



# West Virginia Purchasing Division

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Chapin Hall Center for Children

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**Title Page**

<b>CRFP Subject:</b> "Safe at Home" Demonstration Project Third Party Evaluator	
<b>CRFP Number:</b> # CRFP 0511 BCF150000000X	
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## **Attachment A: Vendor Response Sheet**

### **Section Four, Subsection 3: Qualifications and Experience**

#### ***Introduction***

Chapin Hall at the University of Chicago (Chapin Hall) in partnership with the American Institutes for Research (AIR) is pleased to offer this proposal in response to the Department of Health and Human Resources' (DHHR) Bureau for Children and Families (BCF) solicitation for the "Safe at Home" Demonstration Project Third Party Evaluator. Chapin Hall's extensive experience working at the federal level and within child welfare systems to evaluate Title IV-E Waiver demonstrations across the United States, coupled with AIR's deep expertise with evidence-based practice, implementation science, and translating research into actionable strategies can provide the Bureau with the credible information it needs to understand how, why, at what cost, and for whom Safe at Home is achieving its intended outcomes. Our evaluation team stands ready to serve as the BCF's trusted advisor at every step of the demonstration process, collaborating from planning and implementation to producing scientifically sound and policy-relevant reports that will tell the story of West Virginia's Waiver Demonstration and efforts to reduce the number of youth in out of home placements, advance the aims of the state's 2015-2019 Child and Family Services Plan, and serve as an example to other states around the nation. This technical proposal contains *Attachment A: Vendor Response Sheet* and *Attachment B: Mandatory Specification Checklist*, along with resumes for all key staff.

#### ***Organizational Capacity***

##### ***Chapin Hall***

Chapin Hall has been building knowledge that improves policies and programs for children and youth, families, and communities for more than 25 years.

Since its inception in 1985, Chapin Hall's work has been shaped by a dual commitment to research and policy. This requires that the Center's work meet both the exacting standards of university research and the practical needs of policy and program development. The character of this work requires, and greatly benefits from, a broad and deep institutional commitment to diversity -- diversity of race, ethnicity, gender, sexual orientation, and physical ability, as well as perspectives, experiences, and academic disciplines.

Chapin Hall uses a variety of highly effective means to advance knowledge of how best to structure and implement children's services and how to use data to improve the capacity of public policy and public and private agencies to protect children and nurture their development. Chapin Hall's multidisciplinary research agenda reflects the organization's high level of skill in program assessment, with particular emphasis on child abuse prevention and early intervention programs; and the use of administrative and longitudinal data from human service agency records to gauge child well-being and to better understand system functioning.

For more than 25 years Chapin Hall has focused on building knowledge that improves policies and programs for children and youth, families, and communities. The scope of Chapin Hall's research and the variety of contexts in which that work is conducted leave Chapin Hall staff with a firm appreciation for the challenges inherent in developing, implementing and evaluating programs designed to enhance the functioning of child welfare systems with the ultimate goal of improving safety, permanency, and well-being outcomes for children and families.

Approximately 20 years ago, Chapin Hall developed the Multi-State Foster Care Data Archive (FCDA), a repository of administrative data provided by child welfare agencies in more than twenty states. The Archive includes the foster care placement histories of nearly three million foster children. With the recent additions of Texas and California, the data include about 70 percent of the nation's foster care population. Due to the unique methods for storing individual level information, considerable analytic capacity is embedded in the data archive. The flexible file structure permits a wide range of questions, lends itself to a variety of research methods, and when appropriate, can easily expand to incorporate information across domains. To facilitate access to the data, researchers have developed interactive tools to extract data for the purpose of data mining. The tools are expressly designed to distribute access to the data to a broad cross-section of child welfare professionals operating inside the child welfare system. This Data Archive forms the core resource of the Center for State Foster Care and Adoption Data (State Data Center), a partnership of the American Public Human Services Association (APHSA) and Chapin Hall, which was established to bring member child welfare agencies cutting-edge information technology for performance measurement.

During the last 10 years alone, Chapin Hall staff has provided research and evaluation services in all of the program areas described in this RFP. At the core of Chapin Hall's strength is an extensive knowledge about the deep impact maltreatment has on the formation of human capital and overall life course trajectories. Decades of research and evaluation related to child welfare policy, programs, and practices have served to refine our understanding of the multidimensionality of well-being, influenced as it is by factors that extend well beyond the boundaries of family life and into the community and other social institutions. Moreover, Chapin Hall has the capacity to consider these issues from a clinical, management, and fiscal perspective.

#### *American Institutes for Research*

Complementing Chapin Hall on this project, AIR is well respected for its experience and expertise conducting rigorous experimental and quasi-experimental evaluations as well as needs assessments and evaluability assessments and providing training in the use of data for continuous quality improvement. Established in 1946, AIR has in the past two years alone conducted over 60 rigorous program evaluations for national, state, and local clients, including the evaluation of the Lions Quest social-emotional school-based program in Wood County, WV and a propensity



score matching study in Massachusetts to evaluate an urban gun violence intervention in eleven cities (Campie, Vrinotis, Read, & Petrosino, 2014).

For thirteen years, AIR's Technical Assistance Partnership supported System of Care communities (including West Virginia) to build and strengthen capacities to select and implement evidence-based interventions, engage in continuous quality improvement strategies, create cross-system collaborations, and ultimately improve services for vulnerable populations. . Through leading the Technical Assistance Partnership, AIR has developed expertise in planning and implementing wraparound care systems, including receiving training from wraparound originators and experts over the years.

AIR also led the Western and Pacific Child Welfare Implementation Center (WPIC), one of five such centers funded by the Department of Health and Human Services, Children's Bureau. Its purpose was to provide long-term, intensive technical assistance to implement sustainable systems change in child welfare to states, counties, territories, and tribes in two regions. Currently AIR provides technical assistance and training to state juvenile justice agencies through the Coordinated Center for Assistance to States funded by the Office of Juvenile Justice and Delinquency Prevention as well as the National Girls Initiative, which builds the capacity to use gender-responsive programming, including programming for LGBTQ youth. AIR's staff expertly bridge rigorous research and evaluation needs with practical and culturally-competent technical assistance strategies that are sensitive to community context and the challenges and opportunities for innovation in real world implementation settings.

### ***Staffing Plan***

Chapin Hall's organizational structure is designed to effectively and efficiently support the conduct of projects similar to those the Bureau would seek under the current RFP. Leading Chapin Hall is Executive Director Bryan Samuels. Mr. Samuels is accountable to a board of directors and supported by a management team. That management team is composed of Chapin Hall's most experienced researchers, who serve as principal investigators on research projects and administrative area heads. Fred Wulczyn, a Senior Research Fellow at Chapin Hall, is a member of the management team, as well as a Principal Investigator of a number of projects. He is the named PI on the current proposal.

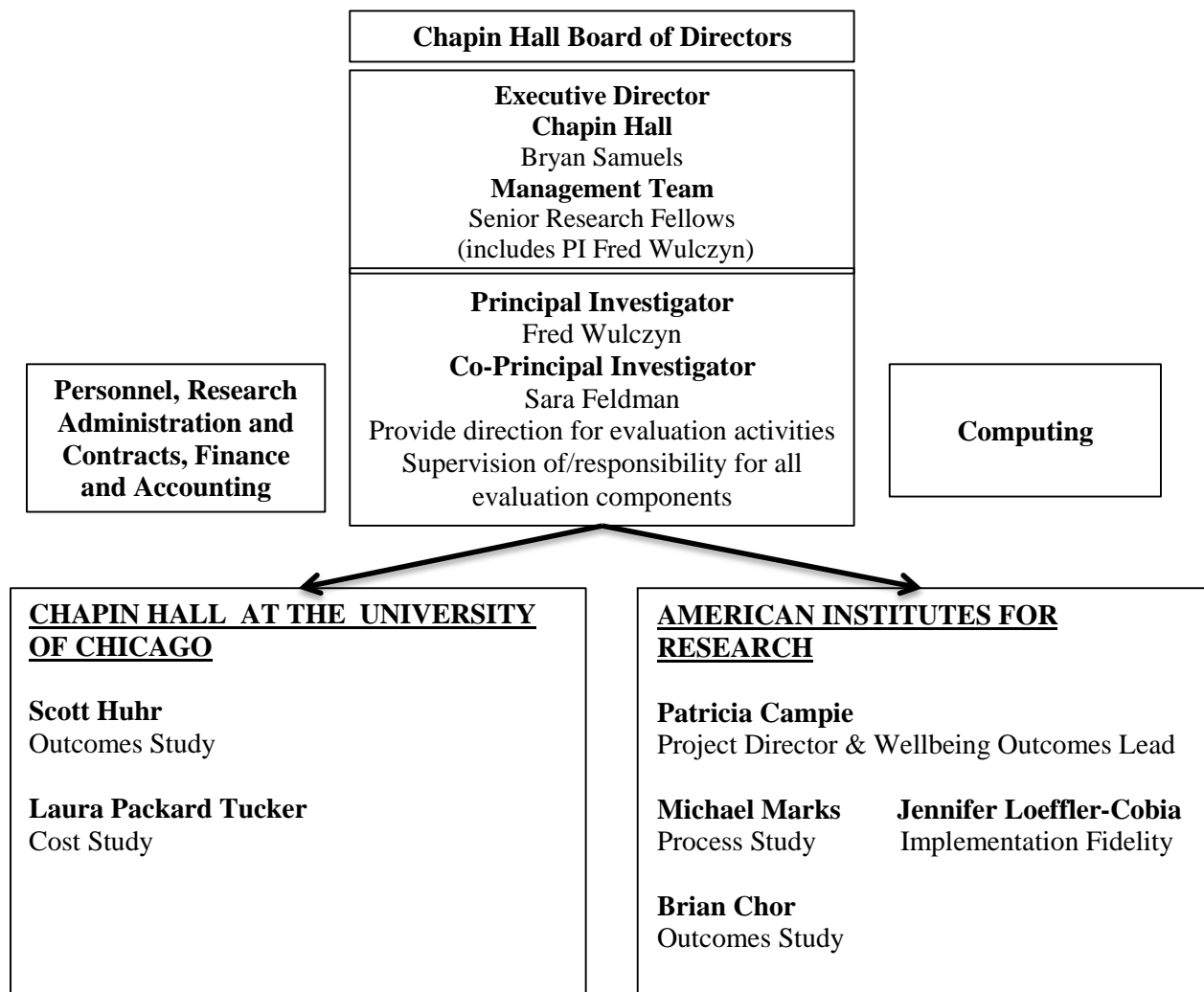
Each project's Principal Investigator reports to the Executive Director of Chapin Hall. The Principal Investigator is supported by other skilled researchers and administrative staff. Each project has at its disposal the talents of Chapin Hall's Personnel, Computing, Finance and Accounting, and Contracts and Grants Management departments and also the services of a staff editor. These staff members form an organizational infrastructure designed to provide flexible, effective support to research projects and researchers at all levels.

AIR staff, based in Washington, D.C. will have close proximity to West Virginia and offer a cost-effective means to engage in in-depth, on-site process evaluation work as well as

implementation fidelity of evidence-based programming in the demonstration sites. AIR will work closely with Chapin Hall through all phases of the project and provide valuable expertise for understanding and evaluating well being outcomes. The AIR portion of the evaluation team will be led by Dr. Patricia Campie, who has more than 18 years of experience evaluating child welfare programs and practices at local, state, and national levels.

Figure 1 is a graphic representation of the proposed staffing plan for completing the work required by the RFP.

**Figure 1. Proposed Staffing Plan**



Below we provide brief narrative descriptions of the individuals proposed for this project. We have attached resumes in the appendix for all named staff.

**Fred H. Wulczyn** is a Senior Research Fellow at Chapin Hall. He is the 2005 recipient of the National Association of Public Child Welfare Administrators’ (NAPCWA) Peter Forsythe Award for leadership in public child welfare. In 2011, he was honored with the Flynn Prize, an

award given to a researcher whose work has had a demonstrable impact on vulnerable populations. Among his responsibilities at Chapin Hall, Dr. Wulczyn is director of the Center for State Child Welfare Data, a collaboration of Chapin Hall, the American Public Human Services Association, and other research partners. Dr. Wulczyn has designed two major social experiments: the Child Assistance Program and the HomeRebuilders project. The Child Assistance Program was awarded the Innovations in Government Award from Harvard University and the Ford Foundation. Dr. Wulczyn earned his Ph.D. at the University of Chicago.

Dr. Wulczyn will serve as PI for the evaluation of Tennessee's IV-E Waiver demonstration project.

**Sara Wolf Feldman** is a Senior Researcher at Chapin Hall and, if awarded the contract, will serve as co-PI on the evaluation of West Virginia's Title IV-E Waiver demonstration project. Generally speaking, Dr. Feldman's work concentrates on understanding the implementation and impact of child welfare reform efforts, both in the context of foster care and preventive (in-home) services. Dr. Feldman uses both administrative (SACWIS) data and qualitative methods to understand private and public child welfare agency performance. She has expertise in the development and measurement of performance outcomes in the areas of safety and risk assessments, maltreatment investigations and the use of multiple response systems, foster care, and preventive services. She has also been working with integrated administrative databases to understand the range of developmental factors that can affect child and young adult well-being. Her studies have focused on a wide range of interventions within varied contexts, from statewide rollouts of standardized assessment tools to substance abuse treatment and parenting education programs being tested at the local level. Feldman is currently serving as co-PI on the evaluations of two Title IV-E Waiver demonstration projects.

Prior to coming to Chapin Hall, Dr. Feldman worked as a clinical social worker and administrative supervisor within a large, New York City-based foster care agency. Dr. Feldman holds M.S.W and Ph.D. degrees from Columbia University.

**Laura Packard Tucker** is an Associate Researcher at Chapin Hall at the University of Chicago and is located in Portland, Maine. Her work currently focuses on the fiscal analysis of state-level Title IV-E Waiver Demonstration Projects. For Colorado and Pennsylvania Demonstration Projects, Ms. Tucker utilized an understanding of the waiver costs structure and database design to coordinate administrative fiscal data collection and conduct a system-level fiscal analysis by creating and populating a database of county-level child welfare expenditures and revenues. Ms. Tucker conducted quantitative data analysis to determine whether the fiscal stimulus and the associated guidance from the state on service intervention is currently having an effect on expenditure patterns in participating counties. She presented the findings to state-level stakeholders and prepared interim report content. Ms. Tucker also has experience with financial reporting, financial modeling, child welfare data analysis, and data sharing agreements. She holds an M.S. in Financial Analysis from Portland State University.

**Scott Huhr** is a Senior Researcher at Chapin Hall. His main expertise consists in applying advanced quantitative tools to child welfare, education, and other social policy areas. Using child welfare data from multiple states, Scott Huhr builds longitudinal datasets and conducts statistical analyses to help measure public and private child welfare agencies' performance and impact on child welfare outcomes. Other work includes analyzing the impact of government policies and intervention programs, and constructing various complex predictive models and metrics. Prior to joining Chapin Hall, Scott worked at the Chicago Board of Education, where he constructed Rasch measures for parent surveys and built numerous metrics and predictive models, including Student Gun-Shot Victim Prediction, Early Grades On-Track Prediction, AP Prediction, College Enrollment On-Track Prediction, Elementary On-Track Metric, and School Safety Value-Added Metric. He also participated in developing and improving School and Teacher Value-Added Models in conjunction with the University of Wisconsin Value-Added Research Center. Scott Huhr holds a Master of Public Policy from The University of Chicago.

**Patricia Campie** is responsible for developing and leading rigorous multi-site community-based research, evaluation, and technical assistance initiatives in the justice, child welfare, and youth development fields. Her expertise with dually-involved youth in the child welfare and juvenile justice systems provides our team with added capacity to understand best practices for reducing out of home care for this vulnerable population, especially with regard to transition-age youth. Dr. Campie is leading a new project in California to develop a school safety diagnostic tool that will help schools determine the extent to which exclusionary school discipline practices are disproportionately impacting students of color and she also recently completed a systematic review of the coherence of well-being definitions, measurement tools, interventions, and staff training approaches across the child welfare, juvenile justice, public health, and education systems.

Dr. Campie will manage the AIR team and lead the well-being outcomes task.

**Michael Marks** is a 30-year veteran who has served in a number of policy and senior level administrative roles in the child welfare system in New York and other states. At AIR, he is responsible for conducting process evaluation and implementation studies, working with organizations to translate research into actionable outcomes. In this role he has been the lead researcher on The Alliance for Strong Families and Communities' Organizational Commitments project, which involved the development of performance standards and measures for nonprofit organizations. The project produced a validated online self-assessment tool that organizations can use to track performance in ten core areas, including leadership and use of data for program improvement. Marks is also currently responsible for the process evaluation of the Open Table faith-based public-private partnership intervention in System of Care communities in Maryland, a project funded by SAMHSA.

Dr. Marks will lead the process evaluation task.

**Brian Chor** is an expert in the CANS as a level-of-care decision-making tool and other child welfare data systems. At AIR he is responsible for developing outcome research and evaluation in public child-serving systems — child welfare, mental health, school — and applying dissemination and implementation science to improve child well-being and uptake of evidence-based practices in these systems.

Dr. Chor will provide data analysis support to the AIR team.

**Jennifer Loeffler-Cobia** is a nationally-respected expert on evidence based practice implementation fidelity, who has created extensive assessment and toolkits to build the capacity of community providers and state agencies across the United States to advance their evidence-based system reform goals as well as create strong collaborative relationships *across* systems. She has almost 20 years of experience working at local, state, and national levels using continuous quality improvement practices as a means to build evidence-based systems in the child welfare, justice, health, and education sectors.

Ms. Loeffler-Cobia will lead the implementation fidelity tasks in the process evaluation.

### **3a. Vendor Understanding of DHHR Bureau for Children and Families Statewide Automated Child Welfare Information System (SACWIS):**

The leader of the evaluation team, Dr. Wulczyn, is director of Chapin Hall's Center for State Foster Care and Adoption Data, a collaboration of Chapin Hall, the American Public Human Services Association, and other research partners. An expert in the analysis of administrative data, he was an architect of Chapin Hall's Multistate Foster Care Data Archive and constructed the original integrated longitudinal database on children's services in Illinois, now in use for more than 25 years. The databases he has developed give state administrators capacity to analyze key child welfare outcomes, compare outcomes across agencies and jurisdictions, project future service patterns, test the impact of policy and service innovations, and monitor progress. This work resulted in the widespread adoption of SACWIS systems, such as that in use by West Virginia.

#### ***3a.1 Family and Children's Tracking System (FACTS):***

Our team understands that the FACTS system is currently the case management platform that is used in the office and in mobile application by workers in the field to document case level activity and interactions with youth and families. In addition, the demonstrated ability to produce high quality data from FACTS and the SACWIS, and the dashboard reporting system COGNOS, will allow BCF to more readily analyze data trends across cases and produce customized reports that can be used at staff and agency levels to monitor performance and continually improve the quality and outcomes of youth and family services. The evaluation team's extensive experience with other COGNOS systems, SACWIS, and case management systems such as FACTS will allow us to easily navigate within and across these systems to extract the most accurate and useful data to inform the goals of the evaluation and advance the interests of BCF.

