



No Control Groups? No Problem! Using Contribution Analysis in Child Welfare

Elisabeth S. Wilson, Brian Goodwin, Michelle L. Morrow, David Reed, Heather Hendley*, Allyson L. Dir, Elaine M. Cuevas, Cathy A. Luthman, Heather H. Kestian, Terry J. Stigdon, and Sarah E. Wiehe



Presentation Outline



Defining the Problem



Defining Contribution Analysis



Real World Example: INFPS

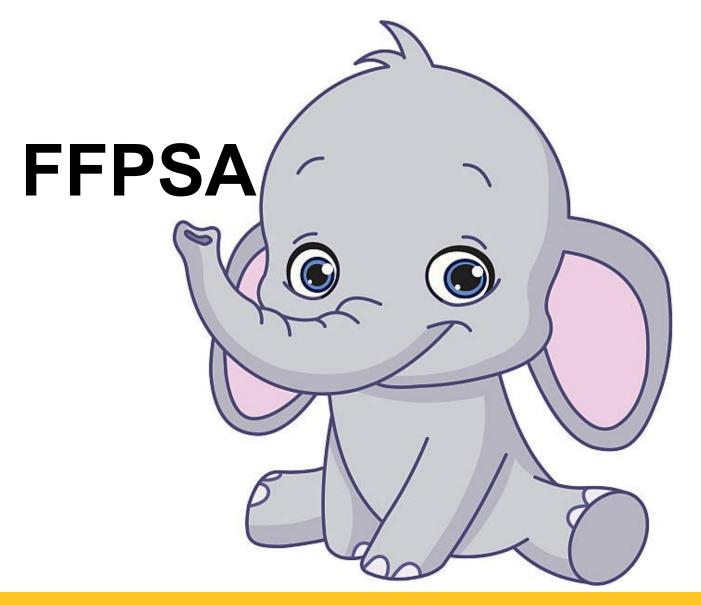


Questions



The Elephant in the Room....







Evaluation Landscape Under the Family First Prevention Services Act

Control Groups



Control Groups are Hard to Find in Child Welfare



- Statewide Implementation
- All children receive the services they need
- Program rollout prior to the Handbook of Standards and Procedures in 2019
- Agency Standards and Policies Change ALL THE TIME!



Contribution Analysis to the Rescue!

Impact Evaluation

- Does not determine a cause-and-effect relationship
- Relies on theory of change and logic model to reduce uncertainty that something else BESIDES your change impacted outcomes.
- Heavily dependent on fidelity measures to argue the change was implemented accurately to argue impact on large scale outcomes.

Developers and Experts

- Mayne 2011
- Downes et al., 2019

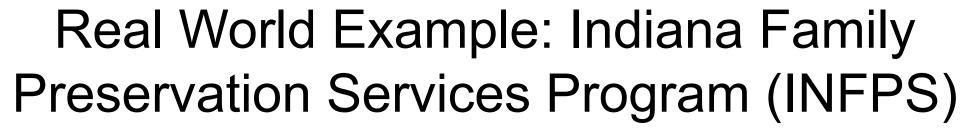


Contribution Analysis Steps Mayne 2011



- 1. Set out the cause-effect issue to be addressed
- 2. Develop the theory of change and the risks to the change
- 3. Gather the evidence to support the theory of change
- 4. Assemble and assess the contribution story and challenges to it
- 5. Seek out additional evidence
- 6. Revise and strengthen the contribution story
- 7. Assemble complex contribution story (if applicable)





