



A REPORT
TO THE
ARIZONA LEGISLATURE

Performance Audit Division

Performance Audit

Department of Economic Security—

Division of Children, Youth and Families—Child
Protective Services—In-Home Services Program

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Debra K. Davenport
Auditor General

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April 3, 2012

Members of the Arizona Legislature

The Honorable Janice K. Brewer, Governor

Mr. Clarence Carter, Director
Department of Economic Security

Transmitted herewith is a report of the Auditor General, a performance audit of the Department of Economic Security, Division of Children, Youth and Families—Child Protective Services—In-Home Services Program. This report was prepared pursuant to and under the authority vested in the Auditor General by Arizona Revised Statutes §41-1966.

As outlined in its response, the Department of Economic Security agrees with the findings and plans to implement or implement in a different manner all of the recommendations.

My staff and I will be pleased to discuss or clarify items in the report.

This report will be released to the public on April 4, 2012.

Sincerely,

Debbie Davenport
Auditor General

Attachment

SUMMARY

Our Conclusion

The Division of Children, Youth and Families (Division) can strengthen its in-home services program by taking steps to further support in-home services contractors' use of evidence-based practices, which are interventions, programs, or treatments that have been established as effective through scientific research. Despite providing a wide array of services to help families, the impact of the Division's in-home services program is mixed. Literature indicates that providing services that are evidence-based may yield better results. Therefore, the Division should take additional steps to incorporate these practices in its in-home services program. These steps include communicating its intent that services be evidence-based and making it a requirement in the next in-home services contract solicitation, developing well-defined criteria for identifying evidence-based practices, maintaining an updated listing of these practices, and monitoring its contractors to ensure that they are implementing evidence-based practices as designed.

Agency Comments

The Department of Economic Security (Department) agrees with the findings and will implement or implement in a different manner all of the recommendations.

This audit was conducted under the authority vested in the Auditor General by Arizona Revised Statutes §41-1966.

In-Home Services Program

The Division's in-home services program provides voluntary, time-limited services—up to 120 days—to help stabilize, strengthen, and preserve families. In-home services are offered to families with unresolved problems or a home situation that presents actual or potential risk to a child's safety or well-being. These services seek to alleviate risks so that children can remain safely at home or be reunified with their families.

The Division's in-home services program provides a continuum of family-centered services. These services include crisis intervention counseling, conflict resolution and anger management skills development, and job readiness training. Additionally, the in-home services program assists families to access services such as substance abuse treatment, housing, and child care; and transition children to less restrictive placements, for example, from a foster home to a family home. Although the same array of services is available for all families, the specific services provided to a family and their frequency and duration is tailored to the family's individual risks and needs.

Most in-home services are provided to families by contractors, with division in-home services staff providing case management and assessment services. The contractors use in-home services teams composed of a team lead and a family support worker to provide services to families. In-home services are provided primarily during visits with families in their home, at the location of the child's current placement, or at Child Protective Services (CPS) offices. In fiscal year 2011, the Division spent more than \$11.4 million for contracted in-home services. Additionally, the Division spent an estimated \$8.8 million on salary and employee-related expenses for division in-home services staff.

Division can strengthen in-home services program by continuing to move toward the use of evidence-based practices (see pages 7 through 19)

The Division can strengthen its in-home services program by further supporting in-home services contractors' use of evidence-based practices. Evidence-based practices are interventions, programs, or treatments that have been established as effective through scientific research. Despite providing a wide array of services to help preserve,

support, and reunify/stabilize families at risk for child abuse and neglect, the impact of the Division's in-home services program on keeping children safely in their homes and improving family functioning is mixed. Literature indicates that providing services that are evidence-based may yield better results. For example, parent-child interaction therapy is an evidence-based practice that has been shown to reduce the recurrence of physical abuse of young children with emotional and behavioral problems, whereas Brief Strategic Family Therapy® has been shown to improve family functioning. The Division redesigned the in-home services contracts to require contractors to have evidence-based practices available for several types of in-home services. However, these contracts, which were awarded in May 2011, do not actually require contractors to use evidence-based practices.¹ Therefore, the Division should take the following additional steps:

- The Division should communicate with its stakeholders, including existing and potential contractors, its intent that future provision of in-home services must be evidence-based and then make this a requirement in the next contract solicitation. This would allow existing and potential contractors time to develop or expand their capacity to implement evidence-based practices for in-home services.
- The Division should develop well-defined, written criteria to identify appropriate evidence-based practices for the in-home services program and maintain an updated inventory of these practices. This information should be made available through the Department's Web site. Although the Division's in-home services contracts define evidence-based practices, they do not include clear criteria for identifying these practices, which may result in a wide variation in the quality and effectiveness of the services provided. The Division should work with its in-home services contractors and other knowledgeable sources, such as the National Resource Center for In-Home Services, a national center of expertise regarding child welfare practice, to develop the criteria.
- Finally, while its contractors begin to incorporate evidence-based practices into the services provided to division clients, the Division should expand its monitoring of its contractors to ensure the contractors are implementing evidence-based practices as designed. Ensuring that a service or intervention is provided as designed involves obtaining information on how closely the implementation adheres to the practice's essential components, including staffing, training, content, and program delivery. Further, the Division should require contractors that modify evidence-based practices to provide written

¹ Although the Department released the in-home services contract solicitation in December 2010, in accordance with Arizona Administrative Code R2-7-A902, it postponed implementation of the contracts soon after awarding them in May 2011 so that the Department could review and render a decision on several bidder protests regarding the procurement process. Four entities appealed the Department's decisions to the Department of Administration (DOA). As of March 1, 2012, one entity's protest was still pending a decision by DOA. Further, another entity requested a rehearing of DOA's decision. To ensure that in-home services were not disrupted as a result of the postponed contracts, the Department extended the existing in-home services contracts that would have terminated in May 2011 pending final resolution of the protests.

justification for the modifications to verify that essential components are not being modified without the approval of the practices' developers.

Background

The Division of Children, Youth and Families' (Division) in-home services program provides a wide array of services to help families. These services include crisis intervention counseling and anger management. The in-home services program also helps families access services such as substance abuse treatment and child care. Services may also be provided to transition a child from a more restrictive residential placement back to a family home. Although the same array of services is available for all families, the specific services provided and their frequency and duration is tailored to the family's individual risks and needs. Most in-home services are delivered through contractors, with division staff providing case management and assessment services to the families. In-home services are provided primarily during visits with families in their home, at the location of the child's current placement, or at Child Protective Services' (CPS) offices. In fiscal year 2011, the Division spent more than \$11.4 million for contracted in-home services. In addition, the Division spent an estimated \$8.8 million on salary and employee-related expenses for division in-home services staff.

Division's in-home services program intended to stabilize, strengthen, and preserve families

The Division's in-home services program provides voluntary, time-limited services—up to 120 days—to help stabilize, strengthen, and preserve families. In-home services are offered to families with unresolved problems or a home situation that presents actual or potential risk to a child's safety or well-being. These services seek to alleviate risks so that children can remain safely at home or be reunified with their families.

In-home services program provides a variety of services to at-risk families—The Division's in-home services program provides a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible, and culturally responsive.¹ These services include crisis intervention counseling, conflict resolution and anger management skills development, and job readiness training (see textbox on page 2 for other available services). The in-home services program also assists families to access services such as substance abuse treatment, housing, and child care. Services may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

Although the same array of services is available for all families, the specific services provided to a family and their frequency and duration is tailored to the family's individual risks and needs. For example, one family was reported to CPS because the father and his teenage son were not getting along and there were allegations of physical abuse. The family was provided with 34 hours of direct services from the in-home services team over a 3-month period. The services provided were parent skills training, communication skills development, and anger management. Another family consisting of teenage parents with two children, one born substance-exposed, was provided with approximately 32 hours of direct services from the in-home services team over a 4-month period. During that time, the family received counseling and parenting skills training, information on substance abuse and community

¹ The Division's in-home services program incorporates characteristics of family preservation models. Since the 1970s, a number of family preservation programs have been developed to provide services to children and families experiencing serious problems that may lead to the placement of children in foster care or otherwise result in the dissolution of the family unit. Although the programs shared a common philosophy of family-centered services, meaning that services focus on the entire family rather than select individuals within a family, they differed in their treatment theory, level of intensity of services, and length of service provision.

