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Dear Mr. Kilpatrick,

Hornby Zeller Associates, Inc. is pleased to respond to West Virginia's request to conduct an evaluation of the Department of Health and Human Resources, Bureau for Children and Families' Title IV-E Waiver. Our firm has experience conducting evaluations of Waiver initiatives in other states. We are also familiar with West Virginia.

Enclosed please find one original technical proposal and one original cost proposal. Eight copies of each type are also provided.

If you have any questions, you may reach at dzeller@hornbyzeller or at (518) 273 - 1614.

Sincerely,


Dennis E. Zeller
President

PROPOSAL FOR

**TITLE IV-E WAIVER
EVALUATION**

TECHNICAL PROPOSAL

ORIGINAL

**PREPARED FOR
West Virginia
Department of Health and Human Resources
Bureau for Children and Families**

**BY
Hornby Zeller Associates, inc.**

May 21, 2015

**Proposal for
Title IV-E Waiver Evaluation
Technical Proposal**

Prepared for:
West Virginia Department of Health and Human Resources
Bureau for Children and Families

By:
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INTRODUCTION

The Bureau for Children and Families (BCF) of the West Virginia Department of Health and Human Resources (DHHR) is seeking an evaluation of its Title IV-E waiver. The waiver, granted by the Administration for Children and Families of the US Department of Health and Human Services, permits more flexible use of the federal funds available under Title IV-E than is normally the case. With this flexibility, BCF hopes to:

- increase the number of children staying in their home communities,
- reduce initial foster care entry rates,
- increase youth safety as demonstrated by decreased rates of maltreatment/repeat maltreatment,
- improve well-being of children 12 to 17 years of age as demonstrated through educational achievement and increased numbers graduating high school,
- improve academic progress of children 12 to 17 years of age by keeping them in the same school,
- reduce the reliance on congregate care,
- decrease the length of stay in congregate care for children 12 to 17 years of age,
- improve family functioning to support reunification and
- reduce the number of children re-entering any form of foster care.

To measure the extent to which these goals are met, specifically for the target population of youth 12 to 17, DHHR/BCF is seeking a rigorous evaluation using a retrospective matched case design. With its experience of conducting exactly this type of study of Arkansas' six Title IV-E waiver initiatives, as well as the cost analysis it is conducting for Nevada's Title IV-E waiver and the firm's familiarity with West Virginia, Hornby Zeller Associates, Inc. (HZA) is well situated to provide the kind of evaluation the agency is seeking.

In the following pages, HZA sets out its response to the Request for Proposals (RFP), generally following the structure of Attachments A and B but also providing additional narrative to show a single comprehensive approach. The team assembled for the waiver project looks forward to this opportunity.

QUALIFICATIONS AND EXPERIENCE (Attachment A, a through d)

FIRM OVERVIEW

Hornby Zeller Associates, Inc. (HZA) is an evaluation, research and consulting firm whose fields of practice include child welfare, children's and adult mental health, juvenile justice and substance abuse treatment and prevention. Over the past two decades, HZA has enjoyed contracts with not for profit and governmental agencies in over 35 states including West Virginia. This April, the firm celebrated its twentieth anniversary.

The firm has five offices in four states, with a full-time staff of more than 40 professionals. The firm's corporate headquarters are located at 48 Fourth Street, Troy, New York 12180. Offices are also located in South Portland and Lewiston, Maine; Little Rock, Arkansas; and Harrisburg, Pennsylvania. However, HZA operates nationally, at any given time serving a minimum of a dozen states each year.

HZA brings a wealth of experience in conducting process, outcome and performance evaluations of child welfare agencies across the nation, including those of Title IV-E Waivers. Performance measurement, especially related to child and family outcomes, are critical components of HZA's ongoing work in Arkansas, Pennsylvania and New Jersey, taking into account federal as well as state and local perspectives. The firm is intimately familiar with the Title IV-E program and funding source, having done special studies in Georgia, Mississippi and Kansas. It has also performed both cost and cost benefit analyses in Arkansas, Connecticut, Maine and Delaware.

HZA has had evaluation contracts in West Virginia continuously since 2010 to the present, each won on a competitive basis. Through this body of work staff have studied the agency's policies, travelled extensively throughout the state, have met many providers as well as DHHR staff, have analyzed extracts from the Family and Children's Tracking System (FACTS) as discussed below and have presented findings at statewide conferences. This work includes the following projects.

Department of Health & Human Resources Bureau for Children & Families Child Abuse Prevention Grantees Protective Factors Evaluation Project (2010-2012): HZA administered the West Virginia Family Survey to prevention grantees including home visiting agencies and performed other research and development tasks associated with the evaluation. The West Virginia Family Survey is based on the national Protective Factors Survey (PFS) and included supplemental questions for various programs to avoid duplicating data collection efforts for the agencies. (Contact: Tina Faber, now Program Manager at Center for Excellence in Disabilities at West Virginia University, 304-720-3200 x 227, tfaber@hsc.wvu.edu.)

Department of Health & Human Resources Bureau for Children & Families

Evaluation of Jacob's Law (2011-2013): In 2011, HZA was contracted to evaluate the effectiveness of House Bill 4164, commonly known as "Jacob's Law." This law required assessments of children for the trauma they may already have experienced from abuse and removal and called for a special class of foster homes which would be able to deal with difficult behaviors.. The basic goal of Jacob's Law was to reduce multiple placements. HZA's evaluation examined the effectiveness of the program based on three distinct groups of evaluation questions, those related to infrastructure and program development; those related to services received by children in the pilot; and those related to the outcomes achieved. HZA issued quarterly progress reports to the agency and semi-annual reports to the Legislature. (Contact: Sue Hage, Deputy Commissioner, Office of Programs and Resource Development, 304 356-4527, Sue.C.Hage@wv.gov.)

Department of Health & Human Resources Bureau for Public Health, Office of Maternal, Child and Family Health, Evaluation of West Virginia's Home Visiting System (2012-2013):

West Virginia received a federal grant with funds authorized by the Affordable Care Act to expand and enhance the infrastructure of its statewide home visitation program in 2012. The State's strategy was to improve the quality of home visiting services and the outcomes achieved for families by building key components of the state infrastructure, including developing program standards based on national models, incorporating validated measurement tools into practice and expanding the competencies of home visiting staff and supervisors through reflective supervision techniques. HZA recently completed an evaluation of these efforts showing, among other things, that the correlates to home visiting job satisfaction and intent to stay on the job included the quality of supervision received and the person's sense of job mastery. Community partners providing feedback to the evaluators were unanimously positive about home visiting services in their community. They perceived home visitors to be collaborative and helpful to families. (Contact: Jackie Newson, 304 356-4408, Jackie.J.Newson@wv.gov)

Department of Health & Human Resources Bureau for Children & Families

Evaluation of West Virginia's Child Abuse Prevention Program (2013-present):

HZA has continued to oversee the statewide implementation, training and technical assistance for the Protective Factors Survey which is required for the state's CBCAP-funded agencies. FRIENDS has also contacted HZA and DHHR for permission to share the West Virginia Family Survey with other states as a quality example of the Protective Factors Survey. (Contact: Laura Sperry-Barno, 304 356-4586, Laura.S.Barno@wv.gov.)

STAFF QUALIFICATIONS AND PLAN

HZA has over 40 full-time professional staff who hold masters and doctorate degrees in public health, public policy, social work, applied mathematics, computer science and related areas. HZA's staff possess expertise in the areas of research, evaluation and data analysis, and have analyzed both very large administrative datasets, such as Statewide Automated Child Welfare Information System (SACWIS) and Medicaid data, and data collected through case record reviews and surveys. Many of the firm's evaluations involve a triangulation approach, using qualitative data to inform the interpretation of the quantitative results.

HZA's staffing plan for the West Virginia Title IV-E evaluation envisions a Principal Investigator, a Project Director and designated leads for each of the three major study components: the Process/Implementation Evaluation (Goal/Objective 1 through 9), the Outcome Evaluation (Goal/Objective 10 to 19) and the Cost Evaluation (Goals/Objective 20-22).

The evaluation will be conducted under the leadership of Dennis Zeller, Ph.D., M.S.S.W., who will serve as the Principal Investigator. Helaine Hornby, M.A., the firm's other principal, will serve as the Project Director. Ms. Hornby will be supported by Tana James, M.S.W., who will serve as the Process/Implementation Study Lead; Lynn Kiaer, Ph.D., who together with Dr. Zeller will serve as the Outcome/Effectiveness Study Lead; and Karen Hallenbeck, B.S. who will serve as the Cost Study Lead. They will be supported by Jasmine Patraw, M.A. and Jen Battis, M.Res., serving as Research Associates as well as HZA's Information Technology team led by Tim Reed. The work will be carried out on-site in West Virginia and in HZA's office in Troy, New York, and South Portland, Maine. Copies of staff certifications and degrees are attached.

**Title IV-E Waiver Project: Third Party Evaluator
Organization Chart**



Dennis E. Zeller, Ph.D., M.S.S.W., Principal Investigator: Dr. Zeller is President and founder of Hornby Zeller Associates. He serves as the Principal Investigator for nearly all of HZA's evaluations of child welfare programs. Dr. Zeller has taken the lead not only on evaluations of specific programs but also on the establishment of performance and outcome monitoring systems for entire state child welfare systems. In the mid-1990's he designed and supervised the implementation of HZA's quality assurance function within the Arkansas Division of Children and Family Services (DCFS), which was given to HZA in 1997. The work in Arkansas was expanded in 2009 to include the supervision of a continuous quality improvement initiative within DCFS as part of the State's Program Improvement Plan in response to its CFSR.

More recently Dr. Zeller has provided guidance and conceptual oversight for several federally funded initiatives, including the IV-E Waiver and a Diligent Recruitment Grant, both awarded to Arkansas and the Title IV-E Waiver Evaluation in Maine. He provides guidance in the development of the evaluation plans and methodologies as well as the data collection instruments. Dr. Zeller carefully monitors the analyses and reporting which are taking place over a five-year time span.

Over the past 15 years, Dr. Zeller has directed projects for many other states, including the Pennsylvania Office of Children, Youth and Families; New Jersey Department of Children and Families; West Virginia Department of Health and Human Resources; Oklahoma Department of Human Services and Nebraska Department of Health and Human Services. Each of the projects was aimed at measuring outcomes and performance. Focusing on state and federal outcome measures, Dr. Zeller has produced reports using SACWIS and Adoption and Foster Care Analysis and Reporting System (AFCARS) data for statewide and local consumption by legislators, agency directors and program managers. In a number of projects, including those performed in Arkansas, West Virginia and Nebraska, he has assessed the impact that private providers have had in keeping children safe, obtaining permanency and preserving well-being.

Dr. Zeller has performed cost analyses for child welfare programs in several states. For Arkansas, Dr. Zeller and the HZA staff measured the fiscal impact of contracted services, including intensive family services, residential facilities, outpatient counseling and foster family homes. He has also guided HZA's cost analyses of foster care rate setting projects in Washington, Alaska and New Jersey and served as a subject matter expert in litigation of foster care rates in the states of Washington' and Alaska.

Ongoing performance measurement systems have been a primary focus of Dr. Zeller since he authored the monograph *Model Child Welfare Management Indicators*, published by the National Child Welfare Resource Center at the University of Southern Maine. He co-authored "Kinship Care in America: What Outcomes Should Policy Seek" and "Improving Child Welfare Performance: Retrospective and Prospective Approaches," both published in *Child Welfare*. He has spoken broadly at state, regional and national conferences in the areas of child welfare, research and statistics. Dr. Zeller earned his Master's Degree in Social Work and his Doctorate from the University of Texas at Austin.

Helaine Hornby, M.A., Project Director: Helaine Hornby is Vice President of HZA and, until 1995, was the Director of the Center for Child and Family Policy at the Edmund S. Muskie Institute of Public Affairs at the University of Southern Maine. In 1985, after a national competition, she succeeded in having the University designated by the US Department of Health and Human Services (DHHS) as the National Child Welfare Resource Center for Management and Administration (subsequently known as Organizational Improvement) which she directed for the next eight years.

Ms. Hornby has directed three national, federally-funded child welfare research projects: an analysis of adoption disruption (four states, six sites), an evaluation of risk assessment systems in child protective services (five states) and a policy study on kinship care (five states) in which she was the co-principal investigator. These projects, sponsored by the Administration for Children and Families, DHSS, utilized qualitative and quantitative approaches, including case readings, document analyses, data analyses, interviews, focus groups and cross-site comparisons.

Since becoming a partner at HZA in 1995, she has led child welfare evaluations in numerous states such as Oklahoma, Nebraska, Iowa, Nevada and Arkansas. She works closely with Dr. Zeller and the project teams responsible for evaluating Arkansas's Title IV-E Waiver and Diligent Recruitment initiatives and is playing a lead role in the Title IV-E Waiver Evaluation in Maine. She has participated in West Virginia evaluations for Home Visitation and Child Abuse Prevention and has visited and toured the state on numerous occasions for these projects.

As the principal investigator of the Trauma-informed System of Care evaluation in Maine she is very familiar with trauma-informed assessment tools and services. This work led Maine to win a second System of Care evaluation from SAMHSA to bring trauma-informed services to Maine's juvenile correction system. Like what is being proposed in West Virginia, that evaluation includes providing wrap around services to youth and their families to try to avoid penetration deeper into the system.

Ms. Hornby has been called upon to testify before the legislatures in Oregon, Oklahoma and Nebraska relating to the findings of her firm's child welfare assessments. In Oregon the focus was on child welfare reform, in Oklahoma the focus was a performance audit of the entire human services agency and in Nebraska, the testimony related to the success of Nebraska's efforts to privatize its child welfare services. Dr. Zeller played key roles in each of these studies, as well.

Ms. Hornby is an expert in qualitative data analysis, as well as organizational and policy analysis. She has published broadly in professional journals including *Social Work*, *Child Welfare*, *OSERS News in Print*, *Children and Youth Review*, *Children Today* and *New England Journal of Human Services*. She has presented papers and conducted workshops at numerous national and state conferences, both domestically and abroad. Ms. Hornby earned her master's degree in public policy and management from the Edmund S. Muskie Institute of Public Affairs at the University of Southern Maine where she received highest honors.

Tana James, M.S.W., Process/Implementation Study Lead: Ms. James has been a key member of the evaluation team of Arkansas's Title IV-E Waiver funded implementation of six initiatives designed to improve the safety and permanency of children. Ms. James has conducted case record reviews and onsite interviews with key stakeholders, conducted content analysis of interviews at baseline and annually thereafter, and assisted with writing the semi-annual reports. Ms. James is also assisting with the interpretation of the data analysis conducted of Arkansas's SACWIS as it relates to the successful achievement of State and federally prescribed outcomes.

Ms. James is assisting with an assessment aimed at identifying the extent to which youth involved in Virginia's juvenile justice system are also known to the child welfare system, and their involvement with the behavioral health and education systems. She is conducting a document review of policies related to intake, family engagement, discharge and re-entry, as well as dual-service delivery as they relate to youth who are known to multiple systems.

Ms. James came to HZA from the Social Work Education Consortium (SWEC) in Albany, New York, where she spent more than two years conducting evaluations involving children and families in child welfare systems. The focus of one evaluation was a new supervision initiative implemented in several New York counties called *Building a Sustainable Support System in Child Welfare Supervision*. Through one-on-one interviews with child welfare supervisors using protocols she helped to develop, she assessed the effectiveness of structured supervision initiatives. In addition to her research experience, Ms. James worked as a clinical social worker at Parson's Child and Family Center, a multi-service agency in New York's Capital Region which provides counseling services, maltreatment prevention and treatment, family strengthening programs and residential services. Ms. James' responsibilities included conducting family assessments, developing treatment goals and establishing methods to attain service goals. Ms. James received a B.A. in English and Africana Studies from SUNY Albany in 2006, and went on to earn her M.S.W. from the SUNY Albany School of Social Welfare in 2008. She is presently working toward her doctoral degree having completed all of her coursework.