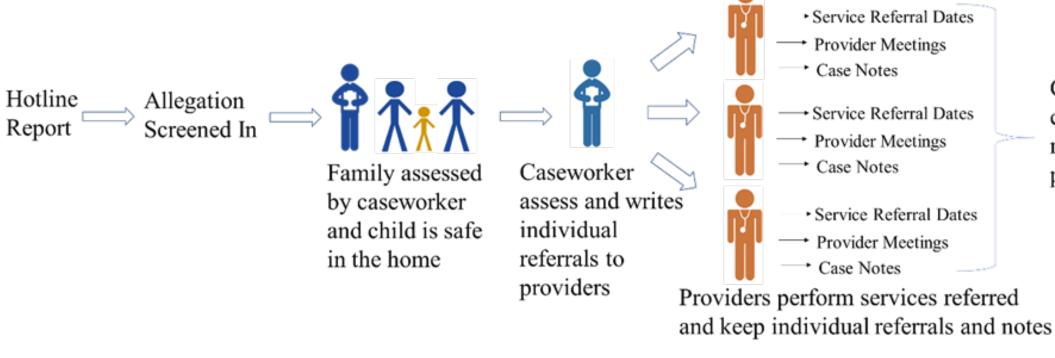






3

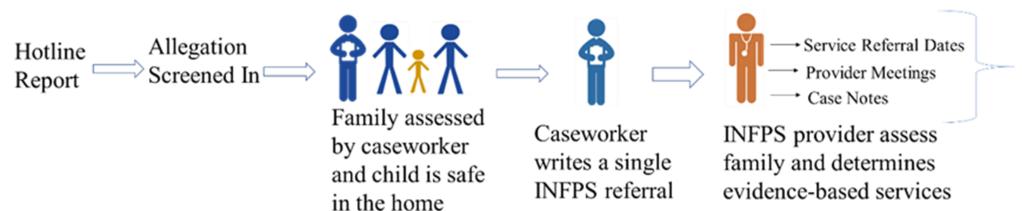
Prior Service Standard: Individual Service Referrals 1/1/2019-5/30/2020



Caseworker must then compile all notes and meet with each provider individually



Family Preservation Service Standard: 6/1/2020-Present



Caseworker works with a single INFPS provider on all services used with the family



Step One: Identify Cause Effect Issue



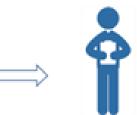
- 1. We can't use the Randomize Control Trial (RCT) because Indiana legislature mandated a statewide roll out.
- 2. We can't use a "traditional" Quasi-Experimental Design (QED) because our historical data does not capture the models each child received under the individual service referral.

Step Two: Develop a Theory of Change and Potential Risks



Family assessed by caseworker and child is safe in the home

Caseworkers
 assign a different
 proportion of
 families and
 children under
 INFPS



Caseworker writes a single INFPS referral

- Caseworkers do not assign INFP referral
- Caseworkers do not assign correct families to INFP

Service Referral Dates

Provider Meetings

Case Notes

INFPS provider assess family and determines evidence-based services

- Providers do not assign evidence-based models
- Providers do not implement evidence-based models to fidelity
- Providers do not follow the service standard of care.

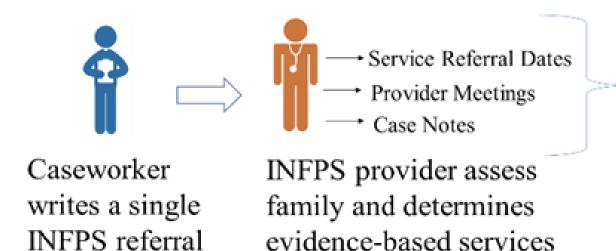
Decrease Removals
Decrease Repeat
Maltreatment

- Removals were already decreasing
- Repeat
 maltreatment was
 already decreasing



Step 3: Gather Evidence





Decrease Removals
Decrease Repeat
Maltreatment

- Family Preservation Programs
 - Experienced Providers
 - Smaller caseloads
 - Concrete Supports
 - Holistic Case Management

- Less time in care (Fraser et al., 1996)
- Reduce out of home placements (Schweitzer et al., 2015)
- Holistic case management (Walton et al., 1993)
- Reduce recidivism (Walton et al., 1993)



Step 4: Putting the Story Together, Logic Model



End

Outcomes

Inputs

Program Production Inputs Literature Review

· Develop INFPS Service Standard using stakeholder, staff, and legislative input.

Communication Inputs

- DCS host Round Tables to discuss INFPS Program with all stakeholders, and staff
- · Develop bi-weekly meetings with providers and DCS for direct feedback and questions
- · Develop Evaluation Office hours for stakeholders and DCS staff to receive direct feedback on evaluation efforts.

Evaluation Inputs: Pilot Period

- Determine Evaluation Goals
- Determine data needed to achieve goals
- · Monitor data fidelity to determine accurate collection tools

- Family Preservation Services decrease the number of children that enter foster care (Schweitzer et al., 2015).
- Successful Family Preservation Programs use experienced caseworkers (Schweitzer et al., 2015) with lower case loads (Walton et al., 1992).

