



# **MASSACHUSETTS DEPARTMENT OF CHILDREN AND FAMILIES**

## **CARING TOGETHER IV-E WAIVER EVALUATION PLAN**

February 12, 2014



# *Roadmap*

## **1. Who we are: our evaluation team**

- a) DMA Health Strategies
- b) Westat

## **2. Goals: - Caring Together (CT) and Evaluation**

## **3. How we expect it to work:**

- 1. Hypothesis
- 2. Logic model

## **4. How will we know if it works?**

- a) Evaluation approach
- b) Timeline





## *The Team – DMA Health Strategies*

- For 26 years, DMA Health Strategies (DMA) has worked with federal, state and local clients on strategic planning, change management, and quality improvement. Selected projects include Mass Health Carve Out RFP, Commonworks ASO RFP, BSAS Strategic Plan, “Financial Health of Providers in MA Human Service System”, “Maximizing the Value of our Human Service Dollars” and Building Bridges Self Assessment Tool
- Broad and deep understanding of child welfare and children’s mental health services in Massachusetts and nationally, particularly residential treatment
- Leadership role in Building Bridges including development of the self-assessment tool and recent paper on residential outcomes.
- Richard Dougherty, Ph.D.; Russ Lyman, Ph.D.; Dana Roth, M.S.; Judy Lee. Ph.D.





## *The Team – Westat*

- Celebrating its 50th anniversary, Westat's 2,000 research, technical, and administrative staff have the technical and management skills to design and direct both large- and small-scale research and evaluation projects
- Extensive experience with Title IV-E waiver demonstration evaluations and other child welfare research projects
- Use SACWIS or SACWIS-like child welfare data systems to determine impact for proximal and distal outcomes, and to develop analytical files to evaluate outcome measures
- George Gabel, M.S, M.A.; Kristin Woodruff, Ph.D.





# Goals

- **Caring Together Goals:** Caring Together seeks to help children, young adults, and families achieve better and more sustainable positive outcomes through a family-driven, youth-guided, and community-based system of services that improves children's safety, permanency, and well-being through integrated congregate and community based services, integrated management strategies, and changes in financing.
- **Evaluation Goals:** The evaluation will enable DCF to learn how Caring Together is being implemented, how it affects children's safety and permanency, how children and families experience it, and whether it meets its goals for cost neutrality. The evaluation will use rapid cycle evaluation methods and more traditional outcomes approaches





