

Child Welfare Title IV-E Waiver Demonstration Interim Evaluation Report

Results Attachment

August 23, 2016

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The Process Study

This document supplements the Process Study section of the Interim Evaluation Report. It includes additional detail on the data sources and data collection, data analysis, and results. The Data Sources and Data Collection section describes the participants in each of the interviews and focus groups as well as the makeup of the survey respondents. A change in the DCF staff survey methodology between Years 1 and 2 is described in the Data Analysis section. The Results section is organized by Key Question and provides figures referenced in the text of the report.

2. Data Sources and Data Collection

A. Interviews

- i) DCF Leadership.
 - a. In June and July 2014, DMA conducted eight retrospective interviews with Caring Together leadership: the DCF Commissioner (at the time of initial planning), the DCF Chief Financial Officer, the DCF Assistant Commissioner for Planning and Program Development, the DCF Chief Counsel, the DCF Director of Caring Together Operations, the DCF Director of Procurement, the DCF IT Program Manager, and the DMH Director of Interagency Residential Services.
 - b. DMA conducted a group interview on May 5, 2016 with DCF Caring Together leadership: the Deputy Commissioner for Clinical Services and Program Operations, the Director of Program Operations, and the DCF Assistant Director of Caring Together.
- ii) DMH Leadership.
 - a. On May 25, 2016, DMA conducted a DMH CT leadership group interview with the Director and Assistant Director of Caring Together, as well as the Director of Planning and Policy Development.
 - b. On October 27, 2015, DMA conducted a DMH CT leadership group interview with the DMH Commissioner, Director of Planning and Policy Development for Child/Adolescent Services, Director of Systems Transformation for Child/Adolescent Services, the Assistant Director of Caring Together, and consultant to DMH on CT.
- iii) CTCS Teams.
 - a. DMA conducted a group interview with six members of the Northern CTCS Team on November 20, 2014.

- b. DMA conducted a group interview with six members of the Western CTCS Team on April 25, 2015.
- c. On August 27, 2015, DMA conducted an interview with two members of the Boston CTCS Team.
- d. DMA conducted a group interview with four Southern CTCS Team members on October 9, 2015. Seven Northern CTCS team members were interviewed on January 14, 2016.
- e. Twelve CTCS team members from both the Boston and Southern regions participated in a group interview on May 18, 2016.

B. Focus Groups

- i) DCF Staff.
 - a. On December 15, 2014, seven DCF staff participated: two Directors of Areas, one Regional Director, two Area Resource Coordinators (ARCs), one Area Program Manager (APM), and one Area Administrative Manager.
 - b. Twenty-one Area Resource Coordinators (ARCs) participated in a focus group on June 4, 2015.
 - c. On December 8, 2015, evaluators held a focus group with 14 Haverhill Area Office staff: one Director, one ARC, two APMs, one Area Clinical Manager, one Family Networks staff, and eight Supervisors.
 - d. Eleven Malden Area Office staff participated in a focus group on May 9, 2016: one Lead Program Director, one Lead Education Coordinator, one Lead Service Coordinator, one APM, one ARC, two Supervisors, one Implementation Coach, and three Social Workers.

- iii) Providers.
 - a. On November 12, 2014, DMA held a focus group with 11 members of the Caring Together Implementation Advisory Group: six provider executives, two parents, and three trade organization executives.
 - b. On May 28, 2015, eight individuals participated in a focus group, each representing a different provider organization.
 - c. On October 1, 2015, DMA held a focus group with seven individuals, each from a different provider organization.
 - d. On June 8, 2016, DMA held a focus group eight members of the CT Implementation Advisory Group, each from a different organization.

- iv) Parents/Caregivers. To schedule parent/caregiver and youth focus groups, DMA has typically identified one provider willing to host a group. Groups have been open to youth or parents/caregivers served by other regional providers, but they have primarily consisted of individuals served by the host agency. In addition, DMA conducted a focus group with the CT Family Advisory Council (FAC) in June 2015 and conducted a subsequent group with FAC members and their invited guests in June 2016.
 - a. On February 11, 2015, DMA held a focus group with five parents/caregivers.
 - b. On June 11, 2015, DMA conducted a focus group with five parents/caregivers; all of their children received services through DMH.

- c. DMA held a focus group with seven parents/caregivers on June 22, 2015.
- d. On November 18, 2015, DMA held a focus group with three parents/caregivers.
- e. On June 27, 2016, DMA held a focus group with eight parents/caregivers.

v) Youth.

- a. DMA led a focus group with ten youth on November 25, 2014. Youth ranged in age from 13 to 17 years old; there were six female and four male.
- b. On July 29, 2015, DMA held a focus group with eight youth and one peer mentor. Participants included four females and four males, ranging in age from 14 to 18 years old.
- c. DMA held a focus group with 11 youth on August 3, 2015. Participants were between the ages of 13 and 17, and there were seven females, three males, one who did not provide this information.
- d. On October 22, 2015, DMA held a focus group with 11 youth, aged 8 to 13, all males.
- e. DMA held a focus group with seven youth on April 11, 2016. There were five males and two females, and they ranged in age from 13 to 17 years old.
- f. On June 7, 2016, DMA held a focus group with five youth. There were three females and two males, and they were between 13 and 16 years old.

C. Annual Surveys

i) DCF Staff.

- a. Among DCF staff respondents in Year 1, there were 71 Social Workers (41%), 53 Supervisors (30%), 22 Area Resource Coordinators (13%), 13 Area Program Managers (7%), seven Area Clinical Managers (4%), five Directors of Areas (3%), and four with other job titles (2%). Fifty reported working in the Western DCF region, 49 worked in the Northern region, 47 worked in the Southern region, and 27 worked in Boston. On average, respondents had been involved with 10 CT cases in the past year, ranging from 1 to 121.
- b. Year 2 respondents included 380 Social Workers (73%), 96 Supervisors (18%), 17 Area Program Managers (3%), 16 Area Resource Coordinators (3%), eight Directors of Areas (2%), three Area Clinical Managers (1%), and ten staff with other job titles (2%). One hundred thirty-nine reported working in the Southern DCF region, 132 worked in the Western region, 117 worked in the Northern region, 75 worked in the Central region, and 64 worked in the Boston region. On average, respondents had been involved with nine CT cases in the past year, ranging from 1 to 190.

DCF staff respondents in Year 2 varied quite a bit in terms of job title compared with Year 1 respondents. The difference in respondents' job titles is likely due to the removal of the exclusion criterion in Year 2 (explained in Section 3.B).

- ii) DMH Staff. Among respondents, there were three Directors of Child/Adolescent Services (6%), 12 Child Adolescent Managers (24%), one Clinical Manager (2%), 13 Case Management Supervisors (25%), 11 Case Managers (22%), six Clinical Service Authorization Specialists (12%), two Child/Adolescent Psychiatrists

(4%), and three staff with other job titles (6%). Thirteen respondents worked in the Southeast DMH area, 13 worked in the Central area, nine worked in the Western area, eight worked in the Northeast area, seven worked in the Metro-Boston area, and two worked in the Suburban area (respondents could report working in more than one area). On average, respondents had been involved with 19 CT cases in the past year, ranging from 1 to 100.

iii) Providers.