Lynn Kiaer, Ph.D., Outcome/Effectiveness Co-Lead: After more than ten years working as the Senior Mathematician in the Industrial Artificial Intelligence Lab for the General Electric Global Research Center where she led diverse applied decisions involving optimization, statistical analysis and simulation support, Dr. Kiaer joined HZA several years ago to assume the position of lead statistician. She has since developed subject matter expertise in child welfare, Medicaid and children's mental health.

Dr. Kiaer is leading the outcome/effectiveness analysis for the Arkansas IV-E Waiver evaluation. She is responsible for analysis of data stemming from the reviews of case records for the evaluation as well as for a separate federal grant in Arkansas for the Diligent Recruitment of foster families. Combining the Waiver and Grant together, Arkansas has chosen to implement seven initiatives, some of which are statewide and others which will be phased in, making for a complex evaluation design.

For a class action suit initiated by Children's Rights, Inc. in support of children in the conservatorship of the Texas Department of Family and Protective Services (*M.D. v Perry*), Dr. Kiaer led the complex data analysis designed to assess the practices of caseworkers for children in permanent managing conservatorship, specifically determining the extent to which caseworker activities satisfied federal and state laws, regulations and policies. All of the analysis was conducted using Texas' SACWIS data.

As part of the Maine Department of Health and Human Services' Trauma Informed Systems of Care evaluation, Dr. Kiaer performed the cost and service analysis, accounting for the characteristics of children and families. Medicaid data were used to evaluate the mental health treatment initiative for troubled youth in multiple counties across Maine. The evaluation measured service utilization after intervention as well as the cost of both mental and physical health services. Dr. Kiaer also conducted an extensive program-utilization analysis of family centers programs throughout the

Commonwealth of Pennsylvania. The analysis required two data files to be merged to produce outcome measures at the State level. Dr. Kiaer developed the algorithm to match data across these different systems without a common identifier.

Dr. Kiaer recently completed an analysis of Alaska's Office of Children's Services current rate setting system for family foster care in response to a court finding in *Mulgrew v. State of Alaska*. Using an extract of the State's SACWIS (ORCA), she analyzed the methodology currently in place to reimburse foster families for basic levels of care, special needs payments and augmented care taking into account the geographic multipliers used to account for the added costs in caring for children in more remote locations. Dr. Kiaer was instrumental in developing a rate methodology which was sufficient to support the costs of caring for children in foster care and, using the case management extract, projected the costs of the various structured, cost-based methodologies proposed.

HZA is the national evaluator of *Parenting with Love and Limits* (PLL), an evidence-based practice for youth with mental illness or in the juvenile justice system, with Dr. Kiaer as the lead analyst. As the practice is implemented across the country, HZA collects and analyzes the site specific data. She develops complex algorithms using propensity score matching to match program participants to youth in the juvenile justice systems not receiving the PLL services to compare outcome achievement. Dr. Kiaer has a Ph.D. in Applied Mathematics from the Florida Institute of Technology.

Karen Hallenbeck, B.S., Cost Study Lead: Since joining the firm in 1998, Ms. Hallenbeck has served as the Director of Project Operations, working from the New York office. She also serves as the project lead for many of HZA's endeavors, most notably those which involve a cost analysis component. Ms. Hallenbeck is currently working on Nevada's IV-E Waiver Cost Study, helping to revise the state's Cost Allocation Plan (CAP), establish mechanisms to monitor spending and measure the cost effectiveness of the Demonstration Project. She is also the Cost Study Lead for Maine's Title IV-E Waiver Evaluation.

Ms. Hallenbeck has been working closely with an agency to Maine to identify financial structures and policies to support and sustain integrated evidence-based substance abuse treatment for youth upon cessation of State Adolescent Treatment-Enhancement Dissemination (SAT-ED) funding. She has met with the Interagency Advisory Council to identify services being provided to youth and how those services are being funded. She is mapping cost data including analysis of Medicaid claims from each agency; she is in the midst of obtaining the data for SFY 2014 which will then be compared to data she collected for SFY 2012 to identify trends and shifts in funding.

This past year she worked closely with the Kansas Department of Corrections to update its CAP, including the random moment sampling process used for administrative cost purposes, based on the merging of the Juvenile Justice Authority, to ensure continued access to Title IV-E funding. In 2013, HZA was contracted by the Colorado Department of Human Services to develop and implement a web-based process to identify case

management and other administrative activities carried out by child welfare, social services and juvenile justice staff. Ms. Hallenbeck took the lead on updating the state's most recently approved cost allocation plan. She provided guidance and oversight in the development of the web-based tool for staff to use in reporting federally allowable activities.

Ms. Hallenbeck played an integral part in the financial assessments of the Mississippi Department of Human Services and Georgia Department of Human Resources which were aimed at increasing Title IV-E revenues. She analyzed the cost allocation plans, the funding streams used to support training and support services, and assisted in developing strategies to maximize Title IV-E and Title XIX funding.

Prior to joining HZA, Ms. Hallenbeck served as the Assistant Project Director for financial projects at the New York State Department of Social Services. During her tenure with the state she was responsible for the coordination of statewide revenue maximization initiatives which focused on retroactive claiming and corrective actions involving Title XIX, IV-E and Title IV-A/EAF programs. Ms. Hallenbeck received her Bachelor's degree in Finance, with an Accounting minor, from Siena College in Loudonville, NY.

Timothy Reed, A.A.S., Information Technology Manager: Mr. Reed is the Information Technology Manager for HZA, working from the firm's South Portland, Maine office. Having joined the firm in 2003 as Help Desk Manager, he is now responsible for the entire company's Information Technology operations, serving both customers and staff. He is responsible for oversight of the firm's web-based applications, including development and administration of case management systems, such as that used by providers across Maine for the state's home visiting programs. Mr. Reed has worked closely with the firm's project lead and developers in creating, implementing and administering an online tool for Maine's Juvenile Division for a SAMHSA-funded initiative. The project is designed to build an infrastructure and implement an integrated system of care for children involved in the juvenile justice system, helping youth and their families with mental health needs to access longer-term services and supports. He also provides oversight to the team responsible for HZA's Automated Random Moment and Reporting System (ARMARS), which is currently in use in Colorado to capture data quarterly from social services staff to support the state's administrative cost claims. More recently, Mr. Reed has directed the development of several web-based tools in use for the evaluation of Arkansas's IV-E Waiver initiatives, including family surveys and case record tools.

Prior to joining HZA, Mr. Reed served in the United States Air Force, holding various data management and IT positions over the course of his 20-year military career. After a stint as supervising manager of the Data Management Element of the Central Inertial Guidance Test Facility at Holloman Air Force Base, New Mexico and a posting as the supervising manager of a communications unit in Kuwait, Mr. Reed acted as the Local Area Network administrator for the Radar Target Scatter test facility at Holloman AFB. He completed his service there as the Superintendent of the National Radar Cross

Section Test Facility. He holds a degree in Electronic Systems Technology from the Community College of Air Force in Montgomery, Alabama.

Jennifer Battis, M.Res., Research Associate: Working from the firm's South Portland, Maine office, Ms. Battis has been recognized for her expert qualitative analytic skills. For an evaluation of the Maine Home Families Statewide Home Visiting Program, where HZA serves as a sub-contractor to the University of Southern Maine, Ms. Battis analyzes qualitative data analysis using NVivo software. Ms. Battis applies NVivo to data collected from site visits and interviews to identify patterns of client satisfaction and to inform program improvement strategies.

Ms. Battis has served as a researcher for five special purpose court evaluations in Maine. The activities of the research are designed to assess fidelity of the program implementation and ability of the specialty courts to achieve successful outcomes. She conducts structured court observations, interviews with key stakeholders and focus groups with drug court participants to identify enhancements needed to the services for participants. As the lead evaluator, Ms. Battis has been responsible for the data analysis which measures the impact of the specialty court programs in reducing recidivism. She has also been responsible for the longitudinal analysis of a project in Maine aimed at building and implementing an infrastructure for providing an integrated system of care for children with serious emotional disturbances.

Ms. Battis is a member of the team conducting on-site reviews to evaluate Arkansas's Title IV-E Waiver initiatives. Interviews are conducted at baseline and annually to assess the preparedness of local staff to implement the various initiatives and identify the barriers they have encountered as well as promising practices. For the evaluation of West Virginia's Home Visitation program, Ms. Battis conducted interviews across the state with stakeholders at the state and local levels, including home visitors, to learn about the infrastructure of the program as well as determine what was lacking. In the second year of the study, she participated in interviews with families to gauge the impact of the program.

Prior to joining HZA, Ms. Battis worked for AmeriCorps VISTA (Volunteers in Service To America), a federal public service program. Her position, with the HealthReach Community Health Centers in Waterville, Maine, involving a variety of tasks, including data analysis, research, public health information tracking and reporting. Ms. Battis holds a Master's degree in Social Research (with Commendation) from the University of Aberdeen, Scotland, a competitive, international graduate program focusing on social research methodologies and statistical software tools (including SPSS, DataNet and NextGen).

Jasmine Patraw, MA, Research Associate: Since joining HZA at the start of 2015, Jasmine Patraw has conducted both qualitative data collection and analysis as well as quantitative data analysis. Working from the firm's Troy, New York office, she has assisted with the evaluation of Arkansas's Title IV-E Waiver grant award. Ms. Patraw has conducted interviews with key stakeholders across the state for a number of the

state's waiver initiatives which are designed to improve the safety and permanency of children known to the child welfare system and conducted the content analysis of those interviews. She has written portions of the reports, which Arkansas provides to its federal oversight partners, which address the progress the state has made in implementing the various initiatives and the baseline measures which will be used in future years to assess success, i.e., improved outcomes.

Ms. Patraw is currently working on an assessment of Alaska's behavioral health systems. Using data from multiple service agencies, she has helped to develop the methodology for continued monitoring of the behavioral health system, identifying the need for publicly funded behavioral health services by Alaskans, assessing the state's current ability to meet that need, and developing a methodology and framework for the state to continue monitoring of the system, and make recommendations for system improvements.

Ms. Patraw received a Master's Degree in Medical Anthropology from East Carolina University, and is currently working toward a PhD in Medical Anthropology from the University at Albany, SUNY.

RELATED PROJECT EXPERIENCE

The winning proposer must demonstrate superior knowledge and proficiency in the Federal Title IV-E waiver process, data analytics, cost analysis, evaluation design and implementation. The following matrix lists HZA’s projects which demonstrate each of these characteristics. These projects are addressed in more detail above or below in response to the specific issues in sections 3 a., b. and c of Attachment A in the RFP.

	Title IV-E Waiver Evaluation	Data Analytics	Cost Analysis	Evaluation Design	Evaluation Implementation
Arkansas Title IV-E Waiver Evaluation	✓	✓	✓	✓	✓
Nevada Title IV-E Waiver Cost Analysis	✓		✓	✓	
Maine Title IV-E Waiver Evaluation	✓	✓	✓	✓	✓
New Jersey Longitudinal Data Analysis and Reporting		✓			
West Virginia Jacob’s Law Evaluation		✓		✓	✓
West Virginia Child Abuse Prevention Evaluation		✓		✓	✓
West Virginia Home Visitation Evaluation		✓		✓	✓
Oklahoma Performance Audit		✓	✓	✓	✓
Nebraska Child Welfare/ Behavioral Health Evaluation		✓	✓	✓	✓
Colorado Administrative Cost Claiming Project		✓	✓		
Alaska Foster Care Rate Study		✓	✓		

In short, HZA possesses many qualities that make it highly if not uniquely suited to evaluate West Virginia’s Title IV-E Waiver Demonstration Project: Title IV-E Waiver evaluation experience in three other states (Arkansas, Nevada, Maine); experience evaluating child welfare services and prevention programs for West Virginia (CB CAP, Jacob’s Law, Home Visiting); experience with cost analyses for Title IV-E and Medicaid (Maine, Georgia, Arkansas, Kansas and Nevada); and knowledge and experience evaluating wrap around and related evidence-based practices in the field of child welfare (Iowa, West Virginia, Maine).

Knowledge and Skills Related to DHHR’s Family and Children’s Tracking System (FACTS) (3.a. under Qualifications and Experience)

In the Jacob’s Law evaluation project, HZA used FACTS extracts for analyses similar to what will be required for the Title IV-E Waiver Evaluation. The FACTS data permitted

comparison of the children in the pilot to those statewide. HZA developed two cohorts for each group: one of children who entered state custody between January 1, 2012 and December 31, 2012 and the other of children who entered care between January 1, 2012 and March 1, 2013. This was designed to determine whether implementation of the law improved over time. HZA performed primary analyses from the FACTS data extract to identify placements at 30 days past removal, 60 days and 90 days and aid so for each cohort. HZA broke these out by the age of the children to see if any particular group was experiencing more moves. The analysts also compared children receiving services through Jacob's Law to a matched statewide population to determine if Jacob's Law made a difference in the stability of placement.

Knowledge and Skills Related to SACWIS Systems in Other States (3.b. under Qualifications and Experience)

HZA has received and analyzed SACWIS data extracts from numerous states as part of its evaluations, ongoing performance measurement and administrative cost claiming. The firm has also used SACWIS to develop performance measurement systems for ongoing surveillance of critical child welfare outcomes. Examples below are from New Jersey, Arkansas, Oklahoma, Nebraska, Colorado and Alaska.

New Jersey: New Jersey SPIRIT

After a competitive bid, HZA was contracted by the New Jersey Department of Children and Families (DCF) in 2012 to establish a longitudinal data analysis and reporting system to comply with the terms of a consent decree. HZA built an entire dashboard and reporting structure which also satisfies federal monitoring requirements as part of New Jersey's Program Improvement Plan. Using data from New Jersey's SACWIS, the Statewide Protective Investigation, Reporting and Information Tool (NJ Spirit), HZA developed a dynamic, interactive web platform to display data at both the statewide level and through county workbooks, with the latter enabling managers and supervisors to drill down to data at the office level. Users are able to filter the results by demographic characteristics and other factors, e.g., placement type, to view trends over time and differences between the county and state and even office to office. The statewide dashboard contains 22 descriptive measures and five permanency measures which HZA programmed using New Jersey's SACWIS. Similar to the state dashboard, the county-specific dashboards contain 19 measures, several of which use the federal outcome measures to assess performance. Each measure displays trends over time in both table and graphic format showing comparisons across the various characteristics selected for analysis. The latter is especially important because it provides success rates on each measure for various sub-populations (e.g., children under five), allowing administrators to see with which populations they are most and least successful. (Contact: Aziz Haidi, Project Manager, Data Processing, New Jersey Department of Children and Families, 609 888-7279, aziz.haidi@dcf.state.nj.us.)

Arkansas: CHRIS

HZA staff have been serving as the privatized Quality Assurance unit for the Arkansas Division of Children and Family Services (DCFS) since 1997. Seven full-time HZA staff, located within the state agency, are responsible for producing monthly reports of agency compliance with state and federal requirements, and quarterly and annual reports for the Legislature and agency administrators on the achievement of client outcomes, compliance with state requirements and basic trends in service delivery. HZA staff use extracts from the Children's Reporting and Information System (CHRIS) which is Arkansas' SACWIS to produce these reports. HZA created all of the programming for the standard reports and uses SACWIS to respond to numerous ad hoc requests by the agency administration. (Contact: Cecile Blucker, Director, Arkansas Division of Children and Family Services, 501 682-8770, cecile.blucker@arkansas.gov.)

Oklahoma: KIDS

Responding to myriad complaints from constituents, including foster parents, the House of Representatives contracted with HZA to conduct a Performance Audit of the Oklahoma Department of Human Services in 2008. While the scope of work was broader than just that of child welfare, additional attention was given to this particular program to help identify what steps needed to take place to improve the outcomes for children. As part of the study HZA received a data extract from Oklahoma's SACWIS, called KIDS, and performed analyses of child welfare process and outcome measures. (Contact no longer available)

Nebraska: N-Focus

Between 2009 and 2012 HZA conducted evaluations of three new services created by the legislature to enhance child welfare and children's mental health services. The client was both the Legislature and the Nebraska Department of Health and Human Services which operated the programs. One of the initiatives was a Post Adoption/Post Guardianship Services called Right Turn. As part of the evaluation HZA obtained data extracts from Nebraska's SACWIS, N-Focus. HZA programmed and analyzed the data to see whether the children served by Right Turn, who had been adopted from Nebraska's foster care program, had different characteristics than those who did not seek help and whether the children had new entries into foster care after the post-adoption services were rendered. (Contact: Maya Chilese, Strategic Plan Manager 402 471-0860, maya.chilese@nebraska.gov.)