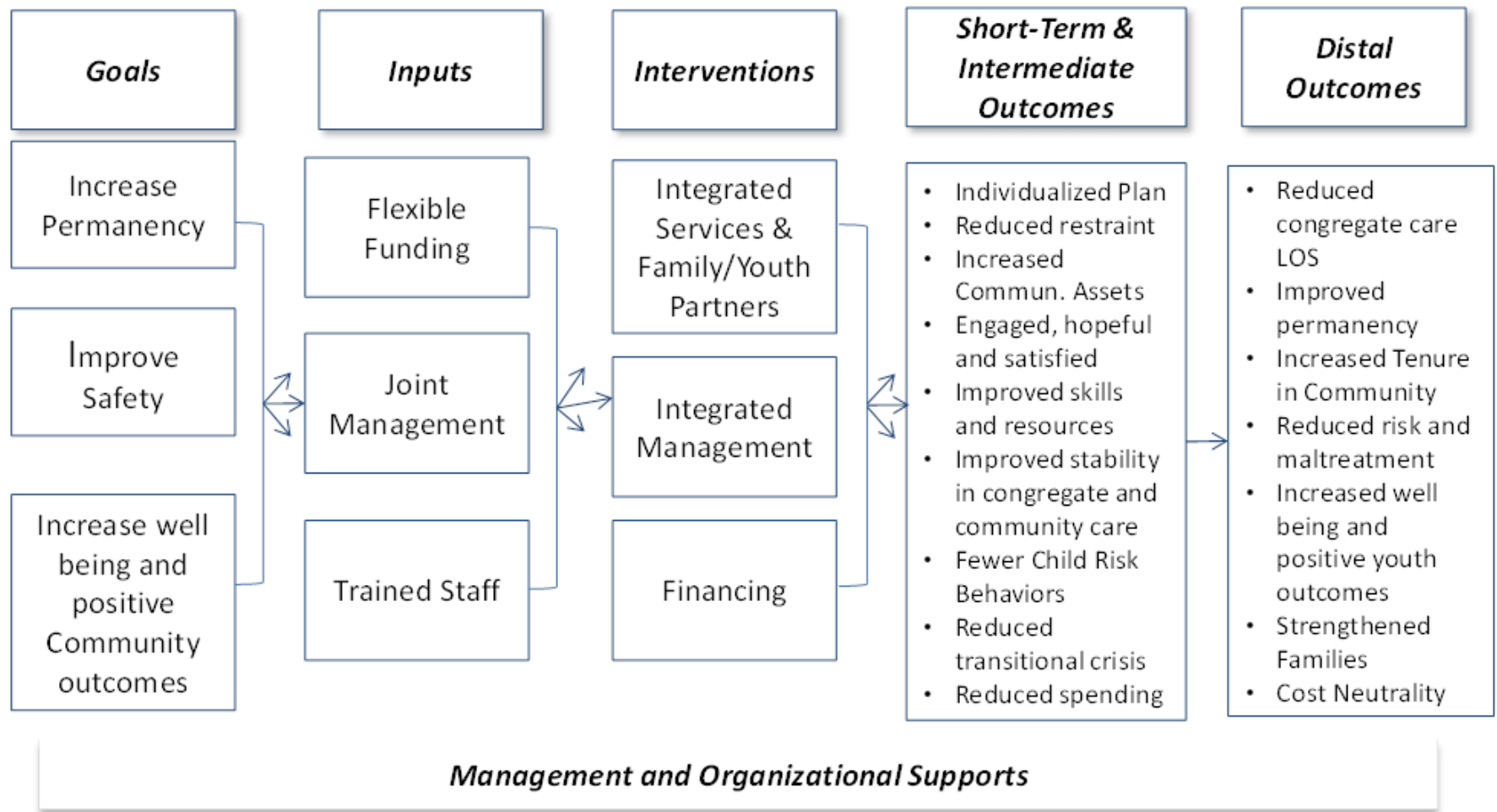
# *Hypothesis*

By implementing community based diversion and follow-up services (with flexible IV-E funds), through joint statewide and regional management (overseeing utilization, quality and network management), with comprehensive treatment plans, and an integrated family-driven, youth-guided, and trauma-informed services, CT will improve outcomes for children, young adults, and families. Desired outcomes include:

- reduced lengths of out-of-home placement and improved placement stability
- improved permanency
- increased tenure in the community
- reduced risk and rates of subsequent maltreatment
- increased child well-being and positive youth outcomes
- strengthened families
- cost neutrality