- a. Among Year 1 respondents, there were 39 Program Directors (33%), 17 Clinical Directors (14%), 11 Executive Directors (9%), nine Program Managers (7%), eight Vice Presidents, and 37 providers with other job titles (30%). Fifty-four reported working in the Western DCF region, 38 in the Southern region, 30 in the Northern region, and 29 in Boston, with some working in more than one region. Seventy-five respondents were responsible for Follow Along services, 70 for Group Home, 60 for Residential Treatment, 31 for Continuum, 21 for Pre-Independent Living, 18 for Independent Living, 18 for Stepping Out, and 12 for other CT services, with some responsible for multiple programs. On average, the programs served approximately 38 CT cases during the past year, ranging from 2 to 300.
- b. In Year 2, 40 Program Directors (40%), 12 Clinical Directors (12%), eight Executive Directors (8%), five Vice Presidents (5%), four Program Managers (4%), and 30 providers with other job titles (30%) responded. Forty-two reported working in the Western DCF region, 33 in the Southern region, 26 in Boston, and 25 in the Northern region, with some working in multiple regions. Sixty-five respondents were responsible for Follow Along services, 65 for Group Home, 49 for Residential Treatment, 24 for Continuum, 18 for Stepping Out, 15 for Pre-Independent Living, 14 for Independent Living, and eight for other CT services, with some responsible for multiple programs. On average, each program had served approximately 52 CT cases during the previous year, ranging from 2 to 322.

- iv) Parents/caregivers. For the first parent/caregiver survey, DMH's Interim CT Director initially distributed the survey flyer along with potential distribution strategies to CT providers, CTCS supervisors and staff, the Caring Together Family Advisory Council, DMH Child Directors, advocacy groups (Youth M.O.V.E, Parent Information Network), and select DCF staff and social workers. DMA sent regular reminder emails to these individuals and groups, including both the SurveyMonkey links as well as PDF copies. Toward the end of the administration window, DMA created a spreadsheet with talking points that enabled CTCS team members to follow up with providers regarding which distribution strategies, if any, they had used to promote and support to parent/caregiver survey completion. This distribution strategy limits the generalizability of results, but ensures that the voices or parents/caregivers are heard. Recipients were asked to help recruit parents/caregivers to complete the survey, using at least one of the following methods:

- a. Disseminating the SurveyMonkey link to parents/caregivers with active email addresses.
- b. Offering a computer terminal onsite so parents/caregivers could complete the survey while waiting.
- c. Providing limited paper distribution onsite for parents/caregivers unable to complete the survey electronically.

The survey was first distributed in July 2015, and DMA accepted responses until November 16, 2015.

