

Semi-Annual Progress Report January 1, 2017 – June 30, 2017

I. Overview

Indiana has had the benefit of participating in a Child Welfare Waiver Demonstration Project (herein referred to as the ‘Waiver’) since 1998. Indiana’s Waiver was extended in 2003, 2005, 2010, and then again in 2012. On September 14, 2012, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), approved the Waiver Terms and Conditions for an expansion of the State’s Waiver project. Indiana DCS accepted the Terms and Conditions on September 27, 2012. The Waiver period is for five years, beginning July 1, 2012. This Semi-Annual Progress Report (SAR) covers the reporting period from July 1, 2016 through December 31, 2016, and provides an overview of Waiver activities completed to date as well as project evaluation efforts, findings, and planned activities for the next reporting period.

Through the Waiver, DCS has utilized innovative methods to ensure families are provided with services that meet their needs, and when possible, allow children to remain safely in their home. Waiver funding is integral to the agency’s delivery of services as it enables DCS to offer an expanded array of concrete goods and services to help families succeed. These types of services are typically only available through other funding sources. Some of the concrete services supported by Waiver funding include: payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, and cleaning of the home environment. These are valuable services for families that often prevent the need for removal.

The Waiver also allows the State to invest in an improved and expanded array of in-home and community-based family preservation, reunification and adoption services. Examples of new programs implemented as a result of the Waiver flexibility include: a Children’s Mental Health Initiative, a Family Evaluation/Multi-Disciplinary Team, Child Parent Psychotherapy, Sobriety Treatment and Recovery Teams, and comprehensive home-based services, such as Family Centered Treatment, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy. Additional information regarding key projects is described below:

Sobriety Treatment and Recovery Teams: This promising practice model is currently being utilized in Kentucky and piloted in Indiana. The program is intended to alter the child welfare and service approach to serving parents with substance use disorders who have children under the age of 5. The service includes a triad approach with a specially trained Family Case Manager, a Family Mentor (someone with experience in the child welfare system and a history of addiction), and a Treatment Coordinator. This team provides quick access to assessment and services, as well as increased support and monitoring. For more information, please reference:
<https://www.zerotothree.org/resources/907-sobriety-treatment-and-recovery-teams-ohio>

Trauma Focused Cognitive Behavioral Therapy (TF-CBT): This evidence-based practice model is being provided as a component of DCS’ Comprehensive Home Based Services. Indiana is utilizing service mapping to identify appropriate families to participate in this service. Children who have experienced significant trauma and have a non-offending caregiver who is able to participate in services are included in the target population. Children are identified utilizing the Child and Adolescent Needs and Strengths (CANS) Assessment. The number of children who have been assessed for TF-CBT and the number of referrals are listed in Table 1.



Currently Indiana has 82 certified TF-CBT clinicians. They can be found at <https://tfcbt.org/members/>. The certification process requires the clinician be licensed and includes training, coaching and consultation which can take up to 2 years to complete. It is unknown the number of those in process who will become certified. DCS has provided Trauma Focused - Cognitive Behavioral Therapy (TF-CBT) training opportunities for therapists throughout Indiana during SFYs 2014 and 2015. The Indiana Division of Mental Health and Addiction (DMHA), the Indiana Association of Resources and Child Advocacy (IARCA) and other agencies also provided training during this time period. DCS does not have data for every person taking part in the training, but estimates the number in process to be greater than 500.

Indiana's Waiver project remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. DCS has routinely monitored the effectiveness of the practice model in order to establish goals and direction with regard to Waiver spending and service delivery. To further support these efforts, DCS has implemented a Continuous Quality Improvement (CQI) process to serve as the foundation for our continuum of service provision. This CQI framework will serve as the method for evaluating service needs, determining the quality of service being delivered and the impact of services on child and family outcomes for existing as well as new Waiver-funded services.

II. Implementation Activities and On-going Planning

A. Steering Committee

DCS established a Steering Committee to oversee the implementation and ongoing activities of the Waiver. The Steering Committee is comprised of the executive staff from all DCS divisions, demonstrating the agency's commitment to Waiver services and the importance of the funding to the organization's service delivery. The Steering Committee has been involved in establishing CQI as core to services delivered under the Waiver. The Steering Committee will continue to monitor and shape the CQI efforts driving service delivery.

The responsibilities of the Waiver Steering Committee include:

- Coordination and communication with ACF on all matters related to the Waiver demonstration project.
- Management of the Waiver workgroups, including creating groups, assigning staff to groups, and monitoring group progress.
- Ensuring the Waiver aligns with the Strategic Plan and CQI approach.
- Overseeing the development of Waiver reports.
- Overseeing the development and implementation of the Waiver communication plan.

B. Work Groups

In addition to the Steering Committee, there are several work groups that help support the Waiver. Work groups were created at the beginning of the implementation period to focus on specific areas of the implementation. Work group members were selected by the Steering Committee based on their knowledge of and experience with a particular work group's assigned scope of work. A description of each of the work groups is shown below, along with information on activities completed during the reporting period. For historical information on the activities completed by each work group by reporting period, see *Appendix A, Work Group Activities by Reporting Period*.

1. *Communications and Training*

The Communications and Training work group is responsible for maintaining the communication plan that encompasses all levels of internal and external stakeholders, as well as facilitating any training necessary to ensure the success of the Waiver.

The Indiana University (IU) Evaluation Team presented the Regional Manager (RM) interviews and a brief overview of the Family Case Manager (FCM) survey to RMs in August. This sharing of data provided the field with insight into FCMs' perceptions of supervision and workload. Their feedback will help in future analyses of the data.

2. *Fiscal Accounting and Reporting*

The Fiscal Accounting and Reporting work group is responsible for all tasks related to cost allocation, fiscal accountability, and reporting for the Waiver demonstration project. The work group has responsibility for assessments of the Waiver's impact on Title IV-E eligibility and cost allocation systems, as well as internal accounting and reporting systems. This team also

monitors financial and caseload data and trends to ensure the cost neutrality provisions of the Terms and Conditions are met.

The Fiscal Accounting and Reporting work group has been monitoring trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types. Monitoring continued during this reporting period. Additionally, the Evaluation Team recently hired a health economist from IUPUI's Department of Health Economics to better design and implement the cost study portion of the demonstration. Meetings are continuing and data will be sent to the economists soon.

3. *Evaluation*

The Evaluation work group is responsible for maintaining a partnership with the Evaluation Team from IU. The Evaluation work group also submits ongoing reports in support of the Waiver. The Evaluation team includes two sub-groups: a Family Centered Treatment (FCT) sub-study work group and a Data work group.

The Evaluation work group continued monthly meetings focused on the activities and progress of the overall evaluation, the FCT sub-study, and the CQI process. The Evaluation Team updated the FCT tables from the last report, analyzed the FCM survey data, performed the RM interviews, and edited and programmed the next iteration of the community surveys. The Evaluation Team provided a survey for distribution to parents and youth who took part in the Quality Service Review (QSR) process.

C. **CQI in Practice**

DCS and the IU Evaluation Team have conceptualized how CQI will be organized and executed within the agency. This takes a great deal of commitment from all parts of the Executive Team. The Central CQI Team is comprised of key Executive staff representing all areas of the Department from field to fiscal staff. This Central CQI Team currently meets monthly with additional meetings as required.