Colorado: TRAILS

HZA used Colorado's SACWIS, called TRAILS, in its projects to help with Title IV-E Administrative Cost Claiming. This work began in 2010 when HZA was hired as part of an effort to increase federal reimbursement for Title IV-E children served by child placing agencies (CPA). HZA used Random Moment Sampling to identify the proportion of time each CPA spent on administrative activities, using TRAILS to identify the Title

IV-E eligible children. Now HZA operates the entire random moment time study for all of Colorado child welfare using its proprietary system, the Automated Random Moment and Reporting System (ARMARS). While the current project does not require the use of TRAILS, the Contact provided here can speak to HZA's technical competence and responsiveness. (Contact: Suzie McGinley, Manager, State and County Indirect Cost Accounting, 303 866-4421, suzie.mcginley@state.co.us.)

Alaska: ORCA

In 2012, HZA was contracted by the Alaska Department of Corrections (DOC) to update and expand the 2007 retrospective study of Alaska Mental Health Trust beneficiaries who are served by DOC. One of the questions posed by the study was whether individuals who wound up in the correctional system had a history of child welfare involvement. HZA obtained an extract of Alaska's SACWIS, the Online Resource for the Children of Alaska (ORCA), to perform the analysis. HZA has used ORCA in other studies performed for the Department of Health and Social Services such as the Foster Care Rate Study. In response to a court finding in *Mulgrew v. State of Alaska*, HZA was contracted to evaluate the rates Alaska pays foster parents and update, to the extent warranted, three components of the rate structure: base rates, special needs payments and augmented rates. HZA obtained an extract from ORCA to project the financial impact of various alternative methods based on the characteristics of children residing in foster care. (Contact: Tracy Spartz-Campbell, Deputy Director, Office of Children's Services, tracy.spartz-campbell@alaska.gov, 907 465-4894.)

Title IV-E Waiver Evaluation Experience (3.c. under Qualifications and Experience)

HZA is contracted to perform the entire Title IV-E Waiver Evaluations in both Arkansas and Maine and to consult on the Cost Analysis component of the Title IV-E Waiver Evaluation in Nevada.

Title IV-E Waiver Evaluation: Arkansas: Starting in 2013, Arkansas DCFS contracted with HZA to complete the process, outcome and cost evaluations of the State's Title IV-E Waiver initiatives. Arkansas has chosen to implement six initiatives designed to safely reduce the number of children entering foster care, increase placement stability and expedite permanency for children in foster care. A more family-centered approach is a core component of a number of the initiatives while others target populations for which permanency tends to be a struggle, e.g., older youth and those who have been in care for 18 months or more.

Project staff, all of whom work outside HZA's DCFS-based units, developed comprehensive evaluation methodologies which include a range of data sources, including Arkansas's SACWIS case management system, CHRIS; case record reviews; interviews of DCFS staff, including program leaders, regional or Area directors, supervisors and case workers; as well as client surveys. As federal approval was

received for the initiatives and the respective evaluation methodologies, data collection was implemented. With limited time having passed since implementation of the various initiatives, evaluations have focused on identifying implementation challenges and areas where corrective action is needed. Baseline analysis of outcomes has been conducted for periods just prior to implementation for comparison to future periods, essentially the same kind of retrospective study which West Virginia asks for in this RFP. Throughout the process, HZA has worked closely with DCFS Waiver Team members to gain approval of the evaluation plan, as well as specific methodologies and data collection protocols. (Contact: Cecile Blucker, Director, Arkansas Division of Children and Family Services, 501 682-8770, cecile.blucker@arkansas.gov, see statement that follows.)

Title IV-E Waiver Evaluation Cost Consultant: Nevada: Starting in 2015, HZA is serving as a sub-contractor in Nevada to provide consultation for the Cost Analysis for its Title IV-E Waiver. HZA's specific role is to identify and recommend mechanisms to monitor cost effectiveness of the demonstration project. Working as a contractor under the auspices of Baldacci Consulting Group, HZA is helping the state to define successful cases, collect outcome data on the treatment and comparison groups, identify the rates of success and factor that into the average cost of a successful case. (Contact: Robert Baldacci, 207 450.4690, robert3@baldaccigroup.com.)

Title IV-E Waiver Evaluation: Maine: HZA has recently won a five-year contract in Maine to serve as the third party Title IV-E Waiver evaluator for the Office of Child and Family Services within the Maine Department of Health and Human Services. Maine is using the Matrix Intensive Outpatient model together with the Triple P parenting program to treat drug affected parents whose children have been removed or are at risk of being removed. HZA is performing a process, outcome and cost analysis to determine the effectiveness of Maine's initiative. (Contact: James Martin, Director, Office of Child and Family Services, 207 624-7900, James.Martin@maine.gov.)

Official Statement from A State for Whom HZA Has Performed Work in the Design and Implementation of a Federal IV-E Waiver Evaluation for a Child Welfare Program (3.d. under Qualifications and Experience)

Please see the attached statement from Cecile Blucker, Director, Children and Family Services, Arkansas Department of Human Services for whom Hornby Zeller Associates, Inc. is performing the Title IV-E Waiver evaluation.

Contact: Cecile Blucker, Director, Arkansas Division of Children and Family Services, (501) 682-8770, cecile.blucker@arkansas.gov



Division of Children and Family Services

P.O. Box 1437, Slot S560 · Little Rock, AR 72203-1437
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May 13, 2015

Robert P. Kilpatrick
Senior Buyer
West Virginia Department of Administration
Purchasing Division
2019 Washington Street, East
Charleston, West Virginia 25305

Dear Mr. Kilpatrick,

It is my pleasure to serve as a reference for Hornby Zeller Associates, Inc. (HZA) who is applying to become West Virginia's Title IV-E Waiver Project Third Party Evaluator. The Arkansas Division of Children and Family Services has enjoyed a long working history with HZA. Since 1997, the firm has served as our private quality assurance vendor, producing regularly scheduled and *ad hoc* reports for internal and external consumption, including our Legislature, as well as carrying out special studies. Much of the descriptive, performance and outcome data comes from Arkansas's SACWIS, known as CHRIS. In 2009, HZA's role was expanded, as part of a private-public partnership, to assist with the case reviews and interviews of key stakeholders which our agency carries out annually in support of our response to the federal Child and Family Services Review.

HZA's work has continued to grow in size and scope over the years because of the excellent quality of their personnel and work products. They are also very practical, accessible and easy to work with.

One of HZA's contracts is to perform the Title IV-E Waiver Project Evaluation for our division. We have a particularly complex waiver in that we have introduced six initiatives, each with different target groups, time frames and geographic locations, although of course some of these overlap. As the evaluator, HZA has had to produce a master evaluation plan for federal approval and then six individual updates providing detail about the CHRIS analyses, assessment tools and interview protocols for each of the initiatives. We received federal approval of HZA's evaluation plan in good order and they are currently in the data collection stage. They have completed the baseline data collection and analysis for all of the relevant initiatives and are in the follow-up stage for some of them since the project began in 2013. Evaluative components include interviews with key stakeholders, client surveys, case record and document reviews, and analysis of our SACWIS data. The early information has helped initiative leaders to identify where mid-course correction is needed.

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

Their firm does not employ its Arkansas staff to conduct the Title IV-E Waiver evaluation since they are assigned to other work but uses its employees from its other offices. Yet the staff are present every month for our Title IV-E Waiver evaluation meetings; they fan out in the field to collect information and consistently present interim data to help point out areas of strength as well as concern and to help guide where we need to pay additional attention in the roll out of our interventions.

We find HZA to be extremely knowledgeable about child welfare issues in general and the Title IV-E Waiver Evaluation process in particular. They have worked with Administration for Children and Families (ACF) federal representatives as well as ACF's technical assistance advisors for years on many projects and understand how to navigate the needed approvals. To this end they participate in the federal calls and visits. One of the features of this type of evaluation is the ability to analyze data from the state's SACWIS, our CHRIS. As referenced above, this firm is very proficient in SACWIS analyses, both here and, as I understand it, in other states. As a child welfare director it is a real privilege not to have to worry about the accuracy of the product since a good deal rests on this firm's output. They are also excellent at cost and cost benefit analyses which is a central part of our Waiver evaluation.

You would be very fortunate to have HZA as your Third Party Evaluator. They help to make your life easier. They possess the research and evaluation skills as well as the technical knowledge to perform this work. They are also flexible, accessible and responsive. I may be reached via phone at (501) 682-8770 or email at cecile.blucker@dhs.arkansas.gov and would be very happy to confirm this recommendation.

Sincerely,



Cecile Blucker
Director

PROCESS EVALUATION

The following pages describe the approach HZA will take in conducting the process evaluation of West Virginia's Title IV-E waiver. For several of the goals/objectives of the process evaluation HZA will perform a common set of activities. These are: interviews with central and regional administrative staff; interviews with direct services staff; interviews with community members and providers; and reviews of various types of documents and documentation. The discussion of each of the goals/objectives below will describe the content of each of these processes as it relates to that specific goal/objective. These basic activities will be repeated annually throughout the waiver demonstration period, with questions updated to be consistent with the stage of the waiver.

Other goal/objectives require activities that are particular to that goal. These are: staff survey; data dashboard creation; fidelity assessment for wraparound services including interviews and case reading; interviews with judges; analysis of Children's Bureau Report Data, KidsCount and American Community Survey and participation in team meetings.

The way each of these activities will be applied for each of the goals/objectives of the demonstration is discussed below in the same order as given in Attachment A of the RFP.

Goal/Objective 1: The planning process for the demonstration including whether any formal needs assessment, asset mapping, or assessment of community readiness was conducted.

The success of an initiative such as Safe at Home West Virginia depends in part on how well it was conceived, planned and disseminated to the people who need to implement it. The first goal/objective examines the planning process for the Title IV-E Waiver. Issues to be addressed include how the need for the proposed intervention was assessed and whether the assessment encompassed a formal process; whether the planning group took into account West Virginia's assets for conducting the initiative; and whether the readiness of community members was taken into account and how. Critical issues in planning a waiver which will be included in the goal/objective include:¹

1. estimating the size and characteristics of the waiver population,
2. determining what existing services address or complement the planned service and
3. determining if staff and providers are receptive and willing to implement the change.

¹ James Bell Associates, Evaluation Brief, Critical Issues in Evaluating Child Welfare Programs, September 2009.

HZA will conduct face-to-face interviews with central and regional office staff following an interview protocol developed to assess the planning process. A minimum of twelve interviews will be conducted among administrative staff. Because issues related to the full range of process goals/objectives will be addressed, the interviews will be expected to last about 60 minutes each. Some of the areas to explore are: What was the impetus for pursuing a Title IV-E Waiver? How did the state arrive at the specific strategy of reducing congregate care? What types of data were used to make this determination? Was a formal needs assessment performed? What did it consist of? Did West Virginia engage in an asset mapping exercise? What did it consist of and what did it show? How was community readiness including provider readiness assessed? Who was involved, what processes were used and what did the agency conclude?

While visiting each region HZA will interview a small number of direct service staff, five or six per region, to determine whether and how front line staff were involved in the planning as well as whether and how the results of the planning and the implementation of the waiver have been conveyed to the field.

The regional administrators will be asked to identify three to five providers in each region. HZA will interview representatives of each of these regions to obtain their perspectives on the degree to which service providers were involved in the planning and on the level of community readiness for the changes the demonstration project is intended to bring.

During the first set of interviews with central office staff they will be asked to produce documents that are relevant to the needs assessment, asset mapping and planning processes. Any other information about the waiver such as assessment tools, policies and procedures will be requested as well.

Goal/Objective 2: The organizational aspect of the demonstration, such as staff structure, funding committed, administrative oversight, and problem resolution at various organization levels.

All of the processes discussed in relation to the first goal/objective will also be used to address how well and in what ways the organization was prepared to initiate the waiver. Examples of areas HZA will explore are:

1. whether waiver activities are integrated or appended to existing services,
2. whether new staff were added to monitor the waiver or whether responsibility was added to existing positions,
3. whether waiver processes have been written or mapped for people to look at,
4. whether the chain of command for answering waiver questions and resolving issues as they arise has been defined and
5. whether and how community partners have been apprised of the changes.

In the interview protocol developed for the face-to-face interviews with central and regional office staff, questions will be included about the organizational and administrative aspects of Safe at Home West Virginia. These will include information on how the waiver is being managed at the state level, what staff are in charge, how their job duties have changed in light of the waiver, how the central office is relating to the field in the management of the waiver, what types of tools have been implemented to manage information about waiver participants. These same types of questions will be modified for the regional administrative staff to see if their perceptions about roles and responsibilities for implementing Safe at Home are consistent with those at the state office. They will be asked about questions and problems that may be arising during implementation and how they are resolved both at the regional and central office level. Another area of administrative level inquiry involves the funding levels negotiated with ACF for the waiver for the entire five years and how those levels compare to past Title IV-E spending in West Virginia. In preparation for the cost analysis HZA will interview fiscal staff to obtain budgets and determine how the accounting is taking the waiver into consideration.

From the three to five service providers in each region, HZA will learn about how they perceive the structure, funding and administrative oversight of the project. If they are serving clients in the waiver, do they have any special administrative or reporting requirements? Do they have an easy way to get issues resolved or problems addressed?

Among the documents requested during the interviews will a waiver organization chart, if it exists, or modifications that may have been made to existing charts. If there are new job descriptions, policies or procedures as well as contracts and funding documentation, they will be requested, as well.

Goal/Objective 3: The number and type of staff involved in implementation, including the training they received, as well as their experience, education, and characteristics.

Two activities will occur in response to this objective. One will involve additional questions for the interviews with central and regional administrative staff. The second will be a supervisor and worker survey which is administered on-line annually.

The interview protocols discussed above with central and regional staff will include questions about the preparation of field staff to implement Safe at Home West Virginia. For example, who was recruited or identified among staff to implement the waiver? How many people are involved? What kinds of training, orientation or materials did they receive? Among those not directly implementing the waiver, what kinds of interactions will they have with the demonstration clients and services and how have they been prepared for this?

HZA will also conduct an on-line survey of supervisors and workers who are tasked with implementing Safe at Home West Virginia. In addition to providing information on each worker's involvement in the demonstration project and his or her experience, education and other characteristics and qualifications, the survey will address the same issues for this goal/objective as are addressed in the interviews, but every worker in a region implementing the waiver services at the time of the survey (which will be repeated annually) will have an opportunity to express his or her opinions. Moreover, the survey will provide a quantitative version of the qualitative information obtained in the interviews.

Each staff person will be sent an email message requesting his or her participation in the survey, along with a link to the secure website hosting the survey instrument. The survey will consist largely of Likert scale questions, but it will also contain space for narrative comments and reactions staff might have to the demonstration project. Aside from providing information about the implementation of the project, therefore, the survey will give HZA a broader view of staff readiness to make the changes the waiver requires if it is to be successful.

Goal/Objective 4: The service delivery system, including procedures for determining eligibility, referring clients for services, the array of services available, the number of children/families served and the type and duration of services provided.

The fourth area to explore is the service delivery system including procedures for determining eligibility, referring clients for services, and the array of services available. Some of the standards articulated for this type of start-up are the following.²

1. Develop well-defined eligibility criteria for program participation. Make the criteria as discrete and specific as possible to minimize ambiguity.
2. Formulate clear intake, screening and assessment procedures. Using the criteria above, institute data collection which makes it easy to determine if the eligibility criteria are being followed. This may include standardized assessment instruments. Since Safe at Home intends to implement individualized plans that are trauma-informed, what assessments, if any, will be used to assess childhood trauma and/or current symptoms of trauma?
3. For qualified children develop clear referral processes. This may include internal referrals or those to contracted providers.
4. Assess the service array to be sure it is sufficient to meet Safe at Home objectives. BCF intends to provide a "full continuum of supports" to strengthen children and families. Presumably these include both concrete and therapeutic services.