In-home services provided

- Family assessment
- Goal setting and case planning
- Parent education and skills training
- Individual, marital, and family therapy
- Domestic violence treatment and/or education
- Behavior management and modification
- Nutrition and home management education
- Linkages to community resources
- Skills development in:
 - Communication and negotiation
 - Problem solving and stress management
- Emergency funds to purchase needed items/resources not otherwise available and deemed essential to family functioning. These funds may not exceed a total of \$300 per family.

Source: The Department of Economic Security's (Department) in-home services contract solicitation released in December 2010.

supports, bus tickets, and emergency funds for children's clothing. In addition, CPS referred both parents for substance abuse services. The case was eventually closed because the family was unwilling to continue with services. The in-home services team reported at the time of case closure that there were no current safety concerns because the children were residing with their maternal grandparents, who were appropriate caregivers.

Contractors primarily provide in-home services—Although division staff provide case management and assessment services to families in the in-home services program, most in-home services are delivered through contractors. These contractors use in-home services teams composed of a team lead and a family support worker to provide services to families.^{1,2} During the initial meeting with the family, contract staff will develop an initial interim plan that outlines the expectations of the family and contractor for the next 30 days. During this initial 30-day period, contract staff will conduct a comprehensive assessment of the

¹ The team lead is a master's-level professional or a bachelor's-level professional with 5 years of work-related experience. The family support worker is a bachelor's-level professional or a paraprofessional with 5 years of work-related experience.

² Some contracted services for the support and preservation of families were also provided through a division program known as Arizona Promoting Safe and Stable Families (APSSF). Although similar services were provided, they were delivered differently. For example, the APSSF program was not required to use in-home services teams or conduct a comprehensive assessment. APSSF services were suspended in March 2009 for nontribal contracts and April 2009 for tribal contracts due to division budget reductions. The Division has since redirected the resources from this program as they became available to expand the in-home services program.

family and develop a service plan based upon the family's risks and needs. In-home services are provided primarily during visits with families in their home, at the location of the child's current placement, or at CPS offices.¹ As shown in Table 1 (see page 4), the frequency of home visits and their cost will vary depending on the purpose of the visits and services, i.e., family preservation, support, and/or reunification and stabilization.

The Division provided in-home services to nearly 75 percent of approximately 59,000 children associated with CPS reports in Arizona in federal fiscal year 2010.^{2,3} The Division uses State General Fund and federal monies to pay for in-home services. As shown in Table 2 (see page 5), in fiscal year 2011, the Division spent more than \$11.4 million for contracted in-home services to support, preserve, and reunify/stabilize families. State General Fund monies represented 91 percent of this amount. In addition, the Division spent an estimated \$8.8 million on salary- and employee-related expenses for division in-home services staff who provide case management and additional support, including conducting monthly visits with the families and completing required safety and risk assessments.

¹ According to division management, although it is the intent that in-home services primarily be home-based, the program does not exclude services being offered in the contractors' facilities. Additionally, the in-home services contracts require that families be connected to community supports. Depending on the individual's assessed needs, a family member may be referred to a community group, such as Alcoholics Anonymous, as part of his/her service plan.

² U.S. Department of Health and Human Services, 2011

³ The reported percentage is based on children who received only in-home services. An additional 11 percent of the children who were associated with CPS reports received foster care services and may have also received in-home services.

Table 1: Minimum Required Frequency of Home Visits and Average Cost By Service Level¹

Service Level ²	Frequency of Home Visits ^{3,4} (Team Lead / Family Support Worker)			
	1st Month	2nd Month	3rd Month	4th Month
<p>Intensive Family Preservation—Provides crisis-oriented services to families where conditions present a threat to child safety and the children are at significant risk of out-of-home placement due to abuse and/or neglect. Average payment rate is approximately \$4,700 per case.</p>	4 / 8	4 / 8	2 / 8	1 / 4
<p>Moderate Family Preservation—Provides services to families where conditions do not present a safety threat to the children, but a high to moderate risk of abuse and/or neglect exists. Average payment rate is approximately \$3,400 per case.</p>	4 / 4	4 / 4	2 / 4	NA
<p>Family Support⁵—Provides short-term support to families where conditions present a potential or low risk of abuse and/or neglect to the children. This service may be provided to families referred by CPS, community families, or self-referrals. Average payment rate is approximately \$70 per hour.</p>	2 / 4	2 / 4	2 / 4	2 / 4
<p>Family Reunification and Stabilization—Provides services to safely expedite the return of children who are in out-of-home placement or in voluntary foster care to their family, or to transition a child from a more restrictive placement back to the community. These services may also be used to assist in stabilizing or safely maintaining a child in a relative/kinship or adoptive home. Average payment rate is approximately \$3,800 per case.</p>	4 / 4	4 / 4	2 / 4	1 / 2

¹ The time frames and costs are based on the contracts the Department awarded in May 2011. As of March 1, 2012, these contracts had not been implemented because of several bidder protests regarding the procurement process. As of March 1, 2012, two protests were still under review by the Department of Administration.

² The same array of services are available for all levels and are provided primarily during visits with the family in their home, the child's current placement, or CPS offices.

³ The Division may grant exceptions to the number of visits by an in-home services team based on a family's needs.

⁴ To make comparisons across time frames and service levels, one time per week was converted to four times per month. Similarly, two times per week was converted to eight times per month.

⁵ Services to support families can be provided for up to 120 days, but can also be provided for a shorter period.

Source: The Department's in-home services contract solicitation released in December 2010.

Table 2: Expenditures for Contracted In-home Services
Fiscal Years 2009 through 2011^{1,2}

	2009		2010		2011	
	Amount	Percent	Amount	Percent	Amount	Percent
Federal	\$13,119,000	67	\$ 781,000	9	\$ 1,029,000	9
State	5,780,000	29	7,928,000	91	10,435,000	91
Other	750,000	4	0	0	0	0
Total	<u>\$19,649,000</u>	<u>100</u>	<u>\$8,709,000</u>	<u>100</u>	<u>\$11,464,000</u>	<u>100</u>

1 In March 2009, the Division reduced in-home services expenditures in response to budget reductions and shortfalls. However, in fiscal year 2010, the Division again encouraged staff to serve families in their homes by developing safety plans to control safety threats while providing contracted or community in-home services.

2 Some contracted services for the support and preservation of families were also provided through the APSSF program. APSSF services were suspended in March 2009 for nontribal contracts and April 2009 for tribal contracts due to division budget reductions. The Division has since redirected the resources from this program as they became available to expand the in-home services program.

Source: Auditor General staff analysis of division expenditure data for state fiscal years 2009 through 2011 maintained on the Children's Information Library and Data Source (CHILDS) system.

FINDING 1

The Division of Children, Youth and Families (Division) can strengthen its in-home services program by taking steps to further support in-home services contractors' use of evidence-based practices. These practices are interventions, programs, or treatments that have been established as effective through scientific research. Despite providing a wide array of services to help families, the impact of the Division's in-home services program is mixed. Literature indicates that providing services that are evidence-based yields better results. Division in-home services contracts awarded in May 2011 require that contractors have these practices available, but do not actually require contractors to use evidence-based practices. The Division should take additional steps to incorporate these practices into its in-home services program. These steps include communicating its intent that in the future, in-home services be evidence-based and making it a requirement in the next in-home services contract solicitation, developing well-defined criteria for identifying evidence-based practices, maintaining an updated listing of these practices, and monitoring its contractors to ensure that they are implementing evidence-based practices as designed.

Division can strengthen in-home services program by continuing to move toward the use of evidence-based practices

Impact of Division's in-home services is mixed

Despite providing a wide array of services to help preserve, support, and reunify/stabilize families at risk for child abuse and neglect, the Division's in-home services program has produced mixed results on keeping children safely in their homes and improving family functioning. Specifically:

- **In-home services provided to help preserve families produce mixed results**—The Division provides in-home services to families in crisis with the goal of protecting the child, strengthening the family, and preventing unnecessary out-of-home placement. The Division seeks to meet this goal by stabilizing the family, i.e., helping the family ensure all members are safe, giving the family the tools needed to care for and protect their children, improving family functioning, and building connections to support networks in the community. The services, including crisis intervention, individual and family counseling, and parent training, share the same characteristics as other family-centered services and are community-based. However, these services are delivered in a more intensive and targeted manner, focus on families at greater risk of having a child placed in out-of-home care, and are short-term. These types of preservation services are most often provided to families who have come to the attention of the child welfare, mental health, or juvenile justice systems because of child abuse or neglect, child behavioral health challenges, delinquency, or serious parent-child conflict.