3. Analysis Methods

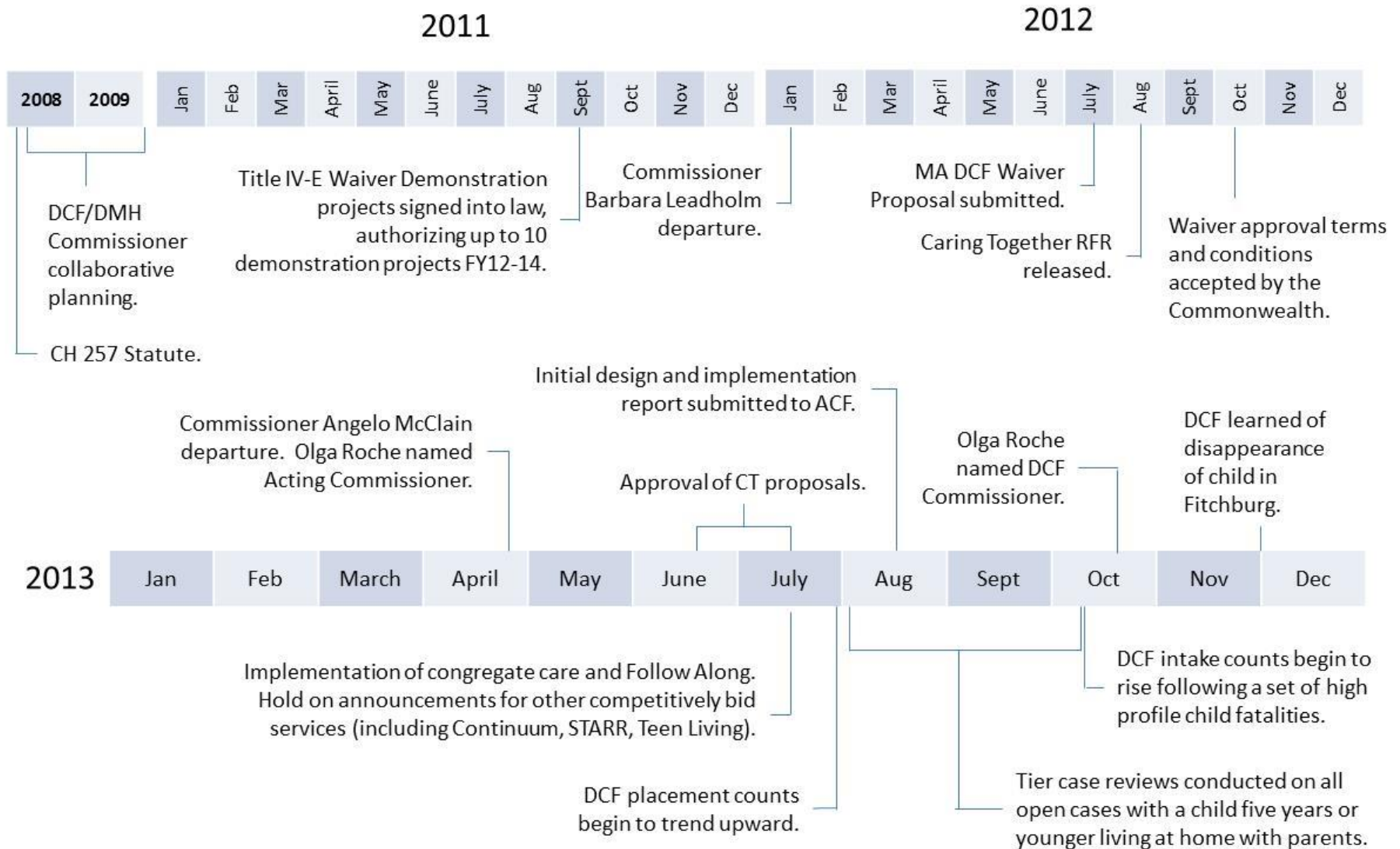
B. Annual Surveys

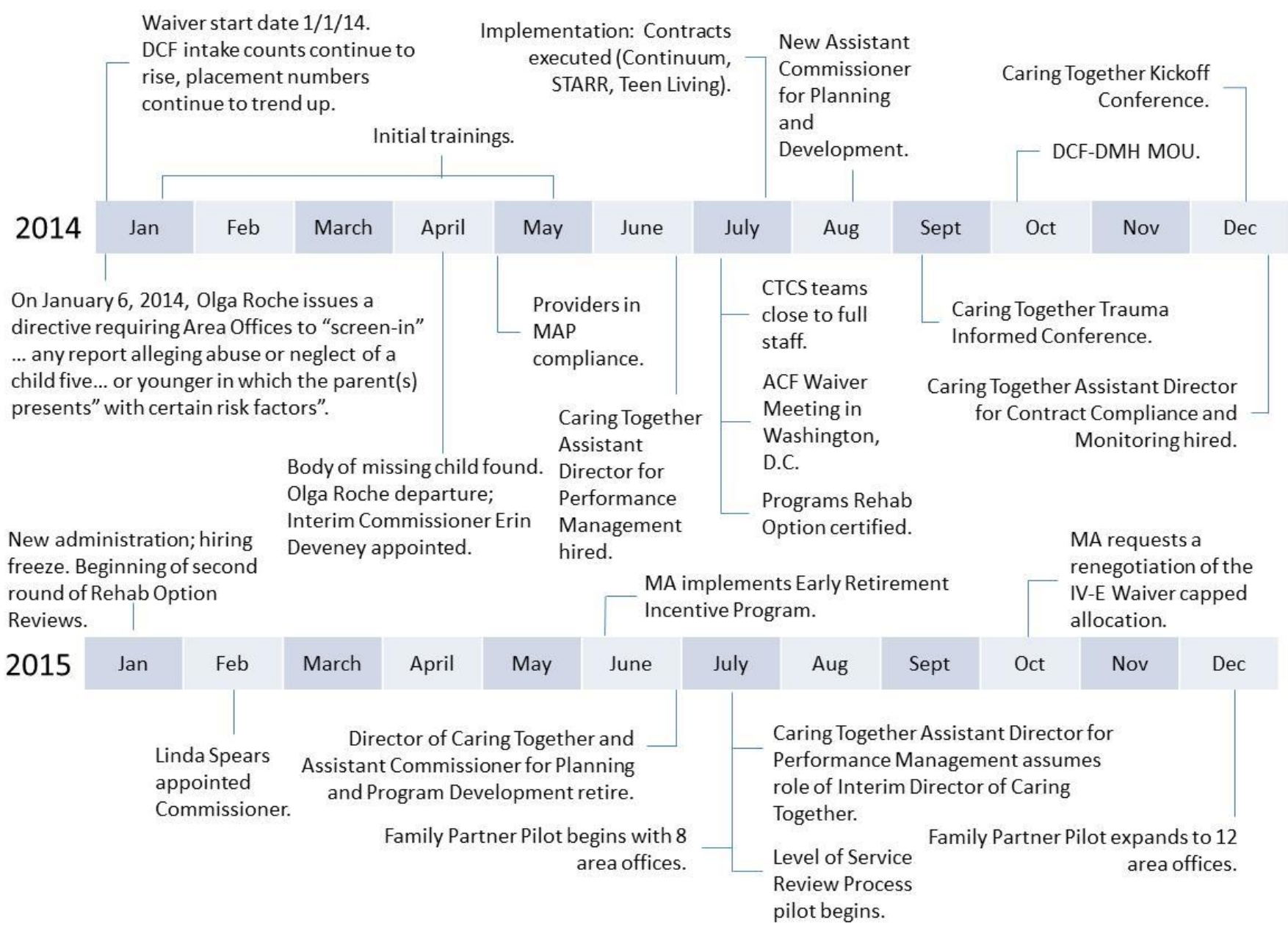
There was one change between the Year 1 and Year 2 surveys that affected the number of respondents. The Year 1 DCF staff survey included a screening question (*In how many Caring Together cases have you been involved in the past year?*) to ensure that respondents were familiar with Caring Together. Individuals who indicated they were not involved with a CT case in the past year were excluded from the remainder of the survey. However, given that the survey was sent only to DCF staff who were assigned to or oversaw a primary worker assigned to a CT case, for the Year 2 DCF staff survey, the evaluation team agreed that all respondents should be able to complete the survey, even if they did not report experience with at least one CT case. CT leadership noted that some DCF staff, particularly those in management positions, may not have known whether a case involved CT or not. Thus, the screening question remained in the survey, but it no longer excluded individuals from participation. As a result, the percentage of respondents selecting “Don’t Know or N/A” as an answer choice increased substantially compared with Year 1. For this reason, the “Don’t Know or N/A” responses have been removed from the data reported here to make the data more consistent between the years.

4. Results

A. Key Question 1: How are Caring Together integrated services working?

i) Timeline



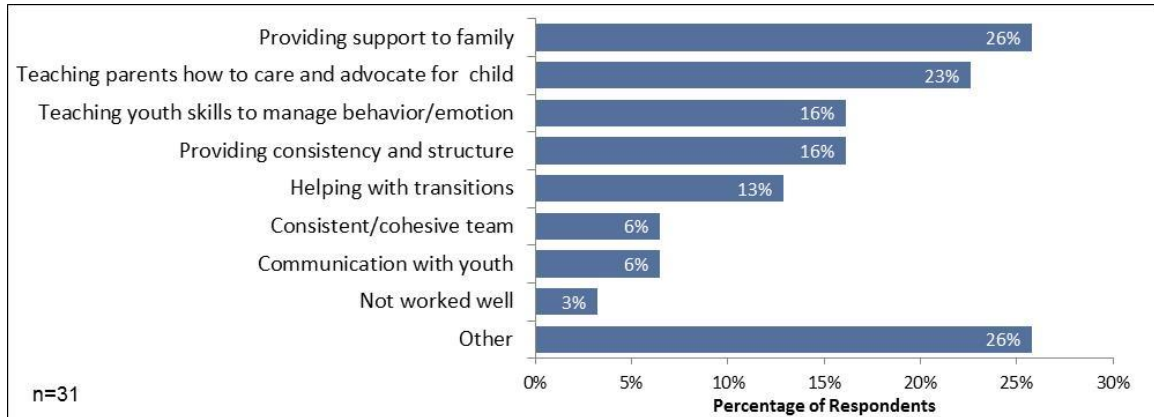




iv) Perceptions of the Caring Together implementation

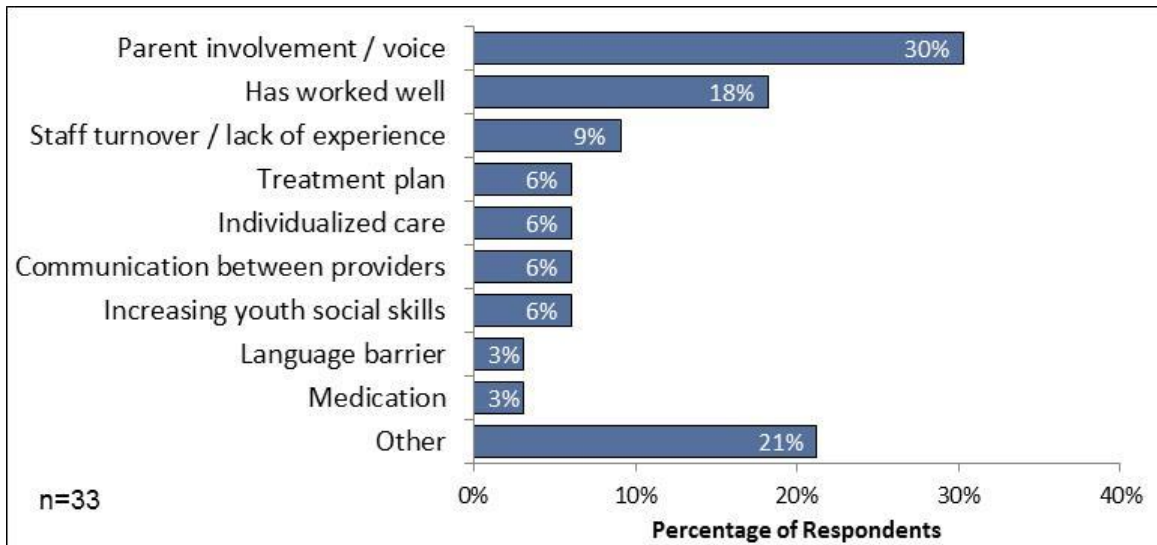
Parents/caregivers and youth.