### **3b. Vendor Understanding of SACWIS systems in other states:**

Chapin Hall staff are accomplished at performing outcome evaluations using complex and multifaceted administrative data. The bulk of Chapin Hall's work with public child welfare systems is done through Chapin Hall's Center for State Child Welfare Data, described above. Using the FCDA, Chapin Hall staff have studied, among other topics, child welfare outcomes pertaining to racial disparity in the child welfare system, shifts in the utilization of congregate care, the circumstances of youth aging out of foster care, and the intersection of child welfare with other child- and family-serving systems such as the courts and the education, health, and mental health systems.<sup>1</sup> Additionally, FCDA data are uploaded to a user-friendly, web tool (also developed by Chapin Hall researchers) that enables staff from participating state agencies to answer their own business questions about systemic trends and outcomes for children in care using the agencies' own administrative records.<sup>2</sup>

Among their most recent accomplishments, State Data Center staff recently completed a comprehensive link between foster care and Medicaid data. The link is at the individual, claim, and placement level. The data account for \$2.6 billion worth of Medicaid claims, which are retrievable on a person, placement/facility-specific basis.

### **3c. IV-E Federal Waiver Evaluation:**

Chapin Hall at the University of Chicago has extensive experience designing and executing Waiver evaluation studies. As noted above, Dr. Wulczyn developed the nation's first proposal to change the federal law limiting the ability of states to design innovative child welfare programs, which then led to the development of the Title IV-E Waiver programs used by states to undertake system reform in child welfare programs.<sup>3</sup> Over time, Chapin Hall has been directly involved in the evaluations of several IV-E Waiver demonstration projects; currently including Ohio, New York City, Pennsylvania, Colorado, Tennessee, Wisconsin, and Hawaii. We talk in more detail about the two Waiver evaluations for which Chapin Hall serves as the prime contractor, below. Below we describe two recent waiver evaluations. A client reference/statement of support is included with this technical proposal.

- 1. Child Success New York City (2014-present):** Chapin Hall is the evaluator for New York City's Title IV-E Waiver demonstration project, Child Success NYC. Child Success NYC (CSNYC) is Children's Services' three-pronged effort to reduce lengths of

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<sup>1</sup> For more information on this research program, see <https://fcda.chapinhall.org/building-the-knowledge-base/>

<sup>2</sup> For more information about this technical assistance program, see <https://fcda.chapinhall.org/knowledge-in-action/>.

<sup>3</sup> See H.R. 11. Revenue Act of 1992, Sec 1338, Home Builders Demonstration Project. Retrieved from: <http://thomas.loc.gov/cgi-bin/query/F?c102:77:./temp/~c102b4D1sP:e184647:>

stay for children placed in out-of-home care. First, private agencies are reducing caseloads and supervisory loads. Second, private providers are improving their assessment of child and family well being at the time of admission and throughout placements in out-of-home care using a version of the CANS (CANS-NY). Third, select evidence-based and evidence-informed interventions are being introduced (Partnering for Success and Attachment and Bio-Behavioral Catch-up) that will increase the likelihood of reunification and/or the timing of permanent exits from care (including adoption). The evaluation, which has been approved by the Administration of Children and Youth Services, will utilize a multiple baseline design (MBD). The MBD approach relies on repeated measurements over time. It is a particularly useful design when evaluating the impact of an intervention to be introduced in waves, as may be the case in the West Virginia Waiver project. The evaluation of Child Success NYC will have three components: a process evaluation, an outcome evaluation, and a cost analysis. Generally speaking, the process evaluation is concerned with pre-implementation planning; capacity building (at the individual staff, organizational, and system levels); changes in both the process and quality of care; adherence to the model components that comprise the intervention; and, the assets/challenges that influenced implementation. The outcome evaluation is concerned with the question of impact: to what extent did we observe change in the relevant measures of safety, permanency, post-permanency and well being. The cost analysis is designed to ascertain how monetized reductions in length of stay, levels of care, and reentry relate to the cost of implementing the interventions and cost neutrality. Fred Wulczyn will be serving as PI for the evaluation of this IV-E Waiver demonstration project, with Sara Feldman as Co-PI.

Location: New York, NY

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**2. Tennessee Title IV-E Waiver Demonstration Project (March 2014-present):** Chapin Hall, along with subcontractors Vanderbilt University and the Kempe Center, is evaluating the Tennessee Department of Children's Services IV-E Waiver demonstration project that began on October 1, 2014. Part of Chapin Hall's work has involved bringing the state's waiver plans into alignment with region and county-specific admissions patterns, duration trends, and the utilization of congregate care, leaving TNDCS with a sharper picture of where opportunities exist to introduce efficiencies into various parts of the system as a way to improve outcomes for children. Chapin Hall worked with TNDCS to craft coherent theories of change that link identified problems and their causes with a set of evidence-based interventions that are thought to stand the best chance of addressing those problems. Chapin Hall is using a discrete time hazard model to generate the probability of experiencing a certain event (such as an admission, a

placement move, an exit) during specific time intervals. The person-period file that will be constructed as the main source of outcome data allows for risk-adjusted comparisons of children, given their exposure to Waiver conditions. The process study includes a mix of quantitative and qualitative data collection (surveys, in-depth interviews, and focus groups). The cost analysis will allow for judgments as to whether or not child welfare expenditure patterns changed as a result of the fiscal stimulus offered through the IV-E waiver, and if so, how expenditure patterns changed.

Location: Tennessee

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**3d. Official statement from previous IV-E Waiver evaluation client(s)**

<b>Client:</b> New York City
<b>Contact:</b> Andrew White Deputy Commissioner Division of Policy, Planning, and Measurement NYC Administration for Children’s Services <a href="mailto:Andrew.White@acs.nyc.gov">Andrew.White@acs.nyc.gov</a> 212-341-2690
<b>Reference Statement:</b>  See attached.



## **Section Four, Subsection 4: Project and Goals**

### **Overall Approach to Evaluation**

The general approach to in situ evaluation studies, such as IV-E Waiver evaluations, recognizes the need to blend rigorous methodology with the real-world contingencies of operating child welfare programs that directly touch the lives of vulnerable children and families. To meet those twin objectives, we have adopted what we call a Continuous Quality Improvement Evaluation Framework (CQI/EF). The evaluation framework stresses state-of-the-art methodology whereas the CQI component acknowledges the need to provide meaningful, formative feedback to stakeholders who are working with children and families. The evaluation framework overcomes the methodological weaknesses of many CQI models; the CQI framework manages the need for actionable knowledge well before the summative evaluation is complete.

CQI/EF is a particularly useful frame given the goals and requirements for the West Virginia IV-E Waiver evaluation, with its simultaneous focus on the implementation of intervention, longitudinal monitoring of overall system performance, innovative fiscal strategy, and rigorous evaluation.

Briefly, the CQI/EF dictates that the work of promoting better outcomes through system improvement is an iterative process (See Figure 2). The cycle begins when the agency identifies the target problem(s), the outcomes of interest, and the intervention (or interventions) needed to improve the outcomes. The selected intervention must be grounded in a theory of change that clarifies the mechanisms that produce changes in the targeted outcomes.

Implementing new interventions (i.e., wraparound) requires each involved agency to invest in three major areas: the process of care, the quality of care, and the capacity of the agency to deliver process and quality with fidelity. The *process of care* refers to the steps followed during the time family members/children are engaged with services. It is conceptualized as a series of activities that form the service pathway through the child welfare system (i.e., trajectories). Although the details that define the process of care may draw on a particular model of practice, a particular intervention, state regulation, or agency practice, any given process has common elements or requirements.

The process of care is initialized at the point of first contact (or *inception*). By necessity, the process consists of a referral mechanism that is used to manage the manner in which a service provider comes to know of a child or family; a procedure for bringing the client into services (i.e., the first contact); and, a procedure for conducting an assessment that is then used to inform what happens next.

The referral, intake, and assessment phases lead to a plan that organizes how a service provider will engage the family vis à vis the match between what the child/family needs and what the provider has to offer. Ultimately, the plan has to link the clients to

services/interventions that are designed to address the needs and strengths that were identified during the assessment. At this point, services are provided; that is, the process of care is defined by the requirements of a specific intervention (i.e., cognitive behavioral therapy, multi-systemic therapy, home visitation). In general, the better (i.e., more effective) interventions have a specific protocol that is followed in the course of delivering the intervention.

In the same way that children and families are brought into the service system, a complementary discharge process governs when services end. Preparation for drawing services to a close begins with a reassessment of needs, at which time the question at hand focuses on resolution—have the treatment objectives been met? If not, reassessment leads to review of the need/service match. If so, the process of care shifts to discharge planning, clinical follow up, and case closure.

Each step of the process is (or should be) guided by a protocol that outlines the specific activities that reflect a *best practice*. That is, to the extent that there is a preferred way to conduct an initial assessment, the model of practice would articulate what those steps are. In some cases, the actual requirements that define a particular set of steps are defined in statute or regulation as is the case, for example, with CPS investigations and the requirement that an investigation be completed within a prescribed period of time.

In everyday language, *quality* refers to how well something is done. One can think of quality as craftsmanship—attention to the details that differentiate the exceptional from the ordinary—but craftsmanship is a hard thing to measure. In practice, process and quality are closely aligned in that adherence to the process of care is in and of itself an indicator of quality, especially if the underlying process protocols are supported by an evidence base that links the process to outcomes.<sup>4</sup>

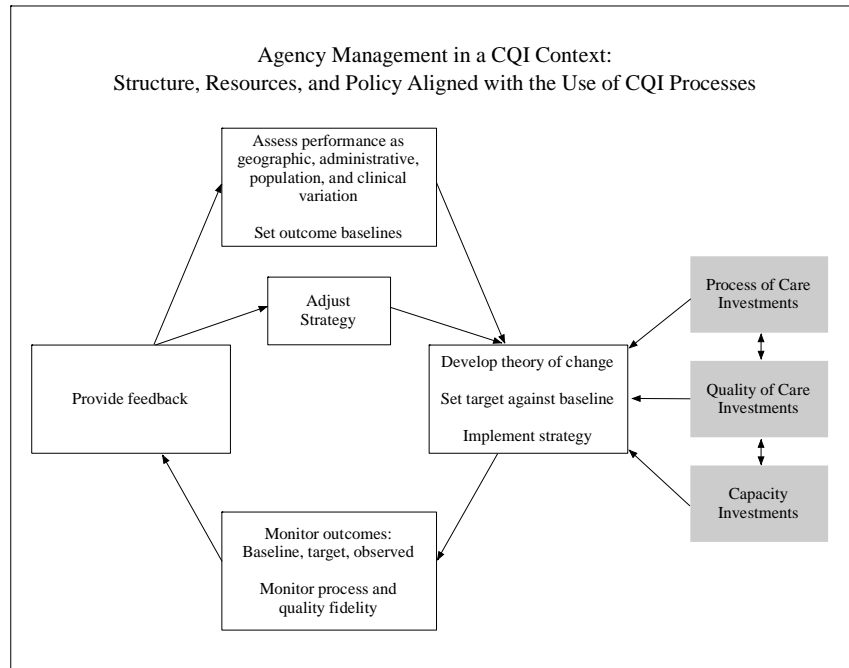
The capacity of the system to implement Waiver interventions in a manner that is consistent with original outlines has human, structural, and organizational elements. For instance, with respect to the former, the capacity question is one of staffing - staffing levels and staff training. The number of staff required to implement the Waiver interventions at scale, to serve the expected number of children and families is the first issue. The ability of staff to do their work in a high quality way is just as important. Capacity is also a structural matter. There may be elements of the intervention that require workers to have access to new or additional resources in order to do their jobs well (laptops, cars for home visits, devices to enable computer-assisted personal interviewing). From an organizational perspective, the successful implementation of the Waiver interventions will require adaptations at various system levels – both within a county child welfare agency and with external stakeholders (community-based service providers, legal/court personnel, etc.).

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<sup>4</sup> As noted earlier, the process of care, as a component of quality, may be outlined in law or regulation. However, in some cases, it is unclear how specific process and quality requirements are related to outcomes.

Once the program is implemented, the CQI/EF cycle involves a feedback loop of outcome measurement, analysis, and investment adjustment; after an established period of time, outcomes are assessed to determine whether the agency’s investments have altered the outcomes as intended, the agency uses that assessment to modify its future investments as necessary, and the cycle continues (Figure 3).

**Figure 2. Continuous Quality Improvement Evaluation Framework**



The CQI/EF cycle maps neatly onto Waiver initiatives. In this case, the cycle began when BCF identified a misalignment between the actual needs and risk-level of certain families and the typical service response offered by the system. Accordingly, an opportunity was identified to make targeted improvements that would favorably influence children’s outcomes such as reduced placements in care, reduced use of congregate care, and improved well being of children and families.

Implementing Waiver interventions and the related service improvements requires a county child welfare agency to make quality, process, and capacity investments. As to quality and process, the agency will have to determine what participation in new service pathways will mean for children and families and the practice standards that will indicate fidelity to the intervention model. As to capacity investments, a county child welfare agency will have to devote resources to ensuring that the interventions can be properly implemented.

Once the interventions are implemented, monitoring will involve regular consideration of not only the implementation effort (fidelity as it relates to stated requirements) and the efficacy of the intervention (core outcomes) but continuous evaluation of the interventions as it relates to the underlying financial assumptions (cost neutrality). Ongoing feedback will serve as a

valuable management strategy, providing information to decision makers and stakeholders as to whether the interventions are having the intended impact on child and family outcomes and the extent to which the state's investments are generating the intended fiscal return.<sup>5</sup>

## **Process Evaluation**

### *Overall Approach*

The most useful and reliable process evaluations are built on a foundation of accurate, timely, high quality data that captures both the content and context of the intervention, using methods that reduce respondent burden, engage stakeholders in learning, and respect professional and cultural identities. In addition, our approach emphasizes the use of key concepts from implementation science to guide our inquiry towards the anchors of successful, sustainable practice that can be taken to scale to produce wide-spread community-level benefits. To this end we propose utilizing existing tools of implementation fidelity to monitor the use of evidence-based practices proposed in WVA's application, such as Wraparound and trauma informed interventions, alongside methods to assess and recommend enhancements to implementation readiness, as defined by the capacity and motivation to use evidence-based innovations in each county's child welfare and related child-serving systems.

Overall, the process evaluation will be designed to document and assess strategies and programs used to advance the goals from BCF's Title IV-E Waiver application that would reduce congregate care placements and build a full continuum of community-based supports, to improve the lives of West Virginia children and families. Specifically, we anticipate the process evaluation may include a review and documentation of the following activities noted in WVA's IV-E Waiver Plan, IDIR and Child and Family Services Plan, occurring in the demonstration sites:

- Use of trauma-informed and other child and family assessment tools (e.g., CANS)
- Use of Wraparound tools and processes included staff preparation and training and adherence to four phases of treatment
- Adherence to intensive care coordination standards, practices and time frames
- Culture shifts within WV BCF, collaborators and service providers moving towards community based systems of care.
- Development and implementation of special individualized plans to successfully return high need youth from out of state care back to WVA communities or step-down care arrangements.
- Progress on 5-phase plan to improve the service array, especially within Region 3 counties:

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<sup>5</sup> Wulczyn, F. (2007). *Monitoring Child Welfare Programs: Performance Improvement in a CQI Context*. Chapin Hall at the University of Chicago: Chicago, IL.

- Developing a tracking system to collect and evaluate the data that is currently gathered;
  - Redesigning the West Virginia Service Array;
  - Implementing the redesigned Service Array and providing formal direction to the Community Collaboratives;
  - Implementing the formal direction to all Community Collaboratives; and
  - Collecting and evaluating data from the above-mentioned phases using the data tracking system developed in the first plan.
- Use of existing and newly developed preventive services to reduce entry into out-of-home care, improve timeliness and likelihood of reunification for children of all ages that do enter care, and reduce re-entry into out-of-home care.

Sections 4.1 through 4.9 address specific process evaluation requirements of this CRFP.

**4.1. Goal/Objective 1: The planning process for the demonstration, including any needs assessment, asset mapping, or examination of community readiness.**

It is well-documented that West Virginia has the highest entry rate per capita of children entering care in the United States. The number of youth in congregate care ages 12-17 is well over the national average, which suggests that youth are being placed in congregate care as their needs cannot be met within the community setting. Data collected during the state’s case review process also indicates the need for improved services. Strengths of the current service array include strong collaboration from community partners on various workgroups; grass roots community based services in rural areas, flexibility in reimbursing providers for services rendered and assessment tools and evaluation method are in place for most services to measure quality and identify areas of improvement. Areas needing improvement include inadequate substance abuse treatment programs, lack of quality foster parents, high rates of youth in congregate care, and systemic issues with courts. West Virginia understands the need to improve its system and work has already begun to prepare for the demonstration program and assess the community’s readiness for change, including an examination of the current service array to support the innovations in practice envisioned in the state’s IV-E Waiver application.

Beyond the technical assessment of the current service array and needs of the target population, our evaluation team will use our experience and skill to supplement and enhance the state’s current planning and assessment efforts as needed. For example, if requested by BCF our team can provide additional support for understanding community and organizational readiness to adopt and embrace the innovations envisioned in the Safe at Home program. We can offer the use of our validated assessments to measure community and organizational readiness for change, we can help convene groups in Public Deliberation forums to engage in collaborative discussions about the aspirations for Safe at Home and how it will impact individual communities, and we can analyze data already collected by BCF and its stakeholders to provide a temperature check on current readiness to implement the demonstration. We can also assist leaders and staff to use data to inform decisions on a routine basis rather than relying on anecdote, relationships, or habits from the past. The readiness to take this step in a community or organization depends on

committed leadership, staff willingness to change practices, political and funding support to make decisions based on data, and community belief and trust that decisions are being made with their best interest in mind – which, is best conveyed by involving youth and families directly in the policy and practice development process.

The process evaluation will include a description of progress and outcomes of demonstration planning and readiness activities, an identification of implementation obstacles and examples of creative use of tools and processes to prepare counties and sites for the changes being promoted. We will provide BCF with suggestions for improving the accuracy or reach of the data so the demonstration can be implemented on solid footing and with the best possible chance of succeeding.

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

In order to understand the infrastructure that is needed to implement the demonstration model effectively, the evaluation team will create organizational maps that trace the path of a client through the new process. This approach is often referred to as institutional ethnography and focuses the object of analysis on the organization itself to unpack the leadership structure, staffing patterns, funding pipelines, and decision-making channels that result in action or inaction at the child and family level. (Note: The identified process of intensive care coordination included in WVA’s IDIR could serve as a beginning frame for this analysis). This approach also allows the organization to see itself from the perspective of the client, who may be experiencing dozens of interactions with an organization that could be streamlined to just a few key interactions and resulting in greater cost and time efficiencies for the agency and improved satisfaction and service outcomes for the client, who can more quickly access needed supports.

*(This work maps to the ‘process of care’ described in the introduction section of this technical proposal as a part of the Continuous Quality Improvement Evaluation Framework. The shifts to be documented using ethnographic methods represent the process of care investments BCF would be making in the services it provides to youth and their families.)*

The institutional ethnography process involves an evaluation team member spending time in each agency, talking with all levels of staff, collecting documentation, and interacting with clients, so their perspective is documented as they go through the steps of engaging with the agency. These data are compiled in a summary and presented to agency staff where they provide additional perspective, fill in any gaps, and see perhaps for the first time how the agency functions from the perspective of a client’s experience. The value of this approach is its ability to create a detailed roadmap that can be used to both compare against the previous way of doing business and as a plan to sustain and replicate the process for scale up across communities within a state system. When taking this approach, the evaluation team will pay special attention to any specific areas of concern to BCF that may have been noted in previous child and family service

reviews, such as the timeliness of CPS investigations and family functioning assessments being hampered by staff shortages.