² Op cit, page 3.

Once the program is launched, information will be needed on the number of children/families served and the type and duration of services provided. Providing this information requires a different type of data collection and analysis than the first set of questions in this objective. The questions here are:

1. the number of children/families referred this period (e.g., year),
2. the number of children/families deemed eligible and accepted as waiver families this period,
3. the types of services provided and
4. the number of children/families exiting services this period.

The first set of questions, all of which relate to the start-up, will be addressed through the central and regional administrative staff interviews discussed above, as well as the provider interviews, and through document reviews. People will be asked not only if the criteria have been established but, as regional staff and provider representatives, whether they are clear and easy to follow. In addition, HZA will use document reviews to determine how well the criteria are laid out and whether the intake and referral procedures are clear and precise. The evaluators will look at assessment tools to determine whether any address either trauma history or trauma symptoms. HZA will also review contracts to help define the service array and determine whether it is comprehensive, recognizing that not all community services need to be available through purchase.

The second set of questions will be answered by FACTS analysis and displayed through a data dashboard that HZA will create so that others will have ready access to the information.

HZA proposes to publish and update the data at least semi-annually and perhaps quarterly, depending on how difficult it is to identify who is receiving the waiver services. Ideally, there will be some type of indicator in FACTS which designates children/families who are formally considered participants in Safe at Home. Absent that, HZA will develop a process for collecting the identities of the families and children and will connect that information to the FACTS extracts. As described below in the discussion of the outcome evaluation, HZA will obtain FACTS extracts and display the information in the Data Dashboard, as well as use it for the outcome analyses.

The Data Dashboard will be an on-line tool which will provide administrators and those to whom they wish to grant access up-to-date information on the progress of the waiver services. As with the Title IV-E Waiver evaluation HZA is conducting in Maine, the dashboard will show both descriptive statistics and, as the evaluation progresses, outputs and outcomes. Examples of the former are: number admitted to the waiver, number referred for evidence based services by type of service; number who initiated services; number who completed services. Examples of the latter are: of the youth served in the home, how many remained in the home for the next six months; of those served where the child was removed, how many remained within their own

communities. This information will be made available both on a statewide basis and for the BCF Regions where the waiver is being implemented at that time.

Goal/Objective 5: The role of the courts in the demonstration and the relationship between the child welfare agency and court system, including any efforts to jointly plan and implement the demonstration.

Judges are critical players in child welfare systems. HZA has observed in some states that judges can be, in essence, more cautious than staff, resisting efforts to keep youth in their own homes when their well-being may be in doubt, even when plans and provisions are made to ensure the child's safety. HZA has broad experience in many states interviewing judges and employs its senior staff to do so. Some of the issues that may be addressed with judges are the following.

1. What do you see as the greatest issues facing 12-17 year olds in the child welfare system?
2. BCF wishes to demonstrate through its Title IV-E waiver its ability to serve more youth in their homes, to reduce the use of congregate care and to keep children in their own communities.
 - a. Are you aware of this initiative?
 - b. How, if at all, have you been asked to plan for or support it?
 - c. What do you see as BCF's advantages in trying to implement it?
 - d. What concerns would you have?
 - e. What can BCF do to help assure your support in its efforts?

In the first round of central office and regional office staff interviews discussed above, HZA will include a section on judges and their roles in planning and implementing Safe at Home. During the annual follow-up interviews the staff will be asked about the efforts made in the past year to involve the judges, the successes experienced and the additional work needed.

Statewide there are 45 family court judges who serve 27 family court districts. HZA will attempt to interview half of all the judges in the regions in which the waiver has been initiated at the time of each interview cycle, with three cycles of interviews, one in the first year, one in the third year and one in the fifth year. HZA hopes to work with BCF and staff from the Administrative Office of the Courts at the state level to obtain clearance for the interviews and then to work with local court staff to set them up at the judge's convenience.

Goal/Objective 6: Contextual factors, such as the social, economic, and political forces that may have a bearing on the replicability of the intervention or influence the implementation or effectiveness of the demonstration.

No child welfare system acts in a vacuum. One of the largest social forces affecting child welfare is the rise of the drug epidemic, as an example. It was reported in 2013 that West Virginia has the highest drug overdose mortality rate in the United States, with 28.9 per 100,000 people suffering drug overdose fatalities.³ The number of drug overdose deaths in West Virginia, a majority of which are from prescription drugs, increased by 605 percent since 1999. Many attribute the rise in drug abuse to a critical economic factor, the decline in coal mining. McDowell County, while not included in the initial roll out of Safe at Home West Virginia, was once the top producer of coal in the nation and now leads the state in overdose deaths.⁴ Another example of the impact of the decline in the coal industry is the bankruptcy of Patriot Coal, the current owner of Camp Thomas E. Lightfoot in Summers County. While Summers is also not in one of the first counties to implement the waiver, the Chapter 11 filing has caused Patriot Coal to close the camp, denying local children a place to go in the summer.⁵

Looking at the drug issue from the political perspective, West Virginia scored eight out of ten on the New Policy Report Card of Promising Strategies to Help Curb Prescription Drug Abuse. For example, it has instituted a prescription drug monitoring program, a doctor shopping law making it more difficult to get drugs from multiple sources, and Medicaid expansion which helps people access substance abuse treatment. Thus HZA will be able to document political efforts being taken to curb the drug epidemic.

While drugs are but one factor in society that may affect child abuse, there was an initial decline in confirmed abuse reports in West Virginia between 2009 and 2010 and a steady rise since then through 2013.⁶ In addition, West Virginia's victim rate per thousand children exceeds national averages by 25 to 33 percent. The table below shows a one-year delay between the number of child victims per year and the number of children in foster care on October 1 in each of the years, also showing a consistent rise since 2011.⁷

West Virginia	2009	2010	2011	2012	2013
Child Victims by Year	4,978	3,961	4,000	4,591	4,695
Foster Care Point in Time		4,136	3,999	4,178	4,448

Another factor potentially impacting Safe at Home is other demonstrations or reforms affecting a comparable target audience. HZA has been the evaluator of Home Visitation

³ *Prescription Drug Abuse: Strategies to Stop the Epidemic.*

⁴ Johnson, Kimberly, March 26, 2014, accessed on-line

⁵ Hillary Hall, WOWK-TV report, May 18, 2015.

⁶ Administration for Children and Families, Children's Bureau, Overview, Child Maltreatment Information

⁷ Administration for Children and Families, Children's Bureau, Child Welfare Outcomes Report Data, Foster Care.

in West Virginia during its infrastructure development phase with new federal monies granted under the Affordable Care Act. Home Visitation selected eight high risk counties in which to expand and strengthen home visiting services. Although Safe at Home selects a different demographic, namely, older children, while home visiting selects younger ones, there may be an impact from the expansion of community resources such as trauma-informed and wraparound services that could meet the needs of families in both groups. Five of the eight counties initially targeted by Safe at Home West Virginia are being served in the home visiting expansion: Boone, Cabell, Lincoln, Mason and Wayne.

Several other projects will either support the demonstration or partner with it. One is the Building Bridges Initiative (BBI) which provides a framework for achieving positive outcomes for youth and families served in residential and community programs. For example, Readily at Hand, a Building Bridges Initiative, created an interactive checklist in 2011 for youth in transition. Stepping Stones, a West Virginia residential facility, led the design and implementation of this web-based checklist.

The State Court Improvement Program (CIP) is another example. Authorized in 1993 under the Omnibus Budget Reconciliation Act, federal funding has been disseminated since 1995 when the West Virginia Supreme Court initiated the Court Improvement Program and formed the CIP Oversight Board. The mission of the West Virginia Supreme Court's CIP is to create, identify, and promote initiatives that make the Court system more responsible and efficient in achieving safety, permanence, well-being, due process, and timely outcomes for children and families in child welfare system. BCF is an active member of the CIP workgroups, some of which focus on activities parallel to those of Safe at Home West Virginia: Multi-Disciplinary Treatment Teams, Youth Service Interventions, Cross Training, and Data Collection and Management.

A confounding effect of the change that Safe at Home may bring about is a reduction in the resources available to serve children. If West Virginia is successful in its reduction of congregate care, then congregate care providers will lose an important funding stream which may cause them to go out of business. Some national congregate care providers such as KVC, KidsPeace and Boystown have adapted to the new reality by developing in-home and family support programs. HZA will be monitoring the impact on providers in West Virginia with its change in focus.

Each year HZA will assess the social, economic and political forces that may be having an impact on the implementation of Safe at Home West Virginia. This will be accomplished through questions included in the interviews with center and regional administrative staff and in the interviews with providers, analysis of Children's Bureau Report Data, analysis of KidsCount and American Community Survey data. The information gleaned from these interviews will be included in the semi-annual reports as it becomes available.

As illustrated briefly here, HZA will access and analyze data from the Children's Bureau Report Data, KidsCount and the American Community Survey to determine the trends

in child abuse reporting, the numbers of child victims and the impact on the foster care population. Of course detailed information on foster care entries and exits will also be reflected in the outcome goals/objectives below. In relation to this objective, however, HZA will be looking at broader trends and tying them to the overall discussion of community factors that may be influencing the results of Safe at Home West Virginia.

Goal/Objective 7: The degree to which demonstration programs and services are implemented with fidelity to their intended service models.

The federal Children's Bureau has published guidelines for the evaluation of Title IV-E waivers and one component is fidelity assessment. One of the models which will clearly have to be assessed for fidelity in relation to Safe at Home West Virginia is wraparound. The Wraparound Evaluation and Research Team at the University of Washington has created a fidelity index to use in assessing wraparound fidelity. The Wraparound Fidelity Index 4.0 (WFI-4) is a set of four interviews that measures the nature of the wraparound process that an individual family receives. The WFI-4 is completed through brief, confidential telephone or face-to-face interviews with four types of respondents: caregivers, youth (11 years of age or older), wraparound facilitators, and team members. The developer believes that it is important to gain the unique perspectives of all these informants to understand fully how wraparound is being implemented. A demographic form is included. The WFI-4 interviews are organized by the four phases of the wraparound process (Engagement and Team Preparation, Initial Planning, Implementation, and Transition). In addition, the 40 items of the WFI interview are keyed to the 10 principles of the wraparound process, with 4 items dedicated to each principle. In this way, the WFI-4 interviews are intended to assess both conformance to the wraparound practice model as well as adherence to the principles of wraparound in service delivery.

HZA will conduct fidelity assessments of 40 wraparound cases per year using the tools developed by the Wraparound Evaluation and Research Team at the University of Washington School of Medicine. The assessment will include interviews with the four types of respondents: caregivers, youth, wraparound facilitators and team members. Data will be summarized and scores derived using guidance from the University of Washington.

If other service models are employed as part of the demonstration, HZA will also include in the case reading it proposes for measuring well-being (see the discussion of the outcome evaluation below) a set of questions relating to each of those models. This will involve reading 100 cases per year of youth served by Safe at Home West Virginia. The reading of cases, which will include the case notes in FACTS or the paper records, will be used to collect more detailed and qualitative information than may be available in coded fields in FACTS.

Goal/Objective 8: The barriers encountered during implementation, the steps taken to address these barriers, and any lessons learned during implementation.

One purpose of this goal is to help the evaluators explain the results of the qualitative and quantitative data collection. Another is for the evaluators to gather multiple perspectives on barriers so that any missing connections among the various players in the Safe at Home West Virginia initiative can be bridged. HZA will explore both internal and external barriers, including those that are endemic and those that relate specifically to this initiative. The researchers will do so through the planned interviews and by participating in meetings of the team responsible for the waiver at the state level.

HZA will include in its annual interview protocols for both administrators and service providers questions about any barriers encountered during implementation, the steps taken to address these barriers, and lessons the individual believes the organization may have learned during implementation. In addition, HZA staff will participate in team meetings held by BCF management to organize, implement and monitor Safe at Home West Virginia. At these meetings issues will almost certainly be raised about barriers to implementation and how they will be addressed. HZA will record this information and review meeting minutes to capture information for the semi-annual reports.

Goal/Objective 9: Any additional data collection identified as needed.

As will also be noted in response to the same goal/objective appearing at the end of the outcome evaluation section, the primary additional data collection likely to be needed for the evaluation of the Title IV-E waiver will involve special requests or what the RFP terms “optional services.” These may include sub-studies of discrete evidence-informed or evidence-based practices provided as part of the wraparound model. The nature of the data collection required for this type of assignment cannot be specified at this time, but HZA will provide what the agency requests in this regard, connecting the new data collection, where possible, to the other activities discussed above and in the following sections.

The following table summarizes the Process Evaluation information just presented, showing the research question associated with each goal/objective, the topics or measures that will be assessed the level of analysis and data collection method.

Process Evaluation			
Research Question: W VA Goal/Objective	Topics, Measures	Analysis Level	Collection Method
4.1 How was the planning process conducted?	<ul style="list-style-type: none"> Steps taken such as: <ul style="list-style-type: none"> needs assessments asset mapping community readiness assessment breadth of community involvement 	State and Regional	<p>Document Review</p> <p>Interviews with central and regional administrative staff</p> <p>Interviews with direct services staff</p> <p>Interviews with community members and providers</p>
4.2 How was the demonstration organized including staff structure, funding, administrative oversight and problem resolution?	<ul style="list-style-type: none"> Organizational changes Staffing structures Policy changes Administrative oversight Structures to solve problems Chain of command Involvement of community partners 	State and Regional	<p>Interviews with central and regional administrative staff</p> <p>Interviews with community members and providers</p> <p>Document Review</p>
4.3 What number and type of staff were involved in implementation?	<ul style="list-style-type: none"> Staffing structure Education requirements Experience and training Internal vs external staff 	State and Regional	<p>Interviews with central and regional administrative staff</p> <p>Supervisor and worker survey</p>
4.4 How was the service delivery system for the waiver defined?	<ul style="list-style-type: none"> Procedures for determining eligibility Intake, screening and assessment procedures Referral procedures Array of services available Number of children/families referred, accepted and served Type and duration of services provided 	State and Regional	<p>Interviews with central and regional administrative staff</p> <p>Interviews with community members and providers</p> <p>Document Review</p> <p>FACTS analysis</p> <p>Data Dashboard</p>
4.5 What role did the courts play in the demonstration; what is the relationship between BCF and the court system?	<ul style="list-style-type: none"> Awareness of waiver Involvement in planning Agreement with waiver concepts Joint implementation efforts 	State and Regional	<p>Interviews with central and regional administrative staff</p> <p>Interviews with judges</p>
4.6 What contextual factors may impact the waiver results?	<ul style="list-style-type: none"> Social factors Economic factors Political factors Other demonstration projects Other reforms 	State and Regional	<p>Interviews with central and regional administrative staff</p> <p>Interviews with community members and providers</p> <p>Analysis of Children's Bureau Report Data, KidsCount, and American Community Survey</p>
4.7 To what degree are the demonstration programs and services implemented with	<p>Assessment of four wraparound phases:</p> <ul style="list-style-type: none"> Engagement and team preparation Initial planning 	Regional	Wraparound Fidelity Assessment (4 sets of interviews)

Process Evaluation			
Research Question: W VA Goal/Objective	Topics, Measures	Analysis Level	Collection Method
fidelity to their intended models?	<ul style="list-style-type: none"> • Implementation • Transition 		Case reading
4.8 What barriers were encountered during implementation, the steps taken to address them and any lessons learned?	Barriers to implementation e.g., <ul style="list-style-type: none"> • Knowledge of initiative • Specificity of eligibility and referral processes • Willingness of families and youth to participate • Availability and capacity of providers • Availability of service array 	State and Regional	Interviews with central and regional administrative staff Interviews with community members and providers Participation in team meetings
4.9 What additional data collection is needed?	Requests for optional services and/or sub-studies of evidence-based practices	State and Regional	TBD

OUTCOME EVALUATION

HZA's approach to the outcome evaluation has several features which apply to all or nearly all of the goals/objectives related to outcomes. There are four such features.