# Logic Model Summary

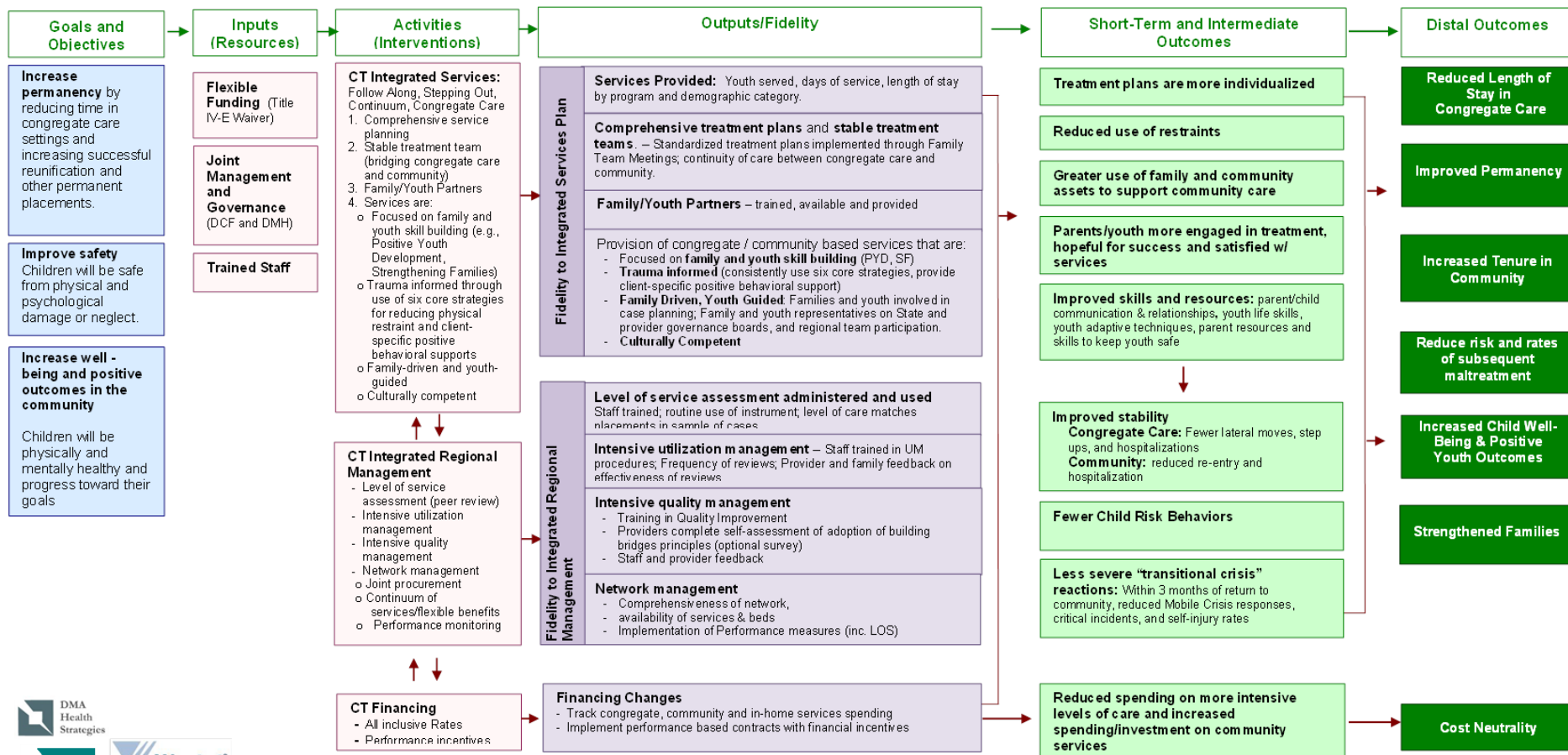


# Logic Model Detail

## Logic Model: MA DCF Title IV-E Waiver Caring Together

**Purpose:** The overarching goal of Caring Together (CT) is to provide/achieve better and more sustainable positive outcomes for children and families through a more family-driven, youth-guided, and community-based system of services that improves children's safety, permanency and well-being through integrated congregate and community based services, integrated management strategies and changes in financing.

**Target population:** Children, youth, young adults and their families who are in, or would otherwise require placement in, congregate care settings. This includes children/youth who (1) are in congregate care settings preparing for and following their return to their home/community, (2) have transitioned to living independently after receiving pre-Independent Living and IL Group Home Services; and (3) children and youth at risk for residential placement where the family is identified as able to care for the child at home, or work toward return home, with intensive supports.







# *Evaluation Approach*

- Process evaluation
  - Begins during the formative two-year implementation period
  - Allows for structured and independent feedback to DCF, DMH, providers, and other stakeholders about implementation progress
  - Ensures that the intervention is implemented with fidelity
  - Builds ongoing measurement tools
- Outcome evaluation
  - Analytics begin in Year 3, after the formative period (once intervention is stable)
  - Will compare children receiving Caring Together services during the evaluation period (Years 3 through 5) to children receiving pre-waiver congregate care services during the five years prior to the waiver to test the hypothesis that Caring Together children will have better permanency, well-being, and safety outcomes than children served prior to the waiver period





# *Data Sources*

- Document Review
- Administrative Measures
  - I-Family Net
  - CANS
  - Selected other data sets
  - Service planning, utilization management and network monitoring
- Interviews: Key Informants
- Focus Groups
  - 3-4 Provider focus groups annually
  - Families and Youth
  - Family Partners
  - DCF and State Staff
- Survey – Annual Survey (Survey Monkey)





# Evaluation Timeline

## Evaluation of Caring Together IV-E Waiver

**Implementation of Caring Together services  
(formative period)**

**Caring Together services fully implemented**

*Year 1*

*Year 2*

*Year 3*

*Year 4*

*Year 5*

**Process Evaluation**

**Outcome Evaluation**





***Questions?***

