existing, eligible CPS dependency cases at the start of Phase I from April 17, 2006 through June 30, 2006 (referred to as the "Existing Cases Matched Cohort"); and
- New, eligible CPS dependency cases beginning July 1, 2006 (referred to as the "New Cases Randomized Cohort").

New participants that met the demonstration's eligibility criteria were randomly assigned to either the experimental or comparison condition as described in the next section. Random assignment provides the strongest position for causal inference, is considered traditionally as the

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best method of insuring high similarity between groups, and generally is regarded as the “gold standard” of research methodologies.<sup>16</sup>

The target population for the IV-E Waiver Demonstration Project is Title IV-E eligible and non-eligible children under 18 years of age:

1. Cases in which this is the child’s most *recent* entry into out-of-home care.
2. Cases where the child is placed in a licensed facility (i.e., licensed foster home, licensed receiving home, shelter, group home, therapeutic group home or residential treatment center);
3. For whom reunification is the case plan goal;
4. Whose parents/caregivers agree to participate in the waiver demonstration; and
5. For whom a juvenile court concurs with the plan of expedited reunification.

Exclusion Criteria: Based on discussions with key CPS staff from IV-E Waiver sites, the following case exclusion criteria applied to all screened case:

- Cases where there has been a child fatality due to abuse or neglect
- Cases of Safe Haven Infants
- Cases that are voluntary foster care placement
- Cases in which the parent(s) being targeted for reunification live in another state
- Cases in which a relative, or non-relative person, has been identified as a potential placement and are being considered for placement
- Cases in which a child is placed in the home of an unlicensed relative or non-relative
- Cases where both parent(s) are in jail or prison for more than 60 days
- Cases in which the whereabouts of the parents are unknown and efforts have been made to locate them via the use of the parent locator service
- Cases where one parent’s whereabouts is unknown and the identity of the other parent is unknown
- Cases where the youth cannot return to home due to court order or safety concerns of siblings who are in the home
- Cases that could be transferred to the Division of Developmental Disabilities (DDD) within the next 60 days
- Cases that are identified as “Change of Venue Cases” to another county in Arizona
- Cases in which a child was removed in an open ongoing case and the family is already participating in intensive reunification services
- Cases in which the parent(s), or any child in the family, has previously received IV-E Waiver services

## 2. Research Questions

The overriding goal of the waiver project is to demonstrate that intensive home-based strategies, child and family teams (CFTs), and flexible funding may have positive consequences in the lives of children and their families. This then becomes the general hypothesis of the evaluation. The hypothesis can in turn be further specified in several areas. Outcome measures for the IV-E Waiver Expedited Reunification Demonstration are consistent with Child Welfare Outcomes and

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<sup>16</sup> Cook, T.D. and Campbell, D.T. (1979). *Quasi-Experimentation: Design & Analysis Issues for Field Settings*. Boston, MA: Houghton Mifflin Company.

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Measures as reported in the *Child Welfare Outcomes 2002: Annual Report to Congress*<sup>17</sup> using the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

1. Reduced Time in Foster Care to Reunification

Increased efforts at reunification with parents or caregivers may have the effect of reducing the amount of time in congregate care or foster placement. This outcome is congruent with Child Welfare Outcome 4: Reduced time in foster care to reunification without increasing re-entry.

Among all children removed from their parental/caregiver homes, do children in the experimental group spend less time in congregate or foster care than children in the comparison group?

2. Reduced Recurrence of Child Abuse and/or Neglect

Because most CPS cases involve child abuse or child neglect, a primary positive consequence would be a reduction of future incidents of abuse or neglect. The waiver services were designed to provide intensive services and face-to-face contact to prevent future maltreatment of children. This outcome is congruent with Child Welfare Outcome 1: Reduce the recurrence of child abuse and/or neglect.

Of children who were victims of substantiated child abuse and/or neglect, what percentage had another substantiated report after reunification with parents/caregivers?

3. Remaining with the Parental Family

Keeping children reunited with their parent(s) or caregiver(s) is a goal of this waiver demonstration. For children who have been removed and later reunited with their families, better services may ensure they remain with their families and are not removed a second time. This outcome is congruent with Child Welfare Outcome 4: Reduced time in foster care to reunification without increasing re-entry; Measure 4.2: Of all children who entered foster care during the reporting period, what percentage re-entered care?

Do children in the experimental group who have been reunited with their families experience fewer subsequent re-entries into DES/CPS care than similar comparison children?

4. Increased Family Well-Being and Functioning

The previous research questions refer directly to the well-being of children. Because children are dependent on their parents for most of their needs, indicators of the well-being of the parents or of the entire family can be regarded as indicators of child well-being as well. Domains of family well-being and functioning may include: overall family environment, parental capabilities, family interactions, family safety, and child well-being.

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<sup>17</sup> Children's Bureau, Administration for Children and Families, Department of Health and Human Services. (2005). *Child Welfare Outcomes 2002: Annual Report to Congress*. Washington, DC.

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Do families in the experimental group experience increases in overall family well-being and functioning compared to families in the comparison group?

The process evaluation describes and assesses a broad research question: “How was the Arizona IV-E Waiver Expedited Reunification Demonstration Project implemented?” Within this broad process question there are a number of concrete questions that seek to provide understanding and context to the project outcomes, such as, the similarities and differences in the administration and operation of the demonstration among CPS sites and service providers. The process evaluation documents the range and variation of contextual factors that may affect program outcomes, and includes both qualitative and quantitative analyses, on-site observation, interviews, and case analyses.

The process evaluation focuses on, but is not limited to, four central process dimensions:

1. The organizational aspects of the demonstration program. What are the organizational attributes or components of the program?
2. The service aspects of the program. What are the types of services, or differences in service delivery that influence the achievement of program goals?
3. The situational context within which the program takes place. What are the social, economic, and political factors that may mitigate or enhance the program's impact?
4. The community dimension. What is the relative willingness of other agencies and institutions in local communities to become involved in providing services that affect program outcomes and the results of the project?

Other process questions included:

- What was the logic model for the demonstration project, and did it change over time?
  - What were the processes for planning, organizing, implementing and monitoring the project over time?
  - What were the characteristics of the staff involved with the project, and what was their level of involvement?
  - How were services delivered to client families, including the types of services received and duration of services?
  - What was the role of the juvenile courts in the project, and what was the character of the collaboration established between the Courts and DES/DCYF/CPS?
  - What contextual factors may have had an impact on the implementation of the project and project outcomes?
  - What were the demographic and other important characteristics of participating families?
  - What barriers were encountered during the implementation of the project, and what steps were taken to address those barriers?
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### 3. Data Collection Procedures

The evaluation activities used a variety of qualitative and quantitative data sources and procedures in a mixed-methods approach<sup>18,19,20</sup> to answer the research questions. A data collection protocol manual<sup>21</sup> was developed during the developmental phase to guide data collection efforts and was updated in December 2007<sup>22</sup>. The manual covered three key areas of data collection activities: process data collection, outcome data collection, and cost data collection. Each section described specific collection procedures, data collection forms, data sources, persons responsible, and other pertinent information. These procedures were submitted to DES/DCYF and the Children's Bureau of the USDHHS for review prior to implementation. The following data sources were used for this report:

#### 1. The Arizona CHILDS Data System

The system is maintained by DES/DCYF and contains the following elements that were relevant to the evaluation (data were provided monthly to the evaluation team):

- Demographic information on open cases;
- Child abuse and neglect data on substantiated reports, including types of abuse and neglect, victim and perpetrator identity, family data, and report source;
- Service plan information;
- Adoption information;
- Foster care information;
- Out-of-home placement information; and
- Cost information.

#### 2. Site Visits, Case Reviews and Case-Specific Surveys

During the first year of Phase I, site visits to CPS offices (Gilbert, Tempe, and Thunderbird) and their corresponding service providers were conducted on a quarterly basis by the evaluation team. As shown in Figure 1, after the initial year, the three Phase I offices (and service providers) were visited on a semi-annual basis. At the onset of Phase II, the three additional CPS offices (Avondale, Glendale, and Talavi) were visited on a quarterly basis, while the Phase I offices and service providers continued to be visited on a semi-annual basis.

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<sup>18</sup> Greene, J.C. & Caracelli, V.J. (1997). Defining and describing the paradigm issue in mixed-method evaluation. *New Directions for Evaluation*, 74, 5-17.

<sup>19</sup> Greene, J.C. (1997). Crafting Mixed-Method Evaluation Designs. *New Directions for Evaluation*, 74, 19-32.

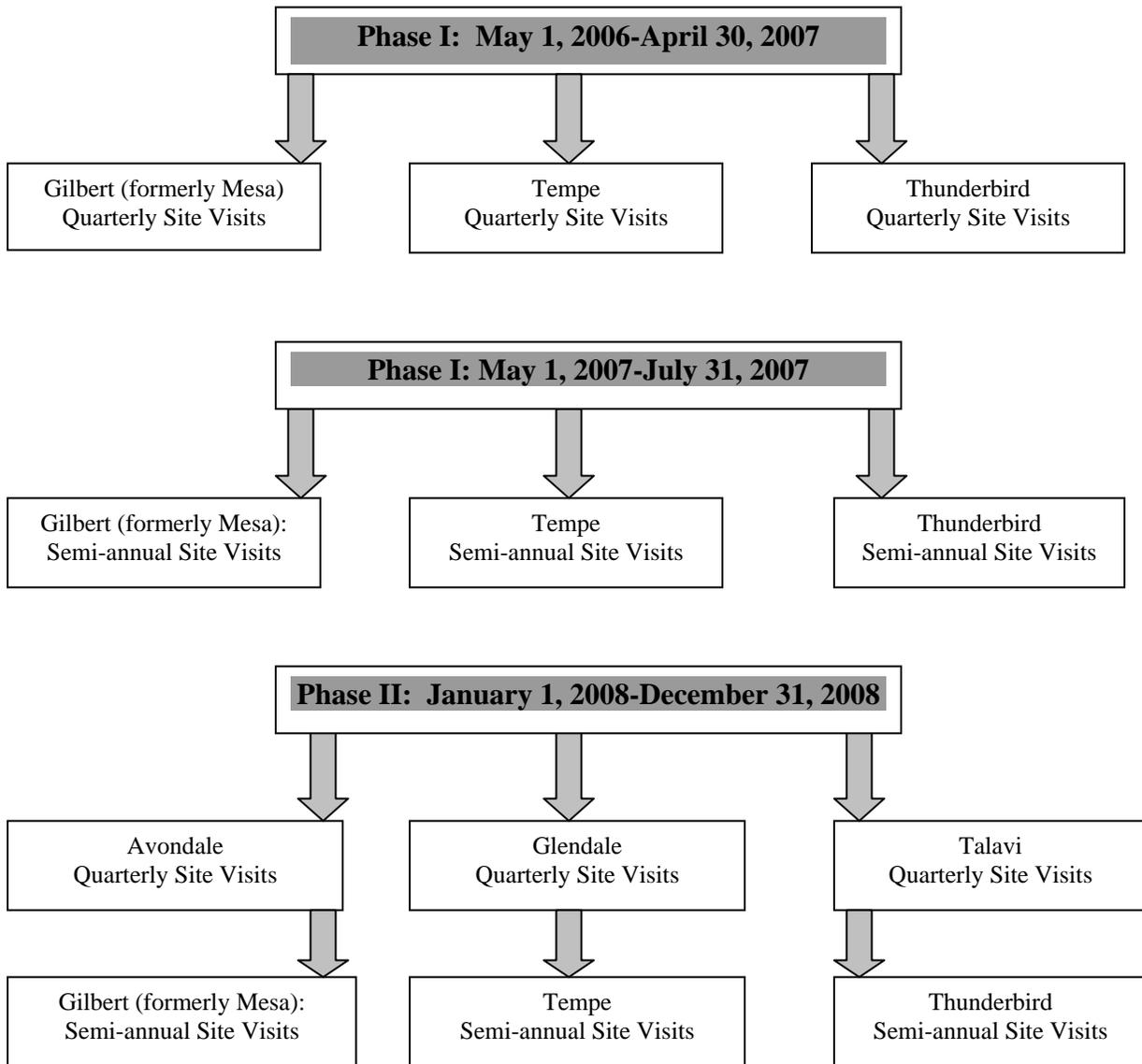
<sup>20</sup> Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, 11, 255-274.

<sup>21</sup> Arizona IV-E Waiver Expedited Reunification Demonstration Data Collection Manual, March 11, 2006.

<sup>22</sup> Arizona IV-E Waiver Expedited Reunification Demonstration Phase II Data Protocol Manual, November, 2007.

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Figure 1. Site visit schedule.



Individual interviews were conducted with Assistant Program Managers, and group interviews were conducted with CPS case managers at each CPS office. A similar process was used with IV-E Waiver Service Provider staff. The case reviews were conducted at two levels of intensity. For the entire sample, a simplified case review was conducted that collected data needed to address process and outcome research questions. A more intensive version of the case review was utilized for a sub-sample of cases (30 cases per year) enabling more detailed information on services provided to children and families. The case-review protocol was formatted to guide recording of information from individual case files or from other local office data sources about specific children and families.

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3. Family/Caregiver Focus Groups and Surveys

Focus Groups were conducted with a sub-sample of parents/caregivers by trained CABHP research staff in May 2007, and again in June, 2008. Prior to each focus group, parents and caregivers were asked to complete a brief self-administered survey. The surveys and focus groups provided the views of parents and other caregivers about demonstration-related services and activities. Some parents and caregivers were either not able to or did not wish to attend the focus groups. In order to elicit information from these under-represented groups, phone interviews were conducted.

4. Case Informant Interviews

Case informant interviews were conducted with professionals who were expected to have knowledge of the IV-E Waiver project and/or child-welfare issues. These professionals were identified by the service providers as persons who played a role in a waiver family's reunification planning. They were asked about the planning and follow-up process and overall perception of efficacy of the waiver.

5. IV-E Waiver Services Database

The evaluation team constructed a relational research database that outlines services information on families and children in the waiver program. The data is entered by IV-E Waiver provider staff. The database also contains monthly updated information from CHILDS.

6. North Carolina Family Assessment Scale

The North Carolina Family Assessment Scale for Reunification NCFAS-R<sup>23</sup> provided family functioning assessment ratings on seven domains relevant to the reunification effort: environment, parental capabilities, family interactions, family safety, child well-being common caregiver/child ambivalence, and readiness for reunification. Ratings were obtained at intake and again at case closure. Intake ratings were typically used for case planning. Closure ratings were used to document the status of the family at the end of intensive reunification services and for post-intensive service planning. Change scores (measuring the differences between the intake and closure ratings) illustrate the amount of "change" achieved through intensive reunification services.

4. Limitations

The data presented in this report are based on 353 intent-to-treat cases that were part of either the initial matched cohort (n = 105), or the randomized cohort (n = 248). In addition, data are presented for those waiver cases that received a minimal level of services (n = 325). These cases and subsequent analyses are referred to as the "as-treated" cases and analyses.

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<sup>23</sup> Kirk, R.S. 2000. North Carolina Family Assessment Scale for intensive family preservation services (IFPS) programs serving reunification cases. Version 2.0. Retrieved August 24, 2005 from <http://www.nfnp.org/tools/articles/fieldtest.php>

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## Chapter II: Process Analysis

### A. Implementation

#### 1. Overview

**T**he key question for this section is “Was the demonstration implemented as designed? Why or why not? And, what changes were needed or are recommended?”

The DES/DCYF and the evaluation team summarized waiver activities during the development phase from July 1, 2005 through April 16, 2006 in quarterly reports to the DHHS, Administration for Children. The waiver implementation Phase I began April 17, 2006 in three DES offices (Gilbert, Tempe and Thunderbird). Phase II began in January of 2008 with the three original DES offices and three new offices (Avondale, Glendale, and Talavi). The DES/DCYF and the evaluation team summarized waiver activities during the implementation phase in semiannual reports to the DHHS, Administration for Children.

In August 2008, the DES/DCYF decided to end the IV-E Waiver project early due, primarily, to financial considerations and the cost neutrality requirements of the Waiver Terms and Conditions. The project ceased screening and accepting new referrals to the program beginning September, 2008. Waiver services continued through December 2008 for families already enrolled in the system. In December 2008, families were gradually transitioned to standard care and services. Services and data collection ended on December 31, 2008.

During the 33-months of the project, a total of 353 cases were identified and screened for the demonstration project, as they met the eligibility criteria at the time of randomization (see Figure 2). Analysis of all 353<sup>24</sup> cases will be referred to as the intent-to-treat analysis<sup>25</sup> for the remainder of the report.

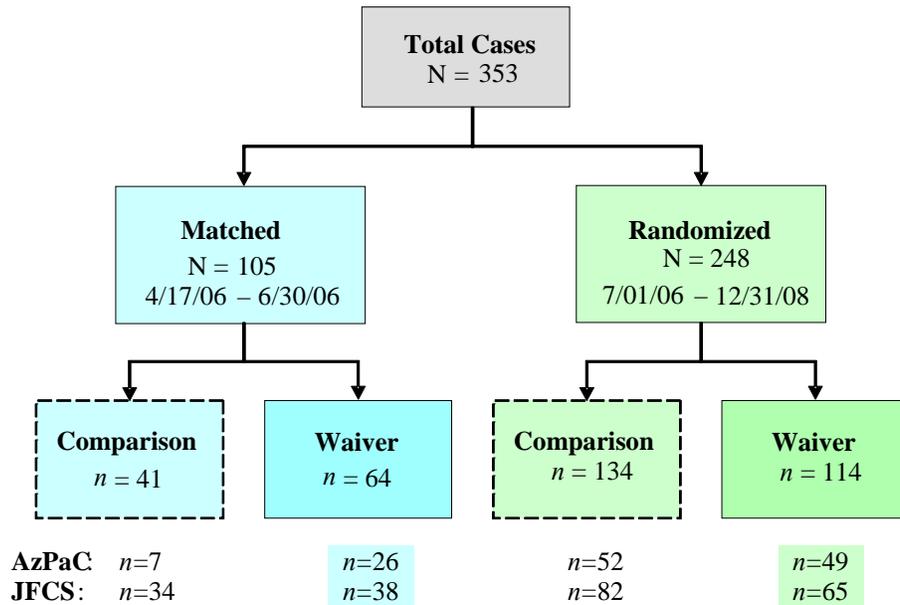
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<sup>24</sup> One Matched Comparison case that was reported in the Interim Report was not listed in the data provided by DES for the Final Report, consequently the numbers reported in Figures 2 & 3 reflect the omission of this case.