FACTS Extracts

For all of the safety, permanency and placement outcomes, HZA proposes to conduct most of the analyses using West Virginia's SACWIS, called FACTS. Periodic, i.e., quarterly, semi-annually or annually depending on discussions with BCF, extracts will be requested on which HZA will conduct its own analyses. The extracts will essentially be data dumps of specific tables within FACTS, so that no manipulation of the data is required on the part of DHHR staff, and the format can be in any standard universal format, e.g., comma-delimited text or SQL.

Case Readings

While FACTS is expected to contain the data needed to measure success in relation to safety, permanency and placement settings, it is unlikely to have coded fields which will permit the measurement of well-being, in relation to either the youth or the families. For this, HZA will utilize case readings.⁸ For each full year of the waiver's operation, with the exception of the final year when following the cases forward would not be possible, HZA will randomly select 100 cases in which youth have received waiver services and then 100 cases from the retrospective period matched on demographic characteristics, length of service and whether the youth is living at home or in foster care. These cases will be followed forward throughout the remainder of the demonstration project. Thus, each year's case reading will be larger than the previous one, encompassing both new cases and cases which were selected in previous years. (Of course, some cases will also have closed and not be able to be followed after some period of time.) The types of analyses which will be conducted on the case readings are discussed with each of the well-being goals/objectives below.

Target Population

As HZA understands it, the sole population of interest to BCF consists of youth 12 to 17 who are either in congregate care or at risk of congregate care, i.e., have some involvement with the child welfare system. All of the outcome goals/objectives are understood to apply only to this population and measurement will, therefore, be limited to this population. It should be noted, however, that for those outcome goals/objectives which will be analyzed with SACWIS data, much larger populations can be analyzed

⁸ This will clearly require access to older records when the historical comparison cases have long since been closed.

without additional effort, should the agency choose at some point to expand the population.

The corollary to this point is that for outcomes whose level of achievement is measured through FACTS the population being analyzed will consist of all those served by the demonstration project. As noted earlier, this will require some means of identifying those youth. Preferably, this will be through some kind of indicator in FACTS itself; failing that, HZA will develop a mechanism for identifying the cases and connect that identification to the FACTS extracts.

Retrospective Matched Case Design

For each outcome HZA will utilize propensity score matching to construct a comparison group matched from prior years to the waiver youth. Because the goals/objectives are very different, there will need to be different comparison groups for each one. For instance, in examining how many youth 12 to 17 return to foster care after discharge, it will be necessary to examine only youth in that age range who have been in foster care and been discharged. For youth who might be subject to repeat maltreatment, the appropriate treatment and matched comparison groups will consist of youth who have been victims of maltreatment within defined time periods. Identifying different populations for each goal/objective and matching them to comparison groups of the same type will ensure that the measurements are on target and that the populations for whom each measure is appropriate is matched to another case for whom that measure is also appropriate. Identifying all waiver cases and matching them to comparisons without regard to the measure being assessed would make the matching process irrelevant.

The historical period from which the comparison groups will be drawn is assumed, for purposes of this proposal, to be federal fiscal years (FFY) 2011 through 2015.⁹ Matching will occur annually, meaning that HZA will use an annual extract¹⁰ from FACTS to match the waiver youth from each year with youth from the prior periods. This will allow ongoing analysis of the outcomes, permitting the agency to make mid-course adjustments if they are needed and to report substantive results both in every other semi-annual report and in the interim report required after the 10th quarter of the project.

Data Analysis

Throughout the analysis of the outcomes of the Title IV-E waiver, HZA will not only report on the outcomes for the matched groups, but will also answer each question in a

⁹ Based on the responses to the RFP questions, HZA's assumption is that the implementation date will be October 1, 2015.

¹⁰ If extracts are requested more frequently than annually, it will be primarily for the dashboard purposes discussed above rather than for the outcome analyses.

straightforward, commonsensical way. For the first goal/objective, for instance, this will mean answering the question: Compared to the retrospective periods used as comparisons, are fewer youth placed into congregate settings, without regard to whether they are in the waiver or comparison group or in neither group? While this approach is not required for the waiver evaluation, addressing it throughout is important because it is possible that the general population of youth at risk of placement in congregate care during the waiver period will have different characteristics in some important ways than the general population at risk of congregate care in prior periods. Should that happen, it is possible either that the demonstration services are shown to be successful when the outcomes for matched populations are compared but that the number of youth in congregate care has nevertheless risen, or that the demonstration services cannot be shown to be successful when the matched populations are studied but the number of youth in congregate care decreases in any event. Either of these results requires explanation and the examination of the two populations will provide a basis for that explanation, regardless of the results of the demonstration project.

In addition to both answering the common sense question and comparing the overall outcomes of the waiver and comparison groups, HZA will provide breakdowns of the outcome results in such a way that BCF will be able to identify the groups with which it is most successful on each outcome goal/objective and the groups with which it is least successful. This will be accomplished by showing the success rate for each group, that is, the percentage of the group which has a successful outcome. For instance, in relation to keeping youth out of congregate care, HZA will show the proportion of those 12 to 17 who entered care due to maltreatment who were placed in foster homes or relative homes and the proportion of the 12 to 17 population which entered care due to the youths' own behaviors who were kept in lower levels of care. Which breakdowns will be provided will differ for each outcome goal/objective, just as the waiver population used for the measurement of each outcome goal/objective will differ.

Annual Data Collection and Analysis

Much of the discussion below is written as though the data analysis will occur just once. It is, however, HZA's intent to collect data annually, both through data extracts from FACTS¹¹ and through case readings. Moreover, the matching of comparison cases to waiver treatment cases will also occur annually; the case readings could not occur without that.

Once the data have been collected for a given year, they will be analyzed and the results will be submitted to BCF for inclusion in its next semi-annual report to the federal government. Each of these analyses will occur both for the cohort of cases which have been selected for that year and for all of the cases on which data have been collected to date. Thus, BCF will be able to determine if the results it is achieving through the waiver are improving from one year to the next and, at the same time, get a preview of

¹¹ Extracts may be requested more frequently than annually for the Data Dashboard or parts of the evaluation other than the outcome evaluation.

what the total results will be at the end of the waiver period. Should the results not seem satisfactory to BCF, it will have the opportunity to make mid-course corrections.

Goal/Objective 10: Number of youth placed in congregate care.

For goal/objective 10 dealing with the number of youth placed in congregate care, three counts will be produced for both the common sense comparison and the matched comparison. HZA will examine the number of unduplicated youth entering congregate care during the year, the number of entries into congregate care (duplicated youth counts) during the year and the number in congregate care on a given day. For the matched comparison, the waiver treatment group will consist of all youth 12 to 17 with any involvement with the child welfare system and these will be matched to youth from the retrospective period on the basis of demographics, time since removal, reason for removal and number of placements since removal.

Once the basic numbers are generated, HZA will analyze the data further to show which youth are more likely to enter or be in congregate care and what types of congregate care they are in. Even though the waiver and comparison groups will be matched, the youth who enter or are in congregate care during each period may differ, and that will shed light on which populations are doing better under the waiver and which are not. The same factors used in the matching will also be used in the breakdowns. In addition, HZA will examine the type of care probably focusing particularly on the extent to which emergency shelters impact the number of youth in congregate care. Reducing congregate shelter care may require different strategies than reducing longer term congregate placements.

Goal/Objective 11: Length of stay in congregate care.

There are multiple ways to generate measures of length of stay, including the traditional methods of calculating the lengths of stay of those who *enter* congregate care, of those who are in those settings *on a single day* and of those who *exit* congregate settings. Only the first of these, however, is useful for analyzing the factors which contribute to longer lengths of stay and therefore for identifying strategies for reducing them. Thus, while HZA will report on the other measures, the waiver treatment group will be defined as those youth who enter congregate settings during the waiver period and they will be matched to youth who entered during the chosen retrospective period, i.e., FFY 2011-2015. The matching will be done using the same factors listed in relation to goal/objective 10 above, except that instead of examining simply the number of placements since removal, HZA will include as match factors 1) the number of placements between removal and the youth's first congregate placement and 2) the number of congregate placements the youth has experienced between removal and the congregate setting just entered. FACTS will be the source for the data required for matching.

Once the groups have been selected, length of stay in the setting which qualified the youth for inclusion in either the waiver or comparison group will be examined in terms of medians and percentages of youth exiting within defined periods. Because some youth are likely to remain in their congregate settings for substantial periods of time, normal averages are not really possible. It is possible, however, to determine when one-quarter or one-half of the youth have exited and to measure what percent of the youth exit within specified time periods. In addition, youth will be tracked forward and the uninterrupted length of stay in congregate care, including consecutive stays in different settings, will be calculated, as well as the total time in congregate settings after entry into foster care.

As with the analysis of entries into congregate care, HZA will analyze the results further to identify the factors contributing to longer lengths of stay. This will include calculating the lengths of stay for different demographic groups, e.g., racial, age¹² and gender groups, and for youth with different lengths of time in care, reasons for removal, number of previous placements and number of previous congregate care placements. Emergency shelters will again be considered somewhat separately, excluded for some of the calculations of length of stay and for some of the further analyses and included for others. Emergency shelters almost certainly reduce the length of time in congregate care when they are included in the calculations and may therefore skew the results if not treated separately.

The final set of analyses to be undertaken here will focus on what happens to the youth after leaving the congregate setting. In this instance, length of time in congregate care will be examined as a factor influencing whether the youth is reunified, discharged to a pre-adoptive home or sent to another setting, such as, another congregate care setting. To the extent FACTS data permit, this analysis will also examine the reasons the youth was discharged from the setting, as well as from previous settings.

Goal/Objective 12: Number of youth remaining in their home communities.

Measuring the State's achievement on this goal requires identifying a more complexly defined group of youth than is the case for any of the other goals. That is because there are multiple points at which decisions are made which determine whether a youth remains in his or her community. Such a decision is made when a youth first comes to be known to the agency, when a youth is removed from his or her home and every time the youth moves from one out-of-home setting to another. To account for these variations, the waiver treatment group will consist of all youth 12 to 17 who become known to the agency (whether through a maltreatment report, a juvenile arrest or some other means), are removed from the home or enter a new foster care placement during the course of the waiver project. Because of the different ways youth can be at risk of being placed outside their communities, separate matched groups will be identified for

¹² Where age breakdowns are used in the analyses, HZA proposes to use either two groups (12 to 14 and 15 to 17) or three groups (12 and 13, 14 and 15, 16 and 17). Discussions with BCF will decide which is more useful.

each of the events which qualify youth for inclusion on this measure. The propensity score match variables will include, along with demographic factors, reasons for removal, length of time since removal, number of prior removals and number of prior placements during this removal episode.

The analysis will provide not only the overall numbers and percentages of youth able to remain in their own communities, but will also break those figures down for each of the qualifying events, comparing, for example, the number and percentage of youth removed from their homes who remain in their communities between the waiver treatment and comparison groups, and then separately making the same kind of comparison for those moving from one foster care setting to another. As with all of the other analyses, additional breakdowns will show whether age, race, gender, reason for removal, number of prior placements or the type of previous placement had any impact on whether the child remained in the community. As noted above, the fact that the groups are matched does not mean that the characteristics of the youth who are able to remain in their own communities are similar during both periods, and, in fact, those characteristics could change over the course of the waiver period. The final breakdown to be explored on this question involves the impact of the kind of placement setting (including the youth's own home) on whether he or she remains in the community.

Goal/Objective 13: Rates of initial foster care entry.

The rate of initial entry into foster care may represent one of the largest challenges the West Virginia child welfare system faces. Between 2002 and 2012, West Virginia was one of only 12 states to increase the number of children in care, while the country as a whole saw its foster care population decrease by 24 percent.¹³ Moreover, the rate at which children enter foster care in West Virginia is far higher than that of any of its surrounding states. While West Virginia's rate of entry into care in 2013 was 8.6 per 1000 children in the general population, the following represent the rates for nearby states.

- Kentucky, 5.5
- Maryland, 1.7
- North Carolina, 2.2
- Pennsylvania, 3.5 and
- Virginia, 1.3¹⁴

According to the State's own Child and Family Services Plan, West Virginia has the highest foster care entry rate in the nation.¹⁵ The target group for the State's Title IV-E waiver plays a large role in all of this. Youth ages 12 to 17 represented just under 40

¹³ ACYF Office of Analysis, Research and Evaluation, *Data Brief 2013-1: Recent Demographic Trends in Foster Care*, September 2013.

¹⁴ Children's Bureau, Child Welfare Outcomes Report Data at: http://cwoutcomes.acf.hhs.gov/data/tables/demo_stats?year=2013

¹⁵ West Virginia Child and Family Services Plan, 2015 – 2019, p. 91.

percent of the children in foster care on the last day of FFY 2013 and 45 percent of the children entering care during the year. Slowing the flow of this group into foster care would appear to be a critical piece of any strategy to reduce the foster care population.

Combining FACTS data with information from the US census, HZA will calculate 1) an overall rate of entry into foster care, 2) a rate of initial (i.e., first-time) entry into care and 3) a rate of current placement in care (i.e., youth in care on a given day). All of these figures will be calculated for the population 12 to 17, although HZA is prepared to calculate for other populations, should BCF either extend the target group of the demonstration or simply want a comparable figure for the remainder of the child population.

The matched populations related to this goal/objective will consist of youth who come into contact with the child welfare system. For most of the youth in the target population for the demonstration project, this will mean entry through the juvenile justice system, but instances of maltreatment will also need to be taken into account. Matching between the waiver population and the comparison group will therefore include the reason for the youth's contact with the system, as well as the demographic and other factors used in all of the matches, e.g., number of previous contacts with the system.

The analyses comparing the waiver and comparison groups will be the same as those for the common sense approach to the question of whether the waiver has reduced the rate of initial entry into care, except that here the population of interest is not the general population of all youth but rather just those coming into contact with the agency. The three separate calculations, i.e., those entering care, those entering care for the first time and those in care on a given day, will shed light not only on the goal as literally stated but also on whether the size of the foster care population is affected most by intakes, by discharges (or the lack thereof) or by repeat entries. As with all of the other analyses, HZA will examine sub-populations to determine whether the waiver initiative is working better on this goal for some groups than for others.

Goal/Objective 14: Number of youth re-entering any form of foster care.

In calculating the waiver's success in reducing re-entry, two factors are especially important. The first is to define the time frames within which the re-entry has to occur to be counted. HZA will use three time frames: six months after discharge, 12 months after discharge and 24 months after discharge.

The second factor is the definition of the population. To be broadly consistent with the way the federal government has calculated re-entry during the second and third rounds of the Child and Family Services Reviews, both the waiver and the comparison groups must be comprised of youth discharged from care. Consideration should also be given to the youth's discharge destination. Those discharged to adoption are generally less likely to return to care than those discharged home, and those discharged because they ran away from their placements should probably not be counted at all. Moreover, with

the focus on older youth, it is also necessary to consider the youth's age at the time of the discharge. A youth discharged six months before his or her 18th birthday will not be returning to care a year later.

With these considerations in mind, three waiver treatment groups will be defined: all those discharged from care prior to six months before their 18th birthdays for other than administrative reasons, e.g., the youth ran away and payment is no longer being made; the sub-set of these who were discharged from care prior to their 17th birthdays; and the subset of these who were discharged prior to their 16th birthdays. These groups will be used to calculate the rates of re-entry at the six-month, one-year and two-year points, respectively.

Aside from the usual analyses breaking down the results by demographic and other standard factors, these results will be broken down by the type of placement in which the youth was placed immediately prior to discharge, as well as the number of placements the youth experienced, whether the last placement was in the youth's own community, the total time the youth spent out of his or her own community since removal and the total length of time in congregate settings. The purpose of all of these kinds of analyses is to identify factors which reinforce or hinder the achievement of the goal.

Goal/Objective 15: Youth safety (e.g., rates of maltreatment/recidivism).