However, auditors' review of 14 cases where families received intensive in-home services to help preserve their families found mixed results.¹ Specifically, 7 of these families received Child Protective Services (CPS) reports after receiving services, with 6 reports resulting in child removals (see textbox—case example 1 on page 8). Another family who did not receive a subsequent CPS report voluntarily placed its child with a relative to prevent CPS from filing a dependency

¹ Two of the intensive in-home services cases were closed because the contracted in-home services teams were unable to contact the families. In one case, the family was reassigned to another in-home services contractor, but this case was also closed because the child was going to receive services through the Juvenile Probation Office. In the other case, moderate in-home services were opened for the family 2 months later. Neither of these families received subsequent CPS reports or had children placed in out-of-home care.

Case example 1

In August 2008, CPS referred a family for intensive in-home services to help preserve the family after the mother gave birth to her fourth substance-exposed infant. The Division provided 3 months of intensive services to this family, including 21 hours of face-to-face contact with the family from the contracted in-home services staff during which the family received parenting education and grief counseling. The family also received \$300 in emergency funds. After the family received services, the Division approved the case for closure because the mother had completed most of her goals and the children were determined to be safe. Approximately 3 months later, the family received another CPS report involving the parents' abuse of substances and inability to care for the children. The children were adjudicated dependent by the courts and placed in the care of relatives. The parents' rights were terminated a year later. In addition to the services provided in 2008, the family had also received substance abuse treatment, parent aide assistance, and moderate in-home services in 2007, and intensive in-home services in 2002 and 2006.

Case example 2

In September 2008, CPS referred a family for intensive in-home services to help preserve the family because the mother could not control her 12- and 13-year-old children who would run away, treat the mother disrespectfully, and did not attend counseling for their behavioral issues. After 4 months of intensive services, including 26 hours of face-to-face contact with the family from the contracted in-home services staff during which the mother received parenting skills training and help obtaining public assistance, the family had only marginally improved. Although the family was receiving healthcare, food stamps, and cash assistance, according to case documents, the mother could not consistently implement the parenting strategies she was taught, and her children had the same issues. In addition, the family struggled to maintain stable housing. Eight months after receiving services, the family received another CPS report and was still experiencing similar problems.

Source: Auditor General staff summary of two division in-home services cases.

petition and taking the child into state custody. The families who did not have children removed from home generally showed modest improvement/change in family functioning (see textbox—case example 2).

Auditors found similar results for the 19 case files reviewed for families who received moderate in-home services to help preserve their families.¹ After receiving services, 5 of the families had children placed in out-of-home care. According to case documentation, only 7 of the 19 families completed services, and several of these families continued to struggle with the issues that resulted in their initially receiving services. For example, one family could not adequately care for and control one of its children, so the child was placed in the care of an adult sister who was provided with financial assistance and help with other basic needs such as food. Although the adult sister provided a stable environment for her younger sibling, the child continued to run away and eventually ended up in juvenile detention for violating probation. Another family was referred for services

¹ Two of the moderate in-home services cases were closed because the contracted in-home services teams were unable to contact the families. There were no subsequent CPS reports on either family, nor were any children placed in out-of-home care.

because of family stress and the father's alcohol use. After completing services, which included parent education on stages of child development and nonphysical forms of discipline, case documentation noted that these risks remained and identified additional risks related to the parents' ability to manage the child and child's behavior. Four months after the family received services, another CPS report was made, and the family was then referred for intensive in-home services to help preserve the family.

A 2009 evaluation of the Division's intensive in-home services also found mixed impact.¹ This evaluation examined whether families felt they were stronger after participating in services. The evaluation found that 39 of the 53 families—74 percent—participating in the evaluation reported that they felt their families were getting stronger. These families reported improved parenting skills, improved communication and relationship skills, and progress with addiction/substance abuse issues. However, only 32 of the 53 families—60 percent—attributed some of the positive change to their involvement in in-home services. Further, measures of family functioning that evaluators administered prior to beginning services and after services found that 14 of the 30 families—47 percent—who participated in this assessment showed virtually the same or lower level of family functioning after receiving services. The literature on the effectiveness of similar types of services to preserve families also reports mixed results.²

- **Evaluations of the Division's in-home services to help support families reported success, but literature on the effectiveness of these types of services shows more mixed results**—In-home services aimed at supporting families are intended to help parents provide stable and nurturing homes, promote safe environments, and enable healthy child development. Examples of support services include education and training to promote parents' skills and understanding of child development, discipline, and communication; and job training to develop specific vocational skills. Similar to preservation services, supportive services are community based, family focused, and short term. However, they are generally less intensive and may be provided to families with potential or low risk of abuse and/or neglect referred through CPS, community agencies such as law enforcement, or self-referral.

Although evaluations of the Division's family support services have reported success in addressing families' needs and preventing child abuse and neglect, some of the results should be interpreted with care. For example, a 2008 evaluation reported that most families who received parent skills or parent aide

¹ Lietz, 2009

² Berry, Propp, & Martens, 2007; Biehal, 2005; Blythe & Jayaratne, 2002; Cash & Berry, 2003; Chaffin, Bonner, & Hill, 2001; Dagenais, Begin, Bouchard, & Fortin, 2004; Heneghan, Horwitz, & Leventhal, 1996; Khan, Moore, & Moore, 2010; Kirk & Griffith, 2006; Kirk & Griffith, 2004; Lindsey, n.d.; Lindsey, Martin, & Doh, 2002; Littell & Schuerman, 2002; Littell & Schuerman, 1995; MacLeod, & Nelson, 2000; McCroskey & Meezan, 1998; Miller, 2006; Nelson, Walters, Schweitzer, Blyth, & Pecora, 2009; O'Reilly, Wilkes, Luck, & Jackson, 2010; Pope, Williams, Sirles, & Lally, 2005; Roberts & Everly, 2006; Ryan & Schuerman, 2004; Tully, 2008; Tyuse, Hong, & Stretch, 2010; and Westat, James Bell Associates, & Chapin Hall, 2002

training reported improved parental competence.¹ However, this result must be interpreted with caution because the survey results were based on a convenience sample comprising primarily families who completed services rather than a random sample of all participating families, which would have provided a more complete, truer picture of the impact these services had on participating families. The 2008 evaluation also reported very low rates of substantiated child maltreatment within 6 months of program participation, which would appear to be a positive outcome of the Division’s family support services. However, as shown in Table 3, the low rate of substantiated child maltreatment may also reflect the State’s historically low rates for substantiated child maltreatment.

Table 3: Comparison of Arizona and National Percentages of Substantiated CPS Reports Fiscal Years 2005 through 2010

Fiscal Year	Arizona	National
2005	12%	28%
2006	9%	29%
2007	9%	25%
2008	9%	24%
2009	9%	24%
2010	16%	26%

Source: Auditor General staff analysis of the U.S. Department of Health and Human Services annual Child Maltreatment reports for federal fiscal years 2005 through 2010.