<sup>25</sup> The origin of an intent-to-treat analysis comes from the clinical trial literature and insures a starting point in which the randomization produces groups that are not systematically different with regard to known and unknown factors (Ellenberg, J. H., 1996; Fisher et al., 1990; Lachin, JM, 2000).

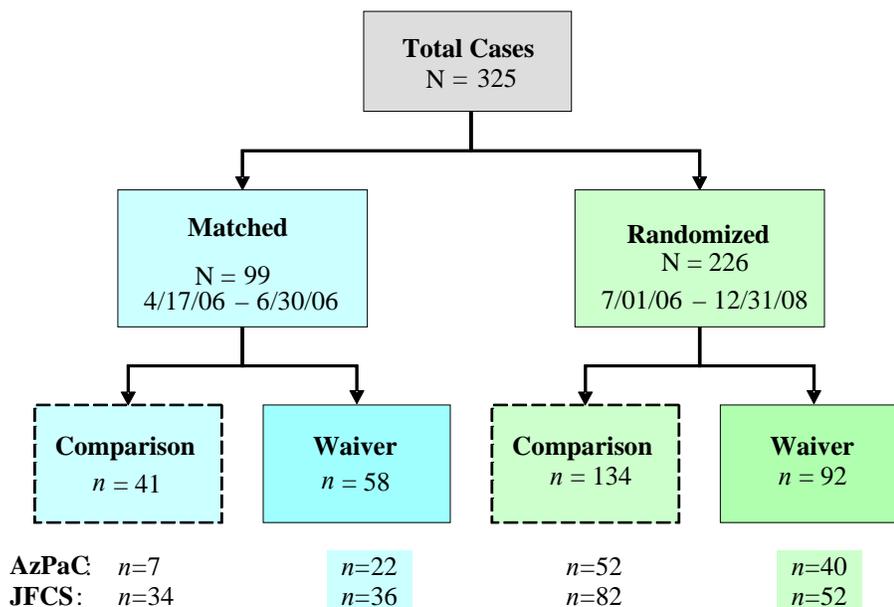
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Figure 2. Cohort groups and conditions of intent-to-treat cases. April 1, 2006 through December 31, 2008.



Of the 353 waiver cases, 20 parents/caregivers declined to participate in the demonstration following their initial agreement to do so, and 8 parents/caregivers were not able to be located, also following their agreement to participate in the project. Consequently, families from the remaining 325 cases are included in the as-treated analysis (see Figure 3), and will be referred to as such for the remainder of the report (see Appendix B for a complete list of cases used in the intent-to-treat and as-treated analyses).

Figure 3. Cohort groups and conditions of as-treated waiver cases. April 1, 2006 through December 31, 2008.



The following sections are based on qualitative data collected in June 2008 from a variety of persons who were involved with or had knowledge of the implementation of IV-E Waiver program. Site visits were conducted at each of the three initial CPS sites involved in the Waiver (Gilbert, Tempe, and Thunderbird), and at the two contracted service provider offices: Jewish Family and Children’s Services (JFCS) and Arizona Partnership for Children (AzPaC). Table 1 illustrates the sample size for these focus groups and interviews (see Appendices C-E for additional details about the annual site visit methodology and summary of findings).

Table 1  
Target Population and Sampling for Annual Site Visits

<b>Method</b>	<b>Targeted Population</b>	<b>Sample Size</b>
CPS Ongoing Supervisor/Assistant Program Manager (APM) Focus Groups (3)	CPS APMs and Ongoing Supervisors	11: 3 CPS APMs, 8 CPS Ongoing Supervisors
IV-E Waiver CPS Ongoing Unit Focus Groups (8)	CPS Ongoing IV-E Waiver Case Managers	21 IV-E Waiver Ongoing unit Case Managers
Comparison Case Reviews (15)	Existing comparison cases	15: 5 from each initial DES office
IV-E Waiver Case Reviews (15)	Existing IV-E Waiver cases	15: 5 from each service provider
Service Provider Focus Groups (2)	Reunification Specialists and Parent Aides	12: 7 AzPaC personnel, 5 JFCS personnel
Client Interviews (3); Focus Groups (3);	Successfully reunified clients, clients not reunified before case closure, clients with open cases	13 clients
Mail-in Surveys (7)	Clients of Waiver cases at case closure	7 clients

The three new DES offices participating in the Waiver (Glendale, Avondale, and Talavi) were not included in the Annual Site Visit process, although quarterly site visits are conducted at those offices (see Table 2 for sample size). Progress regarding the implementation of the Waiver project at those offices is outlined in Chapter II, Part A, Section 9: Progress in New DES Offices.

Table 2  
 Target Population and Sampling for Quarterly Site Visits

Method	Targeted Population	Sample Size*
CPS Supervisor Interviews (21)	CPS supervisors	21 CPS Supervisor interviews
CPS Ongoing Unit Focus Groups (19)	CPS Ongoing IV-E Waiver Case Managers	64 case managers interviews
CPS Investigation Unit Focus Groups (6)	TDM facilitators and CPS Investigation Supervisors and Investigation Case Managers	45 TDM facilitators and CPS Investigations personnel interviews

\*Note: Sample size is not necessarily equal to the number of participants interviewed, as some participants may have taken part in more than one focus group, as some sites were eligible for three quarterly visits during the review period.

## 2. Organizational Structure and Atmosphere

CPS Supervisors reported that their usual duties include: writing court reports, reviewing case plans to ensure permanency goals are achieved, supervising case managers, compiling monthly reports, updating dashboard items, training personnel, updating records in Children’s Information Library and Database Source (CHILDS), assigning new cases to case managers, performing case manager duties during staff absences, participating in peer reviews with other supervisors, and consulting with their Assistant Program Manager (APM). APMs reported similar responsibilities, including: overseeing supervisors, generating monthly reports, updating dashboard items, meeting with families, monitoring visitation activities, reviewing cases in Investigations to determine IV-E Waiver eligibility and transferring to ongoing units as necessary, compiling statistics, completing Parent Aide assessments, reporting to the district office, building and maintaining community partnerships, and collaborating with other CPS offices.

When asked about the atmosphere of their respective offices, Supervisors reported that their offices provide a positive, team-oriented environment. They asserted their staff is supportive of one another and willing to assist each other, often going together to place children in out-of-home care. APMs and supervisors reported staff turnover rates for the three waiver units within the three offices as 17%, 39%, and 44%. The turnover rates in participating CPS offices have likely affected the rates of staff who have not received training regarding the IV-E Waiver. This concern is outlined in the following section.

## 3. Training

CPS Supervisors and APMs were asked if they believed they received sufficient training to conduct waiver-related duties. Eleven of the 21 (52%) waiver case managers present at annual site visit focus groups reported to have never received any IV-E Waiver training. Another worker could not recall if he/she received any waiver training. CPS Supervisors reported that while the initial waiver training was satisfactory for those in attendance, no standardized introductory training was provided to new workers. Currently, new case managers are learning of the waiver project through discussions with their Supervisors, reading program materials, or meeting with waiver service providers. One unit specifically requested additional training

regarding the roles and responsibilities of CPS and the service providers, as they reportedly experienced some disagreements between the two parties on this matter.

*The Arizona IV-E Waiver Expedited Reunification Demonstration Initial Design and Implementation Plan*, of October 25, 2005, affirmed that quarterly training regarding the IV-E Waiver would be provided following the first 12 months of implementation. It has been recommended in several initial and ongoing quarterly site visit reports<sup>26</sup> that more frequent training be conducted to account for the influx of new case managers into the CPS offices who are unfamiliar with waiver procedures. This issue was addressed at IV-E Waiver Partnership meetings. Some APMs elected to conduct training at their respective offices and to provide training dates and minutes to the IV-E Waiver Project Manager. Other APMs requested the Project Manager return to their offices to conduct additional trainings. The APMs and the Project Manager were in the process of scheduling these trainings at the time the project ended.

Service providers had also requested additional training. Training requested by service providers pertained to services and clinical matters, rather than policies and procedures of the waiver project, such as additional information regarding childhood disorders, treating adolescent parents, hair follicle drug tests, and housing resources. The Scope of Work required provider staff have knowledge and skills in these areas, but they continued to express the need for additional training.

#### 4. Attitudes Regarding the IV-E Waiver Demonstration Project

CPS case managers in all three offices favorably described the intensive, “wrap-around” services provided through the IV-E Waiver Project. They noted that unique services, such as assisting with automobile/transportation needs, help to meet families’ needs, etc. In speaking about a specific case, one case manager noted, “I know the program met their needs, very much so. They [the service providers] worked with them really well to address all barriers that would hinder a return.” One CPS case manager reported that while the initial response to the program was negative, views of the waiver are getting increasingly more positive. Overall, CPS workers reported a positive experience when CPS and the service providers worked as a team, made compromises, and considered all parties’ recommendations. Supervisors from two offices noted that communication difficulties between CPS and the waiver service providers have negatively biased some staff members’ views of the waiver. Concerns have arisen when CPS workers felt pressure to reunify families within a timeframe they deemed premature, when disagreements were not communicated, when proper documentation was not provided (i.e. progress reports), or when case plans were not adhered to (i.e. ensuring enough drug and alcohol testing). CPS workers additionally voiced frustration over the random assignment of waiver participants, as they argued that it is a waste of resources to provide waiver services to families who are not likely to reunify in an expedited fashion due to extreme case circumstances.

Two CPS case managers stated that their involvement in waiver cases has impacted the way they process non-waiver cases. In particular, one case manager noted that he/she previously preferred for substance abusing parents to have six or more months of sobriety before returning a child to the home, but is now more receptive to earlier reunification timelines. Another worker reported

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<sup>26</sup> Initial and Quarterly Site Visit Reports: Avondale, Gilbert, Glendale, Tempe, Thunderbird, and Talavi, July 2006-June 2008.

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that the program has encouraged her/him to establish services for non-waiver cases more quickly, as well as to close non-waiver cases within 6 months.

While most (67%) CPS case managers reported that the waiver does not reduce their workload, as they need to correspond with service provider staff, attend CFTs, and attend other Waiver related meetings, they did say that it was useful when service providers provided transportation, visitation, referrals, and other services, which allowed CPS case managers to attend to other cases.

#### 5. Family Involvement in Child and Family Team (CFT) Meetings

CPS case managers from all three offices and service providers at both agencies stated families and children have a voice in CFT meetings. There were contradictory views of families' roles in CFTs from the service provider offices, with one agency reporting that the families play a major role in CFTs, and the other claiming that families go along with what the team wants. One CPS case manager remarked that families brainstorm ideas in CFTs, but do not make decisions.

Families receiving waiver services noted they found CFTs to be an element of the program in which they had some influence over the reunification process. Families particularly felt as though the service providers served as advocates for them at the CFTs. "They [the service providers] frequently speak up for us in the CFTs," one family stated. Families also viewed CFTs as useful as they "brought everyone together." They saw the CFTs as a time in which all parties involved could share information and adjust the case plan as necessary. One parent stated that the instant decision making process in the CFTs was preferable to "phone tag" between either the family and CPS or the service providers and CPS.

#### 6. Perceived Client Engagement

Service Providers and CPS staff alike reported that family engagement varied between different families, among members of the same family, and within the same case during different time periods. A case manager said that some families do everything asked of them by the Reunification Team, while others participate just often enough to prevent the closure of their case. One CPS case manager noted that families are more apt to engage in services when they feel they have choices, which can be provided through the waiver project. Amending a case plan was also mentioned by another CPS case manager as a way in which to re-engage a family. Regardless of the availability of choices and amendments to case plans, some unstable clients were purportedly overwhelmed by intensive services. In particular, mentally ill clients were said to have become overwhelmed if services proceeded too quickly.

Five families receiving waiver services (out of 8 in attendance at the annual client focus groups for families with open or successful cases) noted they were initially uncooperative or hostile with CPS staff. Two of those families said the involvement of the service providers helped to ease tension between families and CPS workers. Another family, among the five who reported initial hostility, noted that their hostility toward CPS lessened as they acknowledged that their cooperation with CPS was essential to ensure reunification with their children. The overall consensus among waiver families seemed to be that the involvement of the service providers made them feel as though they had an advocate in the process and made them more amenable to cooperating with CPS.

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### 7. Perceived Role of the Community

CPS staff and service providers were asked about the involvement of various community institutions' in waiver activities or services, including parole, schools, mental health and healthcare agencies, churches, and other bodies. The response to the program from probation officers reportedly varied. According to service providers and CPS staff, two offices reported that a few (2-3) probation officers have attended CFTs, have played a role in decision making, and have generally been supportive of the program, while voicing that they appreciate that another party is overseeing the wellbeing of the involved children. Some even purportedly ensure that services are not duplicated so as to not overwhelm the family. Service providers' experiences with some probation officers, though, have not been as beneficial, due to the cancellation of meetings without notice, failure to communicate with the service provider, or a lack of knowledge about the program. One CPS worker also noted that some probation officers believe children in the waiver program are being rushed home.

The response from schools has been equally varied. While school officials have not usually attended CFTs, they do reportedly collaborate well with foster parents, attend community meetings, occasionally volunteer to be placements for waiver-involved children, and respect families' confidentiality. Two negative experiences in working with schools were reported, however, including a delay in establishing occupational therapy (OT) services and the denial of transportation for a special needs child. A CPS case manager and a service provider staff member emphasized that it is crucial to have a positive relationship with school officials, as they can serve as advocates for children after they transition home.

Feedback regarding collaboration with mental health agencies was mixed. Frustrations included: a lack of response to attempted contacts, failing to get services established in a timely manner, prescribing addictive medications to substance abusing clients, and refusing to attend CFTs. Collaboration was reported to be particularly challenging when there was a difference in treatment philosophies between the agency and waiver staff. Co-location seemed to remedy some of these challenges, as CPS staff and the service providers noted positive experiences with agencies co-located in CPS offices.

Churches have additionally played a role in waiver activities. Church families of parents and foster parents have attended CFTs. Church members have also provided clothing to families and mentored waiver-involved children. Church officials have offered building space for supervised visitation as well. Other church members have offered support to waiver families, but have not been willing to engage with service providers. Some service providers said they inquire about the spiritual basis and spiritual needs of all waiver families to exhaust every potential avenue for support.

Other community bodies involved with the waiver have included a Native American treatment center, a program that assists in finding employment for persons with domestic violence histories, and furniture banks. Continued collaboration with parole, the school system, and churches is suggested, as is the development of a strategy to improve communication and collaboration with mental or behavioral health organizations not co-located with CPS.

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### 8. Project Contextual Issues

Service Providers and CPS staff noted the following community-related factors were helpful to families: food stamps, the Arizona Healthcare Cost Containment System (AHCCCS) and offsite visitation sites that are often open longer hours than CPS offices and frequently include accommodations such as a full kitchen. Recent hindrances, however, included the recent rise in fuel costs, which service providers said is impeding transportation services, and the shortage of shelters in the greater Phoenix area. CPS Supervisors and APMs also reported that housing is an ongoing problem, both with affordability and with families having difficulty obtaining housing due to criminal histories and lack of employment. All three CPS offices hold Community Meetings with churches, foster care agencies, nonprofit organizations, and other bodies, to discuss these local issues, but workers pointed out that these meetings mostly focus on traditional CPS services. CPS staff stated that Community Meetings have been successful in reducing community distrust of the agency.

CPS workers additionally reported that the philosophical shift that has taken place at the agency regarding relative placements, which had increased the number of children placed into relative care versus foster care. Case managers believed that these families would have benefited from services; however, they were ineligible for the waiver project. The DCYF's *Strengthening Families - A Blueprint for Realigning Arizona's Child Welfare System* noted earlier had a significant role in increasing relative placements, primarily through the use of Team Decision Making (TDM) which resulted in alternatives to placing children in congregate care settings and conducting a more thorough review of potential relative placements.

### 9. Service Intervention Strategies

The following service characteristics were originally included in the intervention, as outlined in the Intensive Family Reunification services model, referenced in Chapter 1:

- Staff available 24/7;
- Staff meeting with the family within 72 hours of referral;
- Routine evening and weekend meetings;
- Intensive services;
- Time limitations;
- Child(ren) reunited to family within 2-4 months of referral; and
- Regular visitation between parents/caregiver and child(ren) prior to reunification.

Children were not typically reunited with their families within 2-4 months of their Waiver referral. Waiver cases within the randomized cohort took an average of more than six months for reunification to occur, while waiver cases within the matched cohort took more than nine months, on average, to result in reunification. See Chapter III, Section 2. Permanency Related Outcomes, for additional details.

AzPaC reported that, throughout the project, they always had at least one staff person who worked nights and weekends, and, at times, as many as three staff available over weekends, and even holidays. JFCS said their staff maintained flexible hours to accommodate the needs of their clients. In client focus groups, families reported that service providers were available to them at

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all times. They additionally stated that many services, and services of a unique nature, were provided to them. Seven out of eight (88%) of families in attendance at the client focus group reported to not need any additional services beyond what they had already received or were receiving. Increased visitation, like the service provider availability and intensity of services, were noted by families to be crucial in the reunification process (See Appendix E for further detail).