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

Our team will be prepared to use existing administrative data to collect information on staff involved in the Coordinating Local Agencies, reviewing the extent to which staff/client ratio targets have been attained per IV-E Waiver Plan. Alternatively, we can utilize one of the many tools we've already developed for similar projects to capture staff characteristics, such as training received, experience, education, tenure with the agency, and other factors. In particular, understanding staff technical capacity to carry out their role in the implementation and their motivation to do so are often not measured in administrative data systems, so for these characteristics we recommend using one of the tools our team has already developed based on the research literature with regard to organizational implementation readiness. The Evidence-based Practice Skills Assessment (EBPSA) is one of the validated tools we can consider using. Co-developed by one of our staff (Loeffler-Cobia), this tool can be used at multiple points in time over the course of implementing new practices to measure how well staff understands and ultimately uses the knowledge they need to support the innovations in their workplace. Information for the assessment can be culled to inform the provision of additional technical assistance or training. An added benefit of using the EBPSA is that it is in the public domain and is designed to be a self-assessment that organizations can continue to use after an evaluation project concludes to sustain their own learning and continuous quality improvement efforts. To prepare for self-assessment activities, evaluation staff will orient and train staff on the use of the tool and lead a process of interpreting data gathered, to ensure that staff and leaders provide the important context and explanations as to the findings revealed as well as deciding upon action steps to improve performance.

*(This work maps to the 'capacity' investments that are tracked as a part of the Continuous Quality Improvement Evaluation Framework, described in the introduction: investments in ensuring that staff have the skills and resources they need to do their jobs well.)*

**4.4. Goal/Objective 4: The service delivery system, procedures of eligibility, client referral for services, service array, number served, type and duration of services.**

The evaluation team will initially review the available data sources and documentation that can describe the service delivery system, eligibility criteria, referral process, and service characteristics in areas targeted for the demonstration, as well as potential comparison sites. The work being done by the State commission to reduce residential care and the various IV-E waiver working groups to assess current service availability and plans to enhance the available services array will likely have important data to leverage for the evaluation. For example, the 2015-2019 Child and Family Services Plan noted that many Districts lack services to address domestic violence, substance abuse, truancy and other issues. All regions reported a lack of foster homes

and there was no mechanism in place to accurately and appropriately match children that are coming into care with already existing foster care providers. We are hopeful that data on current and proposed service delivery systems can be analyzed using existing data collection systems but if our review of these existing data sources indicates we will not have adequate access to the key variables needed to understand the service delivery systems in the targeted communities, we will work with BCF to design a suitable cost-effective alternative to collect these data. Options could include an online survey deployed with key system stakeholders in each community, focus groups in each community, and in-person interviews with agency staff and other community stakeholders. This aspect of the process evaluation is crucial for accurately estimating the costs of the demonstration as compared with business as usual, so the more precise the data that describes the current and proposed enhanced service delivery system the closer our cost estimates will be to matching the reality of expenditures to outcomes that we will provide in the cost study.

#### **4.5. Goal/Objective 5: The role of courts in the demonstration and the relationship between the child welfare agency and courts, joint planning and implementation.**

Given 80% of the identified target population West Virginia is made up of juvenile justice youth under the West Virginia child welfare law, the role of courts in the way the child welfare functions and ultimately the outcomes that youth and families experience cannot be overstated. In our experience the quality of these outcomes often depends on the quality of the relationship between the courts and child welfare leadership and line staff. The National Council of Juvenile and Family Court Judges (NCJFCJ) has produced a large number of resources, trainings, and guidelines that judges can use to increase their willingness and ability to engage in joint planning and implementation of case plans as well as larger community-wide system reform that can engage schools and the juvenile justice system so that families are being served in a unified way that advances common goals for the family across systems. Members of our team (Campie & Loeffler-Cobia) have first-hand experience working with judges to collect feedback on court improvement processes that include stronger collaboration with child welfare agencies. We will use this experience to develop a checklist of best practices from the NCJFCJ literature as well as from the Safe at Home demonstration. We will also interview judges and observe a sample number of hearings in each demonstration community to determine how well practice in reality matches intended plans in each community as well as best practice and demonstration standards.

#### **4.6. Goal/Objective 6: Contextual factors, such as social, economic, political forces that impact replicability, implementation, or effectiveness, and other confounding factors.**

As described in the outcome evaluation section of this Technical Proposal, our team will identify a series of control and covariate factors that we believe could be related to outcomes in the demonstration and any comparison sites. The state's interest in youth between 12-17 years of age means that we will need to account for other factors that may influence positive outcomes other than changes made in child welfare systems or programming initiated as part of the waiver such as maturation (naturally occurring changes over time) or other adolescent development



factors. Examining the differences in cost, implementation, and effectiveness of services provided between in-state and out-of-state congregate care is important for understanding the most effective means to keep more youth in the state, reduce the exorbitant costs of out-of-state placements, and ensure services to youth in out-of-state placements align with BCF standards. To this end, our process evaluation will need to consider financial incentives, workplace oriented incentives (e.g., the time and pressure to serve high-need youth within current caseload requirements; system issues (e.g., family court judges, school pressures to remove kids) and, conditions within these out-of-state settings that might impact cost and quality of care, and even family dynamics that might place greater pressure on the state to remove children with severe mental health needs who would be best served by remaining closer to the family. Within the two target regions there is great variation in terms of both readiness and need. Understanding the differing context of existing extensive partnerships, history of services, unemployment cycles, immigration and mobility patterns, educational opportunities, and family expectations for their children are all important factors for which data will be collected through administrative sources (e.g. Census, Department of Labor) as well as staff interviews, community focus groups, document review, engagement for those who graduate. Understanding these contextual factors will also help BCF identify implementation variation of specific interventions and service arrays under the demonstration.

**4.7. Goal/Objective 7: The degree to which the demonstration services are implemented with fidelity to their intended service model.**

The Safe at Home initiative is investing in Wraparound and trauma informed care. Our team is well versed in the high fidelity wraparound model from the National Wraparound Initiative (NWI) and have worked extensively with the developer of the intervention on other projects. For Wraparound (Intensive Care Coordination for youth at risk of entering congregate care; Next Steps for youth in congregate care), there is an emphasis on family teams, ISP's, connections and supports, reducing trauma re-occurrences, 24/7 mobile crisis and crisis stabilization to avoid placement. Dr. Marks, a member of the evaluation team, is a highly trained in wraparound services and practices, having conducted national and international consultation and training in this service model. Assuming that the demonstration sites are trained or plan to be trained in high fidelity wraparound, our evaluation will utilize the tools and processes for monitoring fidelity established by the National Wraparound Initiative.

The trauma-informed care focus supported through the Mountain State Family Alliance in Region II may have fidelity standards in place but in the case where standards are not in yet in place, we will utilize a validated trauma-informed care self-assessment co-developed by AIR for use within child and family-serving organizations. The TICOMETER is a brief instrument consisting of 35 items to address the need for effective, practical measures to assess the level of organizational trauma-informed care. It requires approximately 15 minutes for an individual staff member to complete. Organizations can use the TICOMETER to measure the degree to which they are providing trauma-informed care across five domains 1) staff skills and knowledge, 2) developing trusting relationships with clients, 3) respecting service users, 4) developing a

trauma-informed service delivery process, and 5) promoting trauma-informed policies and procedures. The tool comes with an implementation guide and can be used at a single point in time for planning purposes and to identify training needs. It can also be used multiple times, if organizations are actively improving trauma-informed care and wish to measure current status at different points in time.

If demonstration sites are using other evidence-based programs or practices, we will first look to use existing fidelity tools from the developer and in the absence of that develop a core components checklist and time/use log that can be used to record how sites are implementing the interventions. The implementation fidelity aspect of the evaluation will be managed by Jennifer Loeffler-Cobia of AIR, the author of several implementation quality toolkits and assessments and a national evidence-based practice expert with close to 20 years of experience building community and agency capacity to better adhere to quality implementation standards that improve the effectiveness of programs and practices.

*(Note, this component of the process study maps to the presence of ‘quality of care’ investments, as laid out in the CQI Evaluation Framework described above.)*

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

The CQI evaluation framework proposed here provides a natural process for collecting on-site information and feeding this back to local and state-level leaders so that real time information can be interpreted and digested. It is also our belief, based on decades of experience, that the best way to understand implementation barriers and the steps taken to address them is to understand firsthand the implementation context and develop trusting relationship with those working in these contexts to learn through their experience. To that end, our approach to understanding implementation barriers and facilitators will be through the creation of in-depth case studies of each demonstration site. The case study method allows for a deep view into the day-to-day experiences of a site, which can cumulatively combine to create trends that are only visible at the external level of change – leaving the question unanswered as to why a site had success or experienced challenges.

The methodology will require that our staff be dedicated to understanding each site and the people working there, forming relationships and seeing firsthand how the site lives and breathes the demonstration in reality. To this end, we will assign specific evaluation liaisons to each of the demonstration regions, who will become experts in the communities within the region and be responsible for gathering documentation, conducting interviews and focus groups, and summarizing learning from the site in the form of a case study. The 2015-2019 Child and Family Services Plan notes a need to improve parent engagement in communities. By having a dedicated evaluation liaison for the communities in the demonstration, we will be able to develop the rapport needed to engage parents to provide feedback on their needs and experiences, so this crucial perspective can be shared throughout the state to inform and improve parent engagement in every West Virginia community.

**4.9. Goal/Objective 9: Additional data collection.**

Outcome studies typically dominate the field of evaluation to the extent that when researching the aspects of effective implementation in systematic research reviews there is often not enough detail on implementation to understand *why* a particular intervention or practice resulted in different outcomes. In order to position West Virginia to scale up from the demonstration and produce widespread benefit across the state, we recommend analyzing the manner in which improvements in implementation readiness and implementation quality (including fidelity) are related to changes in youth and family outcomes over the course of the demonstration as well as changes in staff retention and engagement, and cost savings. In particular, a sub-study on the core components of Wraparound implementation fidelity as it relates to outcomes and community readiness may be particularly useful. This additional analysis should be possible based on much of the process evaluation data we propose collecting, but if this is a sub study of interest to BCF we will need to map out the specific variables needed to ensure the analysis can produce reliable and valid results. If BCF is interested in this sub study we will be prepared to discuss the financial and data-related needed to carry out this deliverable.

### ***Outcome Evaluation Overview:***

The goal of the outcome study is to determine whether the Safe at Home Wraparound interventions provided by West Virginia improve the well-being of adolescents and their families: were the services effective relative to what would have happened under business-as-usual (BAU). Our outcome evaluation approach will align with Title IV-E efforts in other states and the specific needs of West Virginia. A review of 14 states with IV-E Waiver agreements as of FY2012 shows a stronger focus on safety outcomes (e.g., maltreatment recurrence) and permanency outcomes (e.g., exits to reunification, adoption, and guardianship) than on well-being outcomes (e.g., social, emotional, behavioral;) (James Bell Associates, 2013). Research designs among these 14 states involve a combination of matched cases comparisons, longitudinal or time-series designs, or random assignments. Given the collective evaluation capacity and content expertise in child welfare research of Chapin Hall and AIR, we will capitalize on the lessons learned from these Title IV-E Waiver evaluations. We will also further tailor our outcome evaluation to the expected outcome changes in West Virginia's *Safe at Home* wraparound model for youth at risk for congregate care and youth in congregate care, as well as a focus on using Results Based Accountability (RBA) to examine existing data to inform outcomes, indicators, and strategies for the purpose of continuous quality improvement (West Virginia Department of Health & Human Resources, 2014).

Given the *Safe at Home* initiative will first be piloted in 11 counties in BCF Regions II and III and will expand to statewide implementation over the next five years (West Virginia Department of Health & Human Resources, 2014), we propose using a propensity scoring match design (PSM) to compare outcome changes of youth (Goals/Objectives 4.10-4.19) from the 11 counties receiving interventions from the demonstration with those of youth prior to the Title IV-E Waiver demonstration with those of youth, or with those of youth from later-engaged counties. A carefully constructed PSM design can estimate the probability of youth assignment to the intervention group based on strategic selection of observed covariates or matching variables that

are associated with intervention assignment (Rosenbaum & Rubin, 1983), while minimizing selection bias from unobserved variables (Fan & Nowell, 2011). Although West Virginia's state-administered child welfare system ensures some uniformity across counties, whether the matched comparison group is retrospective or prospective, we will use West Virginia's existing administrative data (e.g., Statewide Automated Child Welfare Information System [SACWIS], West Virginia's Families and Children Tracking System [FACTS]) to identify the most robust, observed matching variables that predict receipt of Title IV-E Waiver demonstration services. Specific variable selection to ensure comparability with the intervention group will be guided by our understanding of the characteristics of the target population and counties of *Safe at Home* (e.g., demographic characteristics, child welfare history, provider characteristics) and the literature (e.g., clinical profiles associated with congregate care placement). We will first explore the between-group balance (e.g., means, proportions) of these matching variables. Then we will estimate propensity scores of unbalanced variables using logistic regression. The final sample of youth will be grouped into five strata based on proximity of propensity scores and with roughly equal number of youth in each strata between the intervention and comparison groups (Rubin, 1997).

Chapin Hall and AIR staff are adept at applying sophisticated statistical models to outcomes analyses so as to tease apart the extent to which contextual factors outside the scope of the Safe at Home Wraparound interventions exert their own unique influence on performance vis-à-vis safety and permanency outcomes. The agency-specific spells (or episodes) are divided into time intervals of a given length (1 month person periods are a starting point). Each person-period has associated with it a flag indicating whether it was associated with the timing of a given intervention (i.e., enrollment in Intensive Care Coordination or Next Steps). The person-period also includes a variable that indicates whether a key event occurred during that interval, such as a subsequent maltreatment report, placement in congregate care, or the termination of services. The underlying statistical model will evaluate the log odds of placement (or another outcome of interest, such as a step-up to congregate care); the Waiver treatment effect will be captured by whether person-periods that include Safe at Home are more likely to end with case closure, placement in out-of-home care, placement in congregate care, subsequent maltreatment investigation, and so forth. The person-period model can be extended to incorporate a multi-county, competing risk framework.<sup>6</sup>

Because children are clustered within agencies and counties, the outcomes study will account for the nested structure with a multi-level model. In the unconditional model, the level-one intercept is the average rate of placement in out-of-home care, as one example. The multilevel model produces properly weighted estimates of the placement rate (to account for the fact that large agencies contribute more information). Addition of the treatment effect shows the impact

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<sup>6</sup> Steele, F., Goldstein, H., & Browne, W. (2004). A general multilevel multistate competing risks model for event history data, with an application to a study of contraceptive use dynamics. *Statistical Modeling*, 4(2), 145–159.

of a given intervention on the average rate. Adding time covariates (i.e., indicating the year during which the interval was observed), controls for any trends in the underlying data. Our team is also adept at using historical analysis, interrupted time series approaches, and propensity score matching techniques to identify and compare trends between populations and places, such as in Waiver and non-Waiver counties within West Virginia.

We conceptualize well-being broadly to include whether children are cared for safely at home, whether children in need of out of home care are placed with families that represent permanency, and whether the health, mental health, and educational outcomes of adolescents improve as expected given the nature of the interventions to be delivered and the target populations.

- With respect to safety, the focus is on maltreatment and maltreatment recurrence, and entries into out-of-home care, corresponding to Goal/Objectives 12, 13 and 15.
- With respect to permanency, measures include time spent in out-of-home care, increased use of less restrictive placement settings/reduced duration in congregate care settings, and reentry to care, corresponding to Goal/Objectives 10, 11, and 14.
- With respect to well-being, the focus is both on children’s functional well-being, with a focus on educational achievement and stability as well as on overall family functioning, corresponding to Goal/Objectives 16 through 18.

In summary, the proposed outcome evaluation will examine comprehensive changes over time in the West Virginia child welfare system on three levels to address Goals/Objectives 4.10-4.19. First, we expect state-level changes (i.e., aggregate county-level changes) over time before, during, and after the adoption and scaling up of the IV-E Waiver demonstration. Second, we expect county-level changes (i.e., aggregate youth-level changes) over time, with the early adopting counties showing greater and faster improvement on key outcomes than later-engaged counties. Third, we expect youth-level changes and specifically differences between the demonstration group and the matched comparison group. Based on this overarching evaluation approach, below we describe our approaches to operationalize measures and analyze data for Goals/Objectives 4.10-4.19 for the target population of youth ages 12-17 served by the *Safe at Home* initiative. We will describe specific details on data collection and analysis procedures in the evaluation plan that will be submitted to BCF for submission to the Federal Children’s Bureau.

**4.10. Goal/Objective 10: Number of youth placed in congregate care. (Responsible staff: Fred Wulczyn, Sara Feldman, Scott Huhr)**

Out of all youth involved with the West Virginia child welfare system in each fiscal year, we will conduct periodic reviews of the number of youth in congregate care by county (e.g., IV-E Waiver county or non-IV-E Waiver county) or overall at the state level before, during, and after the demonstration using Statewide Automated Child Welfare Information System

(SACWIS) data, West Virginia's Families and Children Tracking System (FACTS) data, and COGNOS system and dashboard data. We will examine the living arrangement codes to identify youth (both new and repeat) served by congregate care providers. We will also examine available provider and youth characteristics. Further, we will conduct inferential tests (e.g., Chi-Square) to examine differences in the number and proportion of youth in congregate care in the intervention group vs. comparison group, with the expectation that the former will yield a decline in number over time as the demonstration gets rolled out.

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

Using living arrangement data obtained from Goal/Objective 4.10, we will examine congregate care placement data to determine the length of stay in congregate care at the youth, county-, or state-level over time. In addition to these descriptive analyses, we will use survival analysis techniques such as Cox regression (Singer & Willett, 1991) to examine whether the intervention group vs. comparison group and other covariates from available data predict time until the end of each congregate care placement, with the expectation that the intervention group will yield a shorter length of stay in the placement. We will further explore follow-up congregate outcomes (e.g., step-down to foster home, reunification) after the preceding congregate care placement ends to ascertain the appropriateness of the discharge decision.

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

As a counterfactual condition to Goal/Objective 4.10, we will conduct periodic reviews (e.g., quarterly) of the number of youth remaining in their home communities by county (e.g., IV-E Waiver county or no Waive IV-E county) or overall at the state level before, during, and after the demonstration using SACWIS, FACTS, and COGNOS data. Further, we will conduct inferential tests (e.g., Chi-Square) to examine differences in the number and proportion of youth remaining in their home communities in the intervention group vs. comparison group, with the expectation that the former will yield an increase in number over time as the demonstration gets rolled out.

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

In each Fiscal Year, we will examine the number of first-time foster care cases among all open cases that year by county (e.g., IV-E Waiver county or non-IV-E Waiver county) or overall at the state level before, during, and after the demonstration using SACWIS, FACTS, and COGNOS data. Given the wraparound components of the IV-E Waiver, we expect a more rapid decline in number and rate of initial foster care entry in IV-E Waiver counties than non-IV-E Waiver counties, and an overall decline at the state level over time.

#### **4.14. Goal Objective 14: Number of youth re-entering any form of foster care.**

In each Fiscal Year, we will examine the number of re-entry foster care cases among all open cases that year by county (e.g., IV-E Waiver county or non-IV-E Waiver county) or overall at the state level before, during, and after the demonstration using SACWIS, FACTS, and COGNOS data. Given the wraparound components of the IV-E Waiver, we expect a more rapid decline in number and in rate of foster care re-entry in IV-E Waiver counties than non-IV-E Waiver counties, and an overall decline at the state level over time. Demographic and case characteristics among re-entry cases will be compared to those of initial entry cases (Goal/Objective 4.13) to provide data that could inform child welfare prevention services.