While most youth in the target group of those 12 to 17 years of age are being served by the child welfare system for reasons other than maltreatment, primarily their own behavior, this goal focuses on safety, i.e., absence of maltreatment. Safety should, however, be a concern not only in relation to those who have previously been maltreated but also in relation to those who enter the system for any reason at all.

HZA will therefore define the group as all youth becoming known to the agency during the waiver period and rates of maltreatment/recidivism as a substantiated incident of maltreatment which occurred at six months, one year and two years after the youth became known to the agency.¹⁶ The matching factors for identifying a comparison group will include the reasons the youth became known to the agency, the nature of any substantiated allegations, the number of previous substantiated incidents of maltreatment and the number of previous involvements with the agency. Similar to the analysis of re-entry, the date of the incident in relation to the youth's age must also be taken into account; a youth abused when he or she is 17 will not be a victim of child abuse two years later, regardless of what happens.

An important analysis of the results for this goal will be examining whether the youth was removed from the home following the maltreatment incident. One would expect that youth who are removed would be safer from maltreatment than youth who were

¹⁶ If FACTS records the date of the maltreatment incident, that will be used when determining when maltreatment occurred. If the system does not contain that date, the report date will be used.

not, but it is also possible that this effect lasts only while the youth remains in care. Following the youth for two years should offer some insights on this score.

Goal/Objective 16: Well-being of youth.

When the goals of the project turn to well-being, FACTS will be of minimal use for the evaluation. Instead, HZA will need to conduct case readings to determine whether youth served through the waiver enjoy better personal functioning, better educational results and better functioning among their family members.

The ideal way in which to assess youth functioning (and family functioning) is to use the results of formal, recognized assessments which are already in use. Because DHHR and private agency workers already utilize the Child and Adolescent Needs and Strengths assessment tool, HZA will utilize those results in its case reading. It is not known, however, whether the agency uses the CANS more than once. During the course of HZA's evaluation of Jacob's Law, CANS was used only within the first two weeks of a youth's entry into care. HZA recommended that the tool be used at later points in the life of the case, as well, so that the need for changes in case planning strategies could more easily be identified. If that change has happened, the measurement of changes in well-being will be straightforward; assessment scores on relevant domains at later points of time in the case will be compared to initial scores for the same cases. The differences in the changes, not the absolute scores, experienced by the waiver treatment group and by the comparison group, respectively, will be the basis for the comparison and the determination of whether waiver services are successfully promoting the youth's well-being.

If CANS assessments are not available for addressing the achievement of the goal of promoting the well-being of the youth served by the agency, HZA will pursue one of three other courses, the decision being made in conjunction with BCF's staff responsible for the oversight of the evaluation. The options are:

1. identify another recognized assessment which is routinely used in case planning for child welfare cases and collect and analyze the information from that assessment to measure well-being; such an assessment may be part of the Wraparound program which West Virginia is instituting;
2. identify a different tool than CANS which is not currently in use and ask caseworkers in West Virginia to use that tool as specific points in time in the life of each sample case; and
3. instruct HZA's case readers to examine the case record as a whole, including any assessments from outside clinicians, and make a judgment as to the level of progress which has been made since the youth has begun receiving services.

HZA also will examine the case reviews conducted by the Division of Program Quality Improvement which measures family functioning. While this source would not be tracking the waiver population, it will be useful to see what measures it uses.

Regardless of which strategy is decided upon, the only thing case readers will examine are questions regarding well-being and any other pieces of information which might inform the process evaluation or be desirable for the dashboard discussed above. All other information on the sampled cases, including the comparison group cases, will be drawn from FACTS. While the sample size will clearly be smaller than those studied for the goals related to safety, permanency and placement, the same kinds of analyses will be conducted in an attempt to identify factors important in promoting positive well-being. Most obviously, one would expect some level of difference in the results between those who have been removed from their homes and those who have remained in their own homes.

Goal/Objective 17: Educational achievement (e.g., number/proportion of youth remaining in the same school throughout agency involvement).

The evaluation of the waiver's success in contributing to positive educational results for youth will rely on the same treatment and comparison groups identified for the previous goal, i.e., child well-being, as well as the same data collection method, i.e., case reading. HZA also will consult with the case reviews conducted by the Division of Program Quality Improvement which measures educational outcomes. Again, this source would not be tracking the waiver population specifically, but comparing its results to those obtained for the waiver population may be instructive. HZA will also explore what information is available from the Department of Education which recently entered an agreement with BCF to share educational system data for youth involved in child welfare.

At least four issues will be examined in determining the extent to which the waiver is contributing to educational achievement. These are: whether the youth remains in school; whether and how frequently the youth is suspended from school; whether the youth remains in the same school (or changes only because he or she has graduated from the previous school); and whether the youth's marks improve, stay the same or deteriorate. Again, the comparison between the treatment and comparison groups will focus on the differences in the marks, rather than on either the level of the marks themselves or whether the youths' marks generally improved or deteriorated. In other words, it is possible that for both groups the grades they achieved deteriorated (or improved) but that one group's grades deteriorated (or improved) to a greater degree than did those of the other group.

It should also be noted that the number or proportion of youth remaining in the same school throughout agency involvement is less an indicator of actual academic achievement than a factor rightly believed to be important in contributing to that

achievement. The extent to which this is a factor in keeping youth in school and improving or maintaining their grades will be tested through this evaluation.

Goal/Objective 18: Improved Family Functioning.

Essentially everything that was said about measuring youths' well-being applies to the measurement of this goal, as well. The same case reading of the same cases will be conducted; CANS will be used if possible and if not one of the other options will be employed; and the same kind of analysis of the results will be conducted. CANS contains a Caregiver Resources and Needs component that measures issues such as mental health, substance use, family stress, housing stability and involvement. The Wraparound program will also be consulted for assessment tools that may be consistently in use.

The only difference between youth and family well-being is that the analysis will use somewhat different factors for family functioning than for youth well-being. These might include, in addition to the above, the number of adults in the household, employment status of the adults and the highest educational level achieved. Even with those factors, however, one might still expect that having the youth in foster care would have a different impact on the family's functioning than would having him or her at home.

Goal/Objective 19: Any additional data collection identified as needed.

No additional data collection would appear to be required, unless one of the special requests or optional studies BCF desires requires examination of some information which is not included in anything discussed to this point or in the discussion of the cost evaluation below.

The following table summarizes the Outcome Evaluation information just presented, showing the research question associated with each goal/objective, the topics or measures that will be assessed the level of analysis and data collection method.

Outcome Evaluation			
Research Question	Measures	Analysis Level	Collection Method
4.10 To what extent has the project changed: the number of youth placed in congregate care?	<ul style="list-style-type: none"> • No. of unduplicated youth entering congregate care in a year • No. of duplicated entries in a year • No. in care on a given day • Characteristics of youth in care (age, race, gender) • Types of congregate care 	State and Regional Entry cohorts and retrospective matched comparison group	FACTS extracts
4.11 To what extent has the project changed:	<ul style="list-style-type: none"> • Length of stay for those who enter congregate care (this will be used to evaluate waiver effectiveness) 	Entry cohorts and retrospective matched comparison group	FACTS extracts

Outcome Evaluation			
Research Question	Measures	Analysis Level	Collection Method
the length of stay in congregate care?	<ul style="list-style-type: none"> Length of stay for those in care on a given day Length of stay for those who exited care Discharge reasons Discharge setting 	Medians and percentage quartiles	
4.12 To what extent has the project changed: the number of youth remaining in own communities?	<ul style="list-style-type: none"> Youth becoming known to the agency or who are removed from home or enter a new home during the waiver Characteristics of youth (age, race, gender) Placement setting 	Entry cohorts and retrospective matched comparison group	FACTS extracts
4.13 To what extent has the project changed: the rates of initial foster care entry?	<ul style="list-style-type: none"> Overall rate of entry Rate of initial (first-time) entry Rate of current placement in care on a given day Characteristics of youth (age, race, gender) 	Entry cohorts and retrospective matched comparison group	FACTS extracts
4.14 To what extent has the project changed: the number of youth re-entering any form of care?	<ul style="list-style-type: none"> Timeframe for re-entry (of those who do): 6-, 12- 24-months from discharge Initial discharge destination Number of placements Length of time in congregate settings Characteristics of youth 	Three re-entry cohorts	FACTS extracts
4.15 To what extent has the project changed: youth safety/ maltreatment recidivism?	<ul style="list-style-type: none"> No. with substantiated maltreatment during waiver No. with new substantiated maltreatment during waiver at 6-, 12- and 24-months Characteristics of youth (age, race, gender) 	Substantiated abuse cohort	FACTS extracts
4.16 To what extent has the project changed: the well-being of youth?	<p>Sample measures in CANS:</p> <ul style="list-style-type: none"> Social functioning Self-care Sexuality Family relations School behavior School achievement Conduct Impulsivity 	Randomly selected group plus matched retrospective cohort	Case reading: CANS and/or other assessment tools
4.17 To what extent has the project changed: the educational achievement of youth?	<ul style="list-style-type: none"> Youth remains in school Youth remains in same school Academic achievement (grades) 	Randomly selected group plus matched retrospective cohort	Case reading Reference Department of Education and Program Quality Improvement data
4.18 To what extent has the project changed: family functioning?	<p>Caregiver Resources and Needs component of CANS:</p> <ul style="list-style-type: none"> Medical/physical Mental health 	Randomly selected group plus matched retrospective cohort	Case reading: CANS and/or other assessment tools

Outcome Evaluation			
Research Question	Measures	Analysis Level	Collection Method
	<ul style="list-style-type: none"> • Substance abuse • Family stress • Housing stability 		Wraparound assessment tools
4.19 Additional data collection	<ul style="list-style-type: none"> • Requests for optional services or sub-studies 	TBD	TBD

COST EVALUATION

The cost evaluation will be closely tied to the outcome evaluation, because the most significant component of it involves calculating the costs of successful cases. Thus, the costs to be analyzed from goals/objectives 20 through 22 will be the costs associated with the relevant waiver and comparison group members for various outcome goals/objectives. In addition, similar to the outcome analyses, HZA will conduct each of the cost analyses annually, producing results both for the costs of cases added in the most recent complete year and for the entire range of cases having received waiver services up to that point, along with their matched comparisons.

Goal/Objective 20: A cost comparison of the key services received by children and families through the demonstration project to the cost of services available prior to the start of the demonstration, or that were received by the children and families that were not designated to receive demonstration services.

The cost of services child welfare families receive can generally be categorized into three groups: services provided directly by the public agency, generally consisting of casework or case management; placement services provided by foster parents and private agencies; and ancillary services provided by private providers, such as counseling and parenting education. Each of these categories is likely to be recorded in different ways. Services provided directly by the public agency are generally recorded through time studies, such as random moment surveys, the results of which are applied to the agency's total administrative costs through a cost allocation plan. Placement services are paid on a *per diem* basis, generally with allowance made for short absences, so long as those do not involve payment to someone else, e.g., a respite provider. Ancillary services may be paid in a variety of ways, depending on the nature of the service and the terms of the contract. Many, such as individual counseling services, may be paid on a unit of service basis in which a client receives an hour of the service and the public agency pays a fixed rate for that hour. Others, such as group counseling or parenting education, may be paid either on a per client unit of service basis or on the basis of the provider's time, costing the same regardless of the number of clients served.

Determining the cost of each of these types of services will clearly require different methods. For the public agency services the costs have to be derived from the cost allocation plan and the results of the repeated time studies. Placement costs and any ancillary services which are paid on a unit cost basis are fairly straightforward and should be available from claims for payment made to the agency and from payments made to foster parents. To arrive at a per client cost for ancillary services paid on the basis of the provider's time it is probably necessary to use an estimate of the average number of clients served for each unit of the provider's time.

HZA will examine the Department's cost allocation plan and the results of the allocation of funds to calculate an average cost per client for a defined time period. Whether the

time period should be a day, a month or a quarter will be a subject for discussion between HZA and the agency. The resulting average cost will be adjusted for inflation to account for the differences in time periods being studied.

For placement costs, HZA's examination will focus on the established rates for each placement. To eliminate the impact of rate increases which might have occurred between the retrospective time period being studied and the waiver period, waiver period rates will be used. Without that adjustment, the waiver period costs might appear inappropriately higher.

For the ancillary services, HZA will study the relevant contracts and calculate an average cost per client per unit or per time period, depending on the nature of the service and of the contract terms. If the services are substantially the same during the retrospective and waiver periods, waiver period rates will be used. If they are not the same, the retrospective costs will be adjusted for inflation.

These calculations will be applied to the same matched groups discussed above in relation to outcomes. This ensures that comparable cases are being examined and it sets up the calculations of the costs of success. The costs calculated for each type of service will be attached to each of the clients in the respective groups and average costs per client for each group will be calculated. Those average costs will take into account the time the client received the service and, where appropriate and knowable, the frequency of the service (primarily for ancillary services). Because some cases may be in the system for very long periods of time, HZA will make its calculations not only for all of the time the clients are served but also for each waiver year. Assuming that the waiver services are successful, waiver clients should show an average of fewer days in each year than traditional clients.

As with the outcome analysis, HZA will break down the results so that the agency can determine which groups of waiver clients exhibit the largest differences in costs compared to similar historical clients. In addition, results will be shown for each type of cost, so that where there are differences in either direction, DHHR can see that, for instance, there is a savings in placement costs but not in case management or ancillary services.

Goal/Objective 21: The use of key funding sources, including all relevant Federal sources such as Titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds. The purpose of the analysis will be to compare the funding of services available through the demonstration with those of services traditionally provided to children and their families.

This analysis will follow directly from the approach to the previous objective. The costs will have been calculated; all that is required here is to determine where those costs were claimed. This will require examining both the claims for federal funds and the state budget categories toward which each cost was allocated. The same matched

groups will be used. For those claims which are not tied to individual customers (e.g., case management costs and ancillary costs not paid by Medicaid), averages for all customers will be used.

Part of what this analysis will produce is identification of shifts in funding between the retrospective and the waiver periods. In particular, the waiver should make it possible to use more federal funds for ancillary services and perhaps even for case management. Thus, the analysis will not only show overall shifts in funding sources but also shifts for particular kinds of services.

Goal/Objective 22: If feasible, a cost-effectiveness analysis will be conducted to estimate the costs of each successful outcome achieved through the demonstration. This analysis will be conducted using one or more of the key outcome measures for which a statistically significant difference is identified.

This analysis is feasible not only for the outcomes for which a statistically significant difference has been identified, but for all outcomes. Moreover, it is useful to make that comparison even where the differences in outcomes are not statistically significant because the difference in costs may be significant even where the outcomes are not. Therefore, HZA proposes to calculate the cost of success for each outcome where the waiver population shows better outcomes than the matched comparison group, regardless of statistical significance.

As with all of the outcome and cost analyses, the matched groups will be used in these analyses. This will be made easier because the matched groups have been defined individually for each outcome. Thus, the costs of only the appropriate populations will be compared.

Whether further analyses is possible with the costs of success will depend on the sample sizes of the various sub-populations. Ideally, HZA will, for example, determine whether differences in the costs of success are greater for youth in care for maltreatment than for youth in care due to their own behavior issues. While such analysis might not be feasible for a single year's population, by the end of the waiver period, HZA anticipates having sufficient numbers of clients to make at least some of these kinds of analyses.

Goal/Objective 23: Any additional data collection identified as needed.

The one federally required item which the RFP does not request is an analysis of the cost neutrality of the waiver project. HZA is offering this service as part of its proposal.

For this analysis, the use of the comparison groups is not really appropriate. HZA's approach will be to conduct an analysis similar to that for goal/objective 21 but to do it for the entire population. This is actually probably easier than doing it for a carefully

controlled sub-population. The data collection will involve much the same data as used earlier, but without the need to calculate per client costs. The costs of concern are the entire system's costs and the overall impact on the various funding sources of changes in those costs. Unlike the remaining parts of the evaluation, the calculation of cost neutrality needs only to be done once, at the very end.

The following table summarizes the Cost Evaluation information just presented, showing the research question associated with each goal/objective, the topics or measures that will be assessed the level of analysis and data collection method.