Figure A-1. Parent/caregiver feedback on how Caring Together has worked well overall.



Source: Caring Together survey of parents/caregivers, 2015.

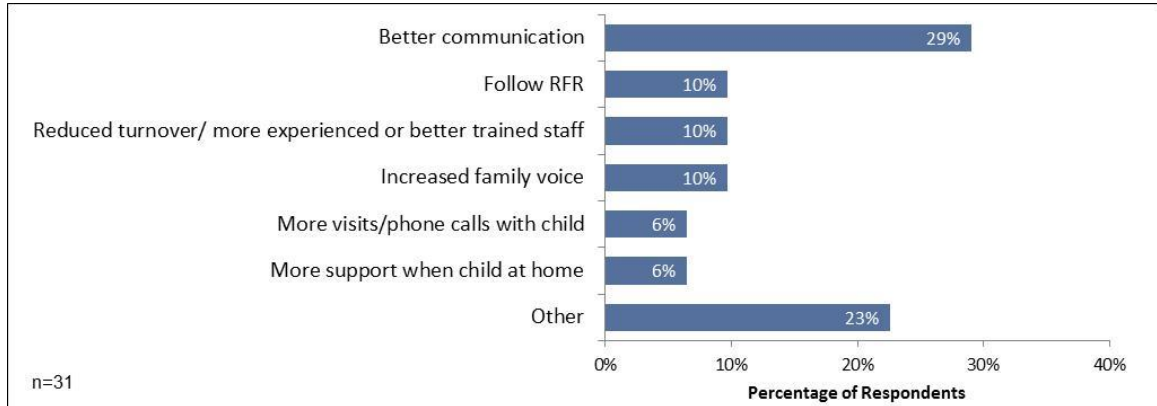
Figure A-2. Parent/caregiver feedback on how Caring Together has not worked well overall.



Source: Caring Together survey of parents/caregivers, 2015.

v) Readiness to provide CT services.

Figure A-3. Parent/caregiver feedback on how they would like to see Caring Together improve overall.



Source: Caring Together survey of parents/caregivers, 2015.

Table A-1. Summary of Caring Together trainings provided, January 2014 – June 2016.

Date	Topic	Audience
January-April 2014	Medicaid Rehab Option Requirements and Time Study	Caring Together Providers
January-February 2014	Continuum Negotiation	DCF and DMH Negotiators
February, May 2014	Rehab Option Readiness Reviews	CTCS Teams DCF Planners
January-May 2014	Caring Together Overview	Out-of-district Education Coordinators DCF Regional Leaders DMH Statewide Managers State Children’s Behavioral Health Initiative Staff Juvenile Court Clinic Directors
April 2014	Follow Along and Stepping Out (train the trainer)	DCF Regional Leaders CTCS Teams
April 2014	Continuum Implementation	CTCS Teams
April 2014	Focal Treatment Planning	CTCS Teams
April 2014	CTCS Roles and Responsibilities	CTCS Teams
July, Aug, Oct 2014	Caring Together Overview	Children’s Behavioral Health Initiative Providers DMH Child/Adolescent Psychiatrists and Staff DCF MH Specialists MBHP Clinical and Administrative leadership
December 4, 2014	Caring Together Update	DCF Statewide Managers
September 2014	Caring Together - Continuum and STARR	DCF Leads and ARCs

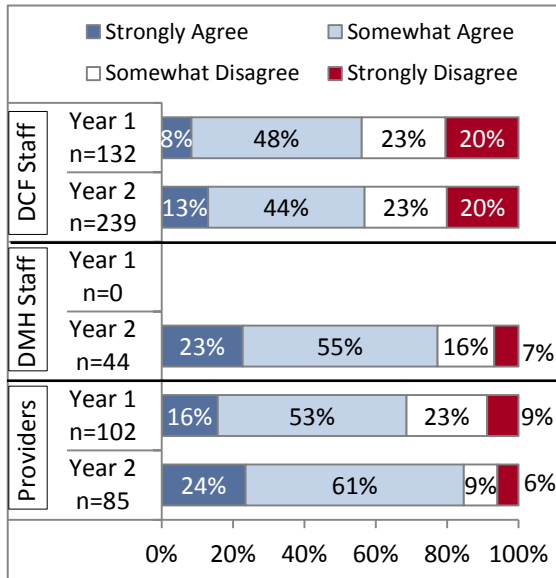
Table A-1. Summary of Caring Together trainings provided, January 2014 – June 2016.

Date	Topic	Audience
October, December 2014	Continuum Performance Management	CTCS Supervisors and Network Specialists Continuum Providers
August, September 2014	Introduction to Caring Together	Children's Hospital Child Fellows and Bader 5 staff Deaf and Hard of Hearing Advisory Board
July 2014	Level of Service Tool	CTCS Teams
July 2014	Performance Management Strategies	CTCS Teams
October 2014	Rehab Option	New CT Contractors and Continuum Contractors
September 2014	Performance Management Plan	CTCS Teams
October 2014	Substance Use assessment and Treatment in CT programs	CTCS Teams
October 2014	Workshop on Implementation Science	CT Leadership CTCS Supervisors
September, December 2014	MAP Implementation	CT contractors and their RN leadership CTCS Teams
September 24, 2014	Caring Together Meets Trauma-Informed Care	DMH, DCF, CTCS, Caring Together contractors, families, and youth
December 15, 2014	Caring Together Conference-Partnerships in System Change	DCF DMH Providers Parent and Youth Representatives
March 2015	Caring Together	MCI Directors and staff Homeless Educational liaisons in school districts
March, April, June 2015	LOS tool and Process	DCF Regional Directors, DCF Field Operations Deputy, and DCF Statewide Managers Lead Agencies and Area Resource Coordinators from pilot DCF Area Offices DMH Child/Adolescent Directors Caring Together Implementation Advisory Committee
June 2015	LOS tool and Performance Management	CTCS Teams
April – June 2015	Family Partner Pilot introduction and training	Lead Agencies, DCF staff, Community Service Agencies and CTCS staff Residential providers DCF Area Office Leadership, Area Resource Coordinators, Lead Agencies, and CTCS teams Family Partners
June 2015	Family Partner Pilot Technical Training	Community Service Agencies
May – June 2015	Continuum	DCF Area Staff DMH Area Staff

Table A-1. Summary of Caring Together trainings provided, January 2014 – June 2016.