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

In addition to foster care entry and re-entry rates (4.13 and 4.14), we will explore specific youth safety indicators that are consistent with other Title IV-E Waiver demonstrations, such as number and rate of occurrence/recurrence of the following events: alleged maltreatment reports, substantiated maltreatment reports, maltreatment reports during or after out-of-home placement, and maltreatment reports after out-of-home placement during follow-up. In each Fiscal Year, we will extract these indicators by county (e.g., IV-E Waiver county or non-IV-E Waiver county) or overall at the state level before, during, and after the demonstration using SACWIS, FACTS, and COGNOS data, as well as federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). As with our hypotheses for Objectives 4.13 and 4.14, we expect, we expect a more rapid decline in these indicators in IV-E Waiver counties than non-IV-E Waiver counties, and an overall decline at the state level over time.

#### **4.16. Goal/Objective 16: Well-being of youth.**

The diversity of definitions and lack of measurement of well-being in existing Title IV-E Waiver evaluations (Campie, Paskstis, Flynn, & McDermott, 2015; U.S. Department of Health and Human Services, 2012) creates an opportunity for West Virginia to use targeted well-being definitions built on a child welfare framework. Specifically, we propose examining select social, emotional, and physical well-being indicators described in the Framework for Well-Being for Older Youth in Foster Care (Foster Care Work Group, 2013) that are also important to the trauma focus of West Virginia's *Safe at Home Initiative*. These indicators include engaging in peer relationships or connections with a reliable adult for support, developing capacity for emotional regulation, positive, prosocial behavior, recognizing and meeting mental health needs with appropriate services, and maintaining an active physical lifestyle. To operationalize these well-being indicators, we will explore multiple data sources such as the Division of Program Quality Improvement (DPQI) case reviews for Child and Family Service Reviews (CFSR), the West Virginia Child and Adolescent Needs and Strengths (WV-CANS) assessment, the Youth Behavior Evaluation (YBE), the Comprehensive Assessment and Planning System (CAPS), as well as the National Survey of Child and Adolescent Well-Being (NSCAW). Data selection and



consolidation will be informed by data availability in the youth and county of interest with respect to the timeframe of the demonstration. We will analyze well-being changes over time using hierarchical linear modelling (Singer & Willett, 2003) to examine differences between the intervention and comparison groups, while considering child-/case-level moderating characteristics as appropriate.

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

To assess education achievement and stability among agency-involved youth, we will examine the following indicators relevant to the ages 12-17 population through case records: school enrollment rate, school attendance rate, or obtainment of high school diploma/GED. These indicators are not only predictive of youth transition and vocational outcomes, but they also represent protective factors to overall child welfare well-being (Foster Care Work Group, 2013). In addition to tracking these indicators by number and proportion by county (e.g., IV-E Waiver county or non-IV-E Waiver county) or overall at the state level before, during, and after the demonstration using education outcome data in the sharing agreement between BCF and the Department of Education, SACWIS, FACTS, and COGNOS data, we will include them as appropriate in other outcomes analyses between the intervention and comparison groups.

**4.18. Goal/Objective 18: Improved family functioning.**

We will assess family functioning and family capacity to care for a youth using existing data collected from the West Virginia child protective services caseworker process, including DPQI case reviews, the Family Functioning Assessment, Protective Capacity Family Assessment, and the Family Case Plan Evaluation. Changes in caregiver strengths and needs from the CANS assessments will also be analyzed. For example, progress towards meeting the goals developed with the family to ensure safety of a youth is expected to occur faster in the intervention group than youth in the comparison group, which then would also result in the case being successfully closed sooner. To examine these between-group differences, we will control for baseline family functioning and capacity among similar cases from the two groups and compare key indicators such as percentage of goals completed, time until a case is closed with positive outcomes (i.e., no removal from home), and improvement in caregiver functioning domains.

**4.19. Goal/Objective 19: Additional data collection.**

In Objectives/Goals 4.10-4.19, we describe primary and supporting data to address changes in key outcomes of the evaluation. Upon agency request, need, and available resources, we will broaden the scope of data collection and evaluation as appropriate. For example, towards downsizing congregate care also means that decision-making to place youth in congregate care must be supported with empirical data. Additional analyses may include examining CANS profiles of youth before entry into congregate care to determine whether high-need youth are

getting placed. We will also explore service claims data (e.g., BCF, BMS, BHHF) to track provision of intervention services over the course of the demonstration, an area of need highlighted in West Virginia's IV-E Waiver application. In addition, the large proportion of juvenile justice youth within West Virginia's child welfare jurisdiction means that dually involved youth (see Goal/Objective 4.5) could be a special population of interest in evaluating target outcomes. Similarly, the initiative may consider additional supports, planning, and services for youth at the transitional age of 17, which can be informed by services funded by the John F. Chafee Foster Care Independence Program and service data submitted to the National Youth in Transition Database (NYTD). Further, tracking service provider and congregate care provider uptake of evidence-based practices (EBPs) (e.g., how many staff out of how many providers are trained?) over the course of the demonstration can quantify penetration of the *Safe at Home* initiative and may provide the context data for the process evaluation.

## **Cost Study**

### ***Overall Approach***

With respect to the cost analysis, the work begins with a simple categorization of costs (expenditures) into in home vs. out of home expenditures. Out-of-home care costs include board and care rates plus administrative rates and special payments (e.g., clothing allowances, Medicaid per diem payments). Board and care rates vary by placement type/setting. For the discussion, we assume that West Virginia tracks these rates on a daily basis (although the model generalizes to rates paid on a monthly basis). The aggregate of these daily rates is the total expenditure for out-of-home care.

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

**4.21. Goal/Objective 21: The use of key local, state, and federal funding sources to provide support for services available through the demonstration versus those services traditionally provided before the demonstration or for services not included in the demonstration**

Gross expenditures for foster care are expected to go down over the course of the Waiver as Safe at Home alters placement trajectories (i.e., the need for placement at all, or the need for higher levels of care). The difference between an expected rate of utilization and the observed rate of utilization (i.e., the at-scale treatment effect) measured as days used times the average per diem rate is the gross foster care savings. We have simulation tools for estimating the no-treatment expected utilization of foster care. The base/observed difference divided by the number of children not in foster care, the increased number of positive outcomes, or the number

of days of care saved provides a variety of metrics for establishing a simple expression of dollars saved.

Carrying costs use the added cost of maintaining the changes under the Waiver (e.g., implementation of Intensive Case Coordination and Next Steps; costs associated with training on/utilization of the CANS) as marginal to the historical cost of having children in foster care. Projected out over a number of years, these costs represent long-run cost of West Virginia’s Waiver program such that when compared with either a control group or a business-as-usual projection of expected costs, the difference yields the operating cost of the system with the waiver induced service improvements (see Goal/Objective 20).

Costs derived from the steps outlined above can be adjusted on a-per child, per outcome, or per period (e.g., day) basis to establish the adjusted cost-effectiveness of West Virginia’s Waiver program. The formal model for evaluating the change in costs follows a standard actuarial model. An actuarial model connects the population of foster children to their foster care utilization:

$$E = C \times U \times P \quad (1)$$

Where  $E$  represents expenditures,  $C$  is the caseload or number of enrollees,  $U$  is the utilization rate of foster care each person uses, and  $P$  is the reimbursement (i.e., the Price) for each unit of service. Enrollees differ with respect to the clinical diagnoses, the quantity of services each enrollee uses and the price of each service. The algorithm can be subscripted to represent unique expenditure patterns for enrollees with different needs and expected utilization rates:

$$E_{ijk} = C_{ijk} \times U_{ijk} \times P_i \quad (2)$$

where  $i$  = individual enrollees,  $j$  = clinical related groupings of children, and  $k$  = a unique service provider.<sup>7</sup>

The evaluation strategy is focused on model parameters that express change in the current level of Medicaid expenditures. If  $E_y$  represents expenditures in year  $y$ , then

$$E_{y+1} = E_y \times (1+c_{y+1}) \times (1+u_{y+1}) \times (1+p_{y+1}) \quad (3)$$

where  $c_{y+1}$ ,  $u_{y+1}$ , and  $p_{y+1}$  are the assumed or projected rates of change in caseload, utilization, and price, respectively, between years  $y$  and  $y+1$  that are tied to changes in why services are delivered.

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<sup>7</sup> The  $k$  subscript implies a multilevel model wherein children are nested within some unit of aggregation. Counties and private agencies are the obvious nesting structures. Because of the nesting, we can assume that parameters in the model will vary across those units. This has important implications for the evaluation and payment models.

For the evaluation, we adapt the standard actuarial model as follows:  $C$  is the Caseload (or number) of foster children. In this example, we use a cohort of children admitted to care in a given year. If  $t$  is the durational placement month (where  $t = 1$  is the first month of placement into foster care,  $t = 2$  is the second placement month, and so on) then  $C^t$  is the caseload of children in care at the start of the month;  $U^t$  is the Utilization rate in placement month  $t$ ; and  $P^t$  is the average price of the units delivered in that month. Modifying equation (1), we have:

$$E^t = C^t \times U^t \times P^t \quad (4)$$

where  $E^t$  is the placement-month specific expenditure. Because  $C^t$  changes as the result of the discharge rate, gross expenditures decline in each placement month as the population of children in foster care declines.

Total expenditures per placement month are:

$$E^t = \sum U_i^t \times P_i^t$$

Average per child expenditures per placement month are:

$$\text{Average } E^t = U^t \times P^t \text{ or Average } E^t = E^t / C^t \quad (5)$$

Adjusting the number of units used per placement month accounts for the fact that children leave foster care at a given rate, which affects costs during the time a child is in foster care. For a population of children admitted to foster care, the average cost is adjusted so that only children still in care are used to calculate the units used and the cost of those units in a specific month.

Improvements in the quality and process of care, such as those that are likely to arise in a Waiver context, are designed to influence  $C_t$  and  $U_t$ . With regard to the number of children ( $C_t$ ), increased service quality will increase the rate of discharge from placement.  $U_t$  will change as the type and mix of services purchased changes in response to the delivery of more effective services earlier in the care trajectory. Outside of changes in the cost of producing a unit of service (i.e., price inflation),  $P_t$  is not expected to change.

#### **4.22. Goal/Objective 22: A cost-effectiveness analysis to estimate the costs of successful outcomes as determined through tests of statistical significance.**

The Project Team is also prepared to conduct a cost-utility analysis as a part of the overall cost study associated with the Waiver evaluation. Quality of life (QALY) is conceptualized as functional well-being: safe and stable living arrangements, fewer problems in school, fewer health risks, fewer social emotional challenges, less substance use, and household safety.

Because of West Virginia's Waiver program, we expect to find that post-waiver, young people will have improved well-being as measured with a standardized instrument; the CANS (Child and Adolescent Needs and Strengths) is one such instrument used frequently in child welfare contexts, and which West Virginia plans to use to help determine eligibility for both their Intensive Care Coordination and Next Steps programs. For example, using the CANS, we are interested in how children are doing with respect to:

1. Child risk behavior, danger to others.
2. Child risk behavior, delinquency.
3. Child risk behavior, substance-use.
4. Caregiver safety concerns, household safety.
5. Caregiver safety concerns, substance use.
6. Child behavior/emotional needs, trauma experiences.
7. Life domain functioning, developmental.
8. Life domain functioning, physical limitations.

To establish a QALY, we propose creating a simple index scored on the basis of CANS domains.  $Index_{23_i}$  is a count of how many domains were scored at a certain level (i.e., a score of 2 or 3, which would indicate an actionable problem) at time 1 through n. The difference between  $Index_{23_i}$  and  $Index_{23_2}$ , is the number of young people whose overall well being improved.  $Index_3$  is a count of how many well-being domains were scored at the highest (most serious) level. Over time changes in  $Index_3$  will be used in the same way as  $Index_{23}$ .

Pursuant to the number of children with a better time two score per the CANS, we can estimate the cost per improved well-being score and use that as a reasonable proxy for the QALY. To develop a more sensitive well-being index we may, as needed, examine the factor structure of the CANS and establish whether a more nuanced interpretation of the data is needed.

#### **4.23. Goal/Objective 23: Additional data collection.**

The Chapin Hall team would be happy to work with the West Virginia DHHR/BCF team on the development of additional data collection opportunities so as to build additional knowledge about the functioning of the Waiver within the context of this particular child welfare system.

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Curriculum Vitae  
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**Education**

Ph.D. University of Chicago, 1986  
School of Social Service Administration  
M.S.W. Marywood University, 1979  
Graduate School of Social Work  
B.S. Juniata College, 1975  
(Psychology/Sociology)

**Awards**

2012 Doctor of Humane Letters, *honoris causa*, Marywood University  
2011 James E. Flynn Prize for Research - University of Southern California School of  
Social Work  
2006 Peter A. Forsythe Award for Leadership in Child Welfare – National Association of  
Public Child Welfare Administrators  
2005 Distinguished Alumni Achievement Award – Juniata College  
2004 Distinguished Alumni Award – Marywood University

**Professional Employment**

2014-Present **Professor**, School of Social Service Administration, University of  
Chicago  
2010-2012 **Special Assistant**, Office of the Commissioner, Administration for  
Children, Youth, and Families, DHHS  
2004-Present **Director**, Center for State Child Welfare Data, Chapin Hall at the  
University of Chicago  
2006-Present **Research Associate (Professor)**, University of Chicago  
2002-2006 **Research Associate (Associate Professor)**, University of Chicago  
1996-2002 **Research Associate (Assistant Professor)**, University of Chicago  
1996-Present **Senior Research Fellow**, Chapin Hall Center for Children at the  
University of Chicago  
1993-1997 **Assistant Professor**, Columbia University School of Social Work  
1986-1996 **Senior Policy Analyst**, N. Y. Department of Social Services  
1979-1986 **Research Associate**, University of Chicago

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## Publications

### *Books*

Haskins, Ron, Fred Wulczyn, and Mary Bruce Webb (editors). *Child Protection: Using Research to Improve Policy and Practice*. Brookings Institution Press. (2007).

Wulczyn, Fred, Richard Barth, Brenda Jones Harden, John Landsverk, and Ying-Ying Yuan. *Beyond Common Sense: Child Welfare, Child Well-being, and the Evidence for Policy Reform*. New York: Aldine Transaction, Inc. (2005).

### *Peer-Reviewed Articles*

Goldhaber-Fiebert, J. D., Babiarz, K. S., Garfield, R. L., Wulczyn, F., Landsverk, J., & Horwitz, S. M. (2014). Explaining variations in state foster care maintenance rates and the implications for implementing new evidence-based programs. *Children and Youth Services Review*, 39, 183–206.

Holmes, L., Landsverk, J., Ward, H., Rolls-Reutz, J., Saldana, L., Wulczyn, F., & Chamberlain, P. (2014). Cost calculator methods for estimating casework time in child welfare services: A promising approach for use in implementation of evidence-based practices and other service innovations. *Children and Youth Services Review*, 39, 169–176.

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Landsverk, J. A., & Wulczyn, F. H. (2013). *Child Placement as a Response to Child Abuse and Neglect*. Institute of Medicine.

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Goldhaber-Fiebert, J. D., Snowden, L. R., Wulczyn, F., Landsverk, J., & Horwitz, S. M. (2011). Economic evaluation research in the context of Child Welfare policy: A structured literature review and recommendations. *Child Abuse & Neglect*, 35(9), 722–740.

Goldhaber-Fiebert, J. D., Bailey, S. L., Hurlburt, M. S., Zhang, J., Snowden, L. R., Wulczyn, F., et al. (2011). Evaluating Child Welfare Policies with Decision-Analytic Simulation Models. *Administration and Policy in Mental Health and Mental Health Services Research*, 1–12.

Wulczyn, Fred, Lijun Chen, and Mark Courtney. *Permanency in Social Structural Context*. *Children and Youth Services Review*. 2010.

Wulczyn, Fred, Lijun Chen, and Britany Orlebeke. *Evaluating Contract Agency Performance*. *Children and Youth Services Review*. 2009.

Wulczyn, Fred. *Epidemiological Perspectives on Child Maltreatment. The Future of Children*. 2009.

Wulczyn, Fred, Cheryl Smithgall, and Lijun Chen. *Child Well-being: The Intersection of Schools and Child Welfare*. *Review of Research in Education*. 2009.

Wulczyn, Fred and Lijun Chen. *Adoption Dynamics: Impact of the Adoption and Safe Families Act*. *Social Service Review*. 2006.

# Sara W. Feldman, Ph.D., M.S.W.

## **EDUCATION**

COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK <i>Doctor of Philosophy in Social Work</i>	2011
COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK <i>Master of Philosophy</i>	2005
COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK <i>Master of Social Work</i>	2000
RUTGERS COLLEGE, RUTGERS UNIVERSITY <i>Bachelor of Arts</i>	1997

## **PROFESSIONAL EXPERIENCE**

CHAPIN HALL AT THE UNIVERSITY OF CHICAGO  
*Senior Researcher* 2003 - Present

- Directs the design and implementation of mixed-method evaluations targeted at children, youth, families, service systems and communities. Project direction includes the establishment of metrics for performance monitoring, development of data collection tools, implementation of evaluation protocols, and the production of written products and presentations.
- Provides technical assistance to non-profit, city, and state agencies with a focus on using evidence to inform programmatic and fiscal decision-making, in line with best practices in continuous quality improvement.
- Oversees implementation of field studies using a range of qualitative research methods, focusing on a diverse set of subject populations. Collaborate with colleagues and stakeholders to promote the engagement of vulnerable populations in the research process.
- Analyzes complex databases in order to monitor the performance of large service systems with a focus on key measures of children and family well-being. Designs, develops and maintains large databases using SAS statistical software.
- Manages staff of research analysts, giving direct support related to data collection, analysis, and formal writing for presentation purposes. Provides mentorship to develop staff capacity.
- Develops and manages budgets associated with research and evaluation services provided to private agencies, cities and states.

COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK  
*Research Assistant* 2004 – 2006

- Collaborated on the development of study measures for prospective evaluation of Parent Aide program. Assisted in preparation of training manual for primary data collector. Performed quantitative analyses of retrospective data on families serviced by Parent Aide program.

## **SELECTED PROFESSIONAL PAPERS**

Wulczyn, F.H., Feldman, S.W., Zinn, A. and Monahan-Price, K. (2010). *Improved Outcomes for Children: Final Report*. Chicago, IL: Chapin Hall at the University of Chicago.



- Wulczyn, F.H., Daro, D., Fluke, J., Feldman, S., Glodek, C. & Lifanda, K. (2010). *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*. United Nations Children's Fund (UNICEF): New York.
- Wulczyn, F.H., Feldman, S.W., Price, K. & Orlebeke, B. (2011). *Evaluation of the Investment Funding for Families Initiative*. Chicago, IL: Chapin Hall at the University of Chicago.
- Wulczyn, F.H., Feldman, S.W., & Price, K. (2012). *Family team conferences: Implementation and impact*. Chicago, IL: Chapin Hall at the University of Chicago.
- Wulczyn, F.H. and Feldman, S.W. (2013). *Community Partnerships Program: A preliminary evaluation of outcomes*. Chicago, IL: Chapin Hall at the University of Chicago.
- Feldman, S.W. and Price, K.M. (2013). *A Parent for Every Child: Final Evaluation of Outcomes*. Chicago, IL: Chapin Hall at the University of Chicago.
- Feldman, S.W., Wulczyn, F.H., & Huhr, S. (2014). *Child Success New York City: The Pilot Evaluation*. Chicago, IL: Chapin Hall at the University of Chicago.

### **PUBLICATIONS**

- Wulczyn, F.H., Feldman, S.W., Horwitz, S.M., & Alpert, L. (2014). Child maltreatment prevention: The problem of resource allocation. In Korbin, J.E. & Krugman R.D. (Eds.), Handbook of Child Maltreatment. Springer: New York.
- Feldman, S.W., Brockner, J.B., Liu, Z., & Higgins, T. Parental Maltreatment, Regulatory Focus, and Recommending the Placement of Children in Foster Care. *Academy of Management Annual Meeting Proceedings (August 1-5, 2014)*, Philadelphia, PA.