Cost Evaluation			
Research Question	Measures	Analysis Level	Collection Method
4.20 Are the costs of providing the Waiver services to a youth and family less than those provided before the waiver demonstration?	<ul style="list-style-type: none"> • Cost of services provided directly by the agency • Cost of placement services • Cost of ancillary services 	Cost per case Current and retrospective	FACTS Medicaid Claims Federal claims Contracts Payment records
4.21 How does the Demonstration Project alter the use of state and federal funding sources including Titles IV-A, IV-B, IV-E, and XIX of the Social Security Act as well as state and local funds?	<ul style="list-style-type: none"> • Same as above plus • Cost claims • State budget categories 	Cost per case	FACTS Medicaid Claims Federal claims Contracts Payment records State budget
4.22 What is the cost effectiveness of the waiver demonstration (cost of each successful outcome)?	Cost effectiveness, <i>i.e.</i> , of achieving one successful case measured by successful outcomes	Cost per successful case	Same as above plus number of successful cases as calculated in outcomes study
4.23 What additional data collection is needed?	Responding to ad hoc data requests Cost neutrality analysis	TBD System-wide	TBD FACTS Medicaid Claims Federal claims Contracts Payment records

SUMMARY OF RESEARCH METHODS AND DATA COLLECTION FREQUENCY

The following table summarizes information collection for all three aspects of the evaluation, process, outcome and cost.

Data Collection Method, Frequency and Source			
Method	Source	Frequency	Sample
Document Review	BCF	Annually	All relevant e.g., policies, federal waiver documentation like IDIRs, organization charts, training manuals
Interviews with central and regional administrative staff	Central and regional office staff	Annually	Implementation counties/districts
Interviews with direct service staff	Regional office staff	Annually	Implementation counties/districts
Interviews with community members and providers	Community members and providers	Annually	Implementation counties/districts
Supervisor and worker survey	Regional office staff	Annually	Implementation counties/districts
Interviews with judges	Judiciary	Years one, three and five	At least 10 per cycle
Fidelity Assessment	BCF and Wraparound providers	Annually	100 per year
FACTS Analysis	DHHR	Annually	Treatment and comparison groups
Case Record Reviews	DHHR	Annually	Treatment and comparison groups 200 per year
Claims Analysis	DHHR	Annually	Treatment and comparison groups
Standardized Assessments Review	BCF or Wraparound providers	Annually	Treatment group families; others if available
Analysis of Secondary Data	Children's Bureau Report Data KidsCount American Community Survey	Annually	NA
Data Dashboard ¹⁷	FACTS data	Quarterly	Waiver participants

¹⁷ This is an HZA product rather than a data collection method.

MANDATORY SPECIFICATION CHECKLIST (Attachment B)

Mandatory Requirement 1: Within 90 days of award, proposer must submit the evaluation plan to the Agency for submission to the Federal Children's Bureau. The plan must thoroughly describe data collection and analysis procedures for the process, outcome, and cost analysis components of the evaluation.

HZA will submit a draft of the evaluation plan to the Agency within 60 days of the award, together with all survey instruments, case reading instruments and other data collection protocols. In HZA's experience with Arkansas, the data collection instruments were required to be submitted with the evaluation plan, although ACF did not communicate that to the State until the plan had been submitted. For West Virginia, HZA will avoid that delay. Once the draft is submitted, HZA anticipates BCF will review it and request any changes in time for those to be completed by the 90th day after award.

Mandatory Requirement 2: No later than 60 days after the conclusion of the 10th quarter following the demonstration's implementation date, the proposer must submit an interim evaluation report to the Agency for submission to The Federal Children's Bureau.

HZA will submit the interim evaluation report no later than 30 days after the conclusion of the 10th quarter following the demonstration's implementation date. The annual structure of HZA's data collection and analysis procedures will ensure that not only process information but also outcome and cost data will be available for the first two years of the project, and that the analyses of these data can be completed before the end of the 10th quarter. That makes possible the earlier than required submission of the interim evaluation report. It also provides BCF additional time for review.

Mandatory Requirement 3: No later than 6 months after the conclusion of the demonstration project, a final report integrating the process, outcome, and cost components of the evaluation will be submitted to the Agency for submission to The Federal Children's Bureau.

HZA will submit the final report no later than six months after the conclusion of the demonstration project, and probably much sooner. The report will integrate the process, outcome and cost components of the evaluation. Complying with this requirement will be relatively simple because, as described in the narrative surrounding the various goals/objectives above, HZA's annual analyses will focus both on the events and cases specific to each year and on the total of all the cases across all of the years of the project up to that point. Thus, when the project ends, everything except the final

year of the project will already have been analyzed and it is unlikely that anything dramatically new will emerge in the final year. Perhaps more importantly, the analytic processes will have been well established by that point and connections will have already been drawn among the processes, outcomes and costs in previous reports.

Mandatory Requirement 4: No later than 6 months after the conclusion of the demonstration, the proposer will produce and make available for public use data tapes, including documentation necessary to permit re-analysis of the data gathered during the course of the evaluation.

Simultaneous with the submission of the final report, HZA will provide to the agency and make available for public use data tapes with all of the information and documentation necessary to permit re-analysis of the data gathered during the course of the evaluation. Because some of the data will contain information which could potentially identify specific individuals, HZA will work with DHHR's attorneys and FACTS staff to ensure that the public use tapes are completely de-identified while continuing to be useful for analysis.

Mandatory Requirement 5: Public release of any evaluation or monitoring reports required under this agreement will be made only by the Agency. Prior to public release of such reports the Vendor must provide the Agency with at least a 30-day period for review and approval.

HZA will not make any public release of any evaluation or monitoring reports required in the RFP or in the agreement between DHHR and HZA. HZA will provide all reports to the Agency so as to permit at least a 30-day period for review and approval prior to the scheduled public release.

Mandatory Requirement 6: Vendor must provide Semi Annual Progress Reports to Agency.

As it does in Arkansas for that State's Title IV-E waiver, HZA will provide semi-annual progress reports to the agency, which are expected to be incorporated into the semi-annual reports on the entire project that the State submits to the federal government. As noted in the discussions of the various goals/objectives above, the semi-annual progress reports will include substantive findings when those are available.

Mandatory Requirement 7: Vendor will assist Agency in the development of a final implementation plan.

HZA was intimately involved in the development of Arkansas' implementation plan and will provide similar assistance to West Virginia. The previous experience with a much

more complex implementation plan, i.e., one encompassing six different strategies, should prove to be helpful to the State.

Mandatory Requirement 8: Vendor must comply with all requirements and deliverables within the body of RFP.

HZA will comply with all requirements and deliverables within the body of the RFP. In a number of places outlined in the responses in Attachment A, HZA proposes providing more than the agency has required and will meet those commitments, as well as those specified in the RFP.

Mandatory Requirement 9: Vendor must submit invoices by deliverable and deliverable must meet the terms and conditions in RFP and if tied to Federal requirements must receive federal approval for deliverable to have been met. Invoices must be submitted to WV DHHR Bureau for children and Families, 350 Capitol Street, Room 730, Charleston, WV 25301. Invoices must include the Purchase Order Number.

HZA has submitted invoices to DHHR for several years for a variety of projects and will submit invoices for this project to the address above and with the Purchase Order Number. The invoices for this project will be by deliverable; the deliverables will meet the terms and conditions of the RFP; and, if a deliverable is tied to a federal requirement, federal approval of the deliverable will be obtained before the invoice is submitted.

REQUIRED FORMS



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Proposal
 10 - Consulting

Proc Folder: 98820

Doc Description: Title IV-E Waiver Project: Third Party Evaluator

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-05-19	2015-05-27 13:30:00	CRFP 0511 BCF1500000001	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

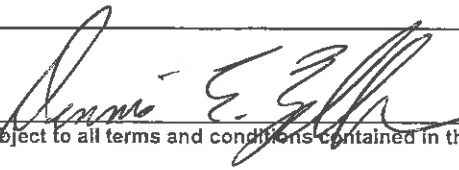
VENDOR

Vendor Name, Address and Telephone Number:

Hornby Zeller Associates, Inc.
 48 Fourth Street, Troy, NY 12180
 (518) 273-1614

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
 (304) 558-0067
 robert.p.kilpatrick@wv.gov

Signature X  FEIN# 14-1777722 DATE 5/21/2015

All offers subject to all terms and conditions contained in this solicitation

BCF150000001	Document Phase Final	Document Description Title IV-E Waiver Project: Third Party Evaluator	Page 2 of 2
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: CRFP 0511 BCF150000001

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

Addendum #1 issued to publish vendor submitted questions and Agency responses, and to provide a clarification regarding the specifications, per the attached.

Bid Opening Date and Time remain 5/27/2015, 1:30pm EST
NO OTHER CHANGES

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

**“Safe at Home” Demonstration Project Third Party Evaluator
CRFP 0511 BCF 1500000001
Technical Questions and Answers
And
Clarification of Specifications**

1. What is West Virginia's definition of congregate care? What kinds of facilities are included? What is not included?

WV considers group residential care as congregate care; this includes shelter care. It does not include detention facilities.

2. How are you defining “at risk of going into congregate care?” Are there specific criteria or a tool that is used?

WV considers any 12-17 year old involved with the child welfare/juvenile justice system as being at risk of placement into congregate care.

3. Who will develop the individualized plans designed to prevent placement or return youth home, DHHR staff or contracted providers?

Contracted staff. We will enter into contractual agreements with Local Coordinating agencies that will provide the Care Coordinators who will oversee the wraparound treatment plan.

4. Who will be providing the wrap-around services, DHHR staff or contracted providers?

The question offers only two options for answering, and neither is completely accurate. The Care Coordinators will be with contracted agencies but services are both behavioral health and social services, as well as informal services, both paid and unpaid.

5. Can we get a copy of the Title IV-E waiver application West Virginia submitted?

Attached

6. Has the Title IV-E Initial Design and Implementation Report been submitted?
Can we obtain a copy?

Yes, the first IDIR was submitted January 2015 and we are preparing for submission of our 2nd quarterly IDIR. The January IDIR is attached

7. Has West Virginia been working with a university or evaluation group relating to the Title IV-E waiver or its evaluation? If so, who?

No

8. How large is West Virginia's waiver budget? How much has been allocated to evaluation?

A response will not be provided for questions relating to budget, cost, nor revenue.

9. Are vendors required to meet at least one of the preference criteria in order to submit a bid?

Vendors are not required to request a vendor preference option from the Vendor Preference Certificate to be considered for awarded. Please see Item #15; Preference, in Section Two, Instructions to Vendors Submitting Bids.

10. Are vendors required to provide a separate response for each subsection in Attachments A and B, per the provided templates?

Attachment A template example, Section 4, Subsection 4.1: Goal/Objective 1: The planning process for the demonstration including whether any formal needs assessment, asset mapping, or assessment of community readiness was conducted.

Vendor Response:

Or can the vendor provide a continuous narrative and tables that address all the subsections of Attachment A and B? One narrative would be provided for Attachment A and a second narrative would be provided for Attachment B.

Use of neither Attachment is required; it is only preferred. Therefore, there is no requirement to provide separate response for each subsection. Any provision in the solicitation proceeded by a "should" is an evaluable provision, meaning the subjective evaluation of the vendor's response can be based upon it. For example, Section Five, Item #1, Economy of Preparation: "Proposals **should** be prepared simply and economically providing a straightforward, concise description of the Vendor's abilities to satisfy the requirements of the RFP". (emphasis added) Note: See also Section Five, Item, #3, Proposal Format, Attachment A and Attachment B."

11. The proposed start date for the demonstration project was March 1, 2015. Has initial implementation begun?

No, the final approved start date is October 1, 2015

12. The first semi-annual report is due October 2015, indicating an early April start date for the evaluation. What is the current start date for the evaluation?

That would be determined by the evaluation plan.

13. Can the Agency provide an expected range for the evaluation budget?

The State of WV does not reveal budgetary information during the solicitation process

14. What is the proposed duration of the Waiver services that will be provided to eligible youth and their families? That is, does the intervention model design include a definition of the duration of caseworker involvement in the case/family once the youth returns home?

Yes, there are prescribed time frames based on the National Wraparound Initiative's high fidelity wraparound. Services usually last 1 year with a phasing out within that timeframe. There is the possibility for the family to request continuation due to new life events.

15. If a targeted youth is eligible for Waiver services, will other children (ages 0-16, at home or in placement) in the family be eligible to receive Waiver services during initial implementation?

Since wraparound services are provided to the youth and their family, it would stand to reason that siblings could benefit but they would not receive services directed at them individually.

16. Can the Agency provide an estimated timeframe for implementing Phase 2 of *Safe at Home West Virginia*?

That will be determined by WV in partnership with the selected evaluator

17. Can the Agency confirm whether the implementation of Phase 2 of *Safe at Home West Virginia* will be simultaneous for both Phase 2 target populations (youth 12-17 in congregate care and children and youth of all ages at risk of entering out of home care) . Or will Phase 2 be implemented for youth in non-Waiver counties first?

Phase 2 would actually be movement to non- demonstration counties. Final terms and conditions changed the target population to only include 12-17 in congregate care or at risk of entering congregate care.

18. Has the Agency finished the process for developing reports documenting the average length of stay for various placement settings?

WV's SACWIS system currently generates length of stay reports.

19. On page 17, Section 10, paragraph 1, of the *Safe at Home West Virginia Title IV-E Waiver Application* it states, "The state has opted to extend IV-E foster care to age 21 but has not implemented the provisions to incorporate this population into our IV-E claiming. Current project estimates are based upon implementation in early 2015, and at that time it will be very difficult to segregate the administrative cost for this small percentage of the foster care population. As a result, we plan to include them within the scope of this waiver application." Is it correct then that youth ages 18-21 will be included in Phase 2 of *Safe at Home West Virginia*? Have the youth ages 18-21 been incorporated into the IV-E claiming as of May 2015 or prior to the implementation of the demonstration's intervention services?

No, the final terms and conditions determined a capped allocation that excludes 18-21.

20. On page 25, Section 15, paragraph 2, of the of the *Safe at Home West Virginia Title IV-E Waiver Application* it states, "Several reports will be developed to measure the intervention effectiveness against the stated outcomes of reducing the number of children in care; the number of children in congregate care; lessening the duration of time spent in care; and the reduction of foster care re-entries." How will desired educational outcomes be reported? What is the source of the education outcomes data? Is this information stored in the FACTS (WVA SACWIS)? If not in FACTS, does the DHHR Bureau for Children and Families have a data sharing agreement to obtain educational administrative data for the youth they serve? Will it be feasible to obtain data for youth who are at risk but not in placement because they are successfully diverted and remain home?

FACTS does not currently have the capability to report educational outcomes. BCF has entered into a sharing agreement with the Department of Education.

21. Directions for Attachment A, Section Four, Subsection 3: Qualifications and Experience state, "Vendor should provide in **Attachment A: Vendor Response Sheet** information regarding their firm, such as staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; a proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met." Will staff resumes suffice as evidence of certifications and degrees?

As the question concerns a proposal **preference** (as indicated by the preceding words, "vendor should"), discussion of the sufficiency of a vendor's response would be inappropriate prior to the beginning of the evaluation of responses.

22. Is the waiver's focus only on adolescents transitioning from care (age 12-17)?

No, it focuses on 12-17 year olds currently in congregate care or at risk of entering congregate care. The transition from congregate care could include going to a foster home.

23. What interventions are already in place or are you thinking about?

WV plans to use a high fidelity wraparound model based on the National Wraparound Initiative, these interventions are not currently in place.

24. What is the interest in developmental technical assistance from the evaluator?

WV is very far into the developmental process since our implementation date is October 1. We are not aware of developmental technical assistance being needed from our evaluator.

25. Do you currently have claim or encounter level data as it relates to services?

- a. Are these authorization claims or services used claims?
- b. Can you share any cost reports or sample revenue reports?

Wrap around services will include BCF, BMS and BHHF which can be reimbursed through Medicaid, Insurance, or through invoice billing. They could be either authorization or service claims. WV does not have any cost reports or sample revenue reports to share at this time because these services and claiming will have to be developed.