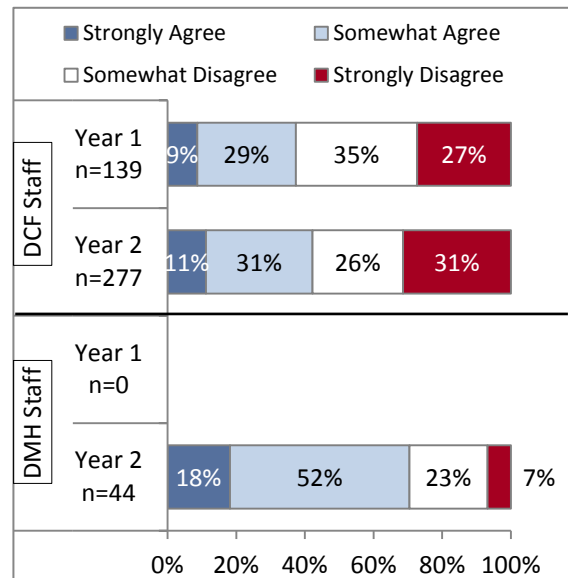
Date	Topic	Audience
June 2015	Follow Along	DCF Area Resource Coordinators
June 2015	Electronic Documentation training	Continuum Providers
June 24, 2015	Peer Mentors	Continuum Providers DCF Staff DMH Staff
Oct-Dec 2015	LOS Tool and LOS Review Process	MA Department of Early Education and Care CTCS teams DMH Area Staff
November 2015	Orientation to Family Partner Pilot	DCF Area Offices joining the pilot Senior Family Partner staff
October-November 2015	Building Competency in Effective Crisis Planning, Prevention, Support, and Early Intervention	Continuum Providers
April, June 2016	BBI Refresher trainings	Caring Together Providers
March, April 2016	Family Partner Pilot – Referral Process	Caring Together Providers

Figure A-4. The Caring Together trainings I've received have prepared me to manage and/or provide services according to Caring Together values and principles.



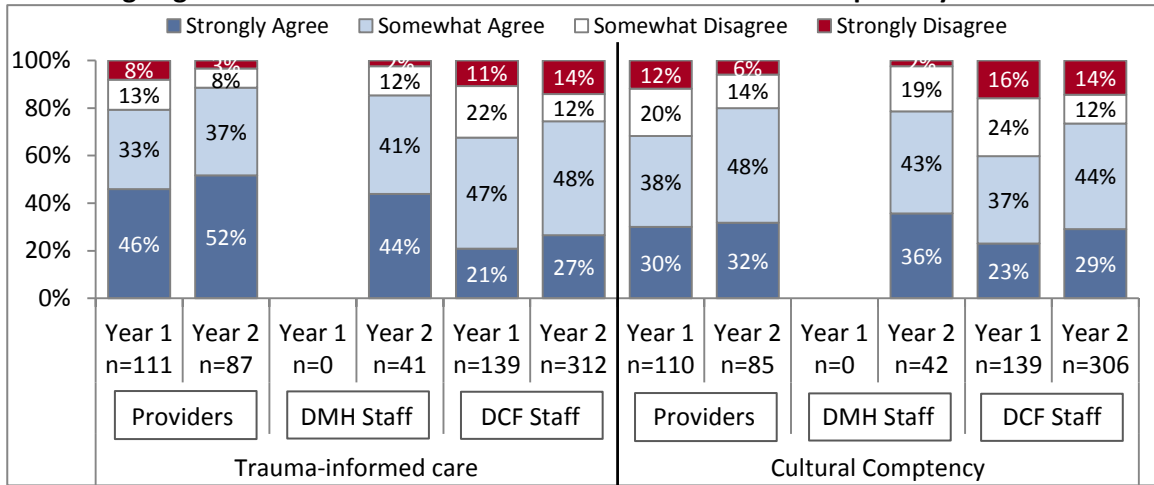
Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

Figure A-5. I have received sufficient training and orientation in how to improve the quality of Caring Together services.



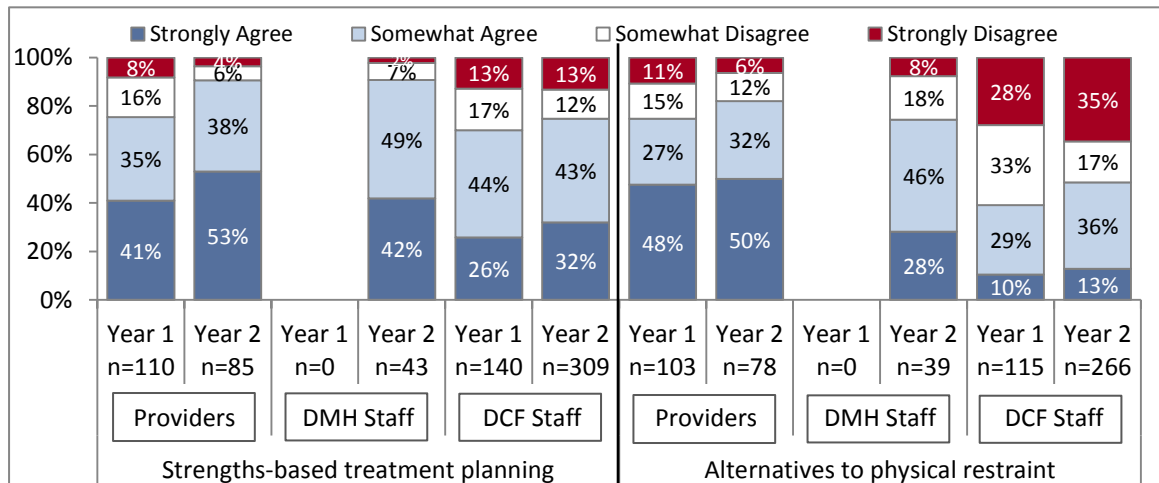
Source: Annual Caring Together Survey of DCF staff and DMH staff, 2014-2015.

Figure A-6. I have had the training and/or preparation needed to integrate the following joint standards into my work with Caring Together providers and youth/ families enrolled in Caring Together Service: Trauma-informed care and cultural competency.



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

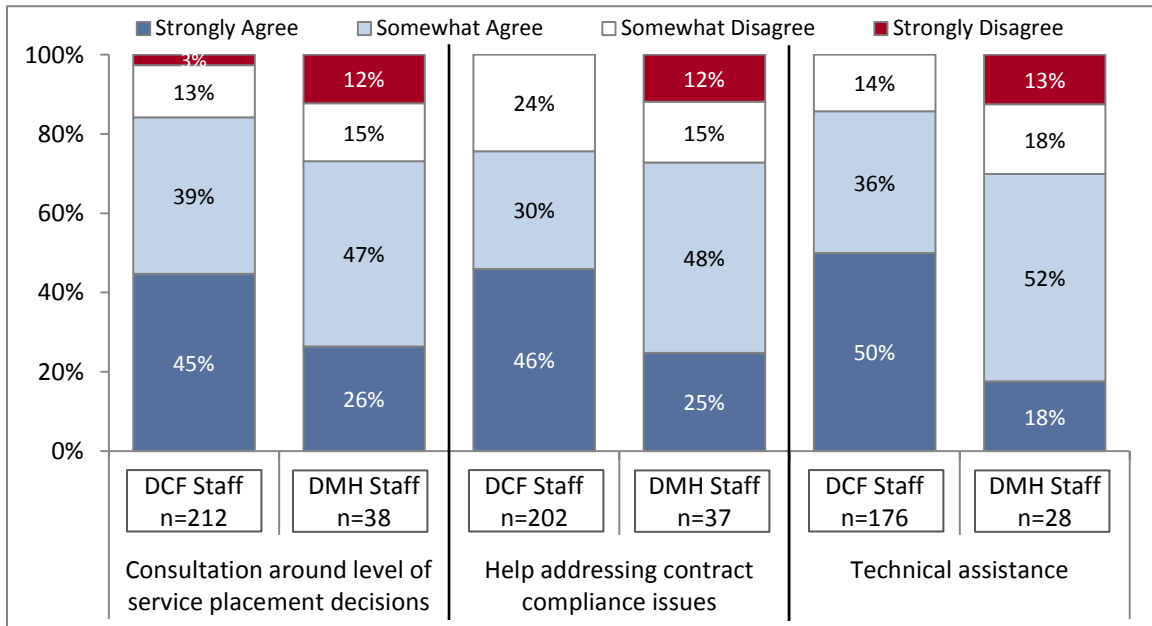
Figure A-7. I have had the training and/or preparation needed to integrate the following joint standards into my work with Caring Together providers and youth/ families enrolled in Caring together Services:



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

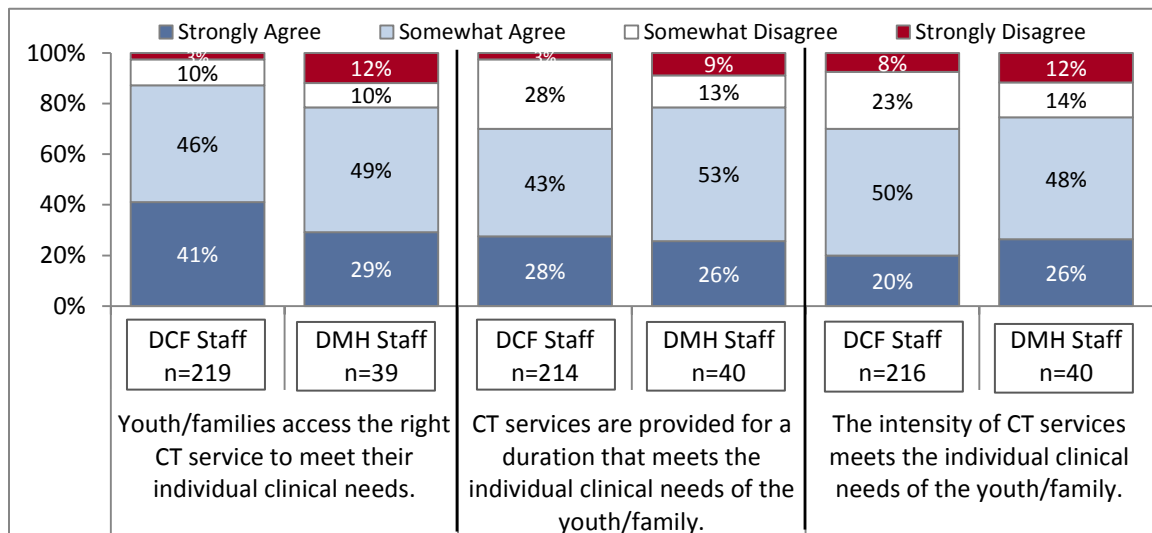
B. Key Question 2: How are the Caring Together integrated regional management teams working?

Figure A-8. The CTCS Team responds to DMH/DCF staff requests for ...



Source: Annual Caring Together Survey of DCF staff and DMH staff, 2015.

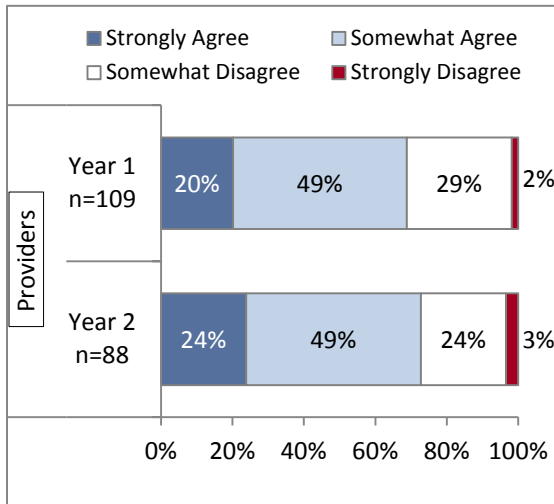
Figure A-9. The CTCS team collaborates with DMH/DCF staff around utilization management activities to ensure that...



Source: Annual Caring Together Survey of DCF staff and DMH staff, 2015.

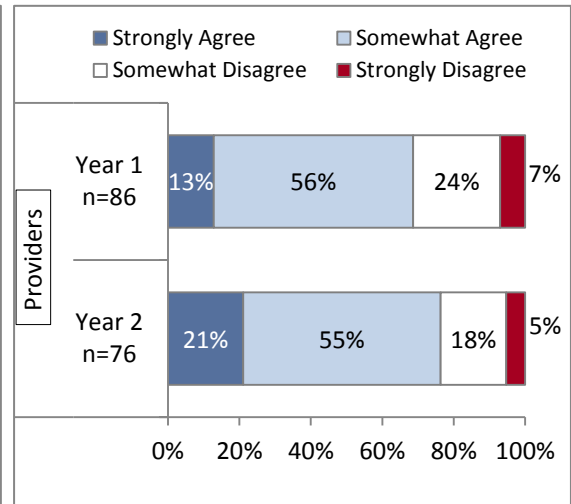
C. Key Question 3: Are Caring Together integrated services and management implemented/working as planned? [Fidelity]

Figure A-10. The Caring Together referrals we receive are appropriate for our program and level of care.



Source: Annual Caring Together Survey of providers, 2014-2015.

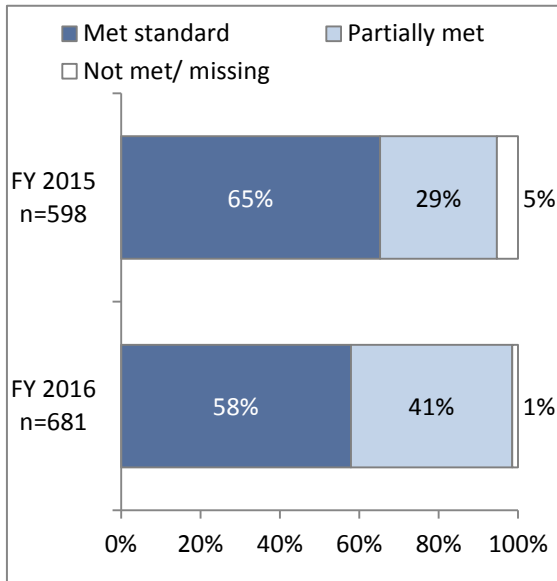
Figure A-11. Youth in or at risk of out-of-home placement have sufficient access to Caring Together services.



Source: Annual Caring Together Survey of providers, 2014-2015.

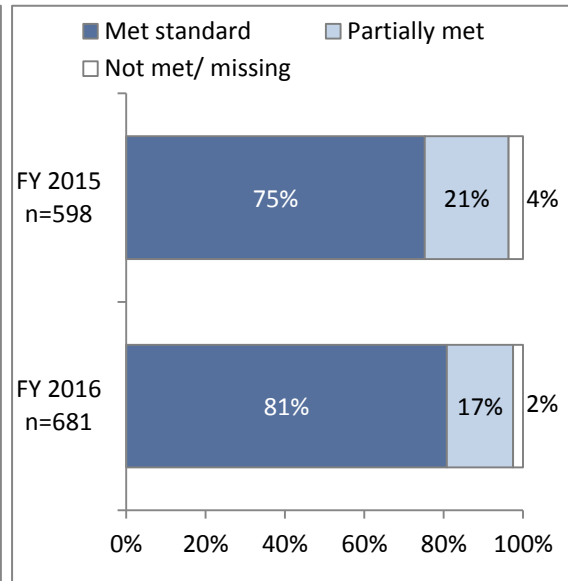
i) Provider challenges in accessing and coordinating community services.