### **SELECTED PRESENTATIONS**

- Feldman, S.W. *Decision-making in child welfare: The role of regulatory focus*. Guest lecturer, Individual and Collective Behavior in Organizations, Columbia School of Business. October 2011.
- Feldman, S. W. *Evaluation of the Parent Advocate Initiative*. Center for New York City Affairs, Parent Advocates in the Child Welfare System, (March 15, 2011), New York, NY.
- Feldman, S.W., Carroll, M., McCarthy, C. *Parent for Every Child: Year Three Update*. Children's Bureau Combined Discretionary Grantees Meeting, Annual Conference, (March 20-22, 2011), Bethesda, MD.
- Feldman, S.W. (Discussant), Sribnick, E., Curran, L., & Rymph. *Childhood Without a Home: The Experience of Foster Care in the United States*. Society for the History of Children and Youth, Biennial Conference, (June 23-25, 2011), New York, NY.
- Feldman, S.W. & Lery, B. *Using Longitudinal Methods to Advance Evaluation Science in a Changing Social Service Environment*. National Association of Welfare Research and Statistics (August 19-21, 2013), Chicago, IL.
- Feldman, S.W., Brockner, J.B., Liu, Z., & Higgins, T. (2014). *Parental Maltreatment, Regulatory Focus, and Recommending the Placement of Children in Foster Care*. Academy of Management Annual Meeting (August 1-5, 2014), Philadelphia, PA.
- Feldman, S.W. & Haight, J.M. (2015). *The Next Generation: The Relationship Between Child Welfare and Parenting for Adolescents Exiting Foster Care*. Society for Social Work and Research Annual Conference (January 2015), New Orleans, LA.

# SCOTT SUNWHE HUHR



## EDUCATION

### UNIVERSITY OF CHICAGO, Harris School of Public Policy

Master of Public Policy, 2005. GRE: Verbal: 690/800, Math: 790/800. Coursework includes:

- **Economics and Finance:** Microeconomics I and II, Advanced Microeconomics, Advanced Microeconomic Analysis, Taxation and Public Finance
- **Statistics:** Statistical Models & Methods I and II, Statistical Methods for Policy Research I and II, Applied Regression Analysis, Applied Econometrics
- **Mathematics:** Linear Algebra, Analysis in Real Numbers I and II (Advanced Calculus).

### SEOUL NATIONAL UNIVERSITY, Graduate School of Public Administration

Master Course Completion of Public Administration, 1995.

Number one ranked university in South Korea. Merit scholarship recipient, 1994.

### KOREA UNIVERSITY

Bachelor of Arts in Public Administration, 1993. Number two ranked undergraduate university in South Korea. Number one ranked public administration undergraduate program.

## SPECIAL SKILLS

**Statistical Software:** SAS (more than 10 years of experience) and WINSTEPS.

**Statistical Analyses Conducted:** quantile regression model, non-parametric smoothing, random and fixed effects model, multinomial and ordinal logistic regression, fuzzy regression discontinuity model, negative binomial and zero-inflated Poisson model, explicit growth model, factor analysis, instrumental variable regression, two-stage least squares model, errors-in-variable regression, propensity score matching, and interrupted time series analysis.

## PROFESSIONAL EXPERIENCE

2013 to Present

### CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

*Senior Researcher*

- Created value-added child agency performance measures for multiple states
- Measured different public policy impacts on doptions using multi-state data and identified differential impacts based on different time spans
- Conducted trajectory analysis on placement, recurrence, and post-discharge maltreatment of children placed in foster care for the ProtectOhio Waiver Program
- Conducted analysis on child permanency impacts for the Child Success New York City project
- Created solutions to a number of methodological issues involving cross-classified data, heterogeneous dependable variables, program selection bias, etc.

2010 to 2013

### CHICAGO PUBLIC SCHOOLS, Department of Strategy, Research and Analytics

*Lead Researcher*

- Created Chicago Public Schools' parent survey Rasch measures
- Developed and improved CPS value-added metric in conjunction with the University of Wisconsin Value-Added Research Center
- Constructed various complex prediction models including: AP Prediction, College Enrollment On-Track Prediction, and School Enrollment Projections
- Conducted numerous impact analyses including: After School All Stars Program Impact Analysis, Chicago Math & Science Initiative Impact Analysis, Summer Learning Loss Analysis, Summer Bridge Analysis, Culture of Calm School Program Analysis

2008 to 2010

**CHICAGO PUBLIC SCHOOLS, Department of Applied Research and Program Evaluation**

*Senior Researcher*

- Built various metrics and prediction models including: Student Gun-Shot Victim Prediction, School Safety Value-Added Metric, and Early Grades On-Track Metric
- Conducted numerous impact analyses including: Cluster 4 Middle Grade Project Impact Analysis, Instructional Development System (IDS) Impact Analysis, Reading SCRMA and Striving Readers Impact Analysis.

2006 to 2008

**DAMO/AMICI CORPORATION, Strategy and Research Team**

2002 to 2003

*Director*

- Conducted industry research and assessment of the bio-pharmaceutical (recombinant human growth hormone) and healthcare industries and FDA regulations

**PROFESSIONAL  
ACTIVITIES**

Member of the Value-Added Metric Advisor Committee of The Chicago Board of Education



## EDUCATION

**Portland State University**, Portland, OR, June 2011

*Masters of Science in Financial Analysis*

- Coursework: Financial Management, Accounting Information Systems, Financial Statement Analysis, Strategic Cost Management, Business Valuation, Management Strategy, Business Law, Auditing, Statistics, and Taxation

**Alfred University**, Alfred, NY, May 2006

*Bachelor of Arts in Fine Arts, Cum Laude, concentrations in Studio Arts and Art History*

## SKILLS

Quantitative analysis, financial forecasting and modeling, database design and administration, financial statement analysis, administrative data collection and analysis. Extensive knowledge of Excel. Proficient with Unix, SAS, and SQL.

## PROFESSIONAL EXPERIENCE

**Chapin Hall at the University of Chicago**, Chicago, IL, May 2011 - Present

**Associate Researcher**, Jul 2014 – Present

Research work currently focuses on the fiscal analysis of state-level Title IV-E Waiver Demonstration Projects. For Colorado and Pennsylvania Demonstration Projects, utilized an understanding of the waiver costs structure and database design to coordinate administrative fiscal data collection and conduct a system-level fiscal analysis by creating and populating a database of county-level child welfare expenditures and revenues. Conducted quantitative data analysis to determine whether the fiscal stimulus and the associated guidance from the state on service intervention is currently having an effect on expenditure patterns in participating counties. Presented the findings to state-level stakeholders and prepared interim report content.

**Business Systems Administrator**, Sep 2013 – Jun 2014

Transition Project: Played an instrumental role in implementing three new business systems which successfully went live on July 1, 2013. Assisted in conducting the preliminary systems analysis, mapping the integration of data to systems as well as systems to systems

Standard Activities: Acted as a liaison between functional areas, IT services, and business systems vendors for the development, implementation and enhancement of three business systems. Worked with functional areas to analyze data, develop metrics that indicate organizational success, and develop corresponding reports. Served as the internal expert on business systems. Developed user guides and conducted end user training for 120 employees. Oversaw business systems security.

# LAURA PACKARD TUCKER

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**Grants and Contract Administrator**, May 2011 – Aug 2013

Processed the grants and contracts awarded to Chapin Hall during this period. Assisted with contract negotiations and tracked contract compliance issues. Provided backup support for research proposal submission and budget creation. Completed organizational financial analysis projects such as the development of a new PTO policy.

**Oregon Health & Science University**, Technology Transfer & Business Development, Portland, OR  
**Finance Administrator**, Mar 2008 – Apr 2011

Managed the post licensing compliance and analyze the financial activity for 700 active technologies. Prepared, monitored, analyzed and forecasted \$2,000,000 departmental budget, including grants and donations. Reengineered and managed the royalty distribution process for \$1,500,000 of annual royalty revenue. Oversaw the distribution of seed funding to 35 startup companies.

**Art on Alberta**, Nonprofit Arts Organization, Portland, OR

**Volunteer Board Member – Treasurer**, Jun 2009 – Jul 2010

Prepared event and annual organization budgets. Maintained general bookkeeping. Completed grant financial reports and application. Assisted with coordination of organization's annual event, Art Hop.

**Design Source International**, Portland, OR

**Assistant Office Manager**, Assistant Project Manager, Oct 2006 – Feb 2008

Managed accounts payable and receivable. Oversaw and analyzed data on inventory control, project financials, and cost management. Provided customer and sales support.

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# Patricia E. Campie, Ph.D.

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## Education

Ph.D. 2003, University of Arizona, Criminology and Law  
M.P.A. 1999, University of Arizona, Criminal Justice Administration and Management

## Present Position

### **Principal Researcher, Human and Social Development Program, AIR**

At AIR, Dr. Campie is responsible for developing and leading rigorous multi-site community-based research, evaluation, and technical assistance initiatives in the justice, child welfare, and youth development fields. She has more than 18 years of experience supporting community, agency, and tribal efforts to implement data-driven crime prevention and community development strategies. Dr. Campie acts as Co-Principal Investigator for a federally funded study that looks at the impact of police integration in violence prevention on community norms of violence in disadvantaged communities using a regression discontinuity and time series design in 33 cities in Massachusetts. Campie is also Co-Principal Investigator for a statewide study of serious violent offending among 14-24 year old proven risk young men in Massachusetts. The initiative, implemented in 11 cities uses a public health approach to violence prevention alongside elements of OJJDP's comprehensive gang reduction model. The study produced a Rapid Evidence Assessment of the research literature on urban gun violence intervention programs and is using a propensity score matching technique as well as a shortened interrupted time series design to measure intervention outcomes. Campie is also a senior design team member and lead trainer on the national cross-site evaluation of the OJJDP Mentoring Enhancement Demonstration Program. This 5-year, randomized-controlled study involves 10 collaborative partnership grantees at 32 sites across the country implementing innovative mentoring programming. She also directs a 4-state implementation of Project Combine, a unique substance abuse treatment and mentoring intervention approach used with young offenders in Virginia, Colorado, Washington, and Arizona. The study's findings will be used to understand the impact of multi-component evidence-based interventions implemented in real world settings with courts and community substance abuse providers. Dr. Campie is leading a new project in California to develop a school safety diagnostic tool that will help schools determine the extent to which exclusionary school discipline practices are disproportionately impacting students of color and she is also leading a systematic review on implementation effectiveness that is part of the Initiative to Develop and Test Juvenile Drug Court Guidelines, a five-year research study funded by OJJDP.

## Recent Professional Experience

### **Director, National Center for Juvenile Justice (2008-2012)**

Dr. Campie served as Director for the National Center for Juvenile Justice (NCJJ) and in

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that role she oversaw the management, finances, staffing, and deliverables for all of NCJJ's work, which included the National Juvenile Court Data Archive, the State Technical Assistance and Training Center the Mac Arthur Foundation's Models for Change national juvenile justice reform project, and other national and sub-national juvenile justice initiatives (19 projects/\$4M per year). During this time she served as the project director for the evaluation of the National Resource Center for Legal and Judicial Issues, funded by the Children's Bureau to help legal and child welfare systems work more effectively together and she oversaw the Pennsylvania Quality Improvement Initiative, a 3-year statewide effort as part of Pennsylvania's Evidence Based Practice Resource Center to provide training and TA to providers to improve the quality implementation of their evidence-informed programs.

**Executive Director, LeCroy & Milligan Associates, Inc. (2007-2008)**

While Executive Director at LeCroy Milligan Associates, Dr. Campie was responsible for overseeing the management, financial, staffing, and deliverables of all projects (30 projects/ \$13M per year). In this role she oversaw the management and implementation of a longitudinal randomized-controlled study of the Healthy Families program, an evidence-based intervention serving at risk young adults who have recently become parents, a statewide and 20-tribe needs assessment of early childhood education programming, and a longitudinal quasi-experimental study of a teenage pregnancy prevention program, funded through the Arizona Department of Health Services and the federal OAH. While in Tucson, she also served as project evaluator for the Bureau of Prison's job readiness program, the Pima County Drug Court, the Workforce Investment Board One Stop Center, Head Start of Southern Arizona, and the Tucson Weed and Seed project where over the course of a 10 year period, she enabled community coalitions to learn how to use the data from their programs to develop greater community capacity for creating positive youth development opportunities, while reducing crime and improving relationships with law enforcement.

**Research and Evaluation Director, Pima Prevention Partnership (2003-2007)**

While Research Director at the Pima Prevention Partnership (PPP) Dr. Campie oversaw the management, staffing, budgets, and deliverables of all research evaluation and planning projects (60 projects/\$13M per year). In her role she oversaw or conducted numerous rigorous evaluations of that agency's multi-service array of youth and family programming to include science to service studies of evidence-based programming for justice-involved populations (FFT, MST, CBT, ART), substance abuse and mental health treatment in school-based settings (Access to Recovery, FAST, Strengthening Families 10-14; including Latino and Native American adaptations, ACRA, GAIN assessments), HIV prevention and intervention services (POL models, Youth Asset Development models, MSM, IDU, and Sex Worker populations), violence prevention and children exposed to violence (Children's VIP Court, Bright Futures-based off the OVW Greenbook initiative) teen pregnancy prevention and interventions for pregnant and parenting teens (Safer Choices, Healthy Families) youth reentry services, mentoring children of incarcerated parents (BBBS, STARS Mentoring), underage drinking

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prevention (Pasa Las Llaves, Social Norming Campaigns) and the Pima County Teen court, among other programs. During this time, she led the Arizona evaluation of the SPF-SIG project funded by SAMHSA and as a result of her work was chosen to serve on a Blue Ribbon Committee for SAMHSA exploring evidence ratings and criteria options for inclusion of community-based interventions in the NREPP registry.

**Adjunct Professor, University of Arizona, Eller College (1999-08)**

While at the University of Arizona Dr. Campie specialized in experimental research methodologies for testing criminological theories and exploring how extra-legal tools of policy development are used in the construction of opinions from the U.S. Supreme Court. While serving as adjunct professor at the University's Eller College Dr. Campie taught undergraduate and graduate-level classes on research and evaluation methods, crime and public policy, fear of crime and media influence, and criminal justice administration.

**Independent Research and Evaluation Consultant, The Genoa Group (1997-2008)**

As an independent consultant, Dr. Campie worked with the Federal Bureau of Prisons, Wilmot FCI, in Tucson Az. to evaluate the prison's Mock Job Fair, a reentry program designed to help inmates transition successfully into the community. During this time, Dr. Campie also provided 10 years of evaluation support to the Westside Coalition Weed and Seed Program (DOJ), a program managed by the Tucson Police Department and involving a coalition of five Latino neighborhoods in Tucson working together to reduce crime and develop positive community and business development supports. Dr. Campie was also responsible for evaluating Pima County's first adult drug court, for designing a study and collecting data on a batterer intervention program at the Florence State prison, for providing research development and support services to the longitudinal Building the Future study at Rose Elementary School and for creating an evaluation toolkit and training for the Brewster Center/Tucson Police, Domestic Violence Order of Protection Program.

**Program Evaluator, The Partnership (2003-04)**

In her role as a program evaluator, Dr. Campie provided evaluation services, research support, strategic planning and community development support to a variety of human service, social service, and justice-serving organizations throughout the United States. During this period Dr. Campie was the lead evaluator on the Youth Educating Parents program, a youth substance abuse intervention designed from the ground up using youth as peer researchers who were trained by Dr. Campie to develop a substance abuse prevention program for parents of at-risk youth, using theories of change rooted in the research literature. During this time, Dr. Campie also was the lead evaluator on Multi-systemic Therapy programs for the White Mountain Apache Tribe, an evidence-based HIV intervention program for high-risk Latina youth, a Violence intervention Project using Teen Courts and Day Treatment programming for serious delinquents (felony charges), and acted as the principal investigator on a NIJ proposal exploring the link



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between civic engagement and youth delinquency.

### **Commissions, Boards, and Appointments**

- 2012 NCJFCJ Tribal Judicial Leadership Panel
- 2012 Member, National Task Force on the Deinstitutionalization of Status Offenders
- 2011 Member, Allegheny County, PA Interbranch Commission Task Force
- 2011 Member, Diversion Subcommittee of the Pennsylvania Juvenile Justice Delinquency Prevention Committee
- 2010 Board Member, Allegheny County, PA Juvenile Court Foundation
- 2009 Peer Reviewer, Office of Justice Programs
- 2007 Member, NREPP Blue Ribbon Task Force, Evidence-Based Programming

### **Professional Affiliations**

- American Evaluation Association
- American Society of Criminology
- American Association for the Advancement of Science

### **Recent Publications and Reports**

- 2015. Campie, P., Pakstis, A., Flynn, K. & McDermott, K. (*In Press*) Developing a Coherent Approach to Youth Well Being in the Fields of Child Welfare, Juvenile Justice, Education, and Health: A Systematic Literature Review. (Target- *Families in Society*)
- 2015. Petrosino, A., **Campie, P.**, Guckenburg, S., Fronius, T., Vivano, L. Cross-sector, multi-agency interventions to address urban youth firearms violence: A rapid evidence assessment. *Aggression and Violent Behavior*. 22 (2015) 87–96.
- 2014. Campie, P.E., Vriniotis, M., Read, N.W., Fronius, T., & Petrosino, A. *A Comparative Study using Propensity Score Matching to Predict Incarceration Likelihoods among SSYI and non-SSYI Youth from 2011-2013*. Massachusetts Executive Office of Health and Human Services. Boston, MA.
- 2014. Petrosino, A., Turner, H., Hanson, T., Fronius, T. & **Campie, P.** *The Impact of the Safe and Successful Youth Initiative (SSYI) on City-Level Youth Crime Victimization Rates. An Interrupted Time Series Analysis with Comparison Groups*. Massachusetts Executive Office of Health and Human Services. Boston, MA.
- 2014. Bradham, D. & **Campie, P.** *Massachusetts Safe and Successful Youth Initiative (SSYI) Benefit-to-Cost Analysis*. Massachusetts Executive Office of Health and Human Services. Boston, MA.

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2014. Campie, P. "Build trust and justice locally" Op-Ed. USA Today. Published September 10.

2013. Campie, P.E. *Discussions from the Workshop Exercise in Applying Knowledge into Effective Action in Low-and Middle-Income Countries*. In *The Evidence for Violence Prevention Across the Lifespan and Around the World - Workshop Summary*. Carroll, L. Perez, M.M., & Taylor, R.M. , Rapporteurs. Forum on Global Violence. Institute of Medicine. Washington, D.C. National Academies Press.

2013. Campie, P.E., Petrosino, A., Pace, J., Fronius, T., Guckenburger, S. Wiatrowski, & Ward, S. Strategies to prevent urban violence. A companion report to the SSYI evidence and implementation review. Massachusetts Executive Office of Health and Human Services. Boston, MA

2013. Campie, P.E., Petrosino, A., Pace, J., Fronius, T., Guckenburger, S. Wiatrowski, & Ward, S. What Works to Prevent Urban Violence Among Proven Risk Young Men? The Safe and Successful Youth Initiative Evidence and Implementation Review. Massachusetts Executive Office of Health and Human Services. Boston, MA.

2013. Campie, P. & Basen, R. "Researchers can help inform street outreach movement". Op-Ed. The Chronicle for Social Change. Published November 26, 2013.

2012 Campie, Patricia, E. Juvenile Issues Research Brief: Implications for Programs, Policies, and Practices. Does Involvement in the Child Welfare System Result in Greater Likelihood of Later Juvenile Delinquency? Juvenile and Family Justice Today. Winter.