CQI Efforts for this period

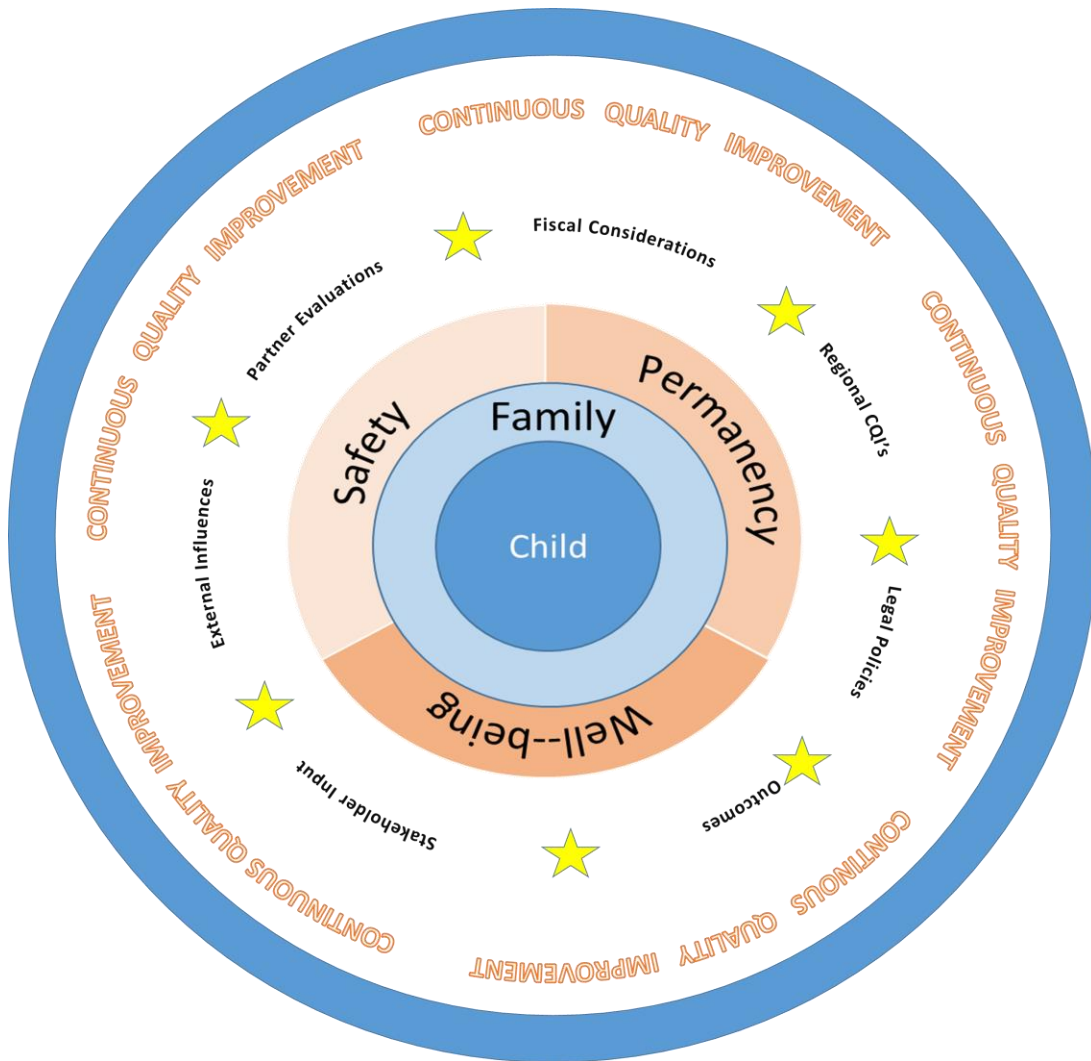
During this period, the Continuous Quality Improvement Division, with support from the Innovation Strategy Group, continued development of a three stage training and mentorship initiative to deliver CQI experience to all levels of the organization. The first stage is learning about the agency's CQI structure, purpose, tools used in decision making, and where the participant fits into the overall need to continuously examine and improve the work that DCS does. The second stage consists of classroom delivery of tools and overall CQI methodology complete with robust field examples and experiential learning which then prepares the learner to take an active role in leading projects and initiatives with expert guidance and mentorship from staff in the CQI Division. The third stage has the staff member actively lead an actual CQI project with Six Sigma certified staff aiding in the learner's development and shepherding the project from start to completion.

The CQI Division discussed how CQI will operate, provide support, and monitor CQI in the large agency with many projects with many people and parts moving forward to improve processes

and outcomes. There have been focused discussions around how to best articulate CQI throughout the entire agency. In quarter 4 of Indiana SFY 2017, DCS established the Innovation Strategy Group. This group has the mission to oversee, coordinate, and measure outcomes of agency-wide strategic, improvement, and large change initiatives as well as aiding in the replication of positive change from smaller initiatives like those which might be regionally-based projects.

Staff from the Continuous Quality Improvement Division have been assigned to the larger, agency-wide initiatives as well as aiding the efforts of Field Operations based upon their already-existing regional assignments. They will be tasked with aiding process owners in exploration of potential improvements and delivery of recommendations for positive change. All activities will be tracked in a cloud-based project management and operational excellence platform called EON. EON allows real-time updates of all things process improvements at any level of the organization.

Figure 1. CQI drivers and outputs



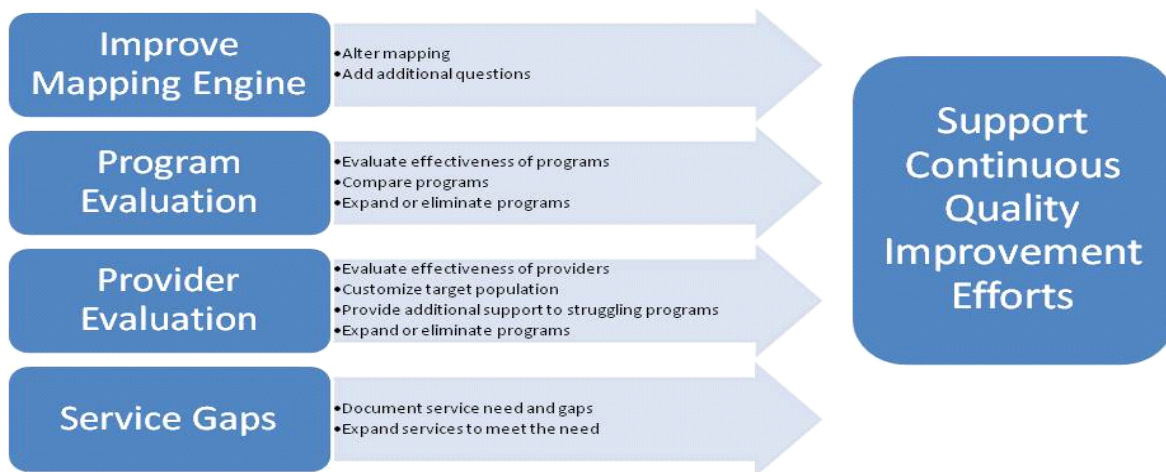
Service Mapping Update

One of the key outputs developed as a result of the Waiver is service mapping. The Waiver put Indiana in the fortunate position of being able to greatly enhance its community based service array. Indiana has chosen to do this by enhancing the service array with multiple evidence-based practice models. With this expansion, and each evidence based practice having a specific target population, the service array has become too complex to utilize traditional service referral methods, thus necessitating a more complex system of making referrals. Service mapping provides an electronic service consultant, allowing even inexperienced FCMs to make quality service decisions. The system reduces the use of cookie cutter services by utilizing the assessment in conjunction with other newly developed tools to recommend services for families based on their individual circumstances, improving the chances for positive outcomes.

Service mapping has been operating statewide since mid-July 2015. DCS developed an online training in addition to meetings/trainings being held as needed throughout the state to provide additional information to field staff. DCS staff continue to implement strategies to increase utilization and identify any barriers that may impact usage by FCM's. Data are being monitored closely to determine if the mapping is producing the best recommendations. In June 2017, Service mapping returned recommendations in about 84.6% of the cases. Referrals from those recommendations occurred about 69.5% of the time. A significant number of referrals are still being made to intensive services outside of the recommendations after completing a service mapping episode. DCS is reviewing the characteristics of these families to determine if service mapping should be expanded to include them.