Figure A-12. ITP is developed within 30 days of youth's enrollment into CT services and updated quarterly.



Source: Caring Together provider record reviews.

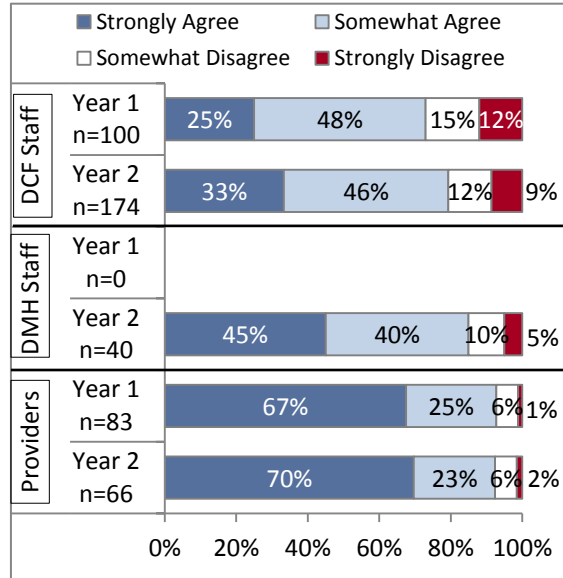
Figure A-13. ITP is based on the findings and recommendations of the assessment and clinical formulation.



Source: Caring Together provider record reviews.

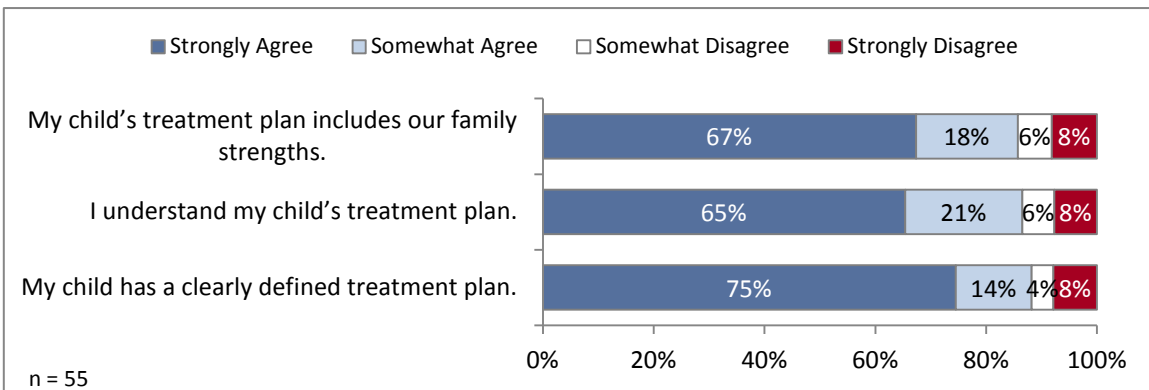
ii) Provider adherence to CT program protocols

Figure A-14. In Continuum, Follow Along, or Stepping Out, the treatment teams have at least one consistent key clinical service staff following and/or coordinating youth/families across residential and community-based care in Caring Together.



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

Figure 15. Treatment Planning

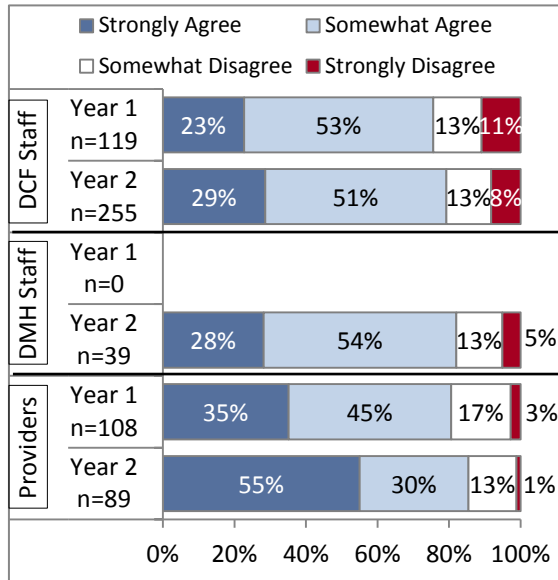


Source: Parent/Caregiver Survey, 2015.

iii) Adherence to Caring Together Principles

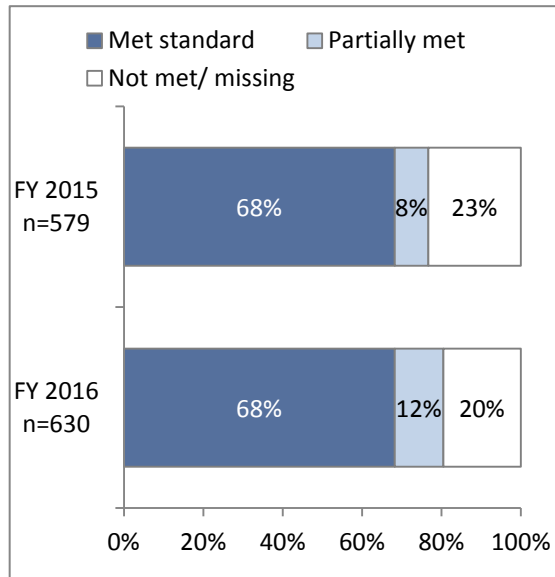
Family-driven and youth-guided.

Figure A-16. Treatment plans and processes are family-driven and youth guided (i.e., planning meetings are family centered and treatment plans incorporate family and youth voice).



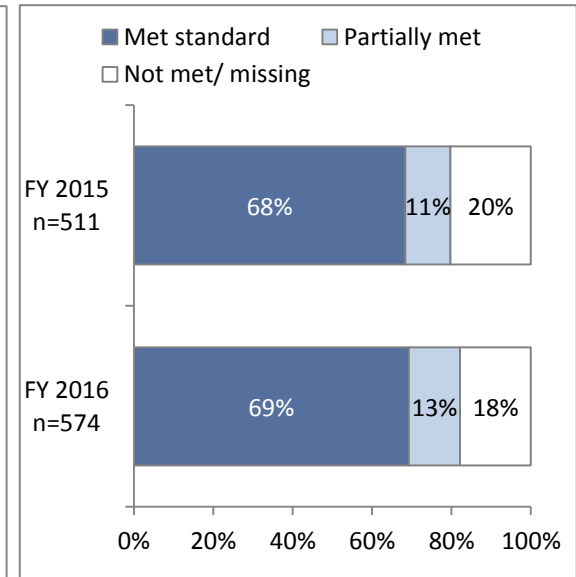
Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

Figure A-17. Youth signature on ITP.