2012 Loeffler-Cobia, Jennifer and **Campie, Patricia**, E. Building the Evidence in Juvenile Justice Systems to Improve Service Delivery and Produce Better Youth Outcomes. Juvenile and Family Justice Today. Winter

2011 Campie, Patricia, E. Pros and Cons of Juvenile Boot Camps. Key Issues in Crime and Punishment: 2011 Juvenile Crime and Justice, William Chambliss Editor, SAGE.

2011 Campie, Patricia, E. Pros and Cons of Sentencing Options. Key Issues in Crime and Punishment: Juvenile Crime and Justice, William Chambliss Editor, SAGE.

2011 Campie, Patricia, E. and Szymanski, Linda. Pros and Cons of Legal Representation. Key Issues in Crime and Punishment: Juvenile Crime and Justice, William Chambliss Editor, SAGE.

2011 Campie, Patricia, E. and Marsh, Shawn. Pros and Cons of Group Homes. Key Issues in Crime and Punishment: Juvenile Crime and Justice, William Chambliss Editor, SAGE.

2009 Campie, Patricia, E. Adam Walsh Implementation Impacts Survey: Technical Brief. Produced in response to a technical assistance request from the U.S. House Subcommittee on Crime, Terrorism, and Homeland Security, Washington, D.C.

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2009 Marsh, Shawn and **Campie, Patricia E.** The Ten Commandments of Research. The Rapport. NCJSA.

2009 Campie, Patricia E. and Sheeran, Maureen Georgia Family Violence Commission Strategic Planning Report. Atlanta GA.

2009 Campie, Patricia E., Cradle to Grave Youth Outreach Efforts: Evaluation Study Findings. Temple University Health System. Philadelphia, PA.

2009 Campie, Patricia E. Westside Coalition Weed and Seed Evaluation Report. Impacts on Neighborhood Crime 1998-2008. Report submitted to Tucson Weed and Seed program, U.S. Department of Justice.

2008 LeCroy & Milligan Associates (**Patricia Campie**, contributor). Families of Incarcerated Youth. Annual Evaluation Report. Arizona Department of Juvenile Corrections. Phoenix, AZ.

2007 Campie, Patricia E. Native American Dropout Prevention Program: Evaluation Report. Arizona Department of Education, Phoenix, AZ.

2006 Campie, Patricia, E. Young Adults in the Workplace: Working it Out, Science to Service Demonstration Report. U.S. Dept. of Health and Human Services, SAMHSA, Washington, D.C.

2006 Campie, Patricia E. The Westside Coalition Weed and Seed: Project Findings 2005. Report submitted to Tucson Weed and Seed program, U.S. Department of Justice.

2005 Campie, Patricia, E. Northwest Community Justice Center: Recidivism Study Findings. Pima County Juvenile Court Center, Tucson, AZ.

2005 Campie, Patricia E. Youth Educating Parents about Substance Abuse: Evaluation of Technical Assistance to Grantees. Governor's Office of Children, Youth, and Families, Phoenix, AZ.

2005 Campie, Patricia E. Civil Liberties Encyclopaedia: contributions on Habeas Corpus & Supreme Court History - M.E. Sharpe Publishers.

2004 Campie, Patricia E. The Westside Coalition Weed and Seed: a Longitudinal Study of Crime and Community Development 1998-2003. Report submitted to Tucson Weed and Seed program, U.S. Department of Justice.

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2003 Campie, Patricia E. History of the Supreme Court: contributions on the death penalty and freedom of speech - M.E. Sharpe Publishers.

2003 Campie, Patricia E. Luz Southside Profile 2003: A Statistical Snapshot. Luz Southside Partnership. Tucson, AZ.

2003 Campie, Patricia, E. San Xavier District, Tohono O’Odham Nation, Departmental Evaluability Assessment. Tohono O’Odham Nation, Tucson, AZ.

2002 Campie, Patricia E. Luz Southside Profile 2002: A Statistical Snapshot. Luz Southside Partnership. Tucson, AZ.

2001 Campie, Patricia E. The Link Between Economic Development and Neighbourhood Crime: Westside Weed and Seed Yr.3. Official Report submitted to Tucson Weed and Seed program, U.S. Department of Justice.

## **Recent Presentations and Appearances**

2014 Campie, Patricia E. Getting from Research to Outcomes. National Governor’s Association Learning Lab (Invited speaker). Washington, D.C.

2013 Campie, Patricia E. and Loeffler-Cobia, Jennifer. Building the Evidence Base and Increasing the Quality of Homegrown Justice Programs. American Society for Criminology Conference. Atlanta.

2013 Campie, et al. Building site capacity through training on evaluation and providing technical assistance to community-based agencies participating in a RCT. American Evaluation Association Conference. Washington, D.C.

2012 Campie, Patricia E., Strategies to Interrupt the School-to-Prison Pipeline. Coalition for Juvenile Justice Conference. Washington, D.C.

2012 Campie, Patricia E. and Wolfe, Elizabeth. Funding and Sustainability. Virginia Juvenile Justice and Delinquency Prevention Conference. Newport News, Va.

2011 Campie, Patricia, E., Loeffler-Cobia, Jennifer, Sickmund, Melissa, and Wood, Geoffrey. Gottfredson’s Rational Decisionmaking Framework: 10 Years Later. American Society of Criminology, Washington, D.C.

2011 Campie, Patricia, E., Loeffler-Cobia, Jennifer, and Thomas, Douglas. Performance Measures and Quality Improvement in Juvenile Justice Systems. American Society of

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Criminology, Washington, D.C.

2011 Campie, Patricia E., George, Anne, E., Loeffler-Cobia, Jennifer, and Wood, Geoffrey. Sustaining Innovation through Effective Implementation. Models for Change Annual Meeting, Washington, D.C.

2011 Campie, Patricia, E., Dodd, Sarah Jane, George, Anne. E., and Richardson, Brad. Multi-level Evaluations: Lessons from a Local and Cross Site Evaluation Collaborative. American Evaluation Association, Anaheim, CA.

2011 Campie, Patricia, E. Infusing a Holistic and Evidence-Based Approach into Juvenile Justice Reform, interview for “Spotlight on Youth” March 4th broadcast, Children’s Law Center, Covington, KY

2010 Campie, Patricia, E. and Thomas, Douglas. Grasstops (Practical) Cost Benefit Analysis A Tool for Improving Juvenile Justice Decision-Making NCJFCJ Juvenile and Family Law Conference, Las Vegas, NV.

2009 Campie, Patricia E. Sustaining the Gains: Looking Back on the Research. NCJFCJ Juvenile Justice Conference, Closing Plenary, Orlando, FL.

2009 Campie, Patricia E. and Marsh, Shawn. The Use, Misuse, and Abuse of Research and Research Terminology. NCJFCJ Juvenile Justice Conference Orlando, FL

2007 Campie, Patricia, E. Multi-level causal models for studying crime and deviance. Society for the Study of Social Problems- Annual Meeting, New York New York.

2006 Campie, Patricia, E. Recidivism outcomes among juvenile offenders being treated in a substance abuse recovery day treatment center. Young Offender Re-entry Conference- Dept. of Health and Human Services, Washington D.C.

2003 Campie, Patricia E. The Latest Findings from The Partnership’s Research, Evaluation and Planning Department. Arizona Evaluation Network (AZENet) Casa Grande, AZ.

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# Ka Ho Brian Chor, Ph.D.

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## Education

Ph.D. 2011, Northwestern University, Clinical Psychology  
M.S. 2010, Northwestern University, Clinical Psychology  
B.S. 2006, Tufts University, Clinical Psychology (minor in Mathematics)

## Professional Credentials and Certifications

New York State Licensed Clinical Psychologist (#68 020161), 2013-Present  
Postdoctoral Fellow, Columbia University-New York State Psychiatric Institute, 2011-2012  
American Psychological Association (APA)-Accredited Internship, Manhattan Psychiatric Center, 2010-2011

## Academic Appointment

Research Assistant Professor, Department of Child and Adolescent Psychiatry, New York University School of Medicine, 2012-2014

## Honors and Awards

Outstanding Researcher (employment-based immigration first preference), United States Citizenship and Immigration Services, 2014  
George Yacorzynski Award for Dissertation Excellence, Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, 2012  
National Scholar Honor Society, 2007  
Phi Beta Kappa, Tufts University, 2006  
Summa cum laude, Tufts University, 2006  
Psi Chi National Honor Society in Psychology, 2004  
Dean's List, Tufts University, 2002-2005

## Present Position

### **Senior Researcher, Health and Social Development Program, American Institutes for Research (2014-Present)**

Responsible for developing outcome research and evaluation in public child-serving systems — child welfare, mental health, school — and applying dissemination and implementation science to improve child well-being and uptake of evidence-based practices in these systems.

## **Professional Experience**

### **Evaluation Specialist, Centers for Disease Control and Prevention (CDC)-Funded Youth Violence Prevention Training and Technical Assistance Center, AIR (2014–Present)**

Provide support on evaluation design, survey development, and development of a tailored, online training and technical assistance tracker. This 5-year project aims to provide training and technical assistance to 12 public health departments to develop their community capacities to establish multi-sector coalitions, increase and sustain the role for public health in youth violence prevention.

### **Data Use Management Lead, Substance Abuse and Mental Health Services Administration (SAMHSA)-funded National Resource Center for Mental Health Promotion and Youth Violence Prevention, AIR (2014–Present)**

Serves as liaison to the performance assessment team at Community Science to oversee all data collection activities, continuous quality improvement processes, and outcome reports. This 5-year project aims to serve as a national resource and training and technical assistance center for two grant programs, Safe Schools/Healthy Students and Project LAUNCH (Linking Action for Unmet Needs in Children's Health), to increase the ongoing support and promotion of healthy development and wellness, prevention of mental, emotional and behavioral disorders and effectiveness of youth violence prevention for children and youth, prenatal through school-aged youth (K–12).

### **Project Director, New York State Office of Mental Health (NYSOMH)-funded Evaluation of Training and Education for the Advancement of Children's Health (Project TEACH), Department of Child and Adolescent Psychiatry, New York University School of Medicine (2012-2014)**

Co-led an evaluation of a statewide training initiative for primary care physicians to improve their assessment and treatment of pediatric mental health problems in New York State.

### **Project Director, National Institute of Mental Health (NIMH)-funded Advanced Center for State Research to Scale up Evidence-Based Practices for Children (P30 MH090322), Columbia University-New York State Psychiatric Institute (2010-2011) & Department of Child and Adolescent Psychiatry, New York University School of Medicine (2011-2014)**

Co-led a mixed methods study to: (1) examine and predict the adoption of evidence-based practices by outpatient clinics that serve children and adolescents in New York State; and (2) develop strategies to improve clinic adoption and future roll-outs of State initiatives and technical assistance. Interviewed clinic directors across the state to examine facilitators and barriers to clinic adoption in the context of the Patient Protection and Affordable Care Act. Collaborated with New York State Office of Mental Health to access Medicaid claims data and clinic fiscal data to characterize adopting and non-adopting clinics. Facilitated the development of a data infrastructure (local, state, and national data) to advance dissemination of quality improvement initiatives.

**Postdoctoral Fellow and Project Director, *National Institute of Mental Health (NIMH)-funded Quality Improvement Implementation in Child Mental Health: A 2-state Comparison (R01 MH08623)*, Columbia University-New York State Psychiatric Institute (2010-2011) & Department of Child and Adolescent Psychiatry, New York University School of Medicine (2011-2013)**

Co-led an evaluation of a statewide quality improvement initiative to reduce psychotropic polypharmacy among 49,110 Medicaid children in New York State in 2006-2010. Collaborated with University of Pittsburg to examine the effect of prior authorization policies on the prevalence of pediatric antipsychotics prescription in Pennsylvania, using New York State as a control state. Supervised and mentored research assistants.

**Psychology Intern, Manhattan Psychiatric Center (2010–2011)**

Provided evidence-based treatment and assessment for severely mentally ill patients at a state inpatient psychiatric hospital. Supervised masters-level psychology externs.

**Graduate Research Analyst, Mental Health Services and Policy Program, Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine (2006-2010)**

Collaborated with Illinois Department of Children and Family Services to improve the quality of out-of-home placement decisions in the Illinois child welfare system; examined two decision-making models: (1) the Child and Adolescent Needs and Strengths (CANS) Algorithm; and (2) the multidisciplinary Child and Youth Investment Teams. Applied hierarchical linear models to predict the impact of the two decision-making models on the well-being trajectories of 6,096 children across out-of-home placement types.

## **Employment History**

**2014–Present** Senior Researcher, American Institutes for Research  
**2012–2014** Research Assistant Professor, Department of Child and Adolescent Psychiatry, New York University School of Medicine  
**2011–2012** Postdoctoral Fellow, Columbia University-New York State Psychiatric Institute  
**2010–2011** Psychology Intern, Manhattan Psychiatric Center  
**2006–2010** Graduate Research Analyst, Mental Health Services and Policy Program, Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine

## **Professional Affiliations**

American Psychological Association (APA)  
AcademyHealth: Advancing Research, Policy and Practice  
Association for Psychological Science (APS)  
Association for Behavioral and Cognitive Therapies (ABCT)

## **Technical Skills**

STATA, longitudinal and predictive analysis using large-scale administrative databases, SPSS, Microsoft Office Suite (Access, Excel, PowerPoint, Word)



## Editorial Positions

Ad Hoc Reviewer, *Administration and Policy in Mental Health and Mental Health Services Research*, *Child Abuse & Neglect*, *Children and Youth Services Review*, *Health Affairs*, 2012-Present

## Publications

### *Journal Articles*

- Chor, K. H. B.**, McClelland, G., Weiner, D. A., Jordan, N., & Lyons, J. S. (2015). Out-of-home placement decision-making and outcomes in child welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(1), 70-86. doi: 10.1007/s10488-014-0545-5
- Olin, S. S., **Chor, K. H. B.**, Weaver, J., Duan N., Kerker, B. D., Clark, L., Cleek, A. F., McKay M. M., Hoagwood, K. E., & Horwitz, S. M. (2015). Multilevel predictors of clinic adoption of state-supported trainings. *Psychiatric Services*, 5(1), 484-490. doi: 10.1176/appi.ps.201400206
- Kerker, B. D., **Chor, K. H. B.**, Hoagwood, K. E., Radigan, M., Perkins, M., Setias, J., Wang, R., Olin, S. S., & Horwitz, S. M. (2014). Detection and treatment of mental health issues by pediatric PCPs in New York State: An evaluation of Project TEACH. *Psychiatric Services*. Advance online publication. doi:10.1176/appi.ps.201400079
- Chor, K. H. B.**, Olin, S. S., Weaver, J., Cleek, A. F., McKay, M. M., Hoagwood, K. E., & Horwitz, S. M. (2014). Adoption of clinical and business trainings by child mental health clinics in New York State. *Psychiatric Services*, 65(12), 1439-1444. doi: 10.1176/appi.ps.201300535
- Stein, B. D., Okeke, E., Leckman-Westin, E., Sorbero, M., Chan, Q., **Chor, K. H. B.**, . . . Wisdom, J. P. (2014). The effects of prior authorization policies on Medicaid-enrolled children's use of antipsychotic medications: Evidence from two mid-Atlantic states. *Journal of Child and Adolescent Psychopharmacology*, 24(7), 374-381. doi:10.1089/cap.2014.0008
- Chor, K. H. B.**, Olin, S. S., & Hoagwood, K. E. (2014). Training and education in clinical psychology in the context of the Patient Protection and Affordable Care Act (ACA). *Clinical Psychology: Science and Practice*, 21(2), 91-105. doi: 10.1111/cpsp.12068
- Chor, K. H. B.**, Wisdom, J. P., Olin, S. S., Hoagwood, K. E., & Horwitz, S. M. (2014). Measures for predictors of innovation adoption. *Administration and Policy in Mental Health and Mental Health Services Research*. Advance online publication. doi: 10.1007/s10488-014-0551-7
- Wisdom, J. P., **Chor, K. H. B.**, Hoagwood, K. E., & Horwitz, S. M. (2014). Innovation adoption: A review of theories and constructs. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(4), 480-502. doi: 10.1007/s10488-013-0486-4
- Hoagwood, K. E., Olin, S. S., Horwitz, S. M., McKay, M. M., Cleek, A. F., Gleacher, A., Lewandowski, R. E., Nadeem, E., Aciri, M. C., **Chor, K. H. B.**, . . . Hogan, M. (2014). Scaling up evidence-based practices for children and families in New York State: Towards evidence-based policies on implementation for state mental health systems.

*Journal of Clinical Child & Adolescent Psychology*, 43(2), 145-157. doi: 10.1080/15374416.2013.869749

- Chor, K. H. B.**, McClelland, G., Weiner, D. A., Jordan, N., & Lyons, J. S. (2013). Patterns of out-of-home placement decision-making in child welfare. *Child Abuse & Neglect: The International Journal*, 37(10), 871-882. doi: 10.1016/j.chiabu.2013.04.016
- Chor, K. H. B.** (2013). Overview of out-of-home placements and placement decision-making in child welfare. *Journal of Public Child Welfare*, 7(3), 298-328. doi:10.1080/15548732.2013.779357
- Chor, K. H. B.**, McClelland, G., Weiner, D. A., Jordan, N., & Lyons, J. S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Children and Youth Services Review*, 34(12), 2345-2352. doi: 10.1016/j.chilyouth.2012.08.016

### ***Books and Book chapters***

- Chor, K. H. B.**, Olin, S. S., & Hoagwood, K. E. (in press). An update on evidence-based practices for children and adolescents in the context of policy, research, and practice: A systems perspective. In D. L. Evans, E. B. Foa, R. E. Gur, H. Hendin, C. P. O'Brien, M. E. P. Seligman & T. Walsh (Eds.), *Treating and preventing adolescent mental health disorders: What we know and what we don't know: A research agenda for improving the mental health of our youth* (2nd ed.). New York, NY: Oxford University Press.
- Nadeem, E., Olin, S. S., Gleacher, A., **Chor, K. H. B.**, Weiss, D., Cleek, A. F., McKay, M. M., & Hoagwood, K. E. (2014). From experience to experiment: Using state systems as laboratories for implementation of evidence-based practices for children. In R. S. Beidas & P. C. Kendall (Eds.), *Dissemination and implementation of evidence-based practices in child and adolescent mental health* (pp. 143-157). New York, NY: Oxford University Press.

### ***Technical Reports***

- Dymnicki, A., Thorngren, M., **Chor, K. H. B.**, & Levy, P. (2014). Youth violence prevention training and technical assistance: Evaluation and performance management plan of American Institutes for Research. Washington, DC: American Institutes for Research.
- Perkins, M., Provencher, K., Radigan, M., Setias, J., Wang, R., Hoagwood, K. E., **Chor, K. H. B.**, . . . Blader, J. (2013). Project TEACH (Training and Education for the Advancement of Children's Health) evaluation: OMH report. Albany, NY: New York State Office of Mental Health.

### **Professional Presentations**

- Olin, S. S., **Chor, K. H. B.**, Weaver, J., Duan N., Kerker, B. D., Clark, L., Cleek, A. F., McKay M. M., Hoagwood, K. E., & Horwitz, S. M. (2014). Predictors of clinic behavior: Why they adopt what they do? Symposium presentation at the *Association for Behavioral and Cognitive Therapies (ABCT) 48<sup>th</sup> Annual Convention: Enhancing CBT by Drawing Strength from Multiple Disciplines within the Social Sciences*, Philadelphia, PA.