Literature on the effectiveness of family support services reports more mixed results.² For example, a national evaluation examined the impact of 260 family support programs on selected child and adult outcomes such as parenting behavior, child safety, and family functioning and found that these programs had small but significant effects.^{3,4} As a result, the authors cautioned against making strong claims for family support services as an intervention strategy likely to make meaningful differences in families’ lives. The evaluation found that

¹ LeCroy & Milligan Associates, 2008

² Chaffin et al., 2001; Duggan, Caldera, Rodriguez, Burrell, Rhode, & Crowne, 2007; Howard & Brooks-Gunn, 2009; Howing, Wodarski, Gaudin, & Kurtz, 1989; Kahn et al., 2010; Layzer, Goodson, Bernstein, & Price, 2001; LeCroy & Krysik, 2011; MacLeod & Nelson, 2000; O’Reilly et al., 2010; Pope et al., 2005; Reynolds, Mathieson, & Topitzes, 2009; and Waldfoegel, 2009

³ Layzer et al., 2001

⁴ The convention in the social sciences is that effect sizes below 0.2 are not educationally meaningful. Effect sizes between 0.2 and 0.5 are considered small and potentially meaningful, and only effect sizes larger than 0.8 are considered large. In three areas—child cognitive achievement, child social and emotional functioning, and parenting behavior—the effects were consistently meaningful, albeit small.

although the core service provided is some form of parenting education, almost two-thirds of the programs studied had very small or no effects on parents' understanding of child development, attitudes about childrearing, or behavior with their children. Further, more than half of the programs evaluated had small or no effects on family functioning. Additionally, a 2001 study that examined child maltreatment outcomes across client risk levels and program types among an entire state-wide group of family preservation and family support programs found that families completing program services did not differ from those who dropped out or received only one-time services, and there was no relationship between program intensity or duration and outcomes.¹

- **Division's in-home services also produced mixed results at helping reunify/stabilize families**—Reunification and stabilization services aim to safely expedite the return of children who are in out-of-home care back to their family, transition a child from a more restrictive placement back to the community, or assist in stabilizing or safely maintaining a child in a relative or adoptive home. These services include individual and family counseling, anger and stress management, and parent education. Similar to in-home services used to preserve families, reunification and stabilization services share the same characteristics as other family-centered services, but are delivered in a more intensive and targeted manner.

Auditors' review of four cases where the families received reunification services found that all four families were reunited with their children. However, for one of these cases, the reunification lasted for only a short time. Specifically, while the family received reunification services, the mother also received services through the behavioral health and county probation systems for anger management and to prevent a substance abuse relapse. Yet 2 weeks after the mother canceled reunification services, the mother was arrested and jailed for violating her intensive probation. According to case documentation, the mother's probation officer told CPS staff that he/she would not recommend reinstatement of regular probation and that the mother could receive 1 to 1.5 years of jail time. Although the mother was jailed, the child was still able to remain home with an adult sister.

In contrast, a 2009 evaluation of an April 2006 through December 2008 division demonstration project to expedite reunifications through the use of contracted intensive in-home and aftercare services found that the services were not significantly more effective than standard CPS services at reunifying children with their families, reducing children's length of stay in out-of-home care, decreasing the likelihood of re-entry into out-of-home care, and preventing the recurrence of child abuse and neglect.² CPS staff and in-home services contractors described the expedited services as more intense, varied, and

¹ Chaffin et al., 2001

² Arizona State University, Center for Applied Behavioral Health Policy, 2009

timely than standard CPS services. Literature on the effectiveness of similar types of services has also indicated mixed results.¹

Division redesigned in-home services contracts to help strengthen the program

The Division redesigned the in-home services contracts to help strengthen the in-home services program.² According to division management, the changes made to the contracts are based on best practice and include the following:

- **More clearly defined service time frames and expectations for frequency and type of contacts**—In its redesigned contracts, the Division has clarified time frames and expectations for service duration and the completion of assessments and service plans to provide contractors with clearer guidance and to promote accountability. In addition, the Division expanded the minimum frequency of in-home visits and aligned them to the service duration time frames. Home visits are a critical component of in-home services because they provide an opportunity for contract staff to spend time with families and observe them in their homes. During these visits, contract staff build relationships with families that enable them to help the families more effectively respond to crises, opportunities, and child and family needs.
- **Peer mentors**—The redesigned contracts also allow contractors to use parents who have successfully completed CPS services and achieved reunification as peer mentors. Peer mentors do not provide therapeutic treatment to parents, but their similar backgrounds and their experiences successfully navigating the child welfare system may offer hope that reunification and recovery are achievable goals.³ Although research on the effectiveness of parent peer mentors is limited, a 2009 study found that parents participating in a program that paired them with parents who had successfully navigated the system were more than four times as likely to be reunified with their children as parents in a comparison group.⁴

¹ Child Welfare Information Gateway, 2011b; Fraser, Walton, Lewis, Pecora, & Walton, 1996; Lewandowski & Pierce, 2002; Littell & Schuerman, 1995; and Walton, 1998

² Although the Department of Economic Security (Department) released the in-home services contract solicitation in December 2010, in accordance with Arizona Administrative Code R2-7-A902, it postponed implementation of the contracts soon after awarding them in May 2011 so that the Department could review and render a decision on several bidder protests regarding the procurement process. Four entities appealed the Department's decisions to the Department of Administration (DOA). As of March 1, 2012, one entity's protest was still pending a decision by DOA. Further, another entity requested a rehearing of DOA's decision. To ensure that in-home services were not disrupted as a result of the postponed contracts, the Department extended the existing in-home services contracts that would have terminated in May 2011 pending final resolution of the protests.

³ Frame, Berrick, & Knittel, 2010

⁴ Anthony, Berrick, Cohen, & Wilder, 2009

- **Evidence-based practices**—Further, the redesigned contracts require contractors to have evidence-based practices available in several service areas, including parent education and training, crisis intervention, and counseling (see textbox for definition of evidence-based practices). The use of evidence-based practices provides greater assurance that children and families are receiving effective services to address their needs. Literature indicates that providing services that are evidence-based may yield better results.¹ Additionally, the federal government and states are emphasizing the use of evidence-based practices in response to a need for greater effectiveness and accountability of programs serving children and families.² See textbox for examples of evidence-based practices.

Evidence-based practice means using an intervention, program, or treatment that has been established as effective through scientific research according to a set of explicit criteria.

Source: Lederman, Gómez-Kaifer, Katz, Thomlison, & Maze, 2009

Examples of evidence-based practices

Trauma-focused cognitive behavioral therapy—A treatment intervention shown to reduce child acting-out behavior resulting from exposure to traumatic life events such as child sexual abuse and exposure to domestic violence. Therapy sessions can be conducted in various settings, including the family’s home.

Parent-child interaction therapy—A treatment program shown to reduce the recurrence of physical abuse of young children with conduct disorders. Therapy sessions are typically conducted in a community agency or outpatient clinic.

Brief Strategic Family Therapy®—A therapy shown to improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his/her peers and school. Therapy sessions are conducted at locations convenient to the family, including the family’s home.

Homebuilders®—A program shown to reduce the recurrence of out-of-home placements. Intensive in-home crisis intervention, counseling, and life-skills education are provided to families who have children at imminent risk of placement in state-funded care.

Source: CEBC, 2011; SAMHSA’s NREPP, 2008; CEBC, 2009; SAMHSA’s NREPP, 2009; University of Miami, Miller School of Medicine, n.d.; Institute for Family Development, 2010

Improving outcomes for families, which may be achieved through the use of evidence-based practices, can also impact the ability of organizations to obtain and sustain program funding. Not only do legislatures, foundations, and other funding entities increasingly want to invest their dollars in programs that have demonstrated their effectiveness through research, but the public also wants to know that tax dollars are being spent on programs and services that actually work.³ For example, the federal government is interested in funding programs that have shown “...sizeable, sustained effects on important child outcomes

¹ Cooney, Huser, Small, & O’Connor, 2007; Kumpfer & Alvarado, 2003; and Small, Cooney, & O’Connor, 2009

² This demand for greater effectiveness and accountability not only affects the field of child welfare, but also the juvenile justice and mental health fields as they use many similar practices, including case management, counseling/therapy, skill building, and provision of concrete services such as food and transportation.

³ Small et al., 2009

Patient Protection and Affordable Care Act

- Provided \$1.5 billion in new funds over 5 years for early childhood home visitation programs, with at least 75 percent of the funds used for evidence-based programs.
- Provided \$75 million annually for 5 years for programs that replicate evidence-based teen pregnancy prevention strategies and incorporate other adult responsibility subjects, such as maintaining healthy relationships, improving communication with parents, and financial literacy.

Consolidated Appropriations Act, 2010

- Provided \$110 million in new funds for teenage pregnancy prevention programs, with at least \$75 million used for evidence-based programs.