26. What has been the Wraparound dissemination and training roll-out process? Are using the fidelity tools that are associated with Wraparound?

Training roll-out is just being planned. It has not yet been determined if we will be using any fidelity tools.

27. What % of *in-home* services is provided by private providers?

All

28. What % of *out-of-home* services is provided by private providers?

The Agency cannot answer the percentage of out-of-home services provided by private providers. The Agency does have several specialized foster care agencies with which they partner for provision of foster care services but they also rely heavily on Agency-approved foster homes and kinship/relative placements.

a. How is private service provision distributed according to congregate care or kin care?

Congregate care and specialized foster care homes are privately maintained but licensed and regulated through BCF. Kin care is managed by BCF as well as BCF foster care homes.

29. What data sources are you currently using to measure youth wellbeing?

The only data source we currently have to measure wellbeing is individual case reviews conducted by our Division of Program Quality Improvement

30. What data sources are you currently using to measure family functioning?

The only data source we currently have to measure wellbeing is individual case reviews conducted by our Division of Program Quality Improvement.

SACWIS could pull data on repeat maltreatment if that is determined to assist with measuring family functioning.

31. What data sources are you currently using to measure educational outcomes?

The only data source we currently have to measure wellbeing is individual case reviews conducted by our Division of Program Quality Improvement

32. Is there access to educational system data for child welfare-involved youth?

Yes, there will be. BCF has just entered into agreement with the Department of Education to share information

33. Are there additional outcomes for this older population that are of interest, such as college and career readiness, independent living skills, employment, or parenting capacity?

We are not sure that those outcomes fall within the parameters of the demonstration project, or are of interest to us to measure. It could be discussed. According to the Demonstration Project's Terms and Conditions, the State is allowed to propose other outcomes to include within the evaluation, so it could be an option.

34. Is there an interest in understanding any overlapping issues of out of home services of youth dually involved in the juvenile justice system?

a. Is there access to juvenile justice system data for dually-involved youth?

WV child welfare law includes Juvenile Justice Youth and they make up approximately 80% of the identified target population. We hold data regarding this population.

35. Is there an approved IDIR?

Yes, the first IDIR was submitted January 2015 and we are preparing for submission of our 2nd quarterly IDIR

a. Is there an evaluation plan that's been approved as part of an IDIR?

The Children's Bureau requires the evaluator to develop the evaluation plan with the State. There is a selected research methodology and we have developed our Theory of Change

- b. If not approved, at what stage are you in the development of the IDIR?

An IDIR is not approved; it is a quarterly report of development and implementation progress. Our first IDIR was submitted in January 2015. We are preparing for submission of our 2nd quarterly IDIR.

36. Is the new data system described in your state plan fully operational yet?

WV has long had a SACWIS system. We are also requesting upgrades to assist with the demonstration project.

- a. Will this be the system from which the evaluators will access administrative data for the study?

Not all. The evaluator will need to assist with determining how to collect identified data and possibly develop a mechanism to do so.

CLARIFICATION

Please modify Section Four, Subsection 5. Mandatory Requirements, Item 5.9 to read as follows:

5.9 Mandatory Requirement 9: Vendor must submit invoices by deliverable, unless Vendor submits a progress billing schedule for any deliverable and has it approved in advance by the Agency. All deliverables must meet the terms and conditions in RFP and, if tied to Federal requirements, must receive federal approval for deliverable to have been met. Invoices must be submitted to WV DHHR Bureau for children and Families, 350 Capitol Street, Room 730, Charleston, WV 25301. Invoices must include the Purchase Order Number.

Please also modify Attachment B: Mandatory Specification Checklist, Item "Section 4, Subsection 5.9: Mandatory Requirement 9" to include this same language (a copy of the revised Attachment B is included with the Addendum and the electronic file is replaced in WVOasis).

Attachment B: Mandatory Specification Checklist

The following mandatory requirements must be met by the Vendor as a part of the submitted proposal. Failure on the part of the Vendor to meet any of the mandatory specifications shall result in the disqualification of the proposal. The terms “must”, “will”, “shall”, “minimum”, “maximum”, or “is/are required” identify a mandatory item or factor. Decisions regarding compliance with any mandatory requirements shall be at the sole discretion of the Purchasing Division. As part of their responses, for mandatory requirements that indicate a future action, such as supplying reports during the life of the contract, or meeting other deliverables requirements, Vendor shall indicate their **agreement** to comply with the listed requirements. For mandatory requirements that require documentation WITH the response, Vendors shall include the necessary documentation in their Technical Proposal.

Section 4, Subsection 5.1: Mandatory Requirement 1: Within 90 days of award, proposer must submit the evaluation plan to the Agency for submission to the Federal Children’s Bureau. The plan must thoroughly describe data collection and analysis procedures for the process, outcome, and cost analysis components of the evaluation.

Vendor Response:

Section 4, Subsection 5.2: Mandatory Requirement 2: No later than 60 days after the conclusion of the 10th quarter following the demonstration’s implementation date, the proposer must submit an interim evaluation report to the Agency for submission to The Federal Children’s Bureau.

Vendor Response:

Section 4, Subsection 5.3: Mandatory Requirement 3: No later than 6 months after the conclusion of the demonstration project, a final report integrating the process, outcome, and cost components of the evaluation will be submitted to the Agency for submission to The Federal Children’s Bureau.

Vendor Response:

Section 4, Subsection 5.4: Mandatory Requirement 4: No later than 6 months after the conclusion of the demonstration, the proposer will produce and make available for public use data tapes, including documentation necessary to permit re-analysis of the data gathered during the course of the evaluation.

Vendor Response:

Section 4, Subsection 5.5: Mandatory Requirement 5: Public release of any evaluation or monitoring reports required under this agreement will be made only by the Agency. Prior to public release of such reports the Vendor must provide the Agency with at least a 30-day period for review and approval..

Vendor Response:

Section 4, Subsection 5.6: Mandatory Requirement 6: Vendor must provide Semi Annual Progress Reports to Agency.

Vendor Response:

Section 4, Subsection 5.7: Mandatory Requirement 7: Vendor will assist Agency in the development of a final implementation plan.

Vendor Response:

Section 4, Subsection 5.8: Mandatory Requirement 8: Vendor must comply with all requirements and deliverables within the body of RFP.

Vendor Response:

Section 4, Subsection 5.9: Mandatory Requirement 9: Vendor must submit invoices by deliverable, unless Vendor submits a progress billing schedule for any deliverable and has it approved in advance by the Agency. All deliverables must meet the terms and conditions in RFP and, if tied to Federal requirements, must receive federal approval for deliverable to have been met. Invoices must be submitted to WV DHHR Bureau for children and Families, 350 Capitol Street, Room 730, Charleston, WV 25301. Invoices must include the Purchase Order Number.

Vendor Response:

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BCF150000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

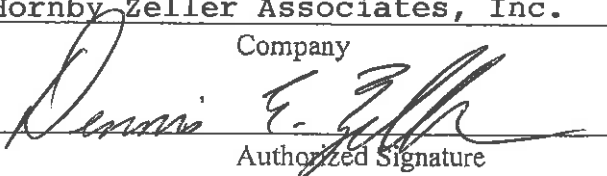
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Hornby Zeller Associates, Inc.

Company



Authorized Signature

5/21/2015

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Proposal
 10 -- Consulting

Proc Folder: 98820

Doc Description: Title IV-E Waiver Project: Third Party Evaluator

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-04-29	2015-05-27 13:30:00	CRFP 0511 BCF1500000001	1

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

Vendor Name, Address and Telephone Number:

Hornby Zeller Associates, Inc.
 48 Fourth Street, Troy, NY 12180
 (518) 273-1614

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
 (304) 558-0067
 robert.p.kilpatrick@wv.gov

Signature X

FEIN # 14-1777722

DATE 5/21/2015

All offers subject to all terms and conditions contained in this solicitation

BCF1600000001	Document Phase Draft	Document Description Title IV-E Waiver Project: Third Party Evaluator	Page 2 of 2
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code, §5A-3-37*. (Does not apply to construction contracts). *West Virginia Code, §5A-3-37*, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code §5A-3-59* and *West Virginia Code of State Rules*.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code, §61-5-3*), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Hornby Zeller Associates, Inc Signed: _____

Date: 5/21/2015

Title: President

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Hornby Zeller Associates, Inc.

Authorized Signature: *Rennis E. Zeller* Date: 5/21/2015

State of New York

County of Rensselaer, to-wit:

Taken, subscribed, and sworn to before me this 21st day of May, 2018

My Commission expires 7/8, 2018

AFFIX SEAL HERE

NOTARY PUBLIC

SCOTT M. MORLEY
Notary Public, State of New York
Qualified in Albany County
No. 02MO6077447
Commission Expires 07/08/2018

[Signature]
Purchasing Affidavit (Revised 07/01/2012)

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Hornby Zeller Associates, Inc.
(Company)

 Dennis E. Zeller, President
(Authorized Signature) (Representative Name, Title)

(518)273-1614 (518)273-0431 5/21/2015
(Phone Number) (Fax Number) (Date)

CERTIFICATIONS AND DEGREES

The University of Texas at Austin

has conferred on
Dennis Edward Zeller

the degree of
Master of Science in Social Work

and all the rights and privileges thereunto appertaining.
In Witness Whereof, this diploma duly signed has
been issued and the seal of the University affixed.

Issued by the Board of Regents upon Recommendation of the Faculty
on this twenty-first day of May, A.D. 1977.

William Shivers
President

Charles A. LaMoine
Chancellor



Louise L. Rogers
President

Frederic C. Lieb
President

#182 P.002/005

05/20/2015 13:44

From:

STUDENT NAME HORNBY, HELAINE C.
 ADDRESS AT ADMISSION 635 Shore Rd., Cape Elizabeth, Maine 04107
 ADMITTED FROM
 ADMITTED TO GRADUATE PROG
 DEGREE AWARDED MASTER OF ARTS IN PUBLIC POLICY AND MANAGEMENT

IDENTIFICATION NO. [REDACTED]
 DATE OF BIRTH [REDACTED]
 DATE OF ENTRANCE FALL, 1984
 MAJOR Public Policy & Mngmnt
 DATE JANUARY 10, 1987

OFFICE OF THE REGISTRAR
 UNIVERSITY OF SOUTHERN MAINE
 (A UNIT OF THE)
 UNIVERSITY OF MAINE
 GORHAM, MAINE 04038

DEPARTMENT COURSE NUMBER AND COURSE TITLE	GRADE	SEMESTER HOURS		QUALITY POINTS	DEPARTMENT COURSE NUMBER AND COURSE TITLE	GRADE	SEMESTER HOURS		QUALITY POINTS
		CARRIED	EARNED				CARRIED	EARNED	
FALL 1984 PUBLIC POLICY & MGT					Credits Awarded for Prior Learning Assessment				
PPM 601 QUANTITATIVE METHODS	A	3.0	3.0	12.0	PPM 650 Pol & Mngmnt Field Project			3.0	
PPM 611 ECONOMIC ANALYSIS	A	3.0	3.0	12.0	PPM 660 Policy Memorandum			3.0	
PPM 612 POLITICAL ANALYSIS	A	3.0	3.0	12.0	PPM 695 Independent Study			3.0	
PPM 621 POLICY DEVELOPMENT I	A	3.0	3.0	12.0	ACC AV= 4.0000 TOTALS=		36.0	48.0	144.0
SEM AV= 4.0000 TOTALS=		12.0	12.0	48.0					
ACC AV= 4.0000 TOTALS=		12.0	12.0	48.0					
SPRING 1985 PUBLIC POLICY & MGT					FALL 1986 PUBLIC POLICY & MGT				
PPM 602 EVALUATION METHODS	A	3.0	3.0	12.0	PPM 695 INDEP Study(Ethics&Pub Pol)P	P/F3.0	3.0	0.0	0.0
PPM 613 LAW & PUBLIC POLICY	A	3.0	3.0	12.0	SEM AV= TOTALS=		0.0	3.0	0.0
PPM 622 POLICY DEVELOPMENT II	A	3.0	3.0	12.0	ACC AV= 4.0000 TOTALS=		36.0	51.0	144.0
SEM AV= 4.0000 TOTALS=		9.0	9.0	36.0					
ACC AV= 4.0000 TOTALS=		21.0	21.0	84.0					
SUMMER 1985 PUBLIC POLICY & MGT									
PPM 640 SUMMER INTERNSHIP/EREI	P/F0.0		3.0	0.0					
SEM AV= TOTALS=		0.0	3.0	0.0					
ACC AV= 4.0000 TOTALS=		21.0	24.0	84.0					
FALL 1985 PUBLIC POLICY & MGT									
HRD 626 GROUP PROCESSES&PROCEDUR	A	3.0	3.0	12.0					
PPM 631 ORGANIZATIONAL MANAGEN	A	3.0	3.0	12.0					
PPM 632 FINANCIAL MANAGEMENT	A	3.0	3.0	12.0					
SEM AV= 4.0000 TOTALS=		9.0	9.0	36.0					
ACC AV= 4.0000 TOTALS=		30.0	39.0	120.0					
SPRING 1986 PUBLIC POLICY & MGT									
PPM 633 OPERATIONAL MANAGEMENT	A	3.0	3.0	12.0					
PPM 634 STRATEGIC PLANNING	A	3.0	3.0	12.0					
SEM AV= 4.0000 TOTALS=		6.0	6.0	24.0					
ACC AV= 4.0000 TOTALS=		36.0	39.0	144.0					

*** END OF DOCUMENT ***

UNIVERSITY OF SOUTHERN MAINE
 OFFICE OF THE REGISTRAR
 GORHAM, MAINE 04038

Florida Institute of Technology

Melbourne, Florida

Carol Lynn Kiser

having satisfactorily completed the course of study and having complied with all other requirements of the University is hereby awarded the degree of

Doctor of Philosophy

Applied Electronics

In witness whereof the Seal of the University and the signatures of its officers are hereunto affixed this month of June, 1992.



[Signature]
[Signature]

State University of New York
University at Albany

On the recommendation of the Faculty
and by virtue of the authority vested in them
the Trustees of the State University have conferred on

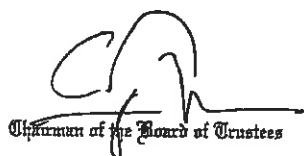
Tara D. James

the degree of

Master of Social Work

and have granted this Diploma as evidence thereof.


Given in the City of Albany in the State of New York in the United States of America
on the sixteenth day of August, two thousand and eight.


Chairman of the Board of Trustees


Member, University Council




Interim Chancellor
of the State University of New York


Interim President
of the University at Albany



UNIVERSITY OF ABERDEEN

By authority of the Senatus Academicus
the Degree of

Master of Research

SOCIAL RESEARCH

was conferred upon

JENNIFER ANN BATTIS

with Commendation

ON 27 NOVEMBER 2009


Principal & Vice-Chancellor


University Secretary

East Carolina University



Upon the recommendation of the faculty and by the authority of the Board of Trustees,
East Carolina University hereby confers upon

Jasmine Marie Johnson

the degree of

Master of Arts

Anthropology

with all the rights and privileges thereunto appertaining.

Given at Greenville, North Carolina, this fourth day of May, two thousand twelve.

Harold D. Sage
Chancellor of the Board of Governors

Robert W. Lucas

Thomas W. Ross
President of the Board of Trustees

Steve Ballard

Community College of the Air Force

*The Commander, Air Education and Training Command,
by virtue of the authority vested by law
and on the recommendation of the College does hereby confer on*

Timothy R. Reed

the degree of

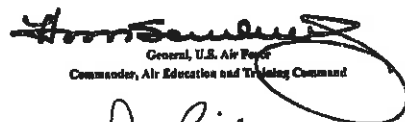
**Associate in Applied Science
Electronic Systems Technology**

with all rights and privileges pertaining thereto

Given this 21th day of April 2001

In witness whereof the Seal of the College and our signatures are hereto affixed




General, U.S. Air Force
Commander, Air Education and Training Command


Colonel, U.S. Air Force
President, Community College of the Air Force


Chairman
Community College of the Air Force Board of Visitors


Chief Academic Officer
Community College of the Air Force