- Chor, K. H. B.,** Olin, S. S., Weaver, J., Cleek, A. F., McKay, M. M., Hoagwood, K. E., & Horwitz, S. M. (2014, April). Characterizing clinic adoption of child mental health initiatives in New York State. Poster presentation at the *22<sup>nd</sup> National Institute of Mental Health (NIMH) Conference on Mental Health Services Research (MHSR): Research in Pursuit of a Learning Mental Health Care System, Bethesda, MD.*
- Kerker, B. D., **Chor, K. H. B.,** Hoagwood, K. E., Radigan, M., Perkins, M., Setias, J., Wang, R., Olin, S. S., & Horwitz, S. M. (2014, April). Increasing the detection and treatment of mental health issues by pediatric providers in New York State: An evaluation of Project TEACH. Poster presentation at the *22<sup>nd</sup> National Institute of Mental Health (NIMH) Conference on Mental Health Services Research (MHSR): Research in Pursuit of a Learning Mental Health Care System, Bethesda, MD.*
- Chor, K. H. B.,** Olin, S. S., Weaver, J., Cleek, A. F., McKay, M. M., Hoagwood, K. E., & Horwitz, S. M. (2013, November). Characterizing clinic adoption of child mental health initiatives in New York State. Poster presentation at the *Association for Behavioral and Cognitive Therapies (ABCT) 47<sup>th</sup> Annual Convention: Cognitive and Behavioral Therapies: Harnessing Synergy among Multidisciplinary Sciences, Nashville, TN.*
- Stein, B. D., Sorbero, M., Leckman-Westin, E., Okeke, E., Scharf, D. M., Chen, Q., Finnerty, M., **Chor, K. H. B.,** & Wisdom, J. P. (2013, June). The effects of prior authorization policies on Medicaid-enrolled children's use of antipsychotic medications. Poster presentation at the *59<sup>th</sup> American Academy of Child and Adolescent Psychiatry (AACAP) Annual Meeting, San Francisco, CA.*
- Wisdom, J. P., Leckman-Westin, E., **Chor, K. H. B.,** Shen, S., Chen, Q., Stein, B., . . . Hoagwood, K. E. (2012, October). Psychiatric polypharmacy among children: Impact of a quality improvement initiative. Poster presentation at the *2013 AcademyHealth Annual Research Meeting, Baltimore, MD.*
- Wisdom, J. P., **Chor, K. H. B.,** Hoagwood, K., & Horwitz, S. M. (2012, March). Innovation adoption of evidence-based treatments and practices: A realist review. Poster presentation at the *5<sup>th</sup> Annual NIH Conference on the Science of Dissemination and Implementation: Research at the Crossroads, Bethesda, MD.*
- Chor, K. H. B.,** & Baker, M. (2009, August). Illinois Department of Children and Family Services Statewide Provider Database. Panel speaker at the *2009 Medicaid Management Information Systems (MMIS) Conference, Chicago, IL.*
- Chor, K. H. B.,** McClelland, G. M., & Jordan, N. (2009, June). Using CANS as a placement decision support algorithm to predict clinical outcomes of youth in child welfare placed in residential treatment. Panel speaker at the *2009 AcademyHealth Annual Research Meeting, Chicago, IL.*
- Chor, K. H. B.,** McClelland, G. M., & Jordan, N. (2009, May). Following a placement decision support algorithm predicted clinical improvement in residential treatment. Poster presentation at the *21<sup>st</sup> Association for Psychological Science (APS) Conference, San Francisco, CA.*
- Chor, K. H. B.,** McClelland, G. M., & Jordan, N. (2008, September). Using CANS as a level of care assessment tool to predict clinical outcomes of youth in residential treatment. Speaker at the *5<sup>th</sup> Annual Child and Adolescent Needs and Strengths (CANS) Conference, Nashville, TN.*

# Jennifer Loeffler-Cobia, M.S.

## PROFESSIONAL SUMMARY

An enthusiastic leader and polished professional with over 15 years of experience in creating strategic plans for program development, evaluation and criminal justice reform. Excellent at fostering relationships built on a foundation of unquestioned integrity, a strong work ethic, and respect for others. Ability to effectively communicate both verbally and in writing. An established track record of developing and communicating a clear vision, and successfully leading others toward that vision in an environment that fosters teamwork and a commitment to excellence.

## PROFESSIONAL SKILLS

Successful at understanding current evidence-based practices in the fields of public health and criminal justice. Strong background and continued edification in the development of evaluations for criminal justice prevention and intervention programs. Practiced in working an integrated model that includes not only evidence-based practices but collaboration and organizational development. Proficient in Statistical Analysis, Psychometric Analysis, SPSS, Behavioral Science research methods and design. A demonstrated background of aggressively pursuing goals while protecting and growing each organization's services and assets.

## RECENT ACCOMPLISHMENTS

- Applied Research Manager for the Utah Criminal Justice Center, University of Utah.
- Co-author of the *Utah Commission on Criminal and Juvenile Justice Criminal Justice System Change Evaluation of Prison Interventions* and *Salt Lake County Evidence-Based Practice Adherence Study*.
- Author of the *Collaboration and Evidence-Base Practices for Juvenile Justice* and Utah Department of Education and state-wide training.
- Director of the Quality Improvement Initiative for Commonwealth of Pennsylvania ([www.paqii.org](http://www.paqii.org)).
- Co-author of *Continuous Quality Improvement Guide for Juvenile Justice Systems*.
- Co-Developer of the *Evidence Based Practice Skills Assessment* for the National Institute of Corrections.
- Developer of the *Juvenile Justice Intervention –Quality Data Assessment Tool* for the National Center for Juvenile Justice.
- Co-author of *Putting the Pieces Together: Practical Strategies for Implementing Evidence-Based Practices* for the National Institute of Corrections that guides organizations through the evidence-based practice implementation along with developing the *Evidence-Based Practice Staff Skills Assessment*.

## PROFESSIONAL EXPERIENCE

**Jan 2013 – Present University Of Utah  
Utah Criminal Justice Center**

**Salt Lake City, UT**

**Applied Research Manager/Senior Research Analyst** - Responsible for the direction and management of applied research projects for quality improvement. Develop and implement project management timelines and tasks. Collaborate with project team and project partners to implement and refine research protocols. Design and implement of all aspects of applied research and/or evaluation studies. Develop reports and presentations and other means to disseminate information developed by research projects. Design surveys and other data collection instruments, including desktop databases for data entry purposes. Direct criminal system change and quality improvement consulting and technical assistance.

- *Accomplishments: Direct the Evidence-Based Program Evaluation division of the Utah Criminal Justice Center. Utah Commission on Criminal and Juvenile Justice Criminal Justice System Change Evaluation of Prison Interventions, Salt Lake County Evidence-Based Practice Adherence Study, Gang Model*

*Program Evaluation, Minors in the Utah Adult Criminal Justice System, Utah Commission on Crime and Delinquency Program Evaluations, and Evidence-Based Practices and Collaboration with the Utah Juvenile Justice System and the State Office of Education.*

**September 2014 – Present University of Utah**

**Salt Lake City, Utah**

**Lecturer – Criminal Justice Evidence-Based Practices and Program Evaluation** - Teach master and doctorate level students on the effective research principles of recidivism reduction and program evaluation for quality improvement and system change.

**August 2012 – Present Loeffler-Cobia Consulting, LLC**

**Draper, UT**

**President/Consultant** - Focuses on assessing, planning, and managing organizational effectiveness. Provides consultation, training and technical support for evidence-based practices, quality improvement, program evaluation and program development to a variety of human services and behavioral health settings. Provides consultation in strategic planning and organizational development. Provides consultation, training and coaching support for leadership, management, and teamwork development.

*Clientele:*

- 1) **American Institutes for Research** (July 1 – July 30, 2012) – *Provided evidence-based practice implementation expertise and content for the Investing in What Works: Strategies for Evaluating Evidence for Human Service Programs request for proposal.*
- 2) **Dr. Scott Sells; Parenting for Love and Limits** (July 1, 2012 – Present) – *Developing logic model and quality data collection process for the Parenting with Love and Limits intervention for evidence-based research qualifications.*
- 3) **Utah Department of Education (UDE)** (August 1, 2012 – Jan 1, 2013) – *Assessing current collaboration practices between UDE and Utah Department of Juvenile Justice Youth In Custody Schools along with transition practices for future capacity building of best practices.*

**November 2012 – June 2013 Utah State University**

**Logan, UT**

**Lecturer – Social Marketing in Health** - Teach social marketing techniques public health students: Needs Assessment, Strategic Planning, Implementation and Evaluating Social Marketing Health Campaigns.

**June 2010 – July 2012 National Center for Juvenile Justice**

**Pittsburgh, PA**

**Research Associate II/Project Director** - Responsible for the direction and management of research projects. Developed and implemented project management timelines and tasks. Collaborated with project team and project partners to implement and refine research protocols. Designed and implemented of all aspects of research and/or evaluation studies. Developed reports and presentations and other means to disseminate information developed by research projects. Designed surveys and other data collection instruments, including desktop databases for data entry purposes. Developed coding design and instructions for survey and research instruments. Developed data analysis plans and interpreted data findings. Conducted literature searches and reviewed existing research for relevance to project work. Assisted in the writing of grant applications and business development. Communicated with outside researchers and project funders/grant monitors as required to accomplish project tasks. Provided consultation and technical assistance to clients to help apply research practices.

*Accomplishments: Directed the Quality Improvement Initiative for the State of Pennsylvania, Developed/ Authored the Juvenile Justice Intervention – Quality Data Assessment Tool, Co-Authored Continuous Quality Improvement Guide for Juvenile Justice Systems, Co-Authored Building the Evidence in Juvenile Justice to Improve Service Delivery and Produce Better Youth Outcomes, TODAY Magazine, Winter, Spring and Fall Editions.*

**November 2007 – June 2010 Crime and Justice Institute**

**Boston, MA**

**Assistant Project Manager/Evidence-based Practice Consultant** - Worked closely with leadership to provide technical assistance to state and national policy makers and agency managers. Conducted research and analysis regarding corrections programs and practices. Managed agency projects, including quality improvement methods, client relationships, timelines, work plans, and project reporting requirements. Developed research design methodologies, conducted program and outcome evaluations, provided technical assistance focused on the implementation of evidence-based practices, primarily in corrections (parole, probation, juvenile corrections, and judicial). Facilitated and led group processes, including organizational development, strategic planning, consensus building, quality improvement, and focus groups. Designed and presented materials at conferences and forums. Developed curriculum and conducted trainings and presentations, regarding corrections practices, to executives, mid-managers and policy makers. Produced manuals and research reports focused on the implementation of evidence-based practices.

*Accomplishments: Co-Developer of the Evidence Based Practice Skills Assessment for the National Institute of Corrections, Co-author of Putting the Pieces Together: Practical Strategies for Implementing Evidence-Based Practices for the National Institute of Corrections, Co-developed the Evidence-Based Practice Staff Skills Assessment, Conducted a Retrospective Evaluation for the Commonwealth of Virginia Local Probation and Pretrial Evidence-Based Practices, Evaluated Quality Assurance Practices for the Maricopa County, Arizona Department of Corrections, and Conducted the Correctional Program Assessment Inventory for Orange County California STEP program.*

**September 2000 to November 2007 State of Utah Juvenile Justice Services**

**Salt Lake City, UT**

**Program Manager- Research, Program Evaluation and Quality Improvement.** Coordinated statewide research efforts, program evaluation, quality improvement and policy development. Consulted Juvenile Justice Services Administration and private sector on current research, evidence-based best practices and quality improvement. Evaluated service delivery and outcome of relationships for quality improvement. Performed statistical analysis, summarized data, developed reports, and presented findings. Develop survey databases and reporting forms. Identified and/or designed risk and behavioral assessments and evaluation instruments. Developed, implemented, and trained on case planning, graduated sanctions, and intervention guideline practices. Conducted literature reviews on the effectiveness of program efforts, study design, and evidence-based practices. Facilitated the use of research data to improve existing programs and utilization of resources, the development of program evaluation models and trainings for division staff statewide.

*Accomplishments: Developed the Program Enhancement Process for the State of Utah Juvenile Justices Service and Co-Authored the Case Planning Process and Graduated Sanctions Manual.*

**July 1998 to September 2000 Bear River Health Department**

**Logan, UT**

**Program Manager/Prevention Specialist-** Managed several substance abuse prevention and health education programs including ATOD, Abstinence Education, Diabetes Control Program, and Cardiovascular Disease. Coordinated program staff. Perform quarterly and yearly performance evaluations; monitored program objectives. Designed, implemented, and planned prevention and health education programs. Planned yearly prevention dollar and health education budgets. Engaged in community networking with school districts, health care providers, colleges, and chaired committee's/coalitions. Developed Curricula, Workshop training's, Grant writing/RFP, taught classes for Tobacco Cessation, DUI, MIP, and Teen Pregnancy Prevention.

*Accomplishments: Developed the first Abstinence Education Curriculum/Program for Cache County Utah and Logan Utah School Districts, Received Diabetes Education Funding and formed the Cache County Diabetes Coalition, and Represented Northern Utah in the Salt Lake City 2002 Winter Olympics Planning Committee.*



**Quality Improvement Manager-** Analyzed program data for quality improvements. Performed risk and behavioral assessment, as well as program website content and data management. Enhance survey databases and reporting forms. Identify and/or design evaluation instruments. Developed and implemented educational resources.

*Accomplishments: Co-Developed the Pre-Term Birth Prevention Program for United Health Care.*

### **RECENT PUBLICATIONS and REPORTS**

- **Loeffler-Cobia, J. (2007).** *An Exploratory Study into the Static and Dynamic Risk Factors Related to Female Juvenile Offending.* Utah State University. UMI Publication: 1454834
- **Loeffler-Cobia, J., Butters, R. (2015).** *Utah Commission on Criminal and Juvenile Justice Criminal Justice System Change for Evidence-Based Practice Adherence.* Developed for Utah Commission on Criminal and Juvenile Justice and Utah Department of Corrections.
- **Loeffler-Cobia, J. et. al., (2014).** *Salt Lake County Evidence-Based Practice Adherence Study.* Developed for Criminal Justice Advisory Council.
- **Loeffler-Cobia, J. (2014).** *Evaluation of Salt Lake County Community and Jail Program; (types of programs include substance abuse and domestic violence).* Developed for Criminal Justice Advisory Council.
- **Loeffler-Cobia, J. (2014).** *Evaluation of Utah Department of Correction Prison Intervention; (types of programs substance abuse, sex offender treatment, violent offending).* Developed for Utah Commission on Criminal and Juvenile Justice.
- **Loeffler-Cobia, J. (2013).** *Prevention Programs Adherence to Evidence-Based Practices.* Developed for Utah Board of Juvenile Justice.
- **Loeffler-Cobia, J. (2013).** *Evaluation of Utah Gang Programs and Quality Improvement.* Developed for Utah Board of Juvenile Justice.
- **Loeffler-Cobia, J. et. al. (2013).** *Salt Lake County Evidence-Base Practice Program Evaluations.* Developed for Criminal Justice Advisory Council.
- **Loeffler-Cobia, J., Hall, J. (2013).** *Utah State Office of Education and Juvenile Justice Services Evidence-Based Practice and Collaboration Evaluation.* Developed for Utah State office Of Education
- **Prince, K., Loeffler-Cobia, J. (2013).** *Minors in the Adult Criminal Justice System: Retrospective Characteristic Study.* University of Utah.
- **Loeffler-Cobia, J., Deal, T., Rackow, A. (2012).** *Continuous Quality Improvement Guide for Juvenile Justice Systems.* Developed for the Pennsylvania Commission Crime and Delinquency.
- **Loeffler-Cobia, J. (2012).** *Building the Evidence in Juvenile Justice to Improve Service Delivery and Produce Better Youth Outcomes Part 3.* TODAY Magazine, Fall Edition.
- **Loeffler-Cobia, J. (2012).** *Building the Evidence in Juvenile Justice to Improve Service Delivery and Produce Better Youth Outcomes Part 2.* TODAY Magazine, Spring Edition.
- **Campie, P., Loeffler-Cobia, J. (2012).** *Building the Evidence in Juvenile Justice to Improve Service Delivery and Produce Better Youth Outcomes Part 1.* TODAY Magazine, Winter Edition.
- **Loeffler-Cobia, J. (2012).** *Juvenile Justice Quality Data Assessment Tool.* TODAY Magazine, Winter Edition.
- **Loeffler-Cobia, J. (2012).** *George Junior Republic Organizational Climate Evaluation.* Developed for George Junior Republic Youth Center.
- **Loeffler-Cobia, J. (2011).** *Juvenile Justice Intervention - Quality Data Assessment Tool.* National Center for Juvenile Justice.
- **VanNorstrand, M. et. al., (2011)** *In Pursuit of Legal and Evidence-Base Pre-Trial Release Recommendations and Supervision.* Virginia Department of Criminal Justice.
- **Loeffler-Cobia, J., (2011)** *Pennsylvania Juvenile Justice System Enhancement Strategy: Quality Improvement Initiative.*

- **Ameen, C., Loeffler-Cobia, J., (2010)** *Evidence-Based Practice Staff Skills Assessment for Criminal Justice Organizations*. Developed for the Crime and Justice Institute and National Institute of Corrections (<http://nicic.gov/library/files/024394.pdf>).
- **Guevera, M., Loeffler-Cobia, J., Rhyne, C., Schawald, J., (2010)**. *Putting the Pieces Together: Practical Strategies for Implementing Evidence-Based Practices*. Developed for the Crime and Justice Institute and National Institute of Corrections (<http://nicic.gov/Library/024397>).
- **Loeffler-Cobia, J. Pierce, K. (2009)**. *Commonwealth of Virginia Local Probation and Pretrial Evidence-Based Practices, Retrospective Evaluation*. Completed for the Commonwealth of Virginia, Department of Corrections.
- **Loeffler-Cobia, J., & Pierce, B. (2009)**. *Correctional Program Assessment Inventory - Orange County STEP program*. Completed for Orange County CA Department of Corrections.
- **Loeffler-Cobia, J., & Rhyne, C. (2008)**. *Evaluation of Quality Assurance Practices*. Completed for Maricopa County Department of Corrections.
- **Loeffler-Cobia, J., Povey, B., Brennen, S., & Farrah, D. (2007)**. *Case Planning Process and Graduated Sanctions Manual*. Developed for Utah Department of Juvenile Justice Services.
- **Loeffler-Cobia, J., & Dewitt, J. (2007)**. *Observation and Assessment Center Practices Best Practice Evaluation*. Completed for Utah Department of Juvenile Justice Services and Utah Judges Association.
- **Loeffler-Cobia, J. (2006)**. *Case Planning Retrospective Evaluation on Adherence to Evidence Based-Practices*. Completed for Utah Department of Juvenile Justice Services.
- **Loeffler -Cobia, J., Banks, T., Robinson, S. & Waite, P. J. (2005)**. *Pro-social Behavior of Observation and Assessment Participants in Utah's Juvenile Justice System*. Completed for the Division of Youth Corrections, State of Utah.