Source: P.L. 111-148, §§2951 & 2953; P.L. 111-117, Division D, Title II, p. 3252-3253.

such as abuse and neglect” and is passing laws to encourage the use of evidence-based practices (see textbox).¹

Although there may be initial costs associated with the adoption and implementation of evidence-based practices and some evidence-based practices may have higher treatment costs for children and families than unproven services, some have been shown to be cost effective. For example, as part of a 2008 study by the Washington State Institute for Public Policy (Institute) to determine whether evidence-based programs and policies could reduce the likelihood of children entering and remaining in the child welfare system, the Institute examined

whether the benefits of evidence-based programs outweighed program costs. The Institute found several evidence-based programs could generate long-term monetary benefits in excess of program costs. For example, Homebuilders®, an intensive family preservation program, had a net benefit of \$2.54, and parent-child interaction therapy had a net benefit of \$5.93 for every dollar spent.^{2,3} The net benefits were estimates of the economic benefits expected to accrue on outcomes that could be monetized, specifically, child abuse and neglect, out-of-home placement, crime, education, substance abuse, teen pregnancy, and public assistance.

Division should further support contractors’ implementation of evidence-based practices

Although the Division’s in-home services contracts that were awarded in May 2011 require that contractors have evidence-based, in-home services available, the Division should take additional steps to support their use. First, the Division should communicate its intent that in-home services be evidence-based and establish this as a requirement in its next contract solicitation. The Division should also develop well-defined, written criteria that can be used to identify evidence-based practices and maintain an updated inventory of these practices. Finally, the Division should

¹ PL 110-161, Division G, Title II, p. 1540-1541.

² Lee, Aos, & Miller, 2008

³ In July 2011, the Washington State Institute for Public Policy issued updated cost-benefit information showing a net benefit of \$3.41 for the Homebuilders® program and \$6.27 for parent child interaction therapy (see bibliography).

expand its monitoring of in-home services contractors to ensure they are implementing evidence-based practices as designed.

Division should communicate its intent that contracted in-home services be evidence based and require this in next contract solicitation—To support the use of evidence-based practices in the in-home services program, the Division should communicate its intent to its stakeholders, including existing and potential contractors, that in-home services be based on evidence-based practices and then make this a requirement in the next contract solicitation. The in-home services contracts awarded in May 2011, but not yet implemented as of March 1, 2102, require that contractors have evidence-based practices available in several service areas, including parent education and training, but their use is optional. According to division management, the use of evidence-based practices was not required because of concerns regarding their potential cost. For example, Homebuilders® is an evidence-based program that has been shown to effectively reduce out-of-home placements (see textbox on page 13). However, the caseload is one to two families per therapist, making it a resource-intensive program.

Because these contracts have an initial contract term of 1 year with four 1-year renewal options, this allows existing and potential contractors time to develop or expand their capacity to implement evidence-based, in-home services. According to the National Implementation Research Network, implementation is a process that takes 2 to 4 years to complete in most provider organizations and involves several stages during which critical functions of implementation must be addressed, including practitioner training, coaching the practitioner on the job, regularly assessing whether the program is implemented as designed, and using that information to improve the performance of practitioners who are carefully selected for their positions.¹

The time between contract solicitations also provides the Division with time to develop its in-house expertise on evidence-based practices relevant to in-home services and explore options to support existing and future contractors in their implementation of these practices. For example, designated division staff should become familiar with available evidence-based practices that are relevant to the types of issues and children and families generally served through the program. In addition, the Division should explore ways to broadly disseminate this information to its stakeholders. The Division should also explore potential public and private funding that might be available for implementing evidence-based practices and share this information with its stakeholders, or, if appropriate, apply for it directly. For example, in June 2011, the Children’s Bureau posted a funding announcement for integrating trauma-informed and trauma-focused practice into

¹ Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

child protective services delivery.¹ The purpose of the grant was to provide an opportunity for child welfare systems to introduce one or more evidence-based or evidence-informed, trauma-focused treatments into their service arrays (see textbox on page 13 for a description of an evidence-based, trauma-focused practice). The estimated grant was \$3.2 million, and it was expected that five 5-year awards would be made. Eligible applicants are state, tribal, or county public child welfare agencies and private child welfare agencies under contract with the public child welfare agency.

Therefore, the Division should require the use of evidence-based practices in the next contract solicitation for in-home services. In the meantime, the Division should communicate this intent to allow existing and potential contractors time to develop or expand their capacity to implement evidence-based in-home services. The Division should also begin its preparations to make the use of evidence-based practices a requirement in the next contract solicitation by developing its in-house expertise on evidence-based practices relevant to in-home services. For example, designated division staff should become familiar with available evidence-based practices that are relevant to the types of issues and children and families generally served through the program.

Division should establish well-defined criteria to identify evidence-based practices and maintain an updated inventory of these practices—To help prepare for the use of evidence-base practices in its in-home services program, the Division should develop well-defined, written criteria for identifying appropriate evidence-based practices and maintain an updated inventory of these practices. This information should be made available through the Department’s Web site. The Division’s awarded but not yet implemented in-home services contracts define evidence-based practices, but do not include clear criteria for identifying these practices. Specifically, the contracts define evidence-based practice as “practice which incorporates careful consideration of current research, and the provision of relevant, non-biased, and comprehensive information to provide best practice interventions with families.” Although this definition provides general information for identifying evidence-based practices, it may still result in a wide variation in the quality and effectiveness of the services provided. For example, the Division’s definition requires “...careful consideration of current research...” However, it does not address research quality, which can vary significantly. A rigorous research design typically involves randomly assigning participants to either the treatment group that participates in the program or the control group that does not. This type of research design helps ensure that any observed differences in outcomes between the two groups are the result of the program and not the result of other factors. In contrast, less rigorous

¹ The U.S. Department of Health and Human Service’s Children’s Bureau has primary responsibility for administering federal child welfare programs. The Children’s Bureau works in concert with states and tribes to provide for the safety, permanency, and well-being of children. Through policy guidance, funding support, training, technical assistance, and monitoring activities, the Children’s Bureau seeks to develop and disseminate knowledge, support comprehensive systems change, and improve children’s lives.

research designs do not include any type of comparison group and, thus, do not allow for any conclusions to be made about whether the changes seen in program participants are related to or caused by the program.

Several government agencies, research organizations, and other associations and national efforts have developed rating criteria for identifying evidence-based practices. Typical criteria include a theoretical foundation for the practice, rigorous evaluation, publication in a peer-reviewed journal, replication in different settings, and implementation with fidelity to the original model. Programs and practices meeting these criteria are compiled into registries of evidence-based practices, such as the California Evidence-Based Clearinghouse for Child Welfare and the Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (see Appendix A, pages a-i and a-ii, for examples of registries and databases). Although these registries provide varying levels of information regarding evidence-based practices, some registries provide a wealth of information, including a general description of the practice, target population, expected outcomes, evaluation studies reviewed to determine status as an evidence-based practice, quality of research in the evaluation studies, readiness for dissemination, cost, and contact information.

Therefore, the Division should develop well-defined, written criteria for identifying evidence-based practices and maintain an updated inventory of these practices. The Division should work with its in-home services contractors and other knowledgeable sources, such as the National Resource Center for In-Home Services, a national center of expertise regarding child welfare practice, to develop the criteria. In addition, the Division should maintain an updated inventory of those practices. The criteria and inventory of evidence-based practices should be made available through the Department's Web site to help existing and potential contractors expand their capacity to provide evidence-based in-home services.

Division should expand its monitoring of in-home services contractors to ensure evidence-based practices are implemented as designed—As its contractors begin to incorporate evidence-based practices into the services provided to division clients, the Division should expand its monitoring of its contractors to ensure they implement the evidence-based practices as designed. Although the Division monitors in-home services contractors' compliance with contractual requirements, the current level of monitoring does not gather sufficient information to ensure evidence-based practices are implemented as designed. For example, the Division does not monitor whether therapies/curricula are being delivered appropriately and to the populations for which they were intended.

"Desirable outcomes are achieved only when effective programs are implemented well."