Figure 2. CQI Process of Service Mapping

Continuous Quality Improvement





Service Mapping is a critical part of the Continuous Quality Improvement of services. As DCS looks to make improvements, the focus will be on the outcomes of children, youth, and families. The Service Mapping engines are being refined as more information becomes available as to the success of the families involved in the various services. The mapping may be customized to provide alternative recommendations for families who are not successful in the recommended services. Additional questions may be added to determine more information about families to improve service recommendations. The process for providing these updates is ongoing and informed by DCS' program evaluation efforts.

One of the most valuable insights currently being offered by service mapping data is the identification of service gaps. As part of service mapping reporting, DCS monitors the number of clients who mapped to a comprehensive service that is unavailable in their county. Although at least one comprehensive service is offered in all Indiana counties, DCS can examine these expanded data to identify unique needs not being addressed in specific counties and/or examine if a particular provider agencies are rejecting referrals and why.

III. Evaluation Status

An Evaluation Team from the Indiana University School of Social Work and School of Medicine is conducting the evaluation of the Waiver. The Evaluation Team consists of:

- Principal Investigator: James A. Hall, Ph.D., Professor with a joint appointment in the School of Social Work and the School of Medicine, Department of Pediatrics, Section of Adolescent Medicine.
- Co-Investigator: Barbara Pierce, Ph.D., Associate Professor in the School of Social Work; Jeremiah Jagers, Ph.D., Assistant Professor in the School of Social Work, and Michin Hong, Ph.D., Assistant Professor in the School of Social Work, Gwendolyn Morrison, Ph.D., Associate Professor in the School of Liberal Arts (Department of Health Economics).
- William H. Barton, Ph.D. retired in May 2014 from the IU School of Social Work and is no longer Co-PI on the project as of June 2014.
- Project Manager: Teresa (Tracy) Imburgia, MPH, Certified Clinical Research Professional (CCRP).
- Data Manager: Pediatrics IT Services
- Statistician: Devon Hensel, Ph.D.
- Research Assistants: Jangmin Kim, Ph.D, Eprise Armstrong Richardson, M.S.W. (doctoral student), Eun-Hye Yi, PhD(c), Kori R. Bloomquist, Ph.D. and Marie Danh, M.S.W.

During the six-month period (1/01/2017 to 6/30/2017) covered in this semi-annual report, the Evaluation Team has:

- Continued monthly meetings with DCS;
- Attended the Waiver Convening in June;
- Attended the Casey Evaluation Conference in April;
- Attended CQI groups;
- Revised and programmed the community surveys from the court and service providers stakeholders;
- Hired two health economists;
- Met regularly with DCS, Family Centered Treatment (FCT) providers and the FCT Foundation to coordinate efforts of a sub-study;
- Revised and launched the 5th iteration of the FCM survey;
- Presented *Relationship between Systems-Related Indicators and Connectivity among Transition Aged Youth in Foster Care* at SAHM (The Society for Adolescent Health and Medicine) in March;
- Submitted abstracts to Council on Social Work Education (CSWE) Annual Program Meeting:
 - Bloomquist KR, Pierce, BJ. Qualitative evaluation: Justifications for concrete service usage in one IV-E Waiver state. Submitted for an interactive poster.
 - Kim J, Park T, Pierce BJ, Hall JA. Supportive Supervision in Child Welfare: Interaction of Work Experience and Educational Background. Submitted for an oral presentation.
 - Yi EH, Kim J, Jagers JW, Hall JA. Evaluation of Service Quality in the Title IV-E Waiver Demonstration Program. Submitted for an oral presentation.

- Current peer-review publications and submissions:
 - Published:
 - Jagers JW, Armstrong-Richardson E, Aalsma M, Hall JA Resources, Race, & Placement Frequency: An Analysis of Child Well-Being. *Child Welfare*. 2017; 94(6), 105-128.
 - Kim J, Pierce BJ, Jagers JW, Imburgia TM, Hall JA. Improving child welfare services with family team meetings: A mixed methods analysis of caseworkers' perceived Challenges. *Children and Youth Services Review*. 2016; 70:261-268. <http://dx.doi.org/10.1016/j.chilyouth.2016.09.036>
 - Revise and re-submit:
 - Pierce BJ, Jagers JW, Bloomquist KR, Imburgia TM, Danh M, Hall JA. (2017) Utilization of Concrete Services in Child Welfare: A mixed-method analysis of a Title IV-E Waiver Demonstration Program. *Journal of Public Child Welfare*. in review
 - Hall JA, Imburgia TM, Kim J, Jagers JW, Pierce BJ, Bloomquist KR, Armstrong-Richardson E, Danh M, Hensel DJ. (2017) Partnership for multimethod evaluation in child welfare: Title IV-E Waiver Demonstration Program. *Child Welfare Journal*. in review
 - Submitted:
 - Kim, J, Park, TK, Pierce, BJ & Hall, JA (2017) Child Welfare Worker Perceptions of Supervisory Support: a Curvilinear Interaction of Work Experience and Educational Background. *Journal of Human Service Organizations, Leadership, Management & Governance*, in review.
 - Jagers, JW & others (2017) Contextual factors predicting judicial health services orders. *Public Child Welfare*, in review.
 - Jagers, JW, Armstrong-Richardson, E & Hall, JA (2017) Effect of mental health treatment, juvenile justice involvement & child welfare effectiveness on severity of mental health problems. *Child Welfare*, in review.



A. Numbers in the Demonstration

All children and families in Indiana receiving services from DCS after July 1, 2012 have been assigned to the Waiver demonstration and are thus considered Waiver cases. Since all children are covered under the Waiver, DCS is providing the number of cases referred for initiatives that began following the 2012 Waiver initiation. The services outlined below include those served through the Children’s Mental Health Initiative and also the Comprehensive Home Based Services programs. Because of the extensive training funded by DCS and provided throughout the state, there are many more families receiving the Evidence Based Practice models outlined below. For example, DCS continues to offer trainings in TF-CBT throughout the State for residential and community based providers. Many families are receiving the service through residential programs and home-based therapy programs. At this point, those services are not easily identified and isolated in the service tracking system. DCS continues to work toward improving data collection for these services.

Table 1. Numbers in the demonstration:

Children’s Mental Health Initiative*	SFY2014 (7/1/13- 6/30/14)	SFY2015 (7/1/14- 6/30/15)	SFY 2016 7/1/15- 6/30/16	SFY 2017 7/1/16- 6/30/17
Assessment for Eligibility	396	578	631	662
Services	283	553	702	878

*Children’s Mental Health Initiative

- **Assessment for Eligibility:** The total number of children who were referred for a CMHI assessment between the dates given.
- **Services:** The total number of children who had at least one referral for a CMHI service, other than an assessment, between the dates given. The same children may be counted as being referred for multiple years. Please note: the methodology for counting service referrals has changed from previous reports to provide more consistent reporting across demonstration programs. As a result, some counts may have changed.

Table 2. Numbers in the demonstration:

Service* Referrals	SFY2012 (7/1/11- 6/30/12)	SFY2013 (7/1/12- 6/30/13)	SFY2014 (7/1/13- 6/30/14)	SFY2015 (7/1/14- 6/30/15)	SFY 2016 (7/1/15- 6/30/16)	SFY 2017 7/1/16- 6/30/17
Alternatives for Families Cognitive Behavioral Therapy	0	0	0	11	6	2
Cognitive Behavioral Therapy	0	0	4	25	42	28
Family Centered Treatment	0	0	272	359	500	422
Intercept	116	182	201	193	232	175
Motivational Interviewing	0	0	7	82	192	219
Trauma Focused Cognitive Behavioral Therapy	0	0	18	98	133	83
START	0	0	14	20	19	21

* Referrals counted during SFY during which they were created. All referrals are only counted once in table.