#### 10. Progress in New DES Offices

Quarterly site visits were conducted at the three new DES offices (i.e. Avondale, Talavi, and Glendale) (for methodology see Appendix C). The findings from these visits are not summarized in the above implementation findings as only 24% of CPS case managers at new waiver sites, in attendance at the focus groups, had waiver cases. Case managers at one office reported to have so few cases because many cases had not yet been transferred to ongoing units because investigations were purportedly backed up by 6 weeks, due to processing approximately 30 children per month.

As was found with the existing offices, workers from the new offices requested additional training. Two offices in particular requested clarification on waiver timesheets. Also expressed as a training need was clarity regarding the roles and responsibilities of both CPS and the service providers, to prevent a delay in service delivery. Requests for additional training could be resolved by the solution developed in IV-E Waiver Partnership Meetings, as outlined under item 3 of this section.

Expressions of positive and negative views of the program were relatively balanced. Positive comments regarding the program included the speedy delivery of services, the intensity of services when compared to traditional CPS services, a reduced workload for case managers, and the usefulness of flex funds. Concerns about the program included overwhelming clients with services; communication problems between the service providers and CPS case managers; the inability of randomization to account for client motivation; and safety concerns regarding expediting reunification for substance abusing parents; particularly methamphetamine addicts.

### **B. Key Features of Intervention**

#### 1. Program Resources

The IV-E Waiver Project Manager coordinated and acted as a liaison with DES/DCYF senior management, waiver providers, CPS district staff, interested stakeholders, and the evaluation team. Each CPS office was managed by an APM, and had three supervisors of waiver and comparison units reporting to him/her. Each unit had approximately six case managers reporting to the unit supervisor. Trainings on the waiver program operating procedures, selection of eligible cases, use of the North Carolina Family Assessment scale, and evaluation procedures were provided to staff during the developmental and implementation phases. Staffing and training activities have been summarized in earlier quarterly and semiannual reports to DHHS, Office of Children and Families. Funding for program activities came primarily from Title IV-E funds available to the state under the terms and conditions of the waiver.

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## 2. State/County/Provider Relations

DES/DCYF signed contracts with two child welfare providers, Arizona Partnership for Children and Jewish Family and Children's Services, in January 2006 to provide all client services for the waiver program. The type, intensity, duration, availability and access to waiver services are governed by the terms and conditions of the provider contracts and scope of work, as well as the waiver operating procedures contained within the CPS District I Operations Manual. DES/DCYF also entered into an Interagency Services Agreement with the Arizona Board of Regents on behalf of CABHP in July 2005, to conduct all evaluation activities for the waiver program.

For the first two years of the project, the stakeholders (service providers, Assistant Program Managers from the CPS offices, evaluators, Project Director, and other DES administrators) held monthly partnership meetings. At the onset of the third year, the meetings became bi-monthly. These meetings were also frequently attended by representatives from TERROS, the Assistant Program Manager of the Team Decision Making facilitators, or other administrators. Meetings included discussion of procedural and implementation issues, review and discussion of quarterly reports submitted by the evaluators, and resolution of issues that arose with the service providers and/or CPS offices.

During annual site visits to CPS and service provider offices, staff members were asked about the level and quality of cooperation between the agencies. CPS staff had differing accounts of CPS/service provider collaboration. One CPS office said service providers play an equal role in Reunification Teams and that their recommendations are strongly considered. Workers from another CPS office reported that Reunification Teams do what CPS requires, do have some input, but at times "overstep their boundaries." CPS case managers voiced specific frustrations regarding collaboration with service providers, such as not receiving progress reports and parents being asked to do too few drug tests. A CPS case manager noted that most CPS workers and the service providers do collaborate, but that staff personalities, in some cases, have negatively affected the collaboration process. A CPS Supervisor stated that when both parties are willing to work as a team there is typically a positive outcome, but that personalities can affect the process.

One service provider staff member reported that some CPS case managers seek their recommendations, but noted that other case managers are not comfortable with shared responsibility. Service providers voiced frustrations that case managers at times make decisions without the input of the CFT, fail to provide necessary reports (e.g., court reports), or are not timely in responding to contacts.

## 3. Role of the Court

During the developmental phase, the IV-E Waiver met with various representatives from the Juvenile Court in Maricopa County to explain the purpose of the waiver program, and review key elements of service delivery and program operations. A second meeting was held with the Presiding Juvenile Court Judge at the onset of Phase II of the project. In addition, the Project Manager met with and obtained cooperation from staff attorneys at the Arizona Attorney General's office, as well as Guardians Ad Litem, legal defenders, and other interested child welfare stakeholders. The role of the Juvenile Court is to review petitions alleging that a child has been abused or neglected, or does not have a parent willing or able to care for him/her.

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According to the Waiver Terms and Conditions, the Juvenile Court must agree to families' participation in the waiver program.

Service providers and CPS staff were asked to describe the ongoing reactions of those in the Juvenile Court. Service providers remarked that while those associated with the Juvenile Court initially had negative reactions to the program, judges now often ask for their recommendations. One service provider Family Reunification Specialist remarked, "Where in the past they [judges] would dread getting an expedited case.....now when we go in they actually know who we are and what we do and they ask for our opinion on a lot of different issues." Judges and attorneys who did not have a positive reaction to the program initially, according to service providers, typically began to view it more positively after being educated about the program. Service providers, though, added that a number of judges do not condone expediting reunification, regardless of the perceived usefulness of services. CPS workers noted that judges generally support expedited reunification when it can be demonstrated that reasonable efforts have been made to prepare the family for the return of their child/ren. One CPS office disagreed, stating that judges do not usually consider expedited reunification, but rather stick to the usual 6-9 month intervals for the child's return.

#### 4. Service Delivery

Service providers and CPS case managers were asked to describe the differences they had observed between IV-E Waiver services and traditional CPS services, in the areas of: assessment, service delivery, case planning, and kinds of services offered.

The assessment process that waiver families undergo is reported by CPS case managers to be more in-depth, and completed in a shorter timeframe, than traditional CPS assessments. Workers said service providers are better able to thoroughly and accurately assess families than are CPS case managers, due to the significant amount of time service providers spend with clients. Service providers concurred that their frequent interaction with clients allowed them to provide more comprehensive assessments, as did their regular contact with the staff psychologist conducting assessments. Service providers additionally noted that waiver assessments are somewhat malleable due to the CFT process, and can be adjusted for increased accuracy.

CPS case managers also noted that waiver services differ from usual CPS services. Families enrolled in the waiver project were reported to have received services more quickly than families in traditional CPS services. In addition to prompt delivery, families had a wide variety of unique services available to them, according to CPS staff, including: transportation, intensive Parent Aide services, psychological assessments that include suggestions regarding the proper therapeutic approach for the client, assistance obtaining important documents (i.e. birth certificates), Child and Family Teams (CFT) meetings in which children can play a role, and flex funds that have been used for items such as a cell phone, a gun safe for a family's home that was deemed to have gun safety issues, and furniture. One CPS case manager remarked that some clients believe they are taking advantage of the service providers because of the abundance of services provided. Also stressed was the intensity of waiver services when compared to usual CPS services; CPS workers praised the service providers' concentrated efforts to get and keep families engaged in services.

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Regarding case plans, service providers stated that their case plans are more detailed than traditional CPS case plans and contain outlined steps to ensure client follow-through. They also reported having more follow-up with clients regarding their case plans, and thus, more accountability. “Our families have said that our program is goal oriented,” reported one service provider staff member, “and it gives them something to look forward to, otherwise they don’t know what to expect or what is going to happen. It’s more specific.” While CPS case managers reported having the same case planning objectives as the service providers, they noted that the service providers have a different timeframe in mind. CPS workers reported that service providers too often want to reunify families within timeframes that CPS case managers believe are too brief. Workers noted this disagreement most often arose with cases involving chronic substance abusers.

Families with open cases, or those cases that resulted in reunification, were asked about the services they had received and if those services appropriately met their needs. All families responded that waiver services did meet their needs (excluding one family; see below), with one family emphasizing that often the service providers knew the services the families needed before the families knew they needed them. One parent stated, “They offer a lot.” Another parent noted, “I was surprised at some of the assistance they offered us, like the furniture.” One family, however, stated they could not accurately answer the question as they had nothing to compare their services to; although, they did note that they had spoken to other families who had received traditional CPS services and believed that they were getting much more attention and services than they would otherwise receive, stating, “I’ve spoken with parents who use CPS and parents who’ve used expedited services and it seems like our family is getting a lot more...”

Families with open cases or successful reunification cases were also asked about their attitudes toward the IV-E Waiver project. More specifically families were asked if they believed they were “better off” because of their involvement with the IV-E Waiver. Six families (out of 8 families with open or successful cases attending annual client focus groups) replied that they believed they were better off, one family stated they were not, and one family did not supply a response. The families that did report improvement in their lives due to the IV-E Waiver program offered the following reasons for their response:

- Parent/s’ sobriety
- Having a clean living space
- Children are attending school daily
- Parent/s get out of bed daily
- Improved self-esteem of parents and children
- Increased ability to differentiate between discipline and physical abuse
- Faster reunification than traditional CPS services
- Less chaos in families’ daily lives
- Improved ability to protect their children
- Finding happiness outside of drugs and alcohol

The family that reported that their lives and the lives of their children were not improved as a result of the waiver said this was because their family is “disjointed” due to CPS removal, although they supplemented their statement by saying they are better off with the involvement of

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the service providers than if they were working solely with CPS, as they prefer the service provider’s “holistic” approach.

Three families who were not successfully reunified with their children during their time in the IV-E Waiver program agreed to take part in phone interviews. Two of those families voluntarily made their children wards of the state due to the mental health and substance abuse needs of their children. Both families who willingly solicited the help of CPS reported frustration that they could not get access to services without yielding their parental rights. One family specifically desired a greater availability of in-home services, as they noted that the separation of their family exacerbated some of the family’s problems, at least temporarily. The third family interviewed who did not successfully reunify reported housing as their biggest barrier to reunification. The family reports to have voiced this need as a barrier, but stated that they received no services in relation to this matter. This family additionally took part in parenting courses, but did not think the courses were very helpful as they purportedly focused primarily on children’s physical health.

### C. Population Characteristics

#### 1. Characteristics of Mothers of Target Children

The majority (63%) of the mothers of children enrolled in the IV-E Waiver were described as non-minority, or Caucasian only. Other race/ethnic descriptions of mothers include:

- 20% Hispanic/Latina
- 11% African-American
- 5% American-Indian
- 1% Asian or Native Hawaiian/Pacific Islander

The age of mothers of children in the demonstration project ranged from 15 years of age to 63 years of age, with a mean age of 34 years.

There were no significant differences in the ethnicity, race or age of mothers between randomized or matched cohorts, nor between waiver of comparison conditions within cohorts. In addition, there were no differences in the demographic characteristics of mothers in the intent-to-treat cases compared with the as-treated cases. See Appendix F for additional details by cohorts and waiver conditions.

#### 2. Target Child Characteristics

Of the 353 children included in the intent-to-treat analysis, 56% of children were male and 44% were female. While there were more male children than female children in the analysis, this trend was consistent across cohorts and conditions and was non-significant.<sup>27</sup>

	Total (n = 353)	Matched (n = 105)		Randomized (n = 248)	
		Comparison (n = 41)	Waiver (n = 64)	Comparison (n = 134)	Waiver (n = 114)
<b>Male</b>	56.1%	53.7%	51.6%	54.5%	61.4%
<b>Female</b>	43.9%	46.3%	48.4%	45.5%	38.6%

<sup>27</sup> Matched cohort:  $\chi^2 = 0.01$ ,  $df = 2$ ,  $p = 0.99$ ; Randomized cohort:  $\chi^2 = 0.95$ ,  $df = 2$ ,  $p = 0.62$

Race and ethnicity of the target children were also non-significant,<sup>28</sup> and relatively similar across the cohorts and conditions. Over half of the children (55%) were described as Caucasian-only, and 45% were of another race/ethnicity description. The ratio of children with minority to non-minority race/ethnicity descriptions for the entire intent-to-treat sample was similar to the rates found with the waiver and comparison group of the randomized cohort.

	Total (n = 353)	Matched (n = 105)		Randomized (n = 248)	
		Comparison (n = 41)	Waiver (n = 64)	Comparison (n = 134)	Waiver (n = 114)
<b>Caucasian only</b>	55.4%	53.7%	51.6%	57.4%	56.1%
<b>Other race/ethnicity</b>	44.6%	46.3%	48.4%	42.6%	43.9%

One fourth of the target children (25%) within the intent-to-treat group were reported to be of Hispanic/Latino descent. Across the conditions and cohorts, Hispanic/Latino descent ranged from 22% to 31%. Fourteen percent of the target children were identified as African-American or Black, 6% were identified as American-Indian, and 1% was identified as Asian or Native Hawaiian/Pacific Islander.

The age of target children ranged from birth to 17 years, with a mean age of 7.1 years. The mean age ranged from 6.9 years to 8.5 years across the cohorts and conditions.

Of the 326 children included in the as-treated analysis, gender, age, and ethnicity findings were very similar as cases within the intent-to-treat analysis. Fifty-seven (56%) of target children in the as-treated analysis were male and 44% were female. Non-minority and minority descriptions of target children were 56% and 44%, respectively. Specific ethnicity rates were comparable to those found in the intent-to-treat analysis, with 25% of the sample identified as Hispanic or Latino descent, 13% African-American or Black, 5% American Indian, and 1% Asian or Native Hawaiian/Pacific-Islander descent.

Similar to the intent-to-treat group, the age of target children ranged from birth to 17 years, with a mean age of 6.6 years.

See Appendix G for additional details by cohorts and waiver conditions.

### 3. Abuse and Neglect of the Target Child

Overall, 87% of the target children in the intent-to-treat analysis were removed from their parents/caregivers for reasons of neglect; the next most frequent reasons for removal were physical abuse (6%) and abandonment of the child by the parent/caregiver (5%); sexual abuse accounted for 2% of removals. There were no significant differences in the reasons for removal among the two cohorts between waiver and comparison conditions.

<sup>28</sup>Matched cohort:  $\chi^2 = 0.02$ ,  $df = 2$ ,  $p = 0.99$ ; Randomized cohort:  $\chi^2 = 0.16$ ,  $df = 2$ ,  $p = 0.92$

	Total (n = 353)	Matched (n = 105)		Randomized (n = 248)	
		Comparison (n = 41)	Waiver (n = 64)	Comparison (n = 134)	Waiver (n = 114)
<b>Neglect</b>	88.1%	95.2%	84.6%	87.3%	88.6%
<b>Physical Abuse</b>	4.3%	2.4%	1.9%	6.0%	3.5%
<b>Abandonment</b>	5.0%	-	12.5%	3.7%	4.4%
<b>Sexual Abuse</b>	2.6%	2.4%	-	3.0%	3.5%

#### D. Service Characteristics

The waiver Service Providers were required to document the types of services provided to families within the secure IV-E Waiver Services Database. This section of the report summarizes service information on 150 waiver cases (extracted from the 325 as-treated cases, which excluded those cases in which families declined services or were not able to be located). The data presented in this section includes only those services documented in the Services Database. There may be services that were delivered to families, with related documentation in client case files or CPS case notes, but with no associated documentation in the Services Database.

Service providers reported initial contact with parent/s or caregiver/s, following a waiver referral, in 95% of the waiver cases, with half of these contacts occurring within six days or less from the date of referral. A similar percentage of cases (94%) involved an initial reported interview between the service provider and the case manager, with half of the contacts occurring within approximately two weeks. About three-fourths (75%) of cases involved an interview with the child or children involved with the case, half of which occurred within approximately three weeks from the date of referral. The North Carolina Family Assessment Scale-Revised was initially conducted with 77% of waiver families and took approximately two months, on average, to be completed. The majority of families receiving waiver services also received an initial CFT (88%), an Expedited Reunification Plan (78%), and an Accelerated Visitation Plan (68%). Other services, that were similarly intended to occur within 30 days of referral, were not as well documented, including: the Strengths and Cultural Assessment (documented in 37% of waiver cases), the Strengths and Risk Assessment (documented in 29% of waiver cases), and the Stabilization Plan (documented in 26% of waiver cases). These assessments and plans were not only seldom documented in the database, but of those cases that were documented, the mean number of days that elapsed before these items were completed ranged from 67 days to 117 days, well beyond the required 30 day timeframe.

	Waiver Case Cohort			<i>p</i>
	Total	Matched	Randomized	
<b>Number of Waiver Cases</b>	150	58	92	
<b>Initial Waiver Service Elements</b>				
Initial interview with parents/caregiver	95.3%	98.3%	93.5%	
Initial contact with CPS case manager	94.0%	98.3%	91.3%	
Initial CFT	88.0%	93.1%	84.8%	
Expedited Reunification Plan	78.0%	84.5%	73.9%	
Initial North Carolina Family Assessment	76.7%	87.9%	69.6%	
Initial visit with children	74.7%	93.1%	63.0%	**
Accelerated Visitation Plan	68.0%	72.4%	65.2%	
Strengths and Cultural Assessment	37.3%	43.1%	33.7%	
Strengths and Risk Assessment	29.3%	51.7%	15.2%	+
Stabilization Plan	26.0%	36.2%	19.6%	*

\*  $p < 0.05$ ; \*\*  $p < 0.001$ ; + discontinued provider service

In general, the percentage of cases within the randomized waiver cohort received fewer services compared with cases within the matched waiver cohort. These services included:

- Initial visit with children
- Stabilization Plan

Contact between family members and the Family Reunification Specialist (FRS) and the Parent Aid (PA) were high. For all of the waiver cases, there was reported telephone contact between the family and the FRS, and nearly as much in-person contact (95%). In-Person contact with families by the PA occurred for 87% of cases.