Source: Fixsen et al., 2005

Ensuring that an intervention is provided as designed involves obtaining information on how closely the implementation adheres to the practice's essential components, including staffing, training, content, and program delivery.¹ This can be done in a number of ways, including through checklists, client surveys, direct observation, and/or videotaped observations. One of the most common monitoring methods is the use of a checklist, log, or survey by the contractors, which places minimal burden on contractors and is less costly than direct observation.² A checklist can be used to track specific aspects of implementing the evidence-based practice, including the content covered, activities conducted, time spent conducting the activities, methods for delivering the intervention, participant attendance, and participant responsiveness. Some developers of evidence-based practices have created and made available such checklists for their particular program. For example, a checklist exists for trauma-focused cognitive behavioral therapy, which is a therapy that could potentially be provided through the in-home services program.

Essential components are those program components that are linked through theory or research to positive outcomes and program effectiveness.

Adaptive components are program features that are optional or can be modified to fit the resources and needs of the community without impacting program effectiveness.

Source: James Bell Associates, 2009

Although implementing an evidence-based practice as designed is important for achieving expected outcomes, some modifications to the practice may be needed so that they will better fit the needs of the family. However, substantial deviations from proven practices can become problematic and should be avoided. At some point, adaptation can render a practice so fundamentally different from what the designers intended and what was studied that it can no longer be considered evidence-based. There are typically two components to an evidence-based practice—the essential components and the adaptive components (see textbox). Modifications should be limited to a practice's adaptive components.

Therefore, the Division should expand its monitoring of in-home services contractors to ensure they are implementing evidence-based practices as designed. Specifically, the Division should ensure that contractors have implemented procedures to monitor fidelity, whether through checklists, observations, client surveys, or some other means. In addition, the Division should ensure that contractors have procedures to correct deviations from an evidence-based practices' design. If contractors modify evidence-based practices, the Division should require them to provide written justification for the modifications so that the Division can verify that essential components are not being modified. The Division should also consider making exceptions to modifications to essential components if the modification is approved in writing by the practice's developer(s).

¹ Gorman-Smith, 2006

² James Bell Associates, 2009

Recommendations:

- 1.1 The Division should require the use of evidence-based practices in the next contract solicitation for in-home services.
- 1.2 In the meantime, the Division should communicate its intent to its stakeholders, including existing and potential contractors, for requiring the use of evidence-based practices to allow time for existing and potential contractors to develop or expand their capacity to provide evidence-based in-home services.
- 1.3 The Division should use the time until the next contract solicitation for in-home services to:
 - a. Develop its in-house expertise in order that it may effectively support contractors' implementation of evidence-based in-home services,
 - b. Develop and make available through the Department's Web site well-defined, written criteria for identifying evidence-based practices, and
 - c. Maintain and make available through the Department's Web site an updated inventory of evidence-based practices.
- 1.4 The Division should expand its monitoring of in-home services contractors to:
 - a. Ensure the contractors are implementing evidence-based practices as designed, and
 - b. Ensure that contractors have procedures to correct deviations from evidence-based practices' design.
- 1.5 The Division should require contractors modifying evidence-based practices to provide written justification for the modifications to verify that essential components are not being modified without approval of the developer(s).

APPENDIX A

Several government agencies, research organizations, and other associations and national efforts have developed rating criteria for identifying evidence-based practices. Typical criteria include a theoretical foundation for the practice, rigorous evaluation, publication in a peer-reviewed journal, replication in different settings, and implementation with fidelity to the original model. Programs and practices meeting these criteria are compiled into registries and databases of evidence-based practices. Although these registries provide varying levels of information regarding the evidence-based practices, some registries provide a wealth of information, including a general description of the practice, target population, expected outcomes, evaluation studies reviewed to determine status as an evidence-based practice, quality of research in the evaluation studies, readiness for dissemination, cost, and contact information.

Evidence-based practice: Selected registries and databases

California Evidence-Based Clearinghouse for Child Welfare (CEBC)

<http://www.cebc4cw.org/>

The CEBC provides child welfare professionals with easy access to vital information about selected child welfare-related programs. Each program is reviewed and rated using the CEBC scientific rating scale to determine the level of evidence for the program. The programs are also rated on a relevance to child welfare rating scale.

The Campbell Collaboration Library of Systematic Reviews

<http://www.campbellcollaboration.org/library.php>

The Campbell Library of Systematic Reviews (Library) provides free online access to systematic reviews, titles, protocols, and user abstracts in the areas of education, criminal justice, and social welfare. The Library is a peer-reviewed source of reliable evidence of the effects of interventions.

CDC: The Community Guide

<http://www.thecommunityguide.org/>

The Guide to Community Preventive Services (Community Guide) summarizes what is known about interventions' effectiveness, economic efficiency, and feasibility to promote community health and prevent disease. The Task Force on Community Preventive Services makes recommendations for the use of various interventions based on the evidence gathered in the rigorous and systematic scientific reviews of published studies conducted by the review teams of the Community Guide. The findings from the reviews are published in peer-reviewed journals and also made available on this Web site.

National Registry of Evidence-based Programs and Practices (NREPP)

<http://www.nrepp.samhsa.gov/>

The NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

The Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide (MPG)

<http://www.ojjdp.gov/mpg/>

The MPG is designed to assist practitioners and communities implement evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG is an easy-to-use tool that offers a database of scientifically proven programs that address a range of issues, including substance abuse, mental health, and education programs.

SAMHSA: A Guide to Evidence-Based Practices on the Web

<http://www.samhsa.gov/ebpwebguide/>

SAMHSA provides this Web guide to assist the public with simple and direct connections to Web sites that contain information about interventions to prevent and/or treat mental and substance use disorders. The Web guide provides a list of Web sites that contain information about specific evidence-based practices or provide comprehensive reviews of research findings.

Social Programs that Work

<http://www.evidencebasedprograms.org/>

This Web site summarizes the findings from well-designed, randomized, controlled trials that, in their view, have particularly important policy implications because they show, for example, that a social intervention has a major effect or that a widely used intervention has little or no effect. They limit the discussion to well-designed, randomized, controlled trials based on persuasive evidence that they are superior to other study designs in measuring an intervention’s true effect.

APPENDIX B

Bibliography

This bibliography includes, among others, citations on literature reviewed by auditors on the effectiveness of services to help preserve, support, and reunify/stabilize families at risk for child abuse and neglect.

- American Public Human Services Association. (2005). *Guide for child welfare administrators on evidence based practice*. Washington, DC: Author.
- Anthony, E. K., Berrick, J. D, Cohen, E., & Wilder, E. (2009). *Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care*. Berkeley, CA: University of California, Center for Social Services Research.
- Aos, S., Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., et al. (2011). *Return on investment: Evidence-based options to improve statewide outcomes: Technical appendix I detailed tables*. Olympia, WA: Washington State Institute for Public Policy.
- Arizona State University, Center for Applied Behavioral Health Policy. (2009). *Arizona IV-E waiver expedited reunification demonstration: Final report April 1, 2006 – December 31, 2008*. Phoenix, AZ: Author.
- Barth, R. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *The Future of Children*, 19(2), 95-118.
- Barth, R. (2008). The move to evidence-based practice: How well does it fit child welfare services? *Journal of Public Welfare*, 2(2), 145-171.
- Berry, M., Propp, J., & Martens, P. (2007). The use of intensive family preservation services with adoptive families. *Child and Family Social Work*, 12, 43-53.
- Biehal, N. (2005). Working with adolescents at risk of out of home care: The effectiveness of specialist teams. *Children and Youth Services Review*, 27, 1045-1059.
- Blythe, B., & Jayaratne, S. (2002). *Michigan Families First effectiveness study*. Lansing, MI: State of Michigan, Department of Human Services.
- California Evidenced-Based Clearinghouse for Child Welfare. (2011). *Trauma-focused cognitive behavioral therapy*. Retrieved August 19, 2011, from <http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed>
- California Evidence-Based Clearinghouse for Child Welfare. (2009). *Parent-child interaction therapy*. Retrieved August 24, 2011, from <http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed>
- Cash, S., & Berry, M. (2003). The impact of family preservation services on child and family well-being. *Journal of Social Service Research*, 29(3), 1-26.
- Chaffin, M., Bonner, B., & Hill. R. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect*, 25, 1269-1289.
- Chaffin, M. & Friedrich, B. (2004). Evidence-based treatments in child abuse and neglect. *Children and Youth Services Review*, 26, 1097-1113.