B. Major Evaluation Activities and Events

For this report, the Evaluation Team will discuss the activities and progress pertaining to the Waiver since the last report. Efforts throughout this period (July 2016 - December 2016) were made in each of the components of this evaluation. The most significant progress was made within the Process Study.

1. Outcome Study

For the Outcome Study component of the Evaluation, the Evaluation Team is measuring and monitoring key outcomes for children who enter the DCS system annually. The primary outcomes are placement prevention, safety, permanency, and well-being.

During this reporting period, the Evaluation Team and DCS have been preparing data for the final report. The last region of the QSR is being completed in July, and those data will also be in the final report.

2. Cost Study

The purpose of the Cost Study is to measure and monitor the expenditures for services provided throughout each fiscal year. For this study, the Evaluation Team is tracking expenditures from each fiscal year, beginning with the two baseline State Fiscal Years of 2010-11 and 2011-12. More specifically, the evaluators are monitoring the ratio associated with the expenditures for out-of-home placements to those for community and preventive services. The hypothesis is that this ratio will change as expenditures for out-of-home placements decrease as those for community and preventative services increase, thereby creating a cost neutral implementation of the Waiver.

For this reporting period, the Evaluation Team hired two health economists to design and produce a cost study for Indiana's Waiver. They have met with the Evaluation Team and DCS and are currently working on the cost study plan. Meetings are scheduled to continue in August.

3. Process Study

The purpose of the Process Study is to describe, monitor, and analyze the implementation of the Waiver at the organizational level. Additionally, with the expanded array of services intended to result from the Waiver, the Process Study will track how additional services are being utilized over time.

During this reporting period, the Evaluation Team along with DCS revised and launched the FCM survey. The survey was launched in July to complete the fifth year of data collection. Data from this final iteration will be available.

Sub- Study Development

The sub-study includes all of the newly opened cases for families enrolled in Family Centered Treatment (FCT) from January 1, 2015 until December 31, 2015. Each focus child in the home will be matched to a child within DCS not receiving FCT. Each focus child in the home will be looked at individually and as a member of the family group. This will allow the evaluation to look within and between families in FCT.

Data on those who have entered FCT since Jan 1, 2015 was provided by DCS to the Evaluation Team in June 2016. Data included CANS, risk/safety assessments, the case plan goals, placements, CFTMs, demographic characteristics, mal-treatment type, removal reason and risk factor, PPS referrals (Permanency and Practice Support Team), permanency round table, other services, and the fidelity tracker. This report will provide key demographic information about the families in FCT during 2015.

The Evaluation group is working with their statistician on the matching criteria and will be matching the treatment group with the controls over the next month. Once the matching is complete, the Evaluation Team should be able to complete the FCT sub-study for the final report.

The research questions are:

Safety

1. Do children who are placed in-home when treatment is initiated remain in-home throughout the treatment period and after treatment for FCT and non-FCT families?
2. Are families who participate in FCT less likely to have an incident of repeat maltreatment (substantiated abuse or neglect) than non-FCT families?
3. Are families who participate in FCT less likely to have an incident of re-entry into the DCS system than non-FCT families?

Permanency

1. Do families who participate in FCT achieve permanency more timely than non-FCT families?
2. Are families who participate in FCT more likely to have their children reunified than non-FCT families?
3. How much time elapses to case closure after treatment concludes for FCT and non-FCT families?

Well-being (related to family functioning)

1. Does family functioning improve for families who participate in FCT?
2. Do families who participate in FCT have greater improvement in family functioning than non-FCT families?

Cost

1. What are the costs associated with each target population for FCT and non-FCT families?



IV. Significant Evaluation Findings to Date

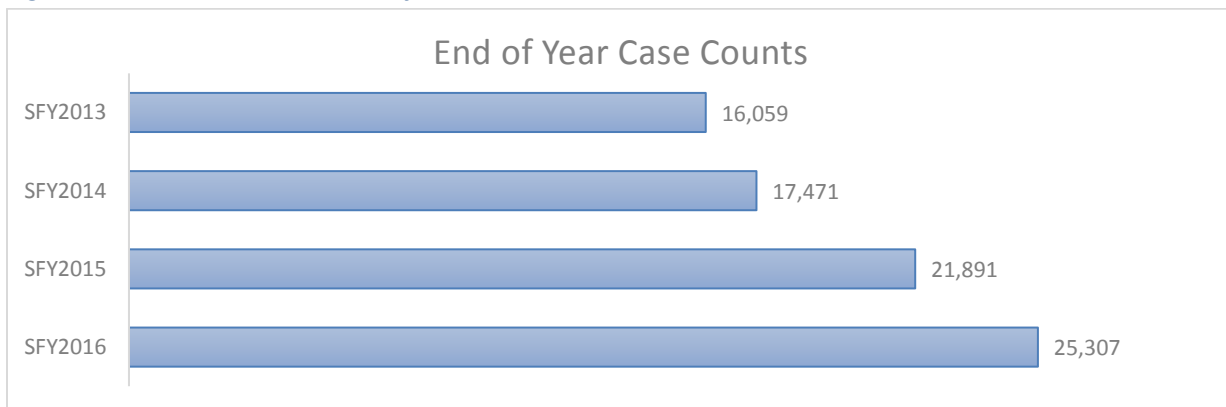
In the last report, we presented data from the 4th iteration of the FCM survey, the FCT sub-study target population, and an update from the fourth iteration of the RM interviews. In this report, we have provided some service utilization data along with FCMs perception of the Waiver over time.

A. Service Utilization as Evidenced by DCS Payment Data

The following graphs display elements of the DCS service array, which have been categorized based on the populations served. Placements and comprehensive services have been excluded, along with services that do not have a high rate of utilization. The information below represents service utilization based on payment data from DCS' KidTraks Financial System. This information does not reflect services that were billed to Medicaid or private insurance. The counts below represent cases with at least one payment for a given service within each state fiscal year going back to 2013. Some services are geared toward individuals, but the number of people served is not reflected below. Furthermore, each case could be accounted for under more than one service population type.

Most of the graphs show that utilization is trending up. Much of this, however, is due to increasing caseloads. In Figure 3 below, you can see there was a 58 percent increase in our end of year case count between SFY2013 and SFY2016. The SFY 2017 billing data will not be available until 90 days after the close of the fiscal year, but will be included in our final report.