Other frequently documented ongoing waiver service elements include counseling or therapy (85%), monthly CFT meetings (81%), child-parent visitations (81%) and assistance with meeting individual needs (72%).

There were differences between the two waiver groups in the level of documentation or provision of ongoing waiver services elements. In general, a higher percentage of waiver families in the matched cohort group received ongoing services than did families in the randomized cohort group, similar to earlier findings in the Phase I and Interim reports. These differences could be due to the longer length of time that matched cohort families were in the program, or because they had more needs than families recently entering CPS care. A significantly higher percentage of matched cohort families received services than did families in the randomized cohort in nearly half of the service categories (23 out of 48 service categories).

See Appendix H for additional details by cohorts and waiver conditions.

## **E. Process Indicators**

Among families assigned to the waiver condition, the median length of time from program assignment to an initial interview with a member from the reunification team was about two weeks (16 calendar days). The initial CFT meeting with waiver families was a key service element in the program. It was at this meeting that the expedited reunification plan was discussed and negotiated, as well as other needs and strengths identified. The median length of time from program assignment to the initial CFT was about four weeks (29 calendar days). Other key waiver milestones were completed (median length of time) within 39 to 87 calendar days:

- Expedited Reunification Plan – 31 calendar days
- North Carolina Family Assessment Scale – 41 calendar days
- Stabilization Plan – 40 calendar days
- Accelerated Visitation Plan – 38 calendar days
- Strengths and Risk Assessment – 83 calendar days
- Strengths and Cultural Assessment – 84 calendar days

See Appendix I for additional details by cohorts and waiver conditions.

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### III. OUTCOME ANALYSIS

#### A. Intent-to-Treat Analysis

The intent-to-treat analysis contains all cases randomized for waiver services, regardless of their adherence with the entry criteria, the services they actually received, subsequent withdrawal from the services or deviation from the IVE Waiver protocol.<sup>29</sup> This procedure was identified in the Evaluation Plan submitted to DES in 2005 and later revised in 2007. A separate analysis including only families that received services, called the as-treated analysis, can be found in section B of this chapter.

##### 1. Safety Related Outcomes

Protecting children from alleged abuse and neglect is the key mission of Child Protective Services. The Child Protective Services program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. One of the key research questions regarding the IV-E Waiver project is whether or not waiver services reduce the number of substantiated abuse and neglect reports. Data related to abuse and neglect reports come from the CPS CHILDS data system using CPS alleged abuse and neglect reports and findings.

A total of 30 cases (29%) in the matched cohort and 52 cases (21%) in the randomized cohort were found to contain a report of alleged abuse or neglect. Within the matched cohort, 30% of waiver cases compared with 27% of comparison cases contained a report of alleged abuse or neglect. The Pearson Chi-Square showed no significant difference ( $\chi^2 = 0.100$ ,  $p = .752$ ) between the two conditions in the matched cohort.

The percentage of cases with reports of alleged abuse or neglect were the same across conditions in the randomized cohort, with 21% of waiver cases and 21% of comparison cases containing a report of alleged abuse or neglect ( $\chi^2 = 0.001$   $p = .976$ ).

As shown in the following table, there were few instances of substantiated reports of abuse and neglect among the cohorts and conditions. In general, expedited reunification services were not found to significantly reduce alleged nor substantiated reports of abuse or neglect in the intent-to-treat analysis.

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<sup>29</sup> (Ellenberg, J. H., 1996; Fisher et al., 1990; Lachin, JM, 2000).

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Table 3  
Summary of Substantiated Abuse and Neglect Reports  
Intent-to-Treat Analysis

April 17, 2006 – December 31, 2008				
	Matched Cohort		Randomized Cohort	
	Waiver	Comparison	Waiver	Comparison
Total Cases in Demonstration Project	64	41	114	134
Number of cases with subsequent reports	19	11	24	28
Number of Subsequent reports*	31	12	30	35
Number of cases with substantiated reports	2	1	0	2
Number of cases with unsubstantiated reports	15	10	20	21
Number of cases with open reports	4	0	2	3
Number cases with other report allegations (e.g. SUNK, PSUP, ULOC)	0	0	2	3

\* This data includes multiple reports for individual cases (substantiated, unsubstantiated and open reports).

## 2. Permanency Related Outcomes

The primary purpose of Arizona’s IV-E waiver program was to increase the number of cases that resulted in reunification of children with parent or caregivers, and correspondingly, to reduce the amount of time children spend in congregate care or foster placement. Data related to reunification comes from the CPS CHILDS data system using CPS removal and return dates as the unit of analysis.

Of the 353 cases in the waiver demonstration project, target children from 116 cases (33% of cases) were reunified with their families. Within the matched cohort, 48% of waiver cases compared to 34% of comparison cases resulted in reunification. While the proportion of reunifications was higher among waiver cases than comparison cases, this difference was non-significant ( $z = 1.60, p = .112$ ). Further, there was no significant difference in the average number of days in out-of-home care between waiver cases (mean days = 286) compared to comparison cases (mean 288 days);  $t = -.041, p = .737$ .

A less pronounced difference was seen within the randomized cohort. Nearly one-third of cases (33%) within the waiver group resulted in reunification compared to 25% of the cases in the comparison group. As with the match cohort, this difference was non-significant ( $z = 1.51, p = .132$ ). There was no significant difference in the average number of days in out-of-home care between waiver and comparison groups ( $t = -.800, p = .116$ ).

Overall, the expedited reunification services were not found to significantly increase the proportion of reunified target children, nor reduce the average number of days in out-of-home care between waiver and comparison groups based on the intent-to-treat analysis.

Table 4  
 Summary of Reunified Cases  
 Intent-to-Treat Analysis

Phase I and Phase II – April 17, 2006 – December 31, 2008				
	Matched Cohort		Randomized Cohort	
	Waiver	Comparison	Waiver	Comparison
Total Cases in Demonstration Project	64	41	114	134
Number of cases reunified	31	14	38	33
Number of reunifications*	32	16**	38	35
% of Total cases reunified	48%	34%	33%	25%
Number of children reunified	63	30	65	53
Length of time in out-of-home care from waiver begin date to reunification date Mean number of days	286	288	212	240

\* These numbers include multiple reunifications for some individual cases.

\*\*Due to changes in the foster care database, two cases were designated as “reunified” that were not indicated as such in the Interim Report (CaseID: 220252 & 14642).

### 3. Re-entry Into Out-of-Home Placement

The third goal of the project was for children to remain united with their families following reunification. The more intensive services provided through the waiver program could potentially reduce the probability that children are returned to out-of-home care in the future.

As summarized in the following table, of the 116 cases in which target children were reunified, re-entry into out-of-home care occurred in one-fifth (22%) of cases. In the matched cohort, although non-significant, fewer returns to out-of-home care occurred for the waiver condition versus the comparison condition, 23% and 36% respectively ( $z = -0.910, p = 0.368$ ).

A slightly lower percentage of returns to out-of-home care, also non-significant, took place for the waiver group in the randomized cohort, when compared to the comparison group ( $z = -0.582, p = 0.562$ ).

Table 5  
 Summary of Reunified Cases Returned to Out-of-Home Care  
 Intent-to-Treat Analysis

Phase I – April 17, 2006 – December 31, 2008				
	Matched Cohort		Randomized Cohort	
	Waiver	Comparison	Waiver	Comparison
Total Cases in Demonstration Project	64	41	114	134
Number of cases reunified	31	14	38	33
Number of cases returned to out-of-home care	7	5	6	7
% reunified cases returned to out-of-home care	23%	36%	16%	21%
Number of children returned to out-of-home care	14	7	15	9
Length of time from reunification to out-of-home-placement Mean number of days	97	133	160	114

#### 4. Child and Family Well-Being

The Arizona IV-E Waiver project operationalized child and family well-being using the North Carolina Family Assessment Scale-Revised (NCFAS-R), originally developed by Kirk and Ashcraft, and later revised by Kirk. This tool was intended for use by family preservation service providers working with families seeking reunification. The purpose for this tool is to provide information regarding changes in family functioning occurring during service intervention. It also provides a structure for addressing the strengths and areas of need for each family for service planning and intervention. The NCFAS-R examines seven broad domains intended to describe family functioning:

- Family Environment
- Parental Capabilities
- Family Interactions
- Family Safety
- Child Well-Being
- Caregiver/Child Ambivalence
- Readiness for Reunification

Of the total 353 cases in the intent-to-treat group, NCFAS-R assessments were not administered to 28 families who either declined services or could not be located. As such, an analysis of NCFAS-R scores was completed only for the as-treated analysis (see Part B, Section 4: Child and Family Well-Being in this chapter).

**B. As-Treated Analysis**

The as-treated analysis contains all cases (325 cases) that received a minimal level of service (at least the initial Child Family Team meeting). In general, the as-treated group excluded cases in which the family refused services, later declined service participation, or were unable to be located after the initial randomization occurred. The purpose for the as-treated analysis is to identify what effect, if any, waiver services had upon those families participating in and receiving such services.

1. Safety Related Outcomes

Of the 325 cases in the Waiver Demonstration in which families received waiver services, there were 73 cases with one or more reports of alleged abuse or neglect, five (6.8%) of which were found to be substantiated reports.

Although there were more reports with allegations of abuse or neglect in the matched waiver group than the matched comparison group, this difference was not significant ( $\chi^2 = .205$ ,  $p = .651$ ).

For the randomized cohort, there was a higher, but non-significant, percentage of cases with abuse and neglect reports for the comparison condition than for the waiver condition ( $\chi^2 = 0.097$ ,  $p = .755$ ). The number of substantiated findings was negligible for both cohorts and conditions. Expedited reunification services did not appear to have an impact on either decreasing or increasing the number of abuse and neglect reports compared to non-waiver services.

Table 6  
 Summary of Substantiated Abuse and Neglect Reports  
 As-Treated Analysis

April 17, 2006 – December 31, 2008				
	Matched Cohort		Randomized Cohort	
	Waiver	Comparison	Waiver	Comparison
Total Cases in Demonstration Project	58	41	92	134
Number of cases with subsequent reports	18	11	17	27
Number of Subsequent reports*	30	12	20	35
Number of cases with substantiated reports	2	1	0	2
Number of cases with unsubstantiated reports	14	10	15	21
Number of cases with open reports	4	0	2	3
Number of cases with other report findings (e.g. SUNK, PSUP, ULOC)	0	0	0	3

\*These numbers include multiple reports for some individual cases.

2. Permanency Related Outcomes

Target children from 109 cases (34%) of the 325 cases in the as-treated analysis were reunited with their families. Differences among reunification rates were more pronounced within the matched cohort, with 48% of waiver cases resulting in reunification, and 34% of comparison cases resulting in reunification; however, this difference was modest but non-significant ( $t = -1.40, p = .164$ ). There was no significant difference in the proportion of target children reunified in the randomized cohort ( $t = 2.00, p = .046$ )<sup>30</sup>. In addition, there were no significant differences between waiver and comparison groups in the average number of days in out-of-home placement for either the matched or randomized cohorts ( $t = .074, p = .765$ ; and  $t = -.910, p = .122$ , respectively). Details are summarized in Table 7.

Table 7  
 Summary of Reunified Cases  
 As-Treated Analysis

Phase I and Phase II – April 17, 2006 – December 31, 2008				
	Matched Cohort		Randomized Cohort	
	Waiver	Comparison	Waiver	Comparison
Total Cases in Demonstration Project	58	41	92	134
Number of cases reunified	28	14	34	33
Total number of reunifications*	30	16	34	35
% of Total cases reunified	48%	34%	37%	25%
Number of children reunified	61	30	60	53
Length of time in out-of-home care from waiver begin date to reunification date				
Mean number of days	292	288	207	240

\*These numbers include multiple reunifications for some individual cases.

<sup>30</sup> Although the probability is .046, adjustments for Type 1 error make this non-significant.

### 3. Re-entry Into Out-of-Home Placement

As was found in the intent-to-treat analysis, the percentage of returns to out-of-home care were slightly lower for the waiver condition compared to the comparison condition, across both the randomized and matched cohort; however, these differences were non-significant.

Table 8  
Summary of Reunified Cases Returned to Out-of-Home Care  
As-Treated Analysis

Phase I – April 17, 2006 – December 31, 2008				
	Matched Cohort		Randomized Cohort	
	Waiver	Comparison	Waiver	Comparison
Total Cases in Demonstration Project	58	41	92	134
Number of cases reunified	28	14	34	33
Number of cases returned to out-of-home care	7	5	6	7
% reunified cases returned to out-of-home care	25%	36%	18%	21%
Number of children returned to out-of-home care	14	7	15	9
Length of time from reunification to out-of-home-placement Mean number of days	97	133	160	114

### 4. Child and Family Well-Being

Child and family well-being was assessed using the NCFAS-R as described earlier in this chapter. Of the 325 cases in the demonstration project in which families received services, 89 families receiving waiver services completed an initial and closure NCFAS-R assessment, while only five families in the comparison groups completed both an initial and closure NCFAS-R. The large amount of missing matched NCFAS-R data is a serious limitation in understanding the impact of waiver services on child and family well-being.

The table below summarizes mean initial and closure scores for each of seven domains. The scoring scale was transposed for analytical purposes.<sup>17</sup> A response of six indicates a serious problem, a response of three indicates a baseline or adequate functioning in that area, and a response of one indicates the domain is a strength for that family. Overall, higher ratings indicate more serious problems, lower ratings indicate strengths. Note that the sample size (n) may vary among different domains due to missing data for a given domain.

Paired-sample T-tests were used to compare initial NCFAS-R scores to closure NCFAS-R scores. Despite the small sample sizes, waiver cases within the matched cohort showed families improving in the following domains:

- Overall Family Environment (  $t=5.16, p<0.000$  )
- Overall Parental Capabilities (  $t=3.53, p=0.001$  )
- Overall Family Interactions (  $t=3.02, p=0.004$  )

- Overall Family Safety ( $t=3.48, p = 0.001$ )
- Overall Child Well-Being ( $t=3.84, p = 0.000$ ).<sup>31</sup>

Likewise, within the randomized cohort, families receiving waiver services showed significant improvements in the following areas:

- Overall Family Environment ( $t=5.2, p<0.000$ )
- Overall Parental Capabilities ( $t=3.74, p=0.001$ )
- Overall Family Interactions ( $t=3.1, p=0.003$ )
- Overall Family Safety ( $t=3.5, p=0.001$ )
- Overall Child Well-Being ( $t=3.9, p <0.000$ )
- Overall Readiness for Reunification ( $t=2.8, p=0.008$ )

Table 9  
*Summary of Child and Family Well Being*  
As Treated Analysis

North Carolina Family Assessment Scale – Mean Ratings ( <i>std dev</i> ) ( <i>n</i> ) April 17, 2006 – December 31, 2008					
		Matched Cohort		Randomized Cohort	
		Waiver	Comparison <sup>18</sup>	Waiver	Comparison
Cases with initial and closure ratings		43	0	46	5
A. Overall Family Environment	Initial	4.1(1.5)(43)		4.0 (1.5)(46)	3.2(n=5)
	Closure	3.0 (1.5)(43)	n/a	2.9 (1.5)(46)	2.8(n=5)
B. Overall Parental Capabilities	Initial	3.7(1.0)(43)		3.7 (1.1)(46)	3.3(n=4)
	Closure	3.0(1.5)(43)	n/a	3.0(1.5)(46)	2.8(n=4)
C. Overall Family Interactions	Initial	2.9 (1.1)(43)		3.0 (1.1)(46)	3.2(n=5)
	Closure	2.4 (1.1)(43)	n/a	2.5 (1.1)(46)	3.2(n=5)
D. Overall Family Safety	Initial	2.9 (1.2)(43)		2.9 (1.2)(46)	2.7(n=3)
	Closure	2.3 (1.3)(43)	n/a	2.4 (1.3)(46)	2.0(n=3)
E. Overall Child Well-Being	Initial	3.4 (1.1)(43)		3.4 (1.1)(46)	2.3(n=3)
	Closure	2.6 (1.4)(43)	n/a	2.6 (1.3)(46)	2.3(n=3)
F. Overall Caregiver/ Child Ambivalence	Initial	2.4 (1.2)(36)	n/a	2.5 (1.2)(39)	1.8(n=4)
	Closure	2.3 (1.3)(36)		2.4(1.4)(39)	2.5(n=4)
G. Overall Readiness for Reunification	Initial	3.7 (1.2)(36)	n/a	3.7 (1.2)(39)	3.4(n=5)
	Closure	2.9 (1.9)(36)		3.0 (2.0)(39)	3.2(n=5)

<sup>31</sup> The Bonferroni adjustment for multiple tests was used to determine the significance of these differences.

## IV. COST-BENEFIT ANALYSIS

Cost data was provided to the CABHP by DES/DCYF for the period April 17, 2006 through December 31, 2008. The data excludes administrative costs associated with the IV-E waiver demonstration project and excludes cases in which the parents/caregiver declined services or could not be located. Cost data from 325 cases is used for analyses.

The data included the following elements:

- CPS Case ID
- Program Begin Date
- Program Group
- Specific Service
- Service End Date
- Adjusted Amount
- Fund Source
- CPS Person ID
- Program End Date
- Group Service Domain
- Service Begin Date
- Amount Billed
- Date Payment Issued

Overall, the total direct service costs for the IV-E Waiver Demonstration Project was \$10,097,421 for the reporting period of April 17, 2006 through December 31, 2008. Of that total cost, \$5,552,508 were for services delivered to families receiving waiver services, and the remaining \$4,544,913 went for services delivered to families in the comparison conditions. The three most commonly provided services include:

- Allowances – 329 cases; \$555,380 in expenditures
- Foster care – 253 cases; \$3,516,850 in expenditures
- Specialized services (primarily IVE waiver) – 237; \$2,311,571 in expenditures

Overall, the average reported cost per case was \$29,268. The average cost per waiver case was \$31,729 and the average cost per comparison case was \$26,735. However, there were no significant differences in the average (mean) cost per case for the comparison and waiver cases in either the matched or randomized cohorts (Matched group:  $t = 1.26$ ,  $df = 94$ ,  $p = 0.21$ ; Randomized group:  $t = 0.24$ ,  $df = 216$ ,  $p = 0.81$ ); consequently, for comparison purposes, the total costs are essentially similar for both waiver and comparison cases.