- Child Welfare Information Gateway. (2011a). *Child maltreatment prevention: Past, present, and future*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
- Child Welfare Information Gateway. (2011b). *Family reunification: What the evidence shows*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
- Cooney, S. M., Huser, M., Small, S. A., & O'Connor, C. (2007). *Evidence-based programs: An overview*. (What works, Wisconsin Research to Practice Series, Issue 6). Madison, WI: University of Wisconsin-Madison and University of Wisconsin—Extension.
- Dagenais, C., Begin, J., Bouchard, C., & Fortin, D. (2004). Impact of intensive family support programs: A synthesis of evaluation studies. *Children and Youth Services Review, 26*, 249-263.
- Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rhode, C., & Crowne, S.S. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse & Neglect, 31*, 801-827.
- Durlak, J.A. & DuPre, E.P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting Implementation. *American Journal of Community Psychology, 41*, 327-350.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature* [FMHI Publication #231]. University of Southern Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.
- Frame, L., Berrick, J.D., & Knittel, J. (2010). Parent mentors in child welfare: A paradigm shift from traditional services. *The Source, 20*(1), p. 2-6.
- 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.
- Freundlich, M. (2010). *Legislative strategies to safely reduce the number of children in foster care*. Denver, CO: National Conference of State Legislatures.
- Gorman-Smith, D. (2006). *How to successfully implement evidence-based social programs: A brief overview for policymakers and program providers [working paper]*. Washington, DC: Coalition for Evidence-Based Policy.
- Heneghan, A. M., Horwitz, S.M., & Leventhal, J.M. (1996). Evaluating intensive family preservation programs: A methodological review. *Pediatrics, 97*(4), 535-542.
- Howard, K.S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children, 19*(2), 119-146.
- Howing, P.T., Wodarski, J.S., Gaudin, Jr., J.M., & Kurtz, P.D. (1989). Effective interventions to ameliorate the incidence of child maltreatment: The empirical base. *Social Work, 33*, 330-338.

- Institute for Family Development. (2010). *Intensive family preservation service and intensive family reunification services*. Retrieved September 12, 2011, from http://www.institutefamily.org/programs_IFPS.asp
- James Bell Associates (2010). *Implementation resource guide for social service programs: An introduction to evidence-based programs*. Washington, DC: U S Department of Health & Human Services, Administration for Children and Families, Office of Family Assistance.
- James Bell Associates (2009). *Evaluation brief: Measuring implementation fidelity*. Arlington, VA: Author.
- Kahn, J., Moore, B.A., & Moore, K. A. (2010). *What works for home visiting programs: Lessons from experimental evaluations of programs and interventions* [Child Trends Fact Sheet Publication #2010 20008]. Washington, DC: Child Trends.
- Kauffman Best Practices Project. (2004). *Closing the quality chasm in child abuse treatment: Identifying and disseminating best practices: Findings of the Kauffman best practices project to help children heal from child abuse*. San Diego, CA: Children's Hospital-San Diego.
- Kimberlin, S.E., Anthony, E.K., & Austin, M.J. (2009). Re-entering foster care: Trends, evidence, and implications. *Children and Youth Services Review*, 31, 471–481.
- Kirk, R.S., & Griffith, D.P. (2006). *Annual report to the General Assembly of the State of North Carolina on the Intensive Family Preservation Services Program for the 2005-2006 state fiscal year*. Raleigh, NC: General Assembly of the State of North Carolina.
- Kirk, R.S., & Griffith, D.P. (2004). Intensive family preservation services: Demonstrating placement prevention using event history analysis. *Social Work Research*, 28(1), 5-16.
- Klevens, J., & Whitaker, D. (2007). Primary prevention of child abuse and neglect. *Child Maltreatment*, 12(4), 364-377.
- Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist*, 58(6), 457–465.
- Layzer, J.I., Goodson, B.D., Bernstein, L., & Price, C. (2001). *National evaluation of family support programs: Final report, Volume A: The meta-analysis*. Washington, D.C.: Administration for Children, Youth, and Families.
- LeCroy, C.W., & Krysik, J. (In Press). Randomized trial of the healthy families Arizona home visiting program. *Children and Youth Services Review*.
- LeCroy & Milligan Associates, Inc. (2008). *Arizona Promoting Safe and Stable Families annual evaluation report: FFY 2007*. Tucson, AZ: LeCroy & Milligan Associates, Inc.
- Lederman, C., Gómez-Kaifer, M., Katz, L. E., Thomlison, B., & Maze, C. L. (2009). An imperative: Evidence-based practice within the child welfare system of care. *Juvenile and Family Justice Today*, 22-25.
- Lee, S., Aos, S., & Miller, M. (2008). *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for*

Washington [Document No. 08-07-3901]. Olympia, WA: Washington State Institute for Public Policy.

- Lewandowski, C.A., & Pierce, L. (2002). Assessing the effect of family-centered, out-of-home care on reunification outcomes. *Research on Social Work Practice*, 12, 205-221.
- Lietz, C. (2009). Examining families' perceptions of intensive in-home services: A mixed methods study. *Children and Youth Services Review*, 31, 1337–1345.
- Lindsey, D. (n.d.). *Preserving families and protecting children: Finding the balance*. Retrieved March 29, 2010, from <http://www.childwelfare.com/kids/fampres.htm>
- Lindsey, F., Martin, S., & Doh, J. (2002). The failure of intensive casework services to reduce foster care placements: An examination of family preservation studies. *Children and Youth Services Review*, 24(9-10), 743-775.
- Littell, J.H. (1995). Evidence or assertions? The outcomes of family preservation services. *The Social Service Review*, 69(2), 338-351.
- Littell, J. H., & Schuerman, J.R. (2002). What works best for whom? A closer look at intensive family preservation services. *Children and Youth Services Review*, 24(9/10), 673-699.
- Littell, J. H., & Schuerman, J.R. (1995). *A synthesis of research on family preservation and family reunification programs*. Washington, DC: United States Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Lundahl, B.W., Nimer, J., & Parson, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice*, 16(3), 251-262.
- MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 24(9), 1127-1149.
- MacMillan, H. L., Wathen, C. N., Barlow, J., Ferguson, D. M., Leventhal, J. M., and Taussig, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. *The Lancet*, 373, 250-266.
- MacMillan, H.L. (2000). Preventive health care, 2000 update: Prevention of child maltreatment. *Canadian Medical Association Journal*, 163(11), 1451-1458.
- McCroskey, J., & Meezan, W. (1998). Family-centered services: Approaches and effectiveness. *The Future of Children*, 8(1), 54-71.
- McMurty, S. L. (1985). Secondary prevention of child maltreatment: A review. *Social Work*, 42-48.
- Miller, M. (2006). *Intensive family preservation programs: Program fidelity influences effectiveness—revised* [Document No. 06-02-3901]. Olympia, WA: Washington State Institute for Public Policy.
- Nelson, K., Walters, B., Schweitzer, D., Blyth, B., & Pecora, P.J. (2009). *A ten-year review of family preservation research: Building the evidence base*. Seattle, WA: Casey Family Programs.