Figure 3. Case counts at the end of State Fiscal Years

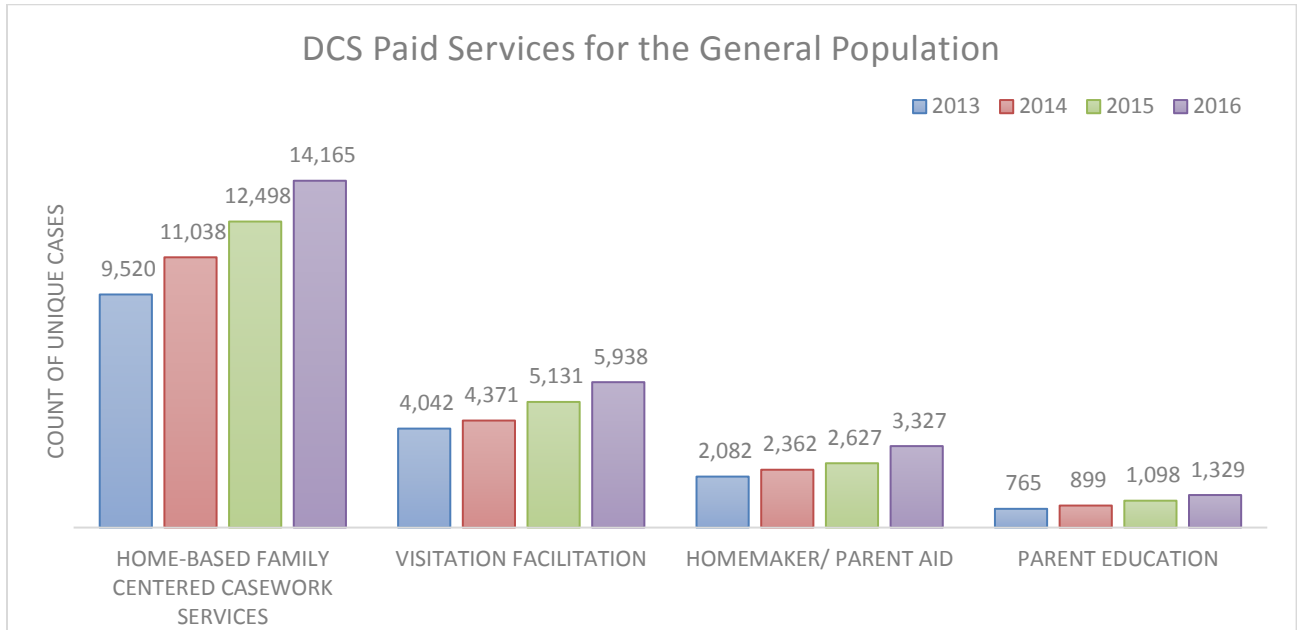


Source: MaGIK Report, Five Year Trend Open Cases for June 2011 to June 2016. Note: The counts above do not include probation cases.



In Figure 4, some common services for families are displayed:

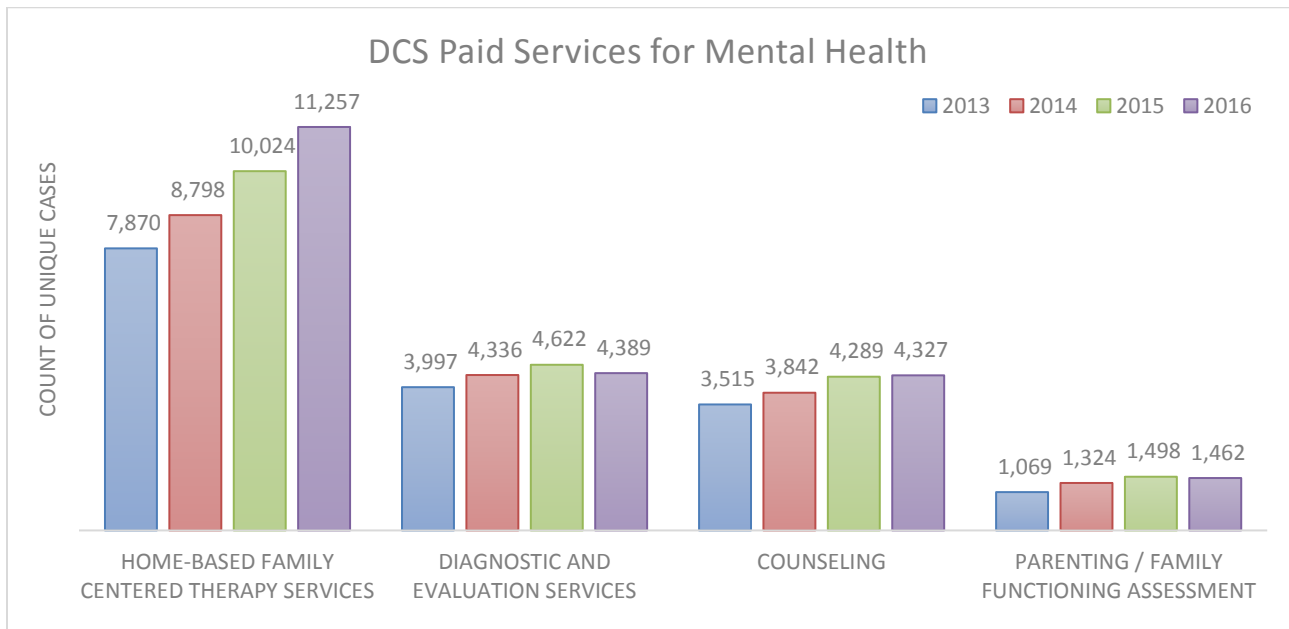
Figure 4. DCS Paid Services for the General Population



Source: KidTraks Financial System

In the graph below, services to address mental health issues are displayed:

Figure 5. DCS Paid Services for Mental Health



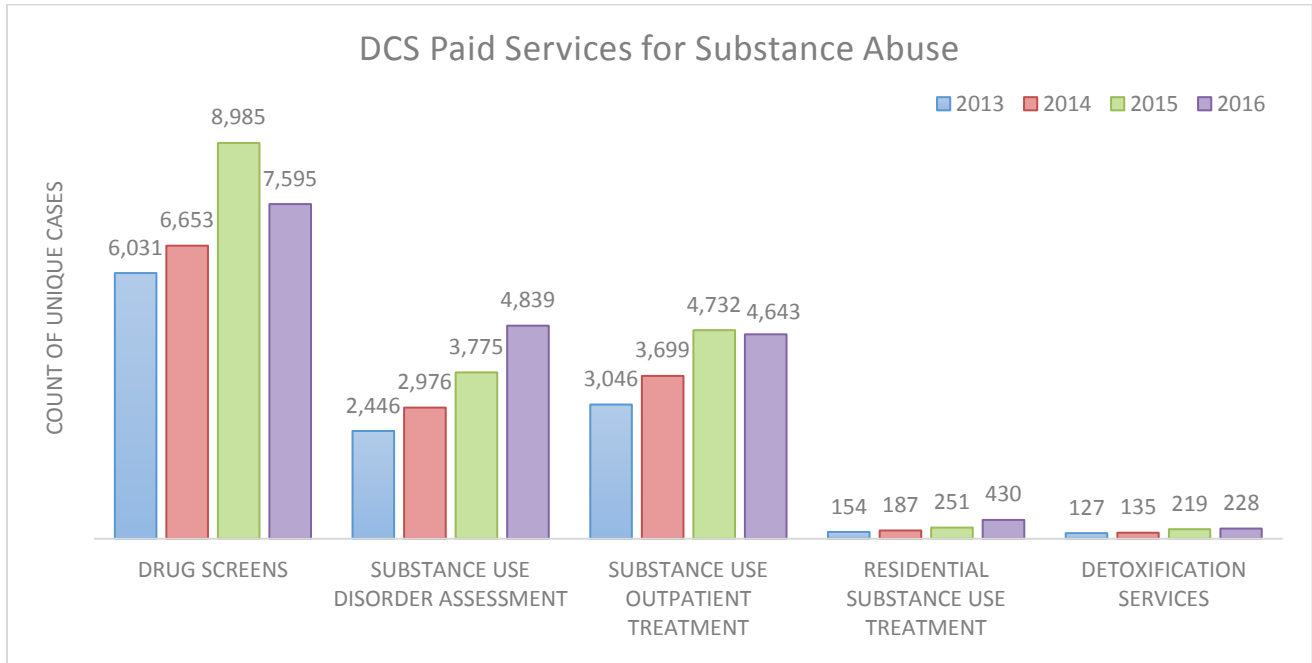
Source: KidTraks Financial System

FCM data:



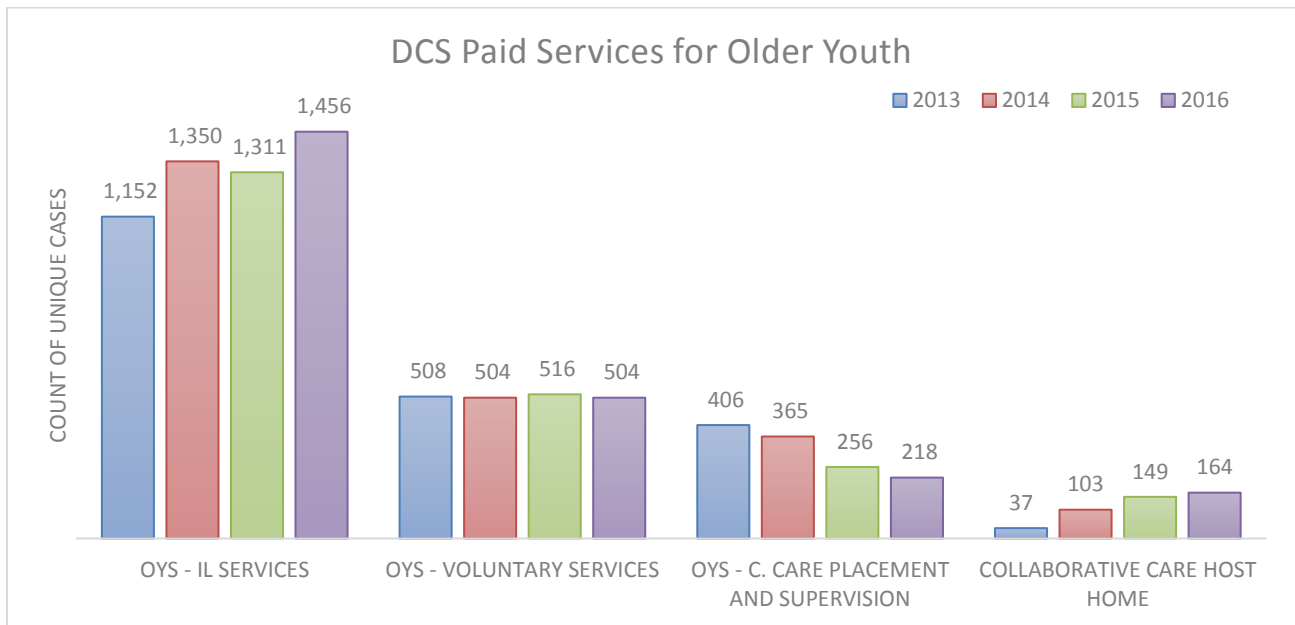
In Figure 6, services to address substance use issues are displayed:

Figure 6. DCS Paid Services for Substance Abuse



Source: KidTraks Financial System Note: The drop in SFY 2016 for drug screens is due to Forensic Fluids payments no longer being tracked in DCS' KidTraks financial system. For every year, the drug screens figures do not reflect the number of drug screens administered by Family Case Managers (FCM).

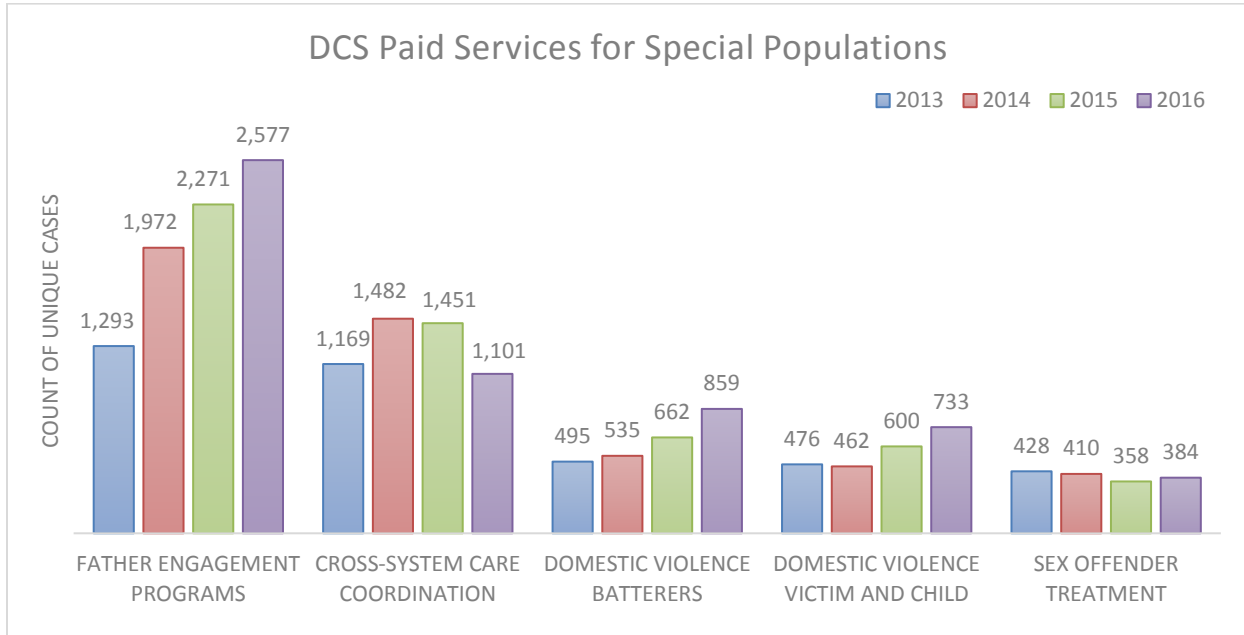
Figure 7. DCS Paid Services for Older Youth



Source: KidTraks Financial System

In Figure 8 below, services to address the needs of other special populations are displayed:

Figure 8. DCS Paid Services for Special Populations



Source: KidTraks Financial System

B. Process Study - FCM perception of Wavier understanding over time and shifting cases

During the last four iterations of the FCM survey, FCMs who have been with the organization since July 2012 or longer have been asked to rate their understanding of the Waiver and their perceptions of shifting caseload goals since 2012. In 2013, 852 FCMs rated Waiver knowledge, followed by 801 in 2014, 415 in 2015, and 284 in 2016. This number decreased as an FCM would have to have been an FCM for 5 years in 2016 to complete this section. The hypothesis was that there would be an increase in knowledge about the waiver, which should trend similarly to their perception of how much their job had changed since the 2012 Waiver (figure 9). Additionally, one of the key points of the Waiver was to expand the service array. Here, FCM’s perception of the service array is an important factor in what they actually offer clients who they serve. An increase in service options would have an impact on how they perceive their job functions. With the addition of new services along with service mapping implemented at the state level, a small, yet significant change should be expected in Waiver knowledge and perceived job change as communication to the FCMs about the Waiver has never included any shift in the practice model that FCMs deliver.

Waiver knowledge was a single item that asked ‘How well do you understand the current 2012 Waiver?’ Ratings were on a 5 point scale from 1 (not at all) to 5 (extremely well). Job change was also assessed with one item that asked ‘How much has your job changed due to the 2012 Waiver?’ Ratings for this item were on a 5 point scale from 1 (not at all) to 5 (a great deal). Also, in figure 9, we included all FCMs