As summarized in Table 10, there were no significant differences in cost domains between waiver and comparison cases with the matched and randomized cohorts with the exception of foster care services and specialized service. Foster care services were significantly higher within the comparison group ( $t = 2.57$ ,  $df = 202$ ,  $p = 0.01$ ) while specialized services, which included the IVE waiver services, were significantly higher within the waiver group ( $t = 13.04$ ,  $df = 191$ ,  $p < 0.001$ ).

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Table 10  
 Summary of Costs by Cohort and Waiver Conditions

		Cohort			
		Matched		Randomized	
		Condition		Condition	
		Comparison	Waiver	Comparison	Waiver
ALLOWANCES	Sum	\$99,554	\$130,922	\$205,610	\$119,295
	Valid N	41	59	124	105
FAM SUPP SVCS	Sum	\$0	\$0	\$7,358	\$2,150
	Valid N	0	0	2	1
FOSTER CARE	Sum	\$601,834	\$644,758	\$1,570,103	\$700,154
	Valid N	34	42	96	81
HSING SUBSIDY	Sum	\$0	\$762	\$0	\$1,800
	Valid N	0	1	0	1
INDEPENDENT LVG	Sum	\$3,605	\$0	\$1,545	\$0
	Valid N	2	0	2	0
INTENSIVE FAM	Sum	\$124,510	\$15,685	\$68,091	\$11,480
	Valid N	14	5	16	4
MISCELLANEOUS	Sum	\$12,436	\$0	\$23,668	\$550
	Valid N	1	0	5	1
PSYCH SERVICES	Sum	\$3,134	\$7,176	\$22,428	\$2,322
	Valid N	3	12	23	3
RES LVG DEV	Sum	\$416,951	\$737,395	\$809,269	\$500,735
	Valid N	15	30	36	30
SHELTER CARE	Sum	\$74,485	\$115,626	\$460,912	\$289,546
	Valid N	8	21	44	29
SPECIALIZED SVC	Sum	\$4,400	\$1,021,373	\$35,019	\$1,250,779
	Valid N	11	63	54	109
TOTAL COSTS	Sum	\$1,340,909	\$2,673,697	\$3,204,004	\$2,878,811
	Valid N	41	63	129	112
	Minimum	\$529	\$1,390	\$134	\$145
	Percentile 25	\$7,410	\$14,132	\$7,399	\$8,513
	Median	\$22,138	\$33,857	\$17,390	\$18,796
	Percentile 75	\$40,453	\$57,878	\$34,878	\$29,771
	Maximum	\$154,896	\$261,591	\$160,538	\$178,251
	Mean	\$32,705	\$42,440	\$24,837	\$25,704
	Standard Deviation	\$35,880	\$41,869	\$24,875	\$30,054

## APPENDICES

Appendix A: IV-E Waiver Logic Model

Appendix B: Cases Used in Interim Evaluation Report

Appendix C: Annual & Quarterly Site Visit Methodology

Appendix D: Annual Survey of Case Informants

Appendix E: Summary of AzPaC and JFCS Client Focus Groups

Appendix F: Summary of Mothers Demographic and Age Characteristics

Appendix G: Summary of Target Child Demographic and Age Characteristics

Appendix H: Summary of Target Child Removal from Parent/Caregiver

Appendix I: Summary of Waiver Service Elements

Appendix J: Summary of Key Milestone Waiver Activities

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# Appendix A: Logic Model for Arizona IV-E Waiver Demonstration

## Population & Environment

**Target Population**  
Children in out-of-home placement ≤ 9 months whose case plan is reunification with parent/caregiver.

**Study Eligibility**  
1) Consent by parent/caregiver;  
2) Concurrence by Juvenile Court with expedited reunification;  
3) Free from exclusion criteria

**Population Characteristics**  
Target Child Mothers:

- 61% Caucasian; 20% Hispanic; 10% African-American; 5% Native American; 2% Other;
- Median age is 33 years

**Environmental Context**

- Over 10,000 children in CPS care;
- Child dependency cases increasing;
- Legislative authorization for over 100 new CPS staff; shortage of qualified staff to fill new positions;
- 

## Theory & Assumptions

- Based on the Intensive Family Reunification Services model;
- Helps family prepare for reuniting and addressing issues that will enable child to safely remain in the home;
- Characteristics of model:
  - ✓ Staff available 24/7;
  - ✓ Staff meets family within 72 hours of referral;
  - ✓ Routine meetings in evenings & weekends;
  - ✓ Intensive services;
  - ✓ Time limited;
  - ✓ Child returned to family within 2-4 weeks of referral;
  - ✓ Regular visitation between parents and child prior to reunification.

**Risk Factors for Removal**

- Physical & sexual abuse;
- Child neglect;
- Substance use by parents/caregivers;
- Poor parenting skills;
- 

**Concept of Intervention**  
Reuniting children quickly with their families, when it is safe to do so, coupled with intensive services around the family increases the likelihood of successful reunification.

## Intervention

Services are offered through a team approach combined with intensive services and flexible spending.

**Components specific to the intervention:**

- Child & Family Team
- Expedited Reunification Team
  - Master's level Family Reunification Specialist
  - Parent Aide
- Minimum of 6 hrs per week of direct, face-to-face contact with family weekly
- Child reunified within 60 days
- Transportation to services
- Parent Aide instruction in large variety of parenting and living skills
- Flexible spending funds available for unmet basic needs not available through existing programs or community resources
- Intensive 30 day contact with family following reunification
- Aftercare services available for 180 days following reunification

## Outcomes

**Mediators:**

- Therapeutic working alliance
- Program supports/services

**Moderators:**

- Person characteristics
- Family characteristics
- Program supports/services

**Outcomes:**

- Reduced time in congregate and foster care;
- Reduced subsequent child abuse or neglect;
- Reduced subsequent reentry into State care;
- Increased family well-being and functioning;

Appendix B  
 Cases Used in Final Evaluation Report

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
44			Waiver	Matched	4/17/2006	4/2/2007	6/4/2007		
45			Waiver	Matched	4/17/2006	1/29/2007	7/5/2006	REUN	
46			Waiver	Matched	4/17/2006	1/25/2008			
48			Waiver	Matched	4/17/2006	6/1/2006	7/19/2007		Declined Services
49			Waiver	Matched	5/2/2006	11/3/2006	5/17/2007		
50			Waiver	Matched	5/2/2006	8/18/2008	10/14/2008		
51			Waiver	Matched	5/2/2006	3/16/2007	8/1/2007		
52			Waiver	Matched	5/19/2006	5/16/2008	9/27/2008		
53			Waiver	Matched	4/25/2006	9/5/2006	12/26/2006		
54			Waiver	Matched	5/19/2006	12/22/2006	1/8/2007		
55			Waiver	Matched	5/1/2006	11/13/2008	9/27/2007		
56			Waiver	Matched	5/1/2006	12/3/2008			
57			Waiver	Matched	5/24/2006	1/26/2007	1/10/2008		
58			Waiver	Matched	5/25/2006	8/30/2007	4/5/2007	REUN	
59			Waiver	Matched	5/22/2006	12/12/2006	10/16/2006	REUN	
60			Waiver	Matched	5/1/2006	6/8/2006			
61			Waiver	Matched	5/10/2006	5/14/2008			
62			Waiver	Matched	5/17/2006	1/14/2009	2/2/2007	REUN	
66			Waiver	Matched	5/1/2006	8/23/2007	12/18/2007	REUN	
69			Waiver	Matched	6/7/2006	1/27/2009	1/7/2008	REUN	
70			Waiver	Matched	6/7/2006	2/27/2007	12/15/2006	REUN	
71			Waiver	Matched	6/6/2006	9/30/2008	1/17/2008		

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
72			Waiver	Matched	6/6/2006	8/17/2006	10/16/2007		
73			Waiver	Matched	6/1/2006	3/5/2007	2/23/2007	REUN	
74			Waiver	Matched	6/1/2006	8/9/2006	1/14/2009		
75			Waiver	Matched	6/6/2006	8/31/2006			
76			Waiver	Matched	6/5/2006	1/31/2007	11/20/2006	REUN	
77			Waiver	Matched	6/6/2006	3/20/2007	12/6/2006	REUN	
79			Waiver	Matched	6/14/2006	10/23/2006	10/12/2007	REUN	
80			Waiver	Matched	6/20/2006	10/25/2006	8/3/2006	REUN	
81			Waiver	Matched	6/20/2006	10/2/2006			
82			Waiver	Matched	6/6/2006	11/28/2006	7/6/2006	REUN	
83			Waiver	Matched	6/20/2006	9/4/2007			
88			Waiver	Matched	6/27/2006	7/20/2006			Declined Services
89			Waiver	Matched	7/7/2006	1/4/2008	8/14/2006	REUN	
90			Waiver	Matched	7/10/2006	8/4/2006	7/17/2006	REUN	Declined Services
91			Waiver	Matched	7/10/2006	8/26/2008			
92			Waiver	Matched	7/10/2006	2/25/2008	10/15/2007	REUN	
96			Comparison	Randomized	7/19/2006	4/11/2008	2/1/2008		
99			Waiver	Matched	7/26/2006	4/17/2007	1/4/2007	REUN	
100			Waiver	Matched	7/28/2006	6/4/2007	1/26/2007	REUN	
101			Waiver	Matched	7/7/2006	4/4/2007	1/31/2007	REUN	
102			Waiver	Matched	7/11/2006	7/19/2006	4/1/2008		Declined Services
103			Waiver	Matched	7/11/2006	11/30/2006	2/21/2007		
104			Waiver	Matched	7/26/2006	12/27/2007	6/22/2007	REUN	
105			Waiver	Matched	7/26/2006	11/13/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
106			Waiver	Matched	7/28/2006	11/20/2006	5/15/2007		
107			Waiver	Matched	7/28/2006	8/18/2008	5/12/2008	REUN	
108			Waiver	Matched	7/28/2006	10/3/2006	8/4/2007	REUN	Declined Services
109			Waiver	Matched	7/28/2006	11/30/2006			
110			Waiver	Matched	7/28/2006	4/4/2007	11/27/2006	REUN	
111			Waiver	Matched	7/28/2006	9/15/2006			Declined Services
112			Waiver	Matched	7/28/2006	8/18/2008			
116			Waiver	Matched	7/31/2006	8/24/2007	11/17/2007		
117			Waiver	Matched	7/31/2006	3/14/2007	9/11/2007	REUN	
118			Waiver	Matched	7/31/2006	9/3/2008	11/2/2007	REUN	
119			Waiver	Matched	8/1/2006	10/29/2008	2/21/2008		
120			Waiver	Matched	8/14/2006	8/31/2007	5/2/2007	REUN	
121			Waiver	Randomized	9/14/2006	2/26/2008	8/8/2007	REUN	
122			Comparison	Randomized	9/13/2006	9/14/2006	3/22/2007		
123			Waiver	Randomized	1/18/2007	2/23/2007	1/9/2008	REUN	Declined Services
124			Waiver	Randomized	9/26/2006	12/31/2007	3/1/2007	REUN	
125			Waiver	Randomized	6/29/2006	2/28/2007			
126			Waiver	Matched	6/27/2006	11/27/2006	1/31/2008	REUN	
127			Waiver	Matched	9/20/2006	2/28/2007	9/28/2007	REUN	
128			Waiver	Matched	9/26/2006	1/4/2008			
129			Waiver	Matched	10/2/2006	1/2/2007			
130			Waiver	Matched	8/16/2006	5/5/2008	1/12/2007	REUN	
131			Waiver	Matched	10/2/2006	8/28/2008	1/26/2009		
132			Comparison	Randomized	11/21/2006	10/24/2008	1/22/2009		

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
133			Waiver	Randomized	11/29/2006	1/2/2007	9/2/2008		
137			Comparison	Randomized	12/4/2006	7/16/2007	6/10/2008		
138			Waiver	Randomized	12/7/2006	2/14/2008	10/31/2007	REUN	
139			Comparison	Randomized	12/7/2006	10/17/2007	1/8/2007	REUN	
140			Comparison	Randomized	12/8/2006	2/1/2008			
141			Waiver	Randomized	12/13/2006	10/2/2008	9/16/2008		
142			Waiver	Matched	11/1/2006	7/11/2007	5/30/2007	REUN	
143			Comparison	Randomized	1/12/2007	7/31/2008			
144			Waiver	Randomized	1/8/2007	7/31/2008			Declined Services
145			Comparison	Randomized	1/12/2007	11/24/2008	11/23/2007	REUN	
146			Waiver	Randomized	1/3/2007	7/31/2007	3/27/2008		
147			Waiver	Randomized	3/22/2007	12/31/2007	10/10/2007	REUN	
148			Comparison	Randomized	1/12/2007	1/28/2009	11/15/2008		
149			Waiver	Randomized	1/12/2007	12/26/2007	5/8/2008	REUN	
150			Comparison	Randomized	1/22/2007	11/19/2007	7/12/2007	REUN	
151			Comparison	Randomized	1/22/2007	12/31/2008	3/17/2008	REUN	
152			Comparison	Randomized	1/22/2007	7/24/2007	5/13/2008		
153			Waiver	Randomized	1/22/2007	7/28/2007			
154			Comparison	Randomized	3/16/2007	11/21/2008	8/11/2008	REUN	
155			Waiver	Randomized	1/24/2007	8/17/2007	6/9/2007	REUN	
156			Comparison	Randomized	1/25/2007	1/30/2008	7/18/2007	REUN	
157			Comparison	Randomized	2/2/2007	7/31/2008			
159			Comparison	Randomized	2/6/2007	3/1/2007			
160			Waiver	Randomized	2/6/2007	5/23/2007	3/22/2007	REUN	

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
161			Waiver	Randomized	2/7/2007	2/11/2009	3/28/2008		
162			Waiver	Randomized	2/6/2007	4/22/2008	11/15/2008		
163			Comparison	Randomized	2/7/2007	3/8/2008	12/19/2007	REUN	
164			Comparison	Randomized	2/8/2007	7/2/2007			
165			Waiver	Randomized	2/9/2007	6/26/2007	1/10/2008		
166			Comparison	Randomized	2/12/2007	1/16/2008	7/31/2007	REUN	
167			Comparison	Randomized	2/8/2007	7/2/2007	10/31/2008	REUN	
180			Waiver	Randomized	2/15/2007	5/21/2008	9/7/2007	REUN	
182			Comparison	Randomized	2/15/2007	6/3/2008	1/21/2009		
185			Waiver	Randomized	2/22/2007	1/25/2008			
187			Waiver	Randomized	2/28/2007	3/1/2007	8/13/2007	REUN	Declined Services
188			Comparison	Matched	2/6/2007	4/2/2007	3/29/2007	REUN	
189			Comparison	Matched	4/17/2006	12/9/2008	12/18/2008		
190			Comparison	Matched	2/26/2007	5/1/2007	10/18/2007		
191			Comparison	Matched	2/6/2007	4/2/2007	10/1/2008		
192			Comparison	Matched	4/17/2006	4/2/2007	10/6/2006	REUN	
193			Comparison	Matched	4/17/2006	3/12/2007	5/10/2007		
194			Comparison	Matched	4/17/2006	8/12/2008	5/30/2008	REUN	
195			Comparison	Matched	2/6/2007	5/8/2007			
196			Comparison	Matched	5/4/2006	11/12/2008	6/18/2008		
197			Comparison	Matched	4/28/2006	8/1/2007	6/4/2007	REUN	
198			Comparison	Matched	4/17/2006	6/14/2007	1/8/2007	REUN	
199			Comparison	Matched	4/17/2006	5/23/2007	1/24/2007		
200			Comparison	Randomized	2/6/2007	5/2/2007	2/9/2007	REUN	

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
201			Comparison	Matched	5/3/2006	1/30/2007	11/20/2006	REUN	
202			Comparison	Matched	2/26/2007	12/31/2008	3/17/2008	REUN	
203			Comparison	Matched	5/2/2006	6/14/2007			
204			Comparison	Matched	4/17/2006	9/11/2008	11/3/2006	REUN	
205			Comparison	Matched	2/6/2007	9/12/2008			
206			Comparison	Matched	5/22/2006	9/24/2007	7/13/2008		
207			Comparison	Matched	6/14/2006	5/9/2008			
208			Comparison	Matched	4/17/2006	3/30/2007	4/5/2007		
209			Comparison	Matched	4/17/2006	10/20/2006	10/12/2006	REUN	
210			Comparison	Matched	4/17/2006	4/2/2007			
211			Comparison	Matched	2/6/2007	7/27/2007	7/27/2007		
212			Comparison	Matched	4/16/2006	3/25/2008	9/11/2006	REUN	
213			Comparison	Matched	4/17/2006	4/19/2007	11/17/2007		
214			Comparison	Matched	2/12/2007	1/29/2009	7/24/2007	REUN	
216			Comparison	Matched	8/28/2006	11/7/2007			
217			Comparison	Matched	4/17/2006	8/31/2006	8/19/2007		
218			Comparison	Matched	4/20/2006	8/7/2008			
219			Comparison	Matched	4/17/2006	9/20/2006	6/13/2006		
220			Comparison	Matched	10/6/2006	6/18/2007	6/18/2007		
221			Comparison	Matched	6/30/2006	9/26/2007	7/8/2008		
223			Comparison	Matched	4/17/2006	2/3/2009	8/1/2006		
225			Waiver	Randomized	3/1/2007	5/10/2008			
226			Comparison	Matched	4/17/2006	5/30/2007	5/23/2007		
227			Comparison	Matched	5/9/2006	10/12/2007	2/23/2007	REUN	