Activities

- EBPs decrease entry into foster care and decrease repeat maltreatment when implemented to fidelity (Chaffin and Friedrich, 2004).
- Timely initiation of services leads to more engagement with the family (Chapman et al.,
- When implementation fidelity reaches 60% outcomes are impacted (Durlak and DuPre, 2008).
- · Use of concrete supports decreases short term recidivism (Rostad and Chaffin, 2017).

Outputs

Research Ouestions: Fidelity

- Are providers only using EBPs with INFPS referrals?
- Are providers using EBPs to fidelity as dictated by CEBC?
- · Are providers meeting with families face-to-face within three days of accepted referral?

Research Questions: Child and Family Outcomes

- Does the use of concrete supports on INFPS referrals impact removals?
- · Does the use of concrete supports on INFPS referrals impact repeat maltreatment?
- · Does the number of children with a removal event differ between pre INFPS referrals and post INFPS referrals?
- Does the number of children with a repeat maltreatment event differ between pre INFPS referrals and Post INFPS referrals?

Tool and Product Outputs

SurveyMonkey Data Collection Tool

· Form allows for data to be collected on provider fidelity to the INFPS Service Standard

INFPS Theory of Change FFPSA Evaluation

- · Designed Theory of Change to guide the evaluation.
- evaluation compliant with FFPSA Academic Publication

Designed and

implemented an

Outcomes

Intermediate

Communication

- · Better understanding of EBP use throughout the state.
- Better understanding of fidelity of EBP treatment throughout the state.
- Better understanding of capacity of services throughout the state.
- Stronger bi-directional communication between evaluators, stakeholders, and staff.

Evaluation

- · Number of children that only have EBPs listed on their treatment plan.
- · Number of referrals that meet at least 60% fidelity or 2/3 fidelity questions.
- · Number of children and families that received timely access to services within three days of the accepted referral date.

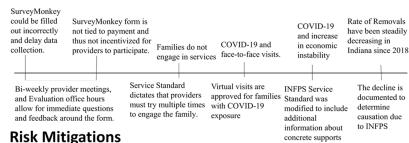
Children and

Fewer removals

Families

- Fewer incidences of repeat maltreatment.
- · Holistic case management for children and families served in Indiana.

External and Internal Risks



Knowledge Transfer



Step 5: Monitoring Intermediate Outcomes



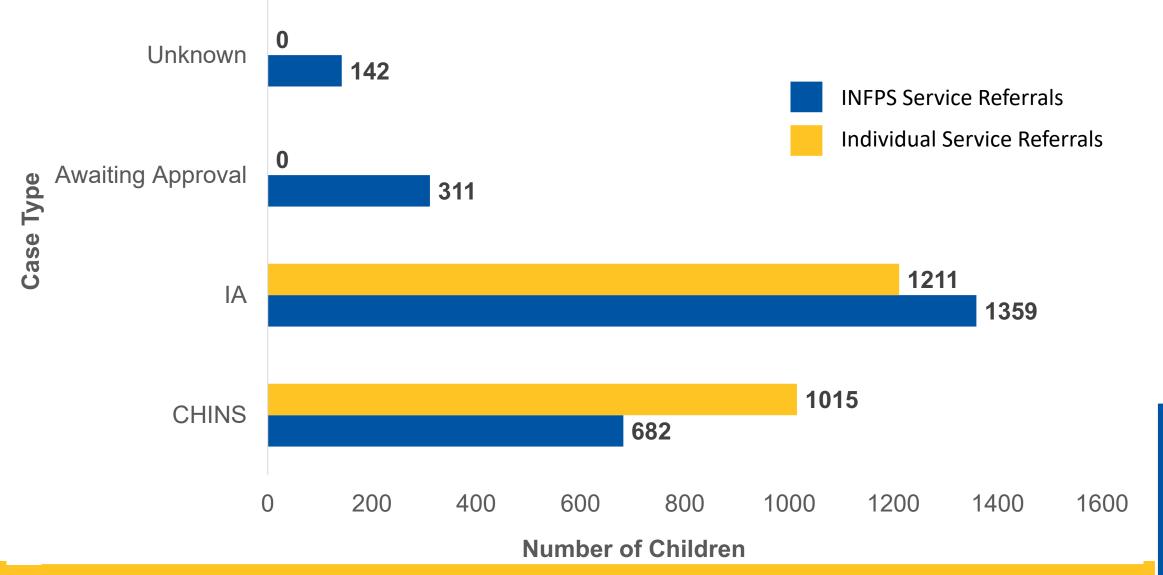
- 1.Are the total number of children between the Individual Services Cohort and INFPS Cohort significantly different?
- 2.Are number of children with in-home CHINS or IA cases between the Individual Services Cohort and the INFPS Cohort significantly different?
- 3.Are the race/ethnicity of children between the Individual Services Cohort and the INFPS Cohort significantly different?