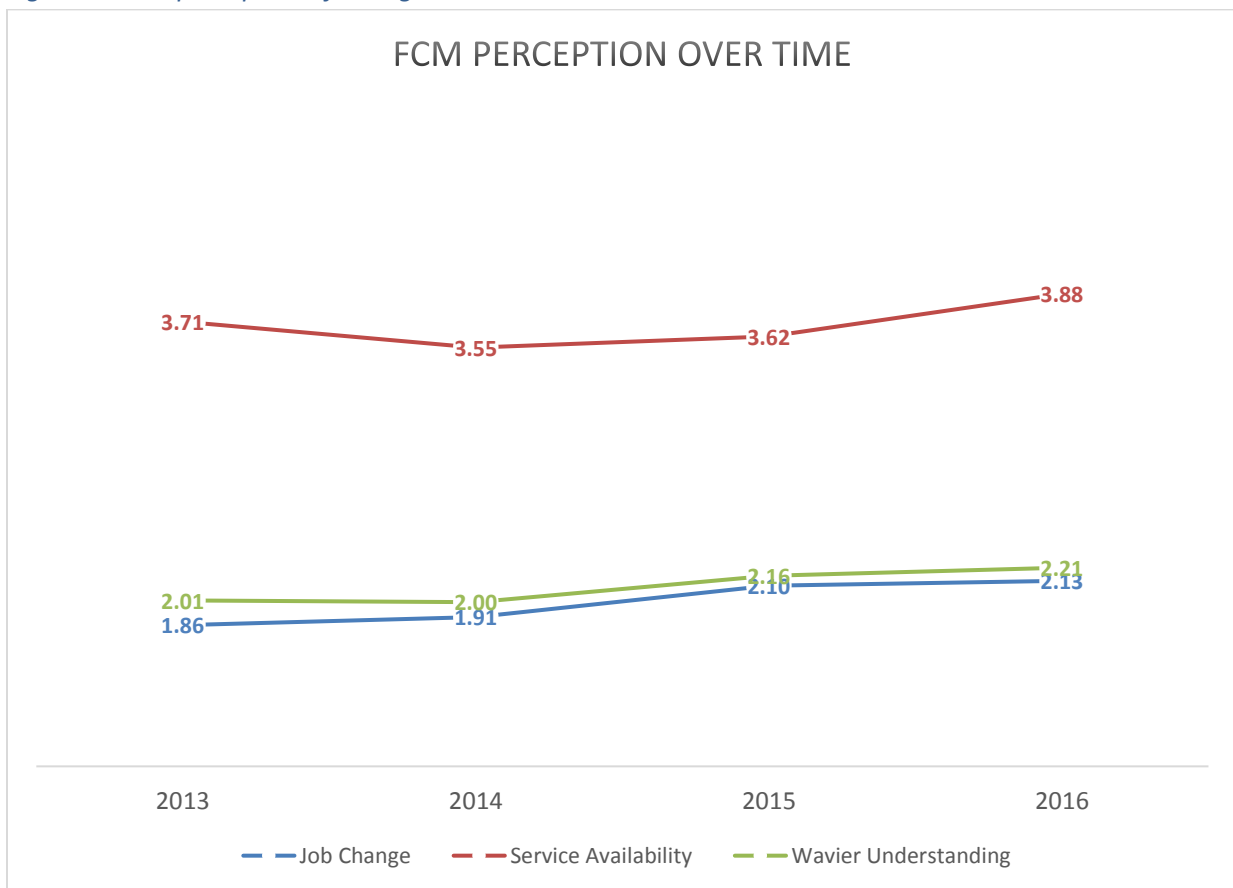


perception of service availability. This item was the mean score of their ratings of each service over the four years on a 5 point scale from not at all available when needed to extremely available when needed.

The Waiver understanding was similar to the perception of change to their job. In addition, with more knowledge and more perceived job change, they did recognize an increase in the services that were available. The trend line for service availability was very similar to their Waiver knowledge and job change.

For FCM’s perception of job change and waiver understanding, there were significant differences between years, particularly years 2015 and 2016 as compared to years 2013 and 2014 ($p < .05$). These increases in Waiver knowledge and job change are similar to how Regional Managers changed their understanding of the Waiver over the demonstration years.

Figure 9. FCM perception of change since the 2012 Wavier





V. Recommendations and Activities Planned for Next Reporting Period

This Semi-Annual Progress Report demonstrates the progress that DCS and the Evaluation Team have made over this reporting period. The Evaluation Team attended many conferences, developed and submitted manuscripts, provided FCM data over time, hired health economists, developed and launched the 5th iteration of the FCM survey, and continued progress towards the final report with DCS.

In conclusion, DCS has made significant progress with regard to the implementation of the Title IV-E Waiver Demonstration during this reporting period. DCS has created an organizational strategy to implement the Practice Model by using the Waiver to improve services and keep families together. The Evaluation Team has worked with DCS staff to create a comprehensive evaluation plan that addresses key outcomes, the process of implementation, costs, and sub-studies. In the next six months, the combined teams from DCS and Indiana University will be working on the final report. Each study, the outcome, process, cost, and sub-study are all working towards their completion.



Appendix A: Work Group Activities by Reporting Period

<i>Reporting Period</i>	<i>Activities Completed</i>
Communications and Training	
January 2017-June 2017	
July 2016-December 2016	<p>The Indiana University (IU) Evaluation Team presented the Regional Manager (RM) interviews and a brief overview of the Family Case Manager (FCM) survey to RMs in August. This sharing of data provided the field with insight into FCMs’ perceptions of supervision and workload. Their feedback will help in future analyses of the data.</p>
January 2016-June 2016	<p>The Indiana University (IU) Evaluation Team presented the community survey data to the Deputy Directors and the Regional Managers (RM) during their meetings in February 2016. Presented were data from service providers, the court (Judges/CASA/GAL/Prosecutors/Probation), and clients (Bio Parents/Foster Parents/Relative Caregivers/Youth). This sharing of data provided the field with insight into other stakeholders’ perceptions of services being delivered and was a catalyst for ongoing informed discussions.</p>
July 2015-December 2015	<p>During this period, the CQI team met and discussed the Biennial Plan. Through these meetings, DCS and the Evaluation Team have conceptualized how to collect data from community partners. From the discussions over the last service provider survey in 2013, it was clear that three distinct groups were answering the past service provider survey, -foster parents, service providers, and the court. Since these are different populations that would have different insights into a case, the decision was made to split them to better direct the efforts. The foster parent instrument was expanded to include bio-parents, foster parents, relative caregivers, and youth 17-21.</p> <p>As part of the Biennial Regional Services Strategic Plan (BRSSP), the Executive Team produced a statewide data presentation for DCS Local Office Directors, Regional Managers and Central Office Managers who participate in the planning process. The BRSSP process includes an evaluation of the local child welfare service needs and a determination of appropriate delivery mechanisms. Each Region does a needs assessment, community meetings, review of data, and public hearings. Presented below are statewide data on Safety and Permanency, including in-depth reviews on standards that are below the National Standards.</p>
January 2015-June 2015	<p>The Indiana University (IU) Evaluation Team presented updated data to the Regional Managers (RM) during their meeting in April 2015. Data presented included concrete service distributions, the Quality Service Review (QSR) data regressions, and the RM interview findings. Through this process of dissemination of findings, the field had a great deal of</p>



	input and feedback resulting in editing the Family Case Manager (FCM) survey.
July 2014-December 2014	<p>DCS has worked around their CQI Team to implement communication and transparency between the Executive Team, Fiscal, and the Field. The Executive Team meets with the Regional Manager staff once a quarter to provide data from the evaluation and receive feedback. This contributes the goals of CQI under the Waiver.</p> <p>The IU Evaluation Team will additionally begin to provide data to the field staff semi-annually using their monthly newsletter they receive from the Deputy Director of the Field.</p>
January 2014-June 2014	<p>DCS formally and informally met with Casey Family Programs following the 2013 December meeting to discuss how the Waiver can be integrated into the Strategic Plan and Practice Model already established by DCS. The communication of the Waiver has been a major part of the discussion as DCS continues its work with Casey Family Programs and the IU Evaluation Team.</p> <p>As discussions around communication of the Waiver evolve, DCS is formulating a plan to communicate the Waiver to staff and other stakeholders. Through collaboration with Casey Family Programs and the IU Evaluation Team, DCS will re-center communications within their Continuous Quality Improvement (CQI) initiative to feature the flexibility in practice.</p>
July 2013-December 2013	<p>With a new administration and goals within DCS, the Steering Committee reconvened to discuss the Waiver. To better organize and help facilitate communication and strategic planning within the Waiver, DCS brought in Casey Family Programs. DCS and the IU Evaluation Team met with Casey in December. DCS will discuss internally how they would like to proceed with the Waiver in terms of their Strategic Plan and communication of the Waiver to internal and external entities.</p> <p>Training with the Family Centered Treatment started on 10/1/13.</p>
January 2013-June 2013	<p>Indiana is committed to ensuring communication of Waiver goals as well as staff training for all levels of the organization is consistent, well-timed, and ongoing. In order to achieve consistency, the Communications Work Group and Training Work Group were combined.</p> <p>The Communication and Training Work Group attended the 2013 Annual Local Office Director and Regional Manager Workshop. A presentation on the Waiver was given which focused on the goals of the 2012 Waiver and the support available for questions or concerns. Presentations were also provided to other internal groups such as Administrative Services.</p>