- O'Reilly, R., Wilkes, L., Luck, L., & Jackson, D. (2010). The efficacy of family support and family preservation services on reducing child abuse and neglect: What the literature reveals. *Journal of Child Health Care*, 14(1), 82-94.
- Oshana, D. (2006). Evidence-based practice literature review. Chicago, IL: Prevent Child Abuse America.
- Pope, S. M., Williams, J. R., Sirles, E. A., & Lally, E. M. (2005). *Family preservation and support services: A literature review and report on outcome measures*. Anchorage, AK: The University of Alaska, School of Social Work, Anchorage Child Welfare Evaluation program.
- Research Review. (2007). *Evidence-based programs and practices: What does it all mean?* Boynton Beach, FL: Children's Services Council of Palm Beach County.
- Reynolds, A.J., Mathieson, L.C., & Topitzes, J.W. (2009). Do early childhood interventions prevent child maltreatment?: A review of the research. *Child Maltreatment*, 14(2), 182-206.
- Roberts, A.R., & Everly, G.S. (2006). A meta-analysis of 36 crisis intervention studies. *Brief Treatment and Crisis Intervention*, 6(1), 10-21.
- Ryan, J.P., & Schuerman, J.R. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. *Children and Youth Services Review*, 26,347-372.
- Substance Abuse and Mental Health Services Administration, National Registry of Evidence-Based Programs and Practices. (2009). *Parent-child interaction therapy*. Retrieved August, 24, 2011, from <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=23>
- Substance Abuse and Mental Health Services Administration, National Registry of Evidence-based Programs and Practices. (2008). *Brief strategic family therapy*. Retrieved August 24, 2011, from <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=151>
- Substance Abuse and Mental Health Services Administration, National Registry of Evidence-Based Programs and Practices. (2008). *Trauma-focused cognitive behavioral therapy*. Retrieved August 24, 2011, from <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=135>
- Small, S.A., Cooney, S.M., & O'Connor, C. (2009). Evidence-based program improvement: Using principles of effectiveness to enhance the quality and impact of family-based prevention programs. *Family Relations, Interdisciplinary Journal of Applied Family Studies*, 58, 1-13.
- Tully, L. (2008). *Family preservation services literature review*. Ashfield, NSW, Australia: NSW Department of Community Service.
- Tyuse, S.W., Hong, P.P., & Stretch, J.J. (2010). Evaluation of an intensive in-home family treatment program to prevent out-of-home placement. *Journal of Evidence-Based Social Work*, 7(3), 200-218.

- University of Miami, Miller School of Medicine. (n.d.). *What is the BSFT™ Program?* Retrieved August 24, 2011, from http://bsft.org/art/what_is_bsft
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child maltreatment 2010*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). *Child maltreatment 2009*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2009). *Child maltreatment 2008*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2008). *Child maltreatment 2007*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2007). *Child maltreatment 2006*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2006). *Child maltreatment 2005*. Washington, DC: Author.
- Waldfoegel, J. (2009). Prevention and the child protection system. *Preventing Child Maltreatment*, 19(2), 195-210.
- Wells, K., & Whittington, D. (1993). Child and family functioning after intensive family preservation services. *Social Service Review*, 55-83.
- Westat, Inc., James Bell Associates, Inc., & Chapin Hall Center for Children at the University of Chicago. (2002). *Evaluation of family preservation and reunification programs: Final report*. Washington, DC: U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation.
- Westat, Inc., James Bell Associates, Inc., & Chapin Hall Center for Children at the University of Chicago. (1995). *A review of family preservation and family reunification programs*. Washington, DC: U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation.

AGENCY RESPONSE

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DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

MAR 28 2012

Ms. Debbie Davenport
Auditor General
Office of the Auditor General
2910 North 44th Street, Suite 410
Phoenix, Arizona 85018

Dear Ms. Davenport:

The Arizona Department of Economic Security wishes to thank the Office of the Auditor General for the opportunity to provide a response to the revised preliminary report draft of the performance audit of the Division of Children, Youth and Families, Child Protective Services, In-Home Services Program.

We appreciate the Auditor General's recognition of the Department's efforts to include evidence-based practice requirements for in-home service providers. The Department also appreciates the Auditor General's acknowledgement of the performance related contractual requirements that have been initiated by the Department to promote accountability and improved outcomes.

The Department does not have any questions or issues related to the audit findings; therefore, a discussion on the revised preliminary report will not be necessary.

Please find the enclosed response to the audit findings and recommendations. If you have any questions, please contact Veronica Bossack, Assistant Director, Division of Children, Youth and Families at (602) 542-6008 or me at (602) 542-5757.

Sincerely,

Clarence H. Carter
Director

Enclosure

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S PRELIMINARY
RESPONSE TO THE OFFICE OF THE AUDITOR GENERAL'S REPORT ON IN-
HOME SERVICES**

The Department's response to the Auditor General's recommendations is described below:

RECOMMENDATION 1.1:

The Division should require the use of evidence-based practices in the next contract solicitation for in-home services.

DES Response:

The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

The Division recognizes the benefit of evidence-based practices and, as referenced in this report, included their optional use by providers in the contracts that should become effective in calendar year 2012. In addition, the 2012 contractual agreements require that competency training sessions be delivered to provider staff which shall include a session on evidence-based or informed practices. However, consideration must be given to rural communities that may not have access to providers who can meet the evidence-based requirement. For service delivery in non-urban areas, evidence-based practices should be considered a preference, rather than a mandate, in order to ensure that accessible and individualized services remain available for this population.

The Division will also require the authority to assign substitute performance or practice contract requirements in the absence of evidence-based interventions related to specific child welfare services or populations.

RECOMMENDATION 1.2:

In the meantime, the Division should communicate its intent to its stakeholders, including existing and potential contractors, for requiring the use of evidence-based practices to allow time for existing and potential contractors to develop or expand their capacity to provide evidence-based in-home services.

DES Response:

The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

To ensure the continued provision of in-home services to populations residing in the rural areas of the state, the communication to the contractors will note the preference, rather than requirement, for evidence-based practices for non-urban areas.

The notification will also include verbiage noting that performance related measures may be substituted for child welfare interventions that lack evidence-based practice or treatment protocols that do not serve a specific population.

RECOMMENDATION 1.3:

The Division should use the time until the next contract solicitation for in-home services to:

- a. Develop its in-house expertise in order that it may effectively support contractors' implementation of evidence-based in-home services,
- b. Develop and make available through the Department's Web site well-defined, written criteria for identifying evidence-based practices, and
- c. Maintain and make available through the Department's Web site an updated inventory of evidence-based practices.

DES Response:

The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

The Division agrees with the findings and recommendations and will implement them as outlined prior to the next contract solicitation for in-home services. In order to efficiently and effectively utilize limited staffing resources, the Division will maintain the inventory of evidence-based practices on its Web site by identifying acceptable model repositories that providers may draw from (e.g., those contained within the California Evidence-based Clearinghouse for Child Welfare, the National Registry of Evidence-based Programs and Practices, etc.). This would eliminate the need for a full time dedicated resource, yet provide consistency and direction to contractors.

RECOMMENDATION 1.4:

The Division should expand its monitoring of in-home service contractors to:

- a. Ensure the contractors are implementing evidence-based practices as designed, and
- b. Ensure that contractors have procedures to correct deviations from evidence-based practices design.

DES Response:

The finding of the Auditor General is agreed to and the audit recommendations will be implemented.

A process has been developed, and will be piloted, to assess the provider's fidelity to evidence-based practices. An assessment of the pilot will allow for enhancements or procedural adjustments prior to the next contract solicitation.

RECOMMENDATION 1.5:

The Division should require contractors modifying evidence-based practices to provide written justification for the modifications to verify that essential components are not being modified without approval of the developer(s).

DES Response:

The finding of the Auditor General is agreed to and the audit recommendations will be implemented.

The Department will include this requirement in the next in-home services contract solicitation.

CPS Reports Issued

Performance Audits

CPS-0501	CHILDS Data Integrity Process	CPS-0701	Prevention Programs
CPS-0502	Timeliness and Thoroughness of Investigations	CPS-0801	Complaint Management Process
CPS-0601	On-the-Job Training and Continuing Education	CPS-0901	Congregate Care
CPS-0701	Prevention Programs	CPS-0902	Relative Placement
		CPS-1101	Contractor Payments

Questions and Answers

QA-0601	Substance-Exposed Newborns	QA-0801	Child and Family Advocacy Centers
QA-0701	Child Abuse Hotline	QA-0802	Processes for Evaluating and Addressing CPS Employee Performance and Behavior
QA-0702	Confidentiality of CPS Information	QA-0901	Adoption Program
QA-0703	Licensed Family Foster Homes	QA-1001	CPS Central Registry

Information Briefs

IB-0401	DES' Federal IV-E Waiver Demonstration Project Proposal	IB-0701	Federal Deficit Reduction Act of 2005
IB-0501	Family Foster Homes and Placements	IB-0702	Federal Grant Monies
IB-0502	Revenue Maximization	IB-0801	Child Removal Process
IB-601	In-Home Services Program	IB-0901	CPS Client Characteristics