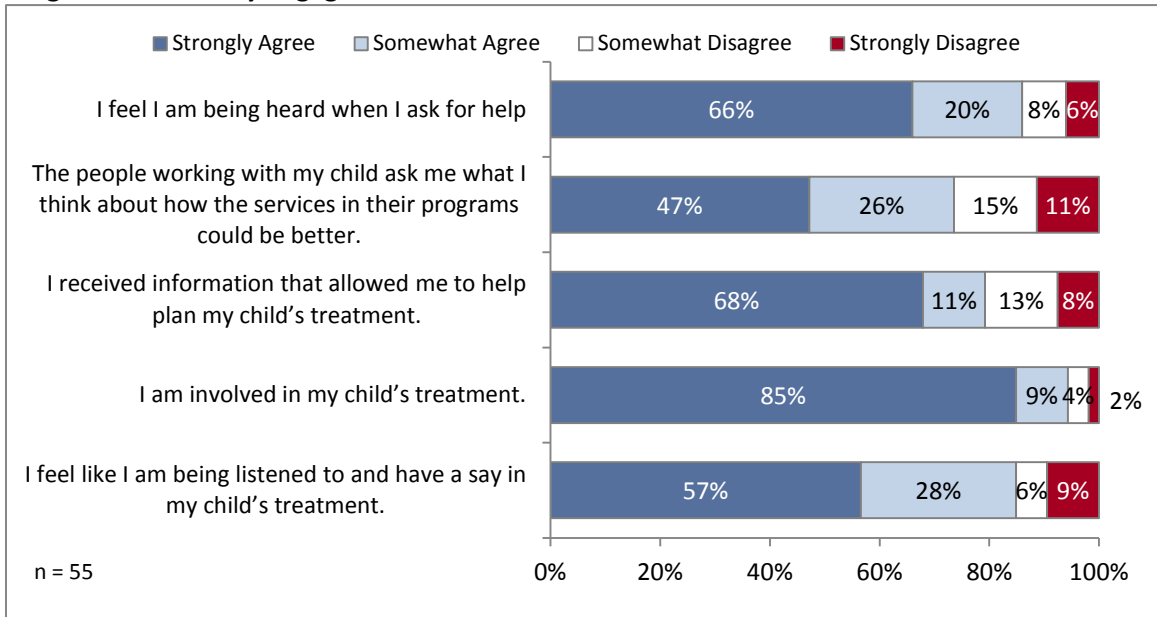
Source: Caring Together provider record reviews.

Figure A-18. Parent/caregiver signature on ITP



Source: Caring Together provider record reviews.

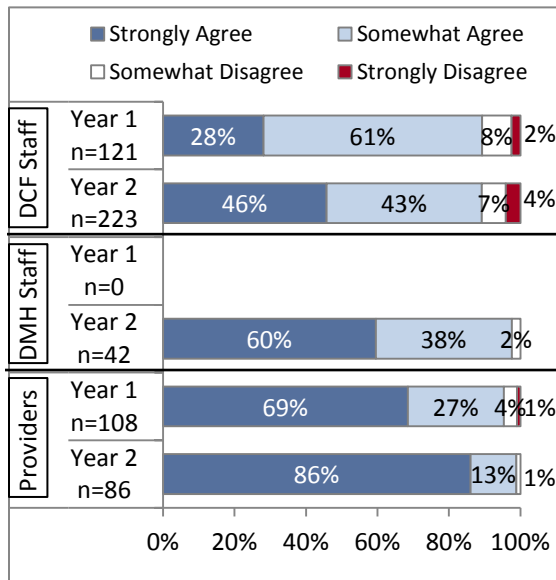
Figure A-19. Family Engagement



Source: Caring Together survey of parents/caregivers, 2015.

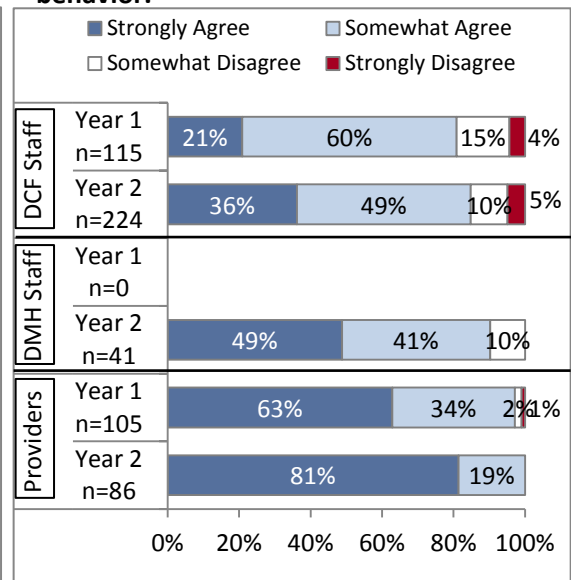
Trauma-informed.

Figure A-20. CT providers are sensitive to how past trauma can influence youth behavior and use this knowledge in assessment and care planning.



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

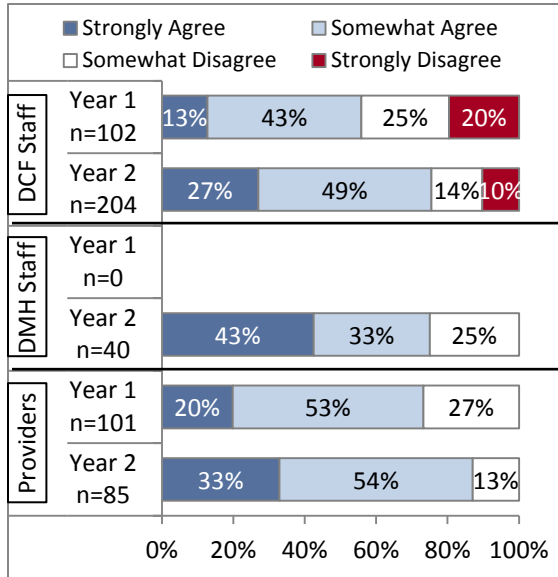
Figure A-21. CT providers use behavior support strategies that are shaped by an understanding of how past traumatic experiences on the part of the youth or family can trigger problematic youth behavior.



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

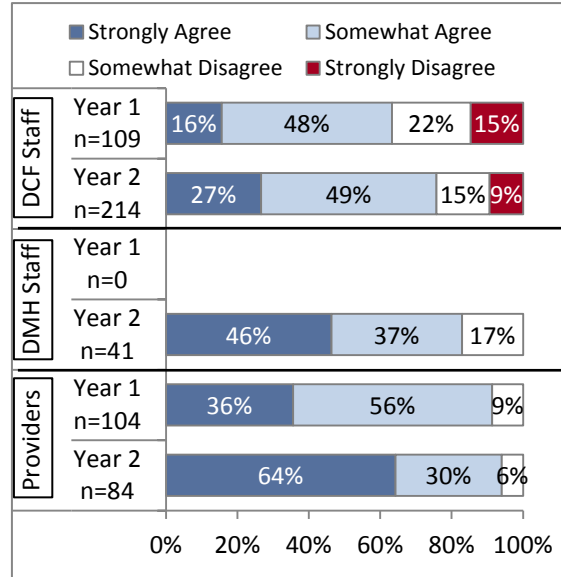
Cultural competency

Figure A-22. Staffing for Caring Together programs reflects the linguistic differences of the populations they serve.



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.

Figure A-23. Staffing for Caring Together programs reflects the cultural, racial, and ethnic backgrounds of Caring Together families in service planning and delivery.



Source: Annual Caring Together Survey of DCF staff, DMH staff, and providers, 2014-2015.