<p>July 2012-December 2012</p>	<p>In order to meet the communication plan goals, presentations were developed and delivered to stakeholder groups during final approval of the Waiver terms and conditions. The Work Group also addressed the issue of ongoing communication through the life-cycle of the Waiver project. An email address was created to allow stakeholders to submit questions or issues that will be addressed by the Waiver Steering Committee.</p> <p>Because Indiana’s Waiver term was an extension to the prior Waiver, there was concern in the Steering Committee that confusion among field staff could occur. In order to separate the new Waiver term from any prior Waiver confusion, DCS branded the new extension as the 2012 Waiver. To announce the changes to Indiana’s Title IV-E Waiver, a communication was sent to all DCS staff. The communication included the points determined by the group to be the most salient, introduced the branding of the Waiver extension, and provided the email address.</p>
<p>Fiscal Accounting and Reporting</p>	
<p>January 2017-June 2017</p>	<p>The Fiscal Accounting and Reporting work group continued work on modification of the Quarterly Payment Schedule. Since expansion of the Waiver Demonstration Project in 2012, the work group has been monitoring trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types. Monitoring continued during this reporting period.</p>
<p>July 2016-December 2016</p>	<p>The Fiscal Accounting and Reporting work group continued work on modification of the Quarterly Payment Schedule. Since expansion of the Waiver Demonstration Project in 2012, the work group has been monitoring trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types. Monitoring continued during this reporting period.</p>
<p>January 2016-June 2016</p>	<p>The Fiscal Accounting and Reporting work group continued work on modification of the Quarterly Payment Schedule. Since expansion of the Waiver Demonstration Project in 2012, the work group has been monitoring trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types. Monitoring continued during this reporting period.</p>
<p>July 2015-December 2015</p>	<p>The Fiscal Accounting and Reporting work group worked on modification of the Quarterly Payment Schedule during the last half of 2015. The work group continued to monitor trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types since expansion of the Waiver Demonstration Project in 2012.</p>



January 2015-June 2015	The Fiscal Accounting and Reporting work group continued to compile baseline financial data for presentation in the mid-term Child Welfare Waiver Demonstration Project report. This work group and ACF also discussed reconciling the cost neutrality provisions in Indiana’s Waiver Terms and Conditions, to the reporting format in Part 3 of the modified CB-496 Foster Care Financial Report. Finally, the work group researched trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types since expansion of the Waiver Demonstration Project in 2012.
July 2014-December 2014	During this period, the DCS Work Group worked to provide a wide range of cost indicator for the Mid-term Report, including baseline and years 1 and 2 of the demonstration. The Work Group looks forward to the second half of this waiver term with plans for continued investment and reporting.
January 2014-June 2014	The DCS Work Group met with Casey Family Programs to identify which fiscal data indicators are most useful and applicable to Indiana based upon the Accounting of Investments template provided by ACF. As a result, data from State Fiscal Year 2011-2012 will be included in the Cost Study portion of Section IV of this report and will serve as the foundation for future comparisons.
July 2013-December 2013	DCS has been working to restructure coding in the State’s Accounting system to enhance reporting of spending for DCS programs, services, and operations.
January 2013-June 2013	The Work Group determined that additional infrastructure within the financial system was necessary to accurately report data on the Waiver. Additional data collection points were added. Indiana also participated in the federal Work Group regarding the updating of the CB-496 form.
July 2012-December 2012	The Work Group developed procedures to ensure that financial data related to the demonstration is reported accurately on Form CB-496 and relevant attachments are completed in sufficient detail to facilitate the effective management of the Waiver. The Work Group prepared the fixed schedule of payments for the five-year Waiver period which was submitted to ACF in December 2012.
Evaluation	
January 2017-June 2017	
July 2016-December 2016	During this reporting period, the major project was reporting the 4th iteration of the FCM survey. Other projects included the 4th iteration of the RM interviews and editing and programming of the community surveys was completed. The CQI group met and continued work on developing a central CQI repository. The CQI group also piloted trainings for CQI projects around the state. The FCT team had a large in-person meeting with stakeholders to continue development on the FCT study.



January 2016-June 2016	The Evaluation work group continued monthly meetings for the overall evaluation, FCT, and CQI. The IU Evaluation Team supported the CQI group by editing, programming, distributing, and analyzing the CQI readiness survey. The Evaluation Team additionally provided the distribution of a survey to parents and youth who are a part of the QSR process.
July 2015-December 2015	The Evaluation work group continued monthly meetings for the overall evaluation, FCT, and CQI. The majority of the Evaluation Team's effort for this period involved the development, programming, implementation, and analysis of the community surveys. The Evaluation Team additionally provided support to the PQI team to implement a community survey during the QSR process.
January 2015-June 2015	The Evaluation work group continued monthly meetings for the overall evaluation, monthly data meetings, and bi-weekly FCT sub-study work group meetings. Since the decision to move back to the Management Gateway for Indiana's Kids (MaGIK) data source, the Evaluation team has been able to access data from baseline and years 1 and 2 of the demonstration period. Before this reporting period, at the December monthly meeting, DCS held a brainstorming session with IU and other stakeholders within DCS to put a plan in place for the CQI processes. This CQI Steering Committee will be charged with articulating how CQI looks and works in practice.
July 2014-December 2014	The Evaluation group continued monthly meetings and added an additional data workgroup to assist in data related issues that arise. The FCT sub-study group met regularly to work out the final details of the sub-study. The IU Evaluation Team continues to help in facilitating the CQI process to support Indiana's Waiver by compiling data requests from different levels within DCS. The IU Evaluation Team received access to the MaGIK database and was able to pull the main practice indicator outcomes for this Midterm report.
January 2014-June 2014	The Evaluation Work Group continued monthly meetings and included the IU Evaluation Team in additional Work Groups. The IU Evaluation Team has been involved with the Casey meetings and has created a new Data Work Group and an FCT sub-study Work Group. Because of the need to communicate data seamlessly across the organization, AFCARS, and other data from the Management Gateway for Indiana's Kids (MaGIK) will be used to evaluate the effectiveness of the Waiver. These data will better demonstrate data driven decisions within DCS.
July 2013-December 2013	The Evaluation Work Group has continued to meet each month, which has improved the communication between DCS and the IU Evaluation Team. The DCS team regularly includes the Director of Research and Evaluation within DCS and the Deputy Director of Services and Outcomes. This had led to collaboration between the IU Evaluation Team and DCS's evaluation to create a service array questionnaire distributed to Service Providers and Community Members. The IU



	Evaluation Team has been involved in the Steering Committee meetings and FCT sub-study development meetings.
January 2013-June 2013	The Evaluation Work Group has assisted with the ongoing support and coordination of all evaluation activities such as facilitating meetings on data requests and assisting in the identification of relevant data elements in the child welfare automated system. Monthly meetings have been established which include both DCS and the evaluator.
July 2012-December 2012	During implementation, this Work Group assisted in the identification of a qualified independent, third-party evaluator, obtained approval from ACF for a sole-source contract of the evaluator, and contracted with the chosen evaluator for purposes of the Waiver. This group was also responsible for the initial evaluation plan, which was submitted in December 2012.