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
228			Comparison	Matched	5/29/2006	9/5/2008	8/19/2008		
229			Comparison	Matched	4/29/2007	4/30/2008	11/9/2007	REUN	
230			Comparison	Matched	6/30/2006	12/31/2008			
231			Comparison	Matched	4/17/2006	5/30/2007	12/19/2007		
233			Waiver	Randomized	3/15/2007	8/24/2007			
234			Comparison	Randomized	5/16/2007	7/10/2007	9/4/2008		
235			Comparison	Randomized	3/14/2007	2/8/2008			
236			Waiver	Randomized	3/19/2007	5/25/2007	8/2/2007	REUN	Unable to locate
237			Waiver	Randomized	3/19/2007	12/31/2007	9/10/2007	REUN	
238			Comparison	Randomized	4/2/2007	6/12/2007	1/29/2008	REUN	
239			Comparison	Randomized	4/4/2007	4/4/2008			
240			Comparison	Matched	2/2/2007	8/2/2007	8/2/2007		
242			Waiver	Randomized	4/18/2007	12/16/2008	12/21/2007	REUN	
243			Waiver	Randomized	4/16/2007	11/1/2007	8/1/2008	REUN	
244			Waiver	Randomized	4/18/2007	5/5/2008			
245			Comparison	Randomized	5/2/2007	7/31/2007			
246			Comparison	Randomized	4/24/2007	10/23/2007	5/16/2007	REUN	
248			Comparison	Randomized	7/11/2007	2/12/2009			
249			Comparison	Randomized	4/4/2007	6/6/2008	1/26/2009	REUN	
250			Waiver	Randomized	5/3/2007	11/3/2008	4/30/2008	REUN	Declined services
251			Comparison	Randomized	5/14/2007	10/9/2008			
253			Waiver	Randomized	7/18/2007	5/12/2008	9/2/2007	REUN	
254			Comparison	Randomized	9/17/2007	12/31/2008			
255			Comparison	Randomized	5/24/2007	9/10/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
256			Comparison	Randomized	5/21/2007	7/1/2007	3/31/2008	REUN	
277			Waiver	Randomized	5/29/2007		8/5/2008	REUN	
278			Comparison	Randomized	6/6/2007	1/10/2008	1/10/2008	REUN	
279			Comparison	Randomized	6/12/2007	2/12/2009			
281			Comparison	Randomized	6/13/2007	8/28/2008	5/31/2008		
282			Comparison	Randomized	6/13/2007	1/22/2009			
283			Comparison	Randomized	6/15/2007	7/14/2008	11/27/2007	REUN	
284			Waiver	Randomized	6/21/2007	2/11/2009			
285			Waiver	Randomized	6/27/2007	10/28/2008			
286			Waiver	Randomized	7/11/2007	11/20/2008			
289			Waiver	Randomized	7/12/2007	9/7/2008	8/16/2008		Declined services
290			Comparison	Randomized	7/25/2007	6/6/2008	5/1/2008		
291			Comparison	Randomized	8/17/2007	9/29/2008	1/8/2009		
292			Comparison	Randomized	3/24/2008	5/20/2008			
293			Waiver	Randomized	8/17/2007	10/5/2007	12/8/2008		
294			Comparison	Randomized	8/6/2007	5/14/2008	12/4/2008		
295			Comparison	Randomized	8/3/2007	11/1/2007			
296			Comparison	Matched	4/17/2006	9/13/2007	6/20/2007	REUN	
297			Comparison	Randomized	8/13/2007	2/12/2009	11/17/2008		
298			Waiver	Randomized	8/9/2007	9/27/2007	8/1/2008	REUN	
299			Comparison	Randomized	8/16/2007	12/31/2008			
300			Comparison	Randomized	8/17/2007	9/5/2007	1/30/2008	REUN	
301			Comparison	Randomized	8/20/2007	6/7/2008			
302			Waiver	Randomized	8/20/2007	12/11/2008	8/5/2008	REUN	

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
303	289093	1763344	Comparison	Randomized	8/21/2007	5/14/2008			
304	239828	1436526	Comparison	Randomized	8/28/2007	10/22/2008	11/6/2008	REUN	
305	288677	1756391	Comparison	Randomized	8/29/2007	9/19/2008	12/9/2008		
306	80824	334955	Comparison	Randomized	9/4/2007	9/20/2007	9/14/2007		
307	163493	1758028	Waiver	Randomized	9/4/2007	12/23/2008	9/12/2008	REUN	
308	248536	1486991	Waiver	Randomized	9/7/2007	2/1/2008			
309	289381	1641131	Waiver	Randomized	9/7/2007	2/14/2008			
310	247627	1488131	Waiver	Randomized	9/10/2007	11/6/2008	12/11/2008		
311	249792	1502345	Waiver	Randomized	9/12/2007	10/24/2008	6/12/2008	REUN	
312	190655	1097084	Comparison	Randomized	9/18/2007	9/25/2008			
313	169408	1223232	Waiver	Randomized	9/17/2007	5/28/2008	12/21/2007	REUN	
314	279770	743318	Comparison	Randomized	9/17/2007	3/26/2008			
315	288465	852951	Waiver	Randomized	9/24/2007	7/15/2008			
316	288606	1760884	Comparison	Randomized	9/24/2007	12/31/2008			
318	122362	1762641	Waiver	Randomized	9/27/2007	11/21/2008	8/25/2008	REUN	
319	165727	926211	Comparison	Randomized	10/2/2007	10/18/2007			
320	129142	646563	Comparison	Randomized	10/15/2007	12/31/2008			
321	293285	1744764	Waiver	Randomized	10/15/2007	3/18/2008	10/19/2007	REUN	
322	159287	1050306	Waiver	Randomized	10/19/2007	6/24/2008			
323	292687	1781422	Comparison	Randomized	10/22/2007	8/26/2008	2/15/2008	REUN	
324	113350	526465	Waiver	Randomized	10/22/2007	8/26/2008	5/30/2008	REUN	
325	282831	1700718	Comparison	Randomized	10/23/2007	12/31/2008			
326	292925	1785840	Comparison	Randomized	10/30/2007	2/3/2009	6/5/2008	REUN	
327	134723	1691339	Waiver	Randomized	10/29/2007	11/14/2007			Declined Services

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
330	294794	1801062	Waiver	Randomized	11/6/2007	3/21/2008			
331	265964	1784926	Waiver	Randomized	11/7/2007	2/6/2009			Unable to locate
332	278701	1696552	Comparison	Randomized	11/14/2007	12/18/2007			
333	171412	1275668	Comparison	Randomized	11/14/2007	12/19/2007	1/29/2009		
335	261674	1777090	Waiver	Randomized	11/14/2007	12/19/2007			
338	236251	1412297	Comparison	Randomized	11/21/2007	6/18/2008	9/26/2008	REUN	
339	216623	1215845	Comparison	Randomized	11/26/2007	12/31/2008			
340	258321	1811541	Comparison	Randomized	11/27/2007	11/12/2008			
341	156707	860303	Comparison	Randomized	11/30/2007	12/31/2008			
342	226841	1170966	Waiver	Randomized	12/4/2007	1/31/2008			Unable to locate
344	188288	711004	Comparison	Randomized	12/10/2007	1/26/2009	9/3/2008	REUN	
345	291894	1775696	Waiver	Randomized	12/12/2007	1/16/2008			Declined services
346	286902	1546004	Comparison	Randomized	12/19/2007	12/31/2008			
347	275443	1673570	Comparison	Randomized	1/15/2008	12/31/2008			
348	298135	1280933	Waiver	Randomized	1/28/2008	3/19/2008	8/22/2008	REUN	
349	232930	1391173	Waiver	Randomized	1/28/2008	11/20/2008			
350	283970	1730195	Comparison	Randomized	1/28/2008	12/31/2008	11/21/2008	REUN	
351	252532	1521570	Comparison	Randomized	2/1/2008	12/31/2008	12/24/2008	REUN	
352	237084	1642902	Comparison	Randomized	2/2/2008	12/31/2008			
353	273556	1584441	Comparison	Randomized	2/5/2008	12/31/2008			
354	288878	1760084	Waiver	Randomized	2/5/2008				
355	81933	359097	Comparison	Randomized	2/13/2008	12/31/2008			
357	175361	977840	Waiver	Randomized	2/15/2008	3/31/2008			Declined services
358	302261	421647	Waiver	Randomized	2/22/2008	7/1/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
359	299881	1397468	Comparison	Randomized	2/21/2008	12/31/2008			
360	227531	1356863	Comparison	Randomized	2/26/2008	6/18/2008	6/15/2008		
361	258512	1559323	Comparison	Randomized	2/26/2008	9/30/2008	4/23/2008	REUN	
362	239063	1827293	Waiver	Randomized	2/26/2008	6/12/2008			
365	24845	150935	Waiver	Randomized	2/27/2008	6/12/2008			
369	303463	1229750	Comparison	Randomized	3/3/2008	12/31/2008	7/7/2008	REUN	
370	295197	1800871	Waiver	Randomized	3/4/2008	9/2/2008			
371	303664	1856223	Comparison	Randomized	3/5/2008	12/31/2008			
372	164917	659257	Comparison	Randomized	3/5/2008	12/31/2008			
373	226648	1351480	Waiver	Randomized	3/5/2008	12/31/2008			
374	302491	1847963	Waiver	Randomized	3/6/2008	5/1/2008			Unable to locate
375	181791	897288	Comparison	Randomized	3/7/2008	12/31/2008			
376	302401	1843954	Comparison	Randomized	3/7/2008	12/31/2008			
377	302494	680891	Waiver	Randomized	3/10/2008	4/28/2008			
378	249140	1497918	Comparison	Randomized	3/10/2008	12/31/2008			
379	298705	1823465	Comparison	Randomized	3/10/2008	12/31/2008			
380	134660	1628119	Waiver	Randomized	3/11/2008	5/19/2008	7/28/2008	REUN	
381	138131	416228	Comparison	Randomized	3/12/2008	12/31/2008			
382	302832	2375169	Comparison	Randomized	3/14/2008	12/31/2008			
383	295592	1509203	Comparison	Randomized	3/17/2008	12/31/2008			
384	12040	68025	Waiver	Randomized	3/18/2008	8/26/2008			
385	242468	1455130	Comparison	Randomized	3/19/2008	12/31/2008			
386	304987	1864828	Waiver	Randomized	3/31/2008	5/31/2008			
387	157994	871258	Waiver	Randomized	3/26/2008	8/27/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
388	67718	1138522	Waiver	Randomized	3/27/2008	12/23/2008			
389	4655	1866065	Comparison	Randomized	3/28/2008	12/31/2008			
390	91806	441153	Comparison	Randomized	3/31/2008	12/31/2008	12/15/2008	REUN	
391	287107	1750924	Comparison	Randomized	3/31/2008	12/31/2008			
392	287078	1750507	Waiver	Randomized	3/31/2008	5/27/2008			Declined services
393	305840	956670	Waiver	Randomized	4/1/2008	4/22/2008			Declined services
394	300580	1852398	Comparison	Randomized	4/1/2008	12/31/2008			
395	295527	785013	Waiver	Randomized	4/2/2008	5/16/2008			Declined services
396	92193	1867986	Waiver	Randomized	4/4/2008	7/31/2008			
397	306193	1849541	Comparison	Randomized	4/7/2008	12/31/2008			
398	241192	1582755	Comparison	Randomized	4/9/2008	12/31/2008	10/30/2008	REUN	
399	263852	821490	Waiver	Randomized	4/10/2008	11/11/2008			
400	141603	1469055	Waiver	Randomized	4/10/2008	12/31/2008	10/3/2008	REUN	
401	300248	1833305	Waiver	Randomized	4/11/2008	11/13/2008	8/22/2008	REUN	
402	275992	1661011	Comparison	Randomized	4/14/2008	12/31/2008			
403	213207	1178278	Waiver	Randomized	4/14/2008	5/27/2008			Unable to locate
404	22068	1666702	Comparison	Randomized	4/15/2008	12/31/2008			
405	21420	129325	Waiver	Randomized	4/17/2008	11/10/2008			
406	306647	1875965	Waiver	Randomized	4/17/2008	12/31/2008			
407	280054	1368731	Comparison	Randomized	4/17/2008	9/24/2008	9/8/2008		
408	306700	1417648	Comparison	Randomized	4/22/2008	7/30/2008	4/30/2008	REUN	
409	4917	31006	Comparison	Randomized	4/23/2008	12/31/2008	8/8/2008	REUN	
411	229051	1366726	Waiver	Randomized	4/23/2008	10/15/2008			
412	135495	565471	Waiver	Randomized	4/24/2008	12/27/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
413	224350	1841477	Comparison	Randomized	4/30/2008	12/31/2008			
414	167164	938872	Comparison	Randomized	4/30/2008	12/31/2008			
415	282957	1758423	Waiver	Randomized	5/1/2008	11/17/2008			
416	257225	1551315	Waiver	Randomized	5/1/2008	10/31/2008			
417	286596	1702045	Waiver	Randomized	5/2/2008	6/2/2008			Unable to locate
418	193947	306682	Comparison	Randomized	5/5/2008	1/12/2009	8/15/2008		
419	302348	1846505	Comparison	Randomized	5/6/2008	12/31/2008			
420	156314	1885451	Waiver	Randomized	5/6/2008	12/11/2008	9/5/2008		
421	249003	1494341	Comparison	Randomized	5/7/2008	12/31/2008			
422	177928	1017804	Comparison	Randomized	5/7/2008	12/31/2008			
423	308173	1886693	Waiver	Randomized	5/7/2008	10/1/2008			
424	251192	654140	Comparison	Randomized	5/9/2008	9/20/2008			
425	289248	1764437	Waiver	Randomized	5/9/2008				Unable to locate
426	138087	1342517	Comparison	Randomized	5/9/2008	12/31/2008			
427	308987	1602303	Waiver	Randomized	5/15/2008	2/12/2009			Declined services
429	306412	1874282	Comparison	Randomized	5/21/2008	12/31/2008			
430	309368	974735	Waiver	Randomized	5/21/2008	1/15/2009	9/18/2008	REUN	
431	125843	619895	Comparison	Randomized	5/23/2008	12/31/2008			
432	307400	1880782	Waiver	Randomized	5/23/2008				
433	144723	1696251	Comparison	Randomized	5/23/2008	12/31/2008			
434	293924	1792666	Comparison	Randomized	5/28/2008	12/31/2008			
436	126726	1748585	Waiver	Randomized	5/30/2008	7/2/2008	6/11/2008	REUN	
437	309408	596050	Comparison	Randomized	5/30/2008	12/31/2008			
438	250302	271386	Comparison	Randomized	5/30/2008	12/31/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
439	307072	1737856	Comparison	Randomized	6/4/2008	12/31/2008			
440	234006	1398807	Waiver	Randomized	6/10/2008		12/19/2008	REUN	
441	276554	1901421	Waiver	Randomized	6/10/2008	11/13/2008			
442	271961	1649373	Comparison	Randomized	6/11/2008	12/31/2008	8/15/2008	REUN	
443	306500	1629850	Waiver	Randomized	6/11/2008	10/24/2008			
444	135658	1262954	Waiver	Randomized	6/11/2008		1/23/2009	REUN	
445	191992	15635	Comparison	Randomized	6/12/2008	12/31/2008			
446	296147	1807047	Comparison	Randomized	6/16/2008	12/31/2008			
447	246701	1190214	Waiver	Randomized	6/18/2008	2/3/2009	9/25/2008	REUN	
448	231962	1670771	Comparison	Randomized	6/18/2008	12/31/2008			
449	282664	1722450	Comparison	Randomized	6/20/2008	12/31/2008			
450	259855	1869897	Waiver	Randomized	6/23/2008	12/23/2008			
452	152015	1775175	Waiver	Randomized	6/25/2008	8/29/2008			Declined services
453	309515	1897334	Waiver	Randomized	6/28/2008	1/27/2009			Declined services
454	134276	660316	Comparison	Randomized	6/30/2008	12/31/2008			
455	243753	1462871	Waiver	Randomized	6/30/2008	12/27/2008			
456	76013	315545	Waiver	Randomized	6/30/2008	12/30/2008	9/9/2008	REUN	
457	306435	1612724	Waiver	Randomized	6/30/2008	10/2/2008			
458	312121	1910563	Comparison	Randomized	7/1/2008	12/31/2008			
459	309956	1897850	Comparison	Randomized	7/1/2008	12/31/2008			
460	312164	1910907	Comparison	Randomized	7/1/2008	12/31/2008			
461	211468	1252171	Comparison	Randomized	7/9/2008	11/24/2008	9/2/2008	REUN	
462	210266	1913135	Comparison	Randomized	7/10/2008	12/31/2008			
463	222330	1863632	Waiver	Randomized	7/10/2008	9/30/2008			

Unique Appendix B All Target Children									
StudyID	CPSCaseID	CPSPERSID	Condition	Cohort	WaiverBeginDate	WaiverEndDate	CPSReturnDate	CPSReturnCode	Exclusions
464	310253	1899395	Comparison	Randomized	7/14/2008	12/31/2008	10/31/2008	REUN	
465	148128	580370	Waiver	Randomized	7/14/2008	10/31/2008			
467	296251	1693315	Waiver	Randomized	7/17/2008	8/29/2008			Unable to locate
468	285836	1742168	Comparison	Randomized	7/17/2008	12/31/2008			
469	240275	1439630	Comparison	Randomized	7/21/2008	12/31/2008			
470	188261	1915636	Waiver	Randomized	7/22/2008	12/17/2008	11/20/2008	REUN	
471	109653	487475	Comparison	Randomized	7/22/2008	12/31/2008			
473	167836	144953	Waiver	Randomized	7/24/2008	12/31/2008	11/14/2008	REUN	
474	313403	1914468	Comparison	Randomized	7/24/2008	12/31/2008			
475	123124	1909923	Comparison	Randomized	7/28/2008	12/31/2008			
476	235461	1727902	Comparison	Randomized	7/28/2008	12/31/2008			
477	313600	1918694	Waiver	Randomized	8/4/2008	12/23/2008	1/9/2009	REUN	
478	206876	1922903	Comparison	Randomized	8/4/2008	12/31/2008			
479	314240	1924057	Waiver	Randomized	8/8/2008	11/19/2008			
480	155964	854141	Waiver	Randomized	8/14/2008	10/24/2008			
482	296202	50284199	Waiver	Randomized	8/19/2008	10/21/2008			
483	306724	1876172	Comparison	Randomized	8/19/2008	12/31/2008			
484	274456	1669434	Waiver	Randomized	8/20/2008	11/6/2008			
485	315555	1931931	Waiver	Randomized	8/27/2008	12/2/2008			

Appendix C  
Annual & Quarterly Site Visit Methodology

Design

The qualitative component of the IV-E Waiver Demonstration evaluation consisted of the activities listed in Table C.1. Site visits were conducted at each of the three initial CPS sites involved in the IV-E Waiver project (Gilbert, Tempe, and Thunderbird), and at the two contracted service provider offices: Jewish Family and Children’s Services (JFCS) and Arizona Partnership for Children (AzPaC). The three new CPS sites participating in the waiver project (Glendale, Avondale, and Talavi) were not included in the Annual Site Visit process, although quarterly site visits were conducted at those offices. Progress regarding the implementation of the Waiver project at those offices is outlined in section 9. Progress in New DES Offices, in part A. of Chapter II.