Step 5: The total number of children in the treatment/control groups are similar

- INFPS Total Children = 2494
- Individual Service Standard Total Children = 2226

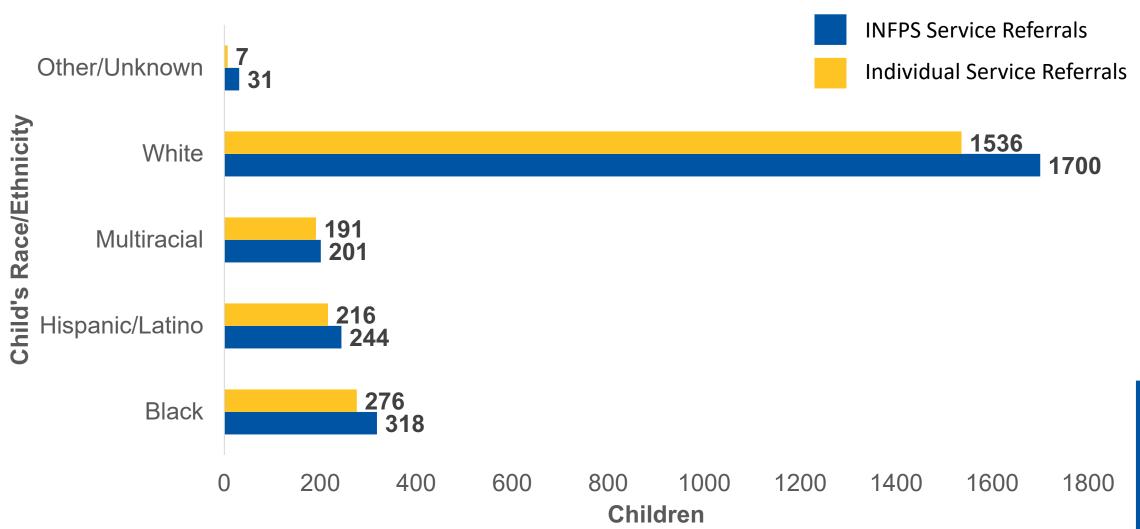


Step 5: Children in the INFPS group are more likely to have an Unknown or Awaiting Approval case type





Step 5: The race/ethnicity of children in the treatment/control group are similar





Step 6-7: Review, Revise, Review



- Collect larger outcomesMonitor potential Risks



References



- Fraser, M.W., Walton, E., Lewis, R.E., Pecora, P.J., Walton, W.K. (1996). An Experiment in Family Reunification: Correlates of Outcomes at One-Year Follow-Up. Children and Youth Services Review. 18:(4-5), 335-361.
- Downes, A., Novicki, E., and Howard, J. (2019). Using the contribution analysis approach to evaluate science impact: A case study for the National Institute for Occupational Safety and Health. American Journal of Evaluation. 40(2):177-189.
- Mayne, J. (2011). Contribution Analysis: Addressing cause and effect in Evaluating the Complex, K. Forrs, M. Marra and R. Schwartz (Eds.), Transaction Publishers.
- Schweitzer, D.D., Pecora, P.J., Nelson, K., Walters, B., and Blythe, B.J. (2015). Building the Evidence Base for Intensive Family Preservation Services. Journal of Public Child Welfare. 9: 423-443.
- Walton, E., Fraser, M.W., Lewish, R.E., Pecora, P.J., and Walton, W.K. (1993). In-Home Family-Focused Reunification: An Experimental Study. Child Welfare League of America. LXXII(5): 473-487.







Questions? Further Information

https://www.in.gov/dcs/family-first-act/family-preservationservices/

Strategic Solutions and Agency Transformation SSAT@DCS.IN.gov



Strategic Solutions and Agency Transformation

SSAT@DCS.IN.gov

SciPolLiz@gmail.com



@IndianaDCS

@SciPolLiz

"Indiana children will live in safe, healthy and supportive families and communities."