Table C.1.

*Target Population and Sampling for Annual Site Visits*

<b>Method</b>	<b>Targeted Population</b>	<b>Sample Size</b>
CPS Supervisor/Assistant Program Manager (APM) Focus Groups (3)	CPS APMs and supervisors	11: 3 CPSAPMs, 8 supervisors
IV-E Waiver CPS Ongoing Unit Focus Groups (8)	CPS Ongoing IV-E Waiver case managers	21 IV-E Waiver CPS ongoing unit case managers
Comparison Case Reviews (15)	Existing comparison cases	15: 5 from each initial DES office
IV-E Waiver Case Reviews (155)	Existing IV-E Waiver cases	15: 5 from each service provider
Service Provider Focus Groups (2)	Reunification Specialists and Parent Aides	12: 7 AzPaC personnel, 5 JFCS personnel
Client Interviews (3); Focus Groups (3);	Successfully reunified clients, clients not reunified before case closure, clients with open cases	13 clients
Mail-in Surveys (7)	Clients of Waiver cases at case closure	7 clients

With the exception of the comparison and IV-E Waiver case review interviews, the entire population was asked to participate in the focus groups and interviews. For comparison case reviews, five cases were randomly selected from each of the three DES offices, for a total of 15 case reviews. These case reviews were conducted with the DES case manager assigned to the selected cases. Fifteen IV-E Waiver case reviews were conducted through interviews with the Service Provider Reunification Specialists and Parent Aides, five from each DES office.

Three focus groups were conducted with families receiving IV-E Waiver services through Jewish Family and Children’s Services (JFCS) and Arizona Partnership for Children (AzPaC). Focus groups included a group, semi-structured interview and individual surveys. Two focus groups were held for JFCS clients, one for open cases, and one in which families had been reunified. The focus group for open cases consisted of three families--two couples and one single parent. The reunified focus group consisted of two single parents and a couple. Two AzPaC focus groups, one for open cases and one for reunified cases, were scheduled, however, one parent from an open case wished to attend the group scheduled for reunified clients, and was permitted to do so. As such, the AzPaC focus group was attended by one reunified family (a couple, with one adolescent child attending) and a single parent with an infant who were transitioning into reunification. A total of 13 clients (8 families) attended the focus groups. No one was in attendance for the second scheduled focus group.

A focus group for clients who were not successfully reunited with their child or children was not scheduled. According to service providers, some of these clients were no longer able to be located and others were not likely to attend. Phone interviews were instead conducted with clients who were not reunified with their children. Thirty-five clients were contacted via a form letter. Four clients submitted a consent form, while 3 of those 4 clients actually participated in the interview.

In addition to the procedures outlined in Table 1, phone interviews were conducted with 8 case informants (1 CASA, 3 Guardian Ad Litem social workers, 3 foster parents, and 1 residential treatment center therapist) who were directly involved with specific cases under review. Service Providers identified 18 persons during the intensive case reviews, ten were not available to be interviewed.

Quarterly site visits were also conducted for the three new CPS sites (Avondale, Talavi, and Glendale). The procedures used for those visits are outlined in Table C.2.

Table C.2.  
*Target Population and Sampling for Quarterly Site Visits*

<b>Method</b>	<b>Targeted Population</b>	<b>Sample Size*</b>
CPS Supervisor Interviews (12)	CPS supervisors	12 CPS supervisor interviews
CPS Ongoing Unit Focus Groups (11)	CPS Ongoing IV-E Waiver case managers	37 case managers interviews
CPS Investigation Unit Focus Groups (3)	TDM facilitators and CPS Investigation supervisors and Investigation case managers	25 TDM facilitators and CPS Investigations personnel interviews

\*Note: Sample size is not necessarily equal to the number of participants interviewed, as some participants may have taken part in more than one focus group, as some sites were eligible for two quarterly visits during the review period.

### Research Questions

Focus groups with APMs, Supervisors, case managers, and service provider personnel were designed to gather information on the following dimensions of the program:

- Organization
- Service
- Contextual
- Community
- Perceptions of families and children, and
- Anticipated outcomes of the program.

Questions addressed to clients/parents dealt with services provided and the degree of satisfaction with the IV-E Waiver Program.

For case reviews, the same questions were asked of both Family Reunification Specialists (for the IV-E Waiver cases) and CPS case managers (for the comparison cases). Questions were designed to determine the appropriateness and timeliness of services, the barriers to reunification, and the efficacy of the team building process and follow up. In order to supplement information gathered from Family Reunification Specialists on ongoing cases, case informants (personnel who were involved in the case in addition to CPS, service providers, and parents) were asked their opinion of the effectiveness of the services and the planning process provided to clients.

Case informants were asked about their involvement with and their opinions of both CPS case manager and service providers in the IV-E Waiver Project. Suggestions for improving the efficiency of the waiver were also elicited

### Data Collection Procedures

The prearranged focus groups and interviews listed above in Table 1 were held at the three DES offices and the two service provider offices. Two researchers were present for all focus groups and interviews. Focus groups were also digitally recorded (with participants' consent) to ensure accuracy and provide quotations. All focus groups and interviews for this report were conducted between June and July of 2008.

Service providers were given a stipend to arrange client focus groups. Researchers provided the two service providers with client names and a script to use for inviting clients. Service providers contacted and invited the clients to focus groups. Wal-Mart gift cards (\$20) and refreshments were offered to clients to compensate for their time.

Qualitative data analyses were made using the constant comparative method. Similar responses were grouped together and quantified, where possible.

### Limitations

The greatest limitation to qualitative information provided in this report is the small sample of clients who participated in focus groups. Additionally, those parents who did attend focus groups were typically the more involved, active parents, which were not representative of the

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entire population. Important information was lacking from those clients who were closed without reunification as well, as only 3 clients who did not reunify participated in interviews. Two of the three voluntarily made their children wards of the state due to behavioral problems of the child, and as such were not likely representative of those families who were not reunited with their children.

Only 21 case managers were available for focus groups. Lack of participate in focus groups were due to CPS case managers who had not yet managed IV-E Waiver project cases and staff commitments (i.e. court appearances) The researchers made every effort to conduct makeup sessions with case managers, both at the conclusion of the first day of a site visit, and again on the second day of site visits.

## Appendix D Annual Survey of Case Informants

Service providers identified eighteen case informants, defined as those persons who played a role in IV-E Waiver reunification plans. Eight of the individuals suggested agreed to take part in case informant interviews. Those persons included: one CASA, three Guardian Ad Litem (GAL) social workers, three foster parents, and one residential treatment center therapist. Interviews were completed via telephone.

All of the participating case informants took part in a waiver case through Child and Family Team (CFT) meetings. Over three quarters (88%) were additionally involved in reunification planning over the telephone, followed by email (63%), and then participation in the initial Team Decision Making (TDM) meeting (13%). Five informants rated their personal level of involvement in a waiver case/s as “high,” one reported their involvement was “moderate,” while another, involved in three waiver cases, said that their involvement ranged from “moderate” to “high” depending on the stage in which the case was in. One informant did not provide a rating of their involvement. When asked about client participation, informants remarked that client participation often increased as their trust in the team increased. Other clients were reportedly reluctant, as reunification was not occurring as quickly as they had anticipated. Other parents were allegedly attempting to participate, but were struggling with external forces (i.e. caring for a special needs child in one case, and not being able to understand or comprehend the treatment plan in another case).

Informants were asked what services the client/s in the cases in which they were involved in received. Services informants reported included:

- Counseling
- Parent Aide services
- Visitation
- Parenting skills training
- Transportation
- Behavioral coaching
- Housing
- Substance abuse treatment

While substance abuse treatment was said to be delivered in one case, another informant reported that the client she interacted with needed substance abuse counseling, but was not receiving it (at the time of the interview). The majority (88%) of the informants reported that the facilitation of the planning process and service delivery went well. Although barriers to implementing treatment plans were noted, such as: clients’ mental illness, client noncompliance, a delay in the processing of paperwork, homelessness of parent/s, clients’ substance abuse, marital separation, and communication difficulties among team members.

Despite some barriers, three quarters (75%) of case informants noted that team members had a “high” level of input during the process, followed by 13% of informants who claimed that team members had a “moderate” level of input. One participant believed team members had a “low”

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input level. Five of the eight informants reported it was worth their time and effort to be involved. One informant remarked, "...from the very beginning we were actively encouraged to be involved. It gave us the opportunity to communicate with parents on problems and be on the same page." Others remarked that everyone's opinions were respected and that one's input was taken into consideration to a greater degree the more the team got to know an informant.

Positive outcomes reported by case informants included: quicker reunification than traditional CPS services, speedier approval of transportation and housing subsidies, assistance with decision making (i.e. giving one's child up for adoption), as well as a multi-faceted approach that addressed individual needs of families. Regarding the last item, informants commented that, "Working with all aspects of the family...helped a lot," while another informant stated, "It helped us a lot to know what was going on in all areas of a child's life, so we could support them." They additionally noted that parents' schedules were taken into consideration, meetings among siblings were facilitated for siblings under different care, consideration was given as to whether or not a parent was involved in substance abuse recovery, and team members seemed open to considering a variety of personal circumstances. The well-being of the involved children, in particular, was addressed. One child was said to have received counseling, another child was placed in a therapeutic foster home, and yet another child had supportive foster parents that eased distress during the adoption process. Frustrations with the process, however, included a lack of engagement on the part of some parents, and the great amount of time required for the coordination of waiver services.

Informants believed that improvement of waiver services could come about through a streamlining of communications, such as a central data center, where all involved parties could upload or download important case documents. They noted that this central data center could additionally include a calendar with upcoming meetings, as well as meeting minutes. Other suggestions for improvement included having a better explanation of exclusionary criteria, and ensuring that all relevant parties are included in case planning. Half of the informants reported that no improvements were needed. Although, informants did specify particular kinds of cases or case circumstances they believed would likely make a family a good candidate for expedited reunification:

- highly motivated parents
  - those parents with a strong support system
  - highly cooperative families
  - neglect cases in which parents primarily need parenting skills
  - families without a long-term history of substance abuse
-

Appendix E  
Summary of AzPaC and JFCS Client Focus Groups

Procedure

Four focus groups were scheduled for families receiving IV-E Waiver services through Jewish Family and Children’s Services (JFCS) and Arizona Partnership for Children (AzPaC). Three of the four scheduled focus groups were conducted, as no reunified participants from AzPaC attended the “reunified” focus group, and one reunified AzPaC client asked to join the “open cases” focus group due to scheduling conflicts. Focus groups included a group, semi-structured interview and individual surveys. Two focus groups were held for JFCS clients, one for open cases, and one in which families had been reunified. The focus group for open cases consisted of three families--two couples and one single parent. The reunified focus group consisted of two single parents and a couple. The AzPaC client focus group was attended by one reunified family (a couple, with one adolescent child attending) and a single parent with an infant who were transitioning into reunification. Thirteen (13) clients participated in the focus groups (a total of 8 families), 9 from JFCS and 4 from AzPaC. A joint decision was made on the part of the evaluation team and the service providers to conduct phone interviews with families who did not successfully reunify, as these families were not agreeable to attending the focus groups during the previous year. Three families who did not reunify were willing to take part in phone interviews. The results of those interviews are summarized under “Service Delivery” in the “Key Features of Intervention,” section B of Chapter II.

Findings

Clients were asked to describe the assistance they received through the waiver program. Services received are outlined in Table 1.

Table E.1.

*Services Received through the IV-E Waiver*

<b>JFCS</b>	<b>AzPaC</b>
<ul style="list-style-type: none"> <li>▪ Individual counseling</li> <li>▪ Couples counseling</li> <li>▪ Family counseling</li> <li>▪ Child counseling</li> <li>▪ Transportation</li> <li>▪ Visitation oversight</li> <li>▪ Bus passes</li> <li>▪ Housing assistance</li> <li>▪ Substance abuse treatment</li> <li>▪ Frequent phone contact</li> <li>▪ Food boxes</li> <li>▪ Miscellaneous (i.e. clothing, furniture)</li> <li>▪ Parenting skill</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-home counseling</li> <li>▪ Individual counseling</li> <li>▪ Child counseling</li> <li>▪ Couples counseling</li> <li>▪ Anger management services</li> <li>▪ Transportation</li> <li>▪ Substance abuse treatment</li> <li>▪ Parenting skills</li> <li>▪ Community health services</li> <li>▪ Frequent phone contact</li> <li>▪ Legal advocacy</li> <li>▪ Medical assistance</li> <li>▪ Miscellaneous (i.e. mold removal)</li> </ul>
<b>JFCS (continued)</b>	<b>AzPaC (continued)</b>
<ul style="list-style-type: none"> <li>▪ Referrals to other service providers</li> </ul>	

<ul style="list-style-type: none"><li>▪ Domestic violence services</li><li>▪ Anger management services</li><li>▪ Medical assistance</li><li>▪ Childcare</li><li>▪ AA/NA meetings</li></ul>	
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Clients noted that counseling was the most helpful element of the program, as it fostered independence, reduced co-dependence, improved self-esteem, and helped clients to learn to set appropriate boundaries. Also, the sense that the service providers were always available to the families was noted as crucial to reunification. Flex funds were additionally reported to be vital. One family received assistance through flex funds to remove the mold from their home, as well as the rental of an industrial-size dumpster to clear all debris in their home that was acquired through the mother’s hoarding. Other families noted they had received clothing and furniture as a result of flex funds. One family emphasized that the flex funds were not a “cash cow,” but rather entirely necessary for their family’s success. Also noted as important were transportation, increased visitation (when compared to the quantity of CPS-supervised visitation), substance abuse treatment, and legal advocacy.

When asked if clients believed they received services that were appropriate to their needs, all responded they believed that they did (excluding one family – see below), with one family emphasizing that often the service providers knew the services the families needed before the families knew they needed them. One parent stated, “They offer a lot.” Another parent noted, “I was surprised at some of the assistance they offered us, like the furniture. ”One family, however, stated that they could not accurately answer the question as they had nothing to compare their services to; although, they did note that they had spoken to other families who had received traditional CPS services and believed that they were getting much more attention and services than they would otherwise receive, stating, “I’ve spoken with parents who use CPS and parents who’ve used expedited services and it seems like our family is getting a lot more...”

When questioned about whether there were additional services that would have been beneficial to families to achieve reunification, 7 families noted that no further services were necessary, although service providers being understaffed at times was noted as a concern. One family noted that no additional services were needed, but that service provider staff and CPS staff were not in agreement as to when reunification should occur. That same family stated that if they maintained what they were currently doing they believed they will eventually be reunified with their children.

Regarding families’ roles in the decision making process of their cases, all families that attended the focus groups noted that they at least had some control over what services they received or took part in. One family remarked, “In the beginning we were a little skeptical about going forward because of the specifics of the case, but once we talked it over it was like ok, let’s go forward with this, this, and this. ”Another parent mentioned that they were able to overturn a decision made to prohibit her from residing in a particular neighborhood through discussion between CPS and the service provider staff. One family reported that their concerns were heard and addressed by the service providers. They provided an example in which they expressed concern that their children had been transported in a taxi cab without supervision; from that point

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forward the family's case manager personally transported the children. Yet another family noted that they were able to express to the service providers when they desired to speed services up or slow them down, and requests were met accordingly.

The usefulness of Child and Family Team (CFT) meetings was also examined during the focus groups. They were found to be an element of the program in which participants believed they had a voice in the reunification process. Families particularly felt as though the service providers served as advocates for them at the CFT's. "They [service providers] frequently speak up for us in the CFT's," one family stated. Families also viewed CFT's as useful as they "brought everyone together." They saw the CFT's as a time in which all parties involved could share information and adjust the case plan as necessary. One parent stated that the instant decision making process in the CFT's was preferable to "phone tag" between either the client/s and CPS or the service providers and CPS. One participant had not yet taken part in a CFT and did not provide a response to the question.

Five families noted that they were initially uncooperative or hostile with CPS workers. Two of those families noted that the involvement of the service providers helped to ease the tension between families and CPS workers. Another family, among the five who reported initial hostility, noted that their hostility toward CPS lessened as they acknowledged that they must cooperate with CPS to ensure reunification with their children. The overall consensus among Waiver families seemed to be that the involvement of the service providers made them feel as though they had an advocate in the process and made them more amenable to cooperating with CPS.

Five families also reported that they observed improvements in their children's well-being. These improvements included: change in attitude, more frequent expression of feelings, positive behavior changes, enhanced listening skills, and improved bonding with the parents. Conversely, two families reported that they had observed a worsening in their children's well-being, particularly increased defiance and acting out. Two other families noted that they were concerned about the psychological harm their children may be undergoing due to being separated from their parents.

Clients were asked to rate how effective they believed CPS is, or has been, in helping them to reunify and strengthen their family on a scale from 1 to 10, with 1 being the least effective, and 10 being the most effective. Clients gave CPS an average rating of 6. Clients were additionally asked whether or not they believed their family was "better off" because of their involvement with CPS. Six families reported that they did believe they were better off because of CPS intervention. Three families noted that the reason they believed they were better off was because of their transition from using drugs and alcohol to sobriety, with one mother, in particular, stating that CPS and service providers were very supportive of her following a relapse and provided her with access to an outpatient treatment program. Another mother noted that she was better off because she was now controlling her diabetes. Yet another family remarked that their involvement with CPS had taught their child that defiant behaviors have consequences (the child was acting out and was placed in a group home). Additionally, a family who had already been reunified emphasized that they voluntarily speak with their former CPS case worker on a monthly basis, despite the closure of their case. All 3 families in the open cases focus group,

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however, reported that they did not think their families were better off due to CPS involvement as they were concerned about the psychological trauma they believed their children are experiencing due to the separation from their parent/s.

Similar to their CPS ratings, clients were asked to rate how effective they believed the service providers are, or have been, in helping them to reunify and strengthen their family on a scale from 1 to 10, with 1 being the least effective, and 10 being the most effective. Clients gave the service providers an average rating of 9. More specifically families were asked if they believed they were “better off” because of their involvement in the IV-E Waiver. Six families replied that they believed they were better off, one family stated they were not, and one family did not supply a response. The families that did report improvement in their lives due to the IV-E Waiver program offered the following reasons for their response:

- Sobriety
- Clean living space
- Children attend school daily
- Parent/s get out of bed every day
- Improved self-esteem
- Differentiating between discipline and physical abuse
- Reunification was quicker than with traditional CPS services
- Less chaos in their daily life
- Improved ability to protect their children
- Finding happiness outside of drugs and alcohol

The family that reported that their lives and the lives of their children are not better off as a result of the Waiver said this was because their family is “disjointed,” although they supplemented their statement by saying that they are better off with the involvement of the service providers than if they were working solely with CPS, as they stated they prefer the service provider’s “holistic” approach.

During concluding remarks participants noted that they got the sense that the service providers truly cared about the families and the outcomes of their cases, with one family remarking, “Once we started working with (name of service provider) that put a humane face on the process, and we’re grateful to have them.” They also reported that they recognized that CPS is not an adversary, but rather are, “just doing their job,” as one client said. Several clients also expressed that they hoped the program continues, but cautioned that staff shortages or a removal of flex funds could reduce the effectiveness of the program.

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Appendix F  
 Summary of Mothers of Target Children Demographic Characteristics

Frequency and Percent Distributions of Demographic Variables for Mothers of Target Children  
 by Cohort and IVE Waiver Condition for Intent-to-Treat Cases (N = 353\*)

		Cohort								Total	
		Comparison				Randomized					
		Waiver Condition				Waiver Condition				f	Col %
		Comparison		Waiver		Comparison		Waiver			
		f	Col %	f	Col %	f	Col %	f	Col %	f	Col %
Gender	Male										
	Female	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
	Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
Minority	Non-Minority	21	53.8%	40	62.5%	83	64.8%	71	64.5%	215	63.0%
	Minority	18	46.2%	24	37.5%	45	35.2%	39	35.5%	126	37.0%
	Total	39	100.0%	64	100.0%	128	100.0%	110	100.0%	341	100.0%
Caucasian	No	9	22.0%	10	15.6%	23	17.4%	20	17.7%	62	17.7%
	Yes	32	78.0%	54	84.4%	109	82.6%	93	82.3%	288	82.3%
	Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
Hispanic/Latino	No	27	65.9%	46	71.9%	102	77.3%	86	76.1%	261	74.6%
	Yes	11	26.8%	14	21.9%	24	18.2%	22	19.5%	71	20.3%
	Unknown	3	7.3%	4	6.3%	6	4.5%	5	4.4%	18	5.1%
	Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
African American	No	34	82.9%	56	87.5%	119	90.2%	104	92.0%	313	89.4%
	Yes	7	17.1%	8	12.5%	13	9.8%	9	8.0%	37	10.6%
	Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
Amer Indian	No	41	100.0%	63	98.4%	127	96.2%	101	89.4%	332	94.9%
	Yes			1	1.6%	5	3.8%	12	10.6%	18	5.1%

		Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
Asian	No		41	100.0%	64	100.0%	128	97.0%	113	100.0%	346	98.9%
	Yes						4	3.0%			4	1.1%
		Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%
Native Hawaiian/Pac Is.	No		41	100.0%	63	98.4%	132	100.0%	113	100.0%	349	99.7%
	Yes				1	1.6%					1	0.3%
		Total	41	100.0%	64	100.0%	132	100.0%	113	100.0%	350	100.0%

\*Missing = 3 Target Children Did Not Have Identified Mothers

**Descriptive Statistics for Mothers Age (years) at CPS Program Type Begin Date  
by Cohort and IV-E Waiver Condition for Intent-to-Treat Cases (N = 353\*)**

	Cohort			
	Comparison		Randomized	
	Waiver Condition		Waiver Condition	
	Comparison	Waiver	Comparison	Waiver
n	41	64	132	113
Mean	33.54	33.45	32.48	33.98
Std Dev	8.14	8.59	8.33	8.62
Minimum	16.55	18.95	17.08	15.23
25th %	27.46	25.64	25.51	27.81
Median	34.01	33.66	32.60	33.44
75th %	40.09	38.61	37.77	39.08
Maximum	48.45	55.03	53.09	62.78

\*Missing = 3 Target Children Did Not Have Identified Mothers

Appendix G  
 Summary of Target Child Demographic Characteristics

Frequency and Percentage Distributions of Demographics Variables  
 by Cohort and IVE Waiver Condition for Intent-to-Treat Clients (N = 353)

		Cohort								Total	
		Comparison				Randomized					
		Waiver Condition				Waiver Condition				f	Col %
		Comparison		Waiver		Comparison		Waiver			
		f	Col %	f	Col %	f	Col %	f	Col %		
Gender	Male	22	53.66%	33	51.56%	73	54.48%	70	61.40%	198	56.09%
	Female	19	46.34%	31	48.44%	61	45.52%	44	38.60%	155	43.91%
	Total	41	100.00%	64	100.00%	134	100.00%	114	100.00%	353	100.00%
Minority	Non-Minority	22	53.66%	33	51.56%	74	57.36%	60	56.07%	189	55.43%
	Minority	19	46.34%	31	48.44%	55	42.64%	47	43.93%	152	44.57%
	Total	41	100.00%	64	100.00%	129	100.00%	107	100.00%	341	100.00%
Caucasian	No	6	14.63%	10	15.63%	23	17.16%	28	24.56%	67	18.98%
	Yes	35	85.37%	54	84.38%	111	82.84%	86	75.44%	286	81.02%
	Total	41	100.00%	64	100.00%	134	100.00%	114	100.00%	353	100.00%
Hispanic/Latino	No	29	70.73%	42	65.63%	94	70.15%	79	69.30%	244	69.12%
	Yes	11	26.83%	20	31.25%	31	23.13%	25	21.93%	87	24.65%
	Unknown	1	2.44%	2	3.13%	9	6.72%	10	8.77%	22	6.23%
African American	No	33	80.49%	55	85.94%	115	85.82%	99	86.84%	302	85.55%
	Yes	8	19.51%	9	14.06%	19	14.18%	15	13.16%	51	14.45%
	Total	41	100.00%	64	100.00%	134	100.00%	114	100.00%	353	100.00%

Amer Indian	No	41	100.00%	62	96.88%	127	94.78%	103	90.35%	333	94.33%
	Yes			2	3.13%	7	5.22%	11	9.65%	20	5.67%
	Total	41	100.00%	64	100.00%	134	100.00%	114	100.00%	353	100.00%
Asian	No	41	100.00%	64	100.00%	132	98.51%	114	100.00%	351	99.43%
	Yes					2	1.49%			2	.57%
	Total	41	100.00%	64	100.00%	134	100.00%	114	100.00%	353	100.00%
Native Hawaiian/Pac Is.	No	41	100.00%	63	98.44%	133	99.25%	114	100.00%	351	99.43%
	Yes			1	1.56%	1	.75%			2	.57%
	Total	41	100.00%	64	100.00%	134	100.00%	114	100.00%	353	100.00%

**Descriptive Statistics for Target Children's Age (years) at CPS Program Type Begin Date by Cohort & Waiver Condition for Treated Cases (N = 353)**

	Cohort			
	Comparison		Randomized	
	Waiver Condition		Waiver Condition	
	Comparison	Waiver	Comparison	Waiver
n	41	64	134	114
Mean	6.92	8.54	7.29	7.15
Std Dev	6.33	6.05	6.01	6.28
Minimum	.01	.01	.01	.01
25th %	.95	2.41	1.45	1.02
Median	4.29	8.94	6.10	5.52
75th %	13.83	14.61	12.62	13.75
Maximum	16.94	17.70	17.97	17.57

Appendix H  
 Summary of Waiver Service Elements

	Cohorts			p
	Total (n = 150)	Matched (n = 58)	Randomized (n = 92)	
<b>Initial Wavier Service Elements</b>				
Interview initial parents	95.3%	98.3%	93.5%	
CPS CM initial contact	94.0%	98.3%	91.3%	
Referral accepted	92.0%	98.3%	88.0%	*
CFT initial	88.0%	93.1%	84.8%	**
Reunification plan initial	78.0%	84.5%	73.9%	
NCFAS initial	76.7%	87.9%	69.6%	
Interview initial children	74.7%	93.1%	63.0%	***
Visitation plan	68.0%	72.4%	65.2%	
SCA	37.3%	43.1%	33.7%	
SRA	29.3%	51.7%	15.2%	***
Stabilization plan	26.0%	36.2%	19.6%	*
<b>On-going CFT Elements</b>				
CFT monthly	81.3%	84.5%	79.3%	
CFT closure	50.0%	58.6%	44.6%	
CFT special	32.0%	43.1%	25.0%	*
<b>On-going FRS &amp; PA Elements</b>				
Contact phone FRS	100.0%	100.0%	100.0%	
Contact in person FRS	95.3%	93.1%	96.7%	
Contact in person PA	86.7%	93.1%	82.6%	
Contact phone PA	85.3%	91.4%	81.5%	
Contact in person FRS&PA	68.7%	81.0%	60.9%	*
Contact phone other staff	34.7%	34.5%	34.8%	
Contact in person other staff	32.0%	29.3%	33.7%	

Z test of independent proportions; \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

Appendix H (continued)  
 Summary of Waiver Service Elements

	Cohorts			p
	Total (n = 150)	Matched (n = 58)	Randomized (n = 92)	
<b>On-going Services</b>				
Counseling, group, individual, family	84.7%	84.5%	84.8%	
Visitation	81.3%	77.6%	83.7%	
Assisting client meet own needs	72.0%	84.5%	64.1%	**
Parenting skills	67.3%	72.4%	64.1%	
Problem solving	63.3%	81.0%	52.2%	***
Communication /negotiation skills	61.3%	70.7%	55.4%	
Health /safety needs of children	60.7%	81.0%	47.8%	***
Transportation	59.3%	60.3%	58.7%	
Child behavioral mgt	57.3%	77.6%	44.6%	***
Stress management	46.7%	63.8%	35.9%	***
Employment readiness	43.3%	55.2%	35.9%	**
Obtaining basic provisions	40.7%	55.2%	31.5%	**
Crisis intervention	40.0%	55.2%	30.4%	**
Nurturing of children	36.7%	46.6%	30.4%	
Budgeting/ consumer education	35.3%	55.2%	22.8%	***
Help with child welfare / CPS	34.7%	39.7%	31.5%	
Securing housing	34.0%	48.3%	25.0%	**
Home management	30.7%	43.1%	22.8%	*
Time management	26.0%	34.5%	20.7%	
Decreasing isolation	23.3%	37.9%	14.1%	***
Community L/R	22.0%	32.8%	15.2%	*
Aftercare	21.3%	27.6%	17.4%	
Help with documents	21.3%	32.8%	14.1%	**
Meal planning/ nutrition	20.0%	37.9%	8.7%	***
Personal hygiene/ care	20.0%	32.8%	12.0%	**
Flexible reunification funds	19.3%	25.9%	15.2%	
Clothing main /repair	7.3%	12.1%	4.3%	

Z test of independent proportions; \* P <0.05; \*\* p <0.01; \*\*\* p <0.001

Appendix I  
 Summary of Key Milestone Waiver Activities

Descriptive Statistics for Days Elapsed from CPS Program Begin Date to Service Date as a Function of Initial Service and Cohort		Cohort		
		Matched	Randomized	Total
Interview w/CM	Valid N	62	102	164
	Minimum	-17.00	-3.00	-17.00
	Percentile 25	1.00	4.00	2.00
	Median	3.00	8.00	7.00
	Percentile 75	7.00	14.00	13.00
	Maximum	78.00	88.00	88.00
	Mean	6.06	12.31	9.95
	Standard Deviation	11.53	14.34	13.65
Interview w/parent	Valid N	60	93	153
	Minimum	-8.00	1.00	-8.00
	Percentile 25	7.00	11.00	8.00
	Median	12.50	20.00	16.00
	Percentile 75	23.00	24.00	23.00
	Maximum	149.00	60.00	149.00
	Mean	21.08	20.33	20.63
	Standard Deviation	27.17	12.65	19.59
Interview w/child	Valid N	54	60	114
	Minimum	2.00	6.00	2.00
	Percentile 25	14.00	18.50	14.00
	Median	21.00	24.50	23.00
	Percentile 75	37.00	37.00	37.00
	Maximum	138.00	78.00	138.00
	Mean	31.65	28.78	30.14
	Standard Deviation	30.12	16.26	23.78
Initial CFT	Valid N	54	79	133
	Minimum	-1.00	2.00	-1.00
	Percentile 25	15.00	21.00	19.00
	Median	23.50	31.00	29.00
	Percentile 75	36.00	45.00	41.00
	Maximum	127.00	111.00	127.00
	Mean	28.04	34.97	32.16
	Standard Deviation	19.60	20.76	20.51

Appendix I (continued)  
 Summary of Key Milestone Waiver Activities

Descriptive Statistics for Days Elapsed from CPS Program Begin Date to Service Date as a Function of Initial Service and Cohort		Cohort		
		Matched	Randomized	Total
NCFAS	Valid N	51	65	116
	Minimum	6.00	2.00	2.00
	Percentile 25	21.00	27.00	23.50
	Median	39.00	43.00	41.50
	Percentile 75	65.00	69.00	66.50
	Maximum	243.00	133.00	243.00
	Mean	52.43	47.58	49.72
	Standard Deviation	51.70	28.17	40.12
Reunification Plan	Valid N	49	69	118
	Minimum	-8.00	3.00	-8.00
	Percentile 25	18.00	20.00	19.00
	Median	29.00	32.00	31.00
	Percentile 75	44.00	50.00	46.00
	Maximum	127.00	165.00	165.00
	Mean	32.31	36.84	34.96
	Standard Deviation	22.09	26.31	24.65
SCA	Valid N	25	32	57
	Minimum	16.00	23.00	16.00
	Percentile 25	56.00	56.00	56.00
	Median	105.00	79.50	84.00
	Percentile 75	162.00	125.50	150.00
	Maximum	461.00	298.00	461.00
	Mean	127.44	96.53	110.09
	Standard Deviation	97.48	61.47	80.02
SRA	Valid N	30	15	45
	Minimum	41.00	23.00	23.00
	Percentile 25	64.00	62.00	64.00
	Median	86.00	83.00	83.00
	Percentile 75	148.00	117.00	127.00
	Maximum	270.00	306.00	306.00
	Mean	111.43	108.13	110.33
	Standard Deviation	65.31	81.42	70.17
Accelerated visitation	Valid N	42	61	103
	Minimum	-8.00	7.00	-8.00
	Percentile 25	22.00	23.00	22.00
	Median	31.50	41.00	38.00
	Percentile 75	64.00	70.00	67.00
	Maximum	338.00	144.00	338.00
	Mean	54.67	52.70	53.50
	Standard Deviation	64.07	38.57	50.26

Appendix I (continued)  
 Summary of Key Milestone Waiver Activities

Descriptive Statistics for Days Elapsed from CPS Program Begin Date to Service Date as a Function of Initial Service and Cohort		Cohort		
		Matched	Randomized	Total
Stabilization Plan	Valid N	21	18	39
	Minimum	10.00	7.00	7.00
	Percentile 25	23.00	13.00	21.00
	Median	43.00	38.00	40.00
	Percentile 75	58.00	57.00	58.00
	Maximum	225.00	344.00	344.00
	Mean	57.86	60.39	59.03
	Standard Deviation	57.21	83.17	69.42