## **EDUCATION**

### **MASTER OF SCIENCE HEALTH**

Utah State University,  
Graduated Cum Laude

2004 to 2007  
Logan, UT

- Emphasis in Research Methodologies, Data Management, Program Planning, Statistics, and Evaluation
- Research: *Exploratory Study into the Dynamic and Static Risk Factors of Female Juvenile Offenders by Offending Classification*.
- Assistant Lecturer: Evaluation Methodologies and Proposal Writing (Current)

### **BACHELOR OF SCIENCE IN PUBLIC HEALTH**

Utah State University  
Emphasis in Epidemiology, Prevention, Evaluation, and Education

1992 to 1996  
Logan, UT

## **PRESENTATIONS and AWARDS**

### *Awards*

- Recipient 2014, Utah Department of Corrections Excellence In Service Honor
- Recipient 2009, Utah State University College of Education and Human Services Outstanding Young Professional Award
- Recipient 2009, Utah State University Department of Health Outstanding Young Professional Award

### *Presentations*

- American Society of Criminology Presenter 2014
- Utah Troubled Youth Conference Presenter 2014
- American Society of Criminology Presenter 2013
- American Society of Criminology Presenter 2011
- Macarthur Foundation: Models for Change Presenter 2011
- Pennsylvania Council and Children, Youth, and Families Presenter 2011



- Evidence Based Practice Symposium Presenter 2011
- National Conference on Juvenile and Family Law Presenter 2011
- Juvenile Court Judges Commission Conference Presenter 2010
- Orange County Department of Corrections: Supervisor Leadership Academy-Cultivating an Evidence-Based Organization 2009
- American Evaluation Association Conference Presenter 2009
- Virginia Community Criminal Justice Association Conference Presenter 2008
- American Probation and Parole Association Conference Presenter 2008
- Utah Juvenile Justice Services Statewide Conference Presenter 2006 and 2007
- Utah Private Provider Association Conference Presenter 2006

**PROFESSIONAL MEMBERSHIPS**

- American Evaluation Association (AEA)
- American Society for Quality (ASQ)
- American Public Health Association (APHA)
- American Probation and Parole Association (APPA)

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# Michael B. Marks, Ph.D.

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## Education

Ph.D. 2008, U Albany, State University of New York  
M.P.A. 1981, U Albany, State University of New York  
B.A. 1976, Magna cum Laude, Drew University, Madison, NJ,  
Psychology Major

## Present Position

### **Senior Researcher, American Institutes for Research (AIR) (2013–Present)**

At AIR, Dr. Marks is responsible for conducting process evaluation and implementation studies, working with organizations to translate research into actionable outcomes. In this role he has been the lead researcher on The Alliance for Strong Families and Communities' Organizational Commitments project, which involved the development of performance standards and measures for nonprofit organizations. The project produced a validated online self-assessment tool that organizations can use to track performance in ten core areas, including leadership and use of data for program improvement. Marks is also leading the qualitative component of the Community-based Violence Prevention study, which is evaluating a statewide initiative in Massachusetts to reduce and prevent serious gun violence using a coordinated, multi-system approach. The study seeks to understand how police involvement in SSYI impacts cultural norms around violence in disadvantaged neighborhoods. He is also currently responsible for the process evaluation of the Open Table faith-based public-private partnership intervention in System of Care communities in Maryland, a project funded by SAMHSA.

## Professional Experience

### **Chief Development Officer and National Director for Research; Youth Advocate Programs, Inc. (YAP, Inc.) (2005-2013)**

YAP, Inc. is an innovative national and international non-profit youth and family services organization whose sole mission is to provide community based alternatives for youth who are at risk of compulsory placement in a residential center, psychiatric institution, detention center or correctional facility. Its innovative model of service combines elements of mentoring, case management, family support, positive youth development and wraparound. Responsibilities included: Oversight development and advancement activities. Worked closely with Agency Presidents to develop and implement State and Regional Development plans. Oversight government and corporate/foundation development and

marketing functions within agency including staff of six professional grant writers and development associates. Led efforts to enhance the evidence base of the agency's wraparound-advocacy services model and served as liaison to University researchers and field staff. Executive Team member

**Consultant to Youth Advocate Programs, Inc. (2002-04).** Provided training and technical assistance to executive and administrative staff. Directed project in the Northeast of England and supported agency's International Division.

**Associate Vice President and Regional Director (1998-02).** Responsibilities included marketing; proposal development; and negotiating final terms of agreement. Led program start-up activities in new jurisdictions including program planning, budget development, hiring and training new program directors and staff, establishing policies and guidelines for intake and service delivery and liaison with funders and community stakeholders. Ongoing supervision of Capital District Area and North Country program directors which included monitoring of programmatic processes and outcomes, trouble-shooting problems, assisting with crisis intervention and conflict management.

**Consultant to Human Service Organizations (Public and Private) (1995-98).**

Areas of expertise included strategic planning; change management; managed care preparation; implementation of performance based contracting; program development, design and evaluation; alternative revenue generating project development; and facilitating joint ventures, alliances consolidations and mergers. Clients included Tompkins, Steuben, Niagara and Rockland County Departments of Social Services, Council for Community Services of NY State and Youth Advocate Programs Inc.

**Deputy Executive Director, Seamen's Society for Children and Families, Staten Island, NY. (1990-95).**

The Society is a multi-service child welfare and family service agency with programs in foster care, adoption, youth services, foster care preventive services, drug treatment, family day care, services for pregnant women, and services for people with HIV/AIDS. Responsibilities included: Oversaw all program operations totaling \$12M. Direct supervision of departmental directors for foster care; the Center for Youth and Families; family day care; medical and psychological services, and quality assurance/training. Managed the agency through a period of rapid growth accompanied by reduction of public funding. Implemented new agency vision and mission as well as the decentralization of decision-making processes. Led efforts to expand community-based services by successfully securing over \$600K in new government funding, an almost 50% growth in the size of the Center for Youth and Families over a five year period. Established internal psychological services department to provide mental health

services for children in foster care program. Developed new performance appraisal process and the Society's first inter-program staff training plan. Led efforts at augmenting permanency services in the foster care department. Principal Investigator: "Partners in Parenting" project funded by Federal HHS, Abandoned Infants and Assistance Program. Project required coordination with multiple agency departments, interface with an outside evaluator and facilitation of an active community consortium, which assisted in the project.

**Director of Social Services Policy, Council of Family and Child Caring Agencies (COFCCA). New York, NY (1985-90).**

COFCCA is a statewide association of voluntary, not-for-profit agencies whose members provide foster care, adoption and preventive services to children and families. Responsibilities included: Planned, administered and managed association efforts benefiting the community-based foster care preventive services programs in NYS. Also, assisted with various foster care and adoption related activities. Organized and managed successful advocacy and lobbying efforts to secure salary improvements for preventive services staff in New York City, and to maintain open-ended state legislative appropriation for preventive services in face of extreme pressures for budget reductions. Initiated and directed COFCCA's first grass roots lobbying campaign involving clients, referral sources and the general public. Authored new standard setting evaluation system for preventive services, which involved leading active task force, advisory group and coalescing of membership. Evaluated major new program initiative in the area of preventive services and drug dependent families and organized special public forum on the issue. Successfully negotiated preventive services contracts with top-level administrators from New York City's Child Welfare Administration (CWA). Co-chair of Preventive/Protective Task Force with CWA.

**Child Welfare Specialist, New York State Department of Social Services, Albany, NY. (8/80-11/85).**

Responsible for analyzing, developing, and implementing state policy associated with State Child Welfare Reform Act of 1979, which was a precursor for Federal Reform of the Child Welfare System. Established regulatory casework standards for foster care, binding upon local districts and not-for profit agencies and subject to utilization review. Was given increasing responsibility for the implementation of ongoing utilization review audit activities. Authored major new policy initiative in child protective services, which includes requirements for operation of local district child protective services unit. Team leader of the Uniform Case Record (UCR) pilot test in Westchester County. Fiscal specialist in child welfare services financing; led technical assistance meetings with local districts. Project manager: Child Protective Services Longitudinal Outcome Study.

**Research Assistant (part-time) Governor's Council on Children and Families, Albany, NY (1979-80).**

Worked in conjunction with the State's Division of the Budget to prepare the "Children's Budget" addendum to the Executive Budget. Analyzed agency budgets submitted; wrote and researched program narratives of participating agencies; data review and verification. Developed policy papers, compiled fiscal data for Council reports, and analyzed and extrapolated data from the Children's Budget.

**Graduate Scholar, New York State Assembly, Albany, NY (1979).**

Assigned to the Assembly Ways and Means Committee, Chief Budget Examiner for Mental Health and Mental Retardation Issues. Reviewed and analyzed Executive Budget requests from OMH and OMR, Willowbrook Consent Decree issues, capital construction requests, legislation dealing with children and youth and the education of handicapped; research of federal resources utilized by or potentially useful to the Department of Mental Health; reviewed and analyzed regulations promulgated by the Department to ensure consistency with legislative intent.

**Child Advocate, Lutheran Social Services Association of New England, Framingham, MA (1977).**

Assisted house parents in caring for adolescents residing in a group home; assisted in planning, administering and evaluating individual clinical programs for boys in the home; active involvement in weekly parents therapy group based on the principles of transactional analysis; acted as advocate for the children in dealings with the public school system.

**Child Care Worker; Summit Children's Residence Center, Upper Nyack, NY (1976-77)**

Membership on a clinical team that was responsible for planning and administering clinical treatment programs for ten emotionally disturbed adolescents; wrote case conference reports and log notes; organized and directed a variety of recreational activities for boys in the Center.

**Program Interests and Research Specializations**

Program Interests

Positive youth development with special interest in youth involved in juvenile justice, child welfare, mental health, and special education; practice and policy innovations with involuntary youth, including wraparound casework, restorative justice, and peer

leadership, networking, and civic engagement; co-production theory and interventions with vulnerable children, youth and families; workforce capacity-building and organizational restructuring in support of innovation.

### Research Specializations

Developmental and Empowerment Research including Participatory Action Research

Qualitative research, case study research, and theory of change evaluations

Implementation Research

Knowledge Translation between Researchers and Practitioners

Mixed method research

### **Professional Credentials and Certifications**

Pre-Conference Professional Development Institute: Teaching from Social Constructionist and Strengths Perspective: Council on Social Work Education Conference (CSWE), Philadelphia, PA., 2008.

Pre-Conference Seminar on Grounded Theory: Society for Social Work Research Conference (SSWR) San Francisco, CA, 2007.

Pre-Conference Seminar on Case Study Methodology: SSWR Conference, San Antonio, TX, 2006

One-day seminar on Intervention Research: Conducted by Dr. Mark Frazier, University of North Carolina at Chapel Hill, 2006

**Certificate Program**, Conflict Management. Cornell University School of Industrial and Labor Relations 2001

### **Honors and Awards**

**Distinguished Doctoral Dissertation Award**; University at Albany, 2008-09

**Research Award**: “Co-Producing Results for At-Risk Youth: A Partnership between Youth Advocate Programs, Inc., the Time Dollar Institute (dba. Time Banks USA) and the School of Social Welfare, University at Albany. Funded by the Rockefeller Foundation, 2002

**Academic Award**: Elected to Phi Alpha Alpha, National Honor Society for Public Affairs and Administration, 1981

**Academic Award:** Elected to Sigma Phi National Honor Society, Drew University, 1976

### **Professional Affiliations**

Society for Social Work Research (SSWR)

Council for Social Work Education (CSWE)

### **Publications**

Marks, M.B. (2012) Time banking service exchange systems: A review of the research and policy and practice implications in support of youth in transition. *Children and Youth Services Review, 34, 1230-1236.*

Fleischer, J., Warner, J., McCulty, C., & Marks, M.B. (2006) Youth Advocacy Programming: Justice-Focused Family Support Intervention. In P. Dolan, J. Canavan & J. Pinkerton (Eds.) *Family Support as Reflective Practice* (pp. 118-134). London: Jessica Kingsley Publishers.

Marks, M.B. & Lawson, H.A. (2005) The import of co-production dynamics and time dollar programs in complex, community-based child welfare initiatives for "hard to serve" youth and their families. *Child Welfare, March/April, 209-232.*

### **Professional Presentations**

Marks, M.B. & Pinsoneault, L. (2014). "Assessing Your Commitment: The Alliance Commitments of High-Impact Nonprofits Assessment Tool". 2014 Alliance National Conference, Pittsburgh, PA.

Marks, M.B. & Evans, D. (2013). "Impact of Advocacy Services on Academic Progress among a sample of youth from Youth Advocate Programs, Inc.". Paper Presentation at Academy of Criminal Justice Services Annual Conference, Dallas, TX.

Marks, M.B. (2009). "Youth as Contributors: An Empirical Investigation of Co-Production Interventions for Involuntary Youth in the Child Welfare and Juvenile Justice Systems". Paper Presentation at the 2<sup>nd</sup> National Research Conference on Child and Family Programs and Policy. Bridgewater State College, Bridgewater, MA.

Marks, M.B. (2009). "Engaging Youth as Contributors in the Child Welfare and Juvenile Justice Systems". Workshop presentation at the Time Banks USA Conference in Madison, WS.



- Marks, M.B. (2009). "Youth as Contributors: An Empirical Investigation of Co-Production Interventions for Involuntary Youth in the Child Welfare and Juvenile Justice Systems." Oral paper presentation at the Family Symposium sponsored by the Institute on Family and Neighborhood Life, Clemson University, Greenville, SC.
- Marks, M.B. (2009). "An Empirical Investigation of Co-Production Interventions for Involuntary Youth in the Child Welfare and Juvenile Justice Systems." Oral paper presentation at the 2009 National Conference of the Society for Social Work and Research, New Orleans, LA.
- Barbee, A., Beaulaurier, R., Cahn, K., Marks, M.B., & Wolf-Branigan, M. (2008). "System-change in Child Welfare and Related Systems." Panel session at CSWE's Annual Program Meeting, Philadelphia, PA.
- Marks, M.B., & Gray, C. (2007). "Time Banking and Systems Change." Time Banking in Action: International Conference sponsored by Time Bank USA, Madison, WI.
- Marks, M.B., Lasker, J., & Perlow, K. (2007). Outcomes and Impacts of Time Banking: What Does Research Tell Us? Time Banking in Action: International Conference sponsored by Time Bank USA, Madison, WI.
- Marks, M.B., & Thorpe, P. (2006). "Building Community for Youth Involved in the Child Welfare and Juvenile Justice System: Restorative Community Service and Time Bank Interventions." Conference sponsored by the International Institute for Restorative Practices, Bethlehem, PA.
- Strolin, J., Belser, O., Magnano, J., & Marks, M.B. (2005). "The Relationship Between Ethnicity and Social Support: Does it Make a Difference in Child Welfare Outcomes": Society for Social Work Research: 9th Annual Conference: Miami, Florida.
- Marks, M.B. (August, 2004) "The Community Assistance and Youth Leadership Program." Time Bank Congress, Toronto, Canada.
- Marks, M.B., & Jolly, W. (May, 2004). "Rethinking Community-Based Services for High Need Youth Involved in the Juvenile Justice System." Family Support America Bi-annual Conference, Chicago, Ill.
- Marks, M.B. (April, 2004). "Innovative Practices in Providing Transitional Supports to Students Moving in and out of Urban Schools." 2004 Urban Schools Conference. Center for Learning Excellence. The Ohio State University.



Marks, M.B. & Jolly, D. (June, 2001). Workshop Presentation and Plenary Session Panel Discussion. Representing Youth Advocate Programs, Inc. at “The Older Adolescent at Risk: An Examination of Community-Based Best Practices”: Sponsored by the NYS Office of Children and Family Services and the NYS Division of Probation and Correctional Alternatives.



**Andrew White**  
**Deputy Commissioner**  
**Policy, Planning & Measurement**  
**150 William St., 18<sup>th</sup> Fl**  
**New York, NY 10038**  
**212.341.2690**

May 27, 2015

To whom it may concern:

Two years ago, ACS awarded Chapin Hall the contract to evaluate New York City's Title IV-E Waiver demonstration project. Chapin Hall has been a very strong partner in our efforts to design and launch the Waiver demonstration and to devise our evaluation, working with us and in collaboration with the New York State Office of Children and Family Services.

Chapin Hall worked with our team to ensure that design decisions were guided by evidence and helped us to craft a coherent theory of change to serve as a road map for the work ahead. Chapin Hall also guided us through the development of a detailed (and ACYF-approved) evaluation plan.

The Chapin Hall team is reliable and has met every deadline. They are accessible, collaborative, responsive to feedback and ready to suggest creative approaches to the work. They have been flexible in the way they have managed a rigorous, multi-faceted research study in the context of a large, complex child welfare system.

Should you have any questions please feel free to reach out to me.

Sincerely,

A handwritten signature in black ink, appearing to be "Andrew White", written over a light gray rectangular background.

Andrew White

## **Attachment B: Mandatory Specification Checklist**

### **Section Four, Subsection 5**

#### **5.1. Mandatory Requirement 1: Submission of evaluation plan.**

Within 90 days of award, the evaluation team will submit a final evaluation plan to BCF for submission the Children's Bureau. Preceding this, a draft evaluation plan will be presented for feedback to BCF 60 days post award, after initial meetings held within the first week of the contract between the evaluation team and BCF stakeholders. The evaluation plan will be professionally edited and formatted and contain comprehensive information on each component of the process, outcome, and cost studies, such as the research design(s), population sampling, evaluation questions, data collection and analysis procedures, reporting and data utilization, human subjects protections, data security, and any optional sub studies that BCF elects to pursue. The evaluation team has a great deal of knowledge about the other evaluation plans approved for other demonstration states and has substantial experience and strong working relationships with the Children's Bureau as well as James Bell Associates, the federal cross-site evaluator for Title IV-E Waiver programs.

#### **5.2. Mandatory Requirement 2: Submission of interim evaluation report.**

An interim evaluation report will be submitted to BCF midway through year three or no later than 60 days after the conclusion of the 10<sup>th</sup> quarter following the demonstration's start date. This interim report will present preliminary data from the process, outcome, and cost studies and build upon information provided over time through the semiannual progress reports that our team will provide to BCF. The interim evaluation report will contain detailed information on findings from each component of the process, outcome, and cost studies, and any optional sub studies that BCF elects to pursue. The interim report is a critical step in the research translation process, providing opportunities for BCF and its stakeholders to help make meaning of the data, suggest additional analyses, and discuss the best ways to share the data so it can be put to best use by local communities, state policymakers, and federal funders. The team will provide reader-friendly data visualizations and infographics to accompany narrative descriptions of results. The report's contents will be formatted according to BCF and Children's Bureau's requirements and to accommodate either hard copy or web-based formats. The interim report, once approved by BCF, will be made ready for submission to the Children's Bureau and the evaluation team will be ready to incorporate feedback from that review process to inform the development of the final report.

### **5.3. Mandatory Requirement 3: Submission of final report**

From the start of the contract, the evaluation team will work with BCF to understand how results from the project will be used so that all reports from the project can be relevant and helpful to the various stakeholders and aims of the demonstration. The final report will be provided to BCF for submission to the Children's Bureau no later than 6 months after the conclusion of the demonstration project. This report will represent the sum of all the work done on behalf of BCF by the evaluation team over the contract period and include appendices that contain any instrumentation, data sharing agreements, or other tools from the evaluation that can be useful to BCF in the ongoing monitoring and documentation of work from the demonstration. Recommendations for leveraging the lessons learned through the evaluation as well as limitations of the research design or data analyses will provide policymakers, practitioners, researchers, and the public with concrete and actionable information by which to determine the impact of the demonstration, its influence on other priorities from the 2015-2019 Child and Family Services Plan, and implications for the state's future IV-E funding and program practices.

### **5.4. Mandatory Requirement 4: Data archiving for public use**

The evaluation team and our related organizations have a great deal of experience with archiving research data sets for reanalysis and public use, and has contributed public data sets to the University of Michigan's Inter-university Consortium for Political and Social Research. For this project, we will provide public use data files and documentation to permit reanalysis of our results no later than 6 months after the conclusion of the demonstration project. Chapin Hall will work with the Institutional Review Board (IRB) at the University of Chicago to ensure that the IRB approval we obtain for the project will contain specific provisions to both safeguard privacy rights while providing a means to provide the data to external users/researchers. Comprehensive technical documentation will provide ample information on sampling procedures, weighting, recoding rules, skip patterns, constructed variables, and data collection procedures to allow users to assess the quality and analytical reliability of the data.

### **5.5. Mandatory Requirement 5: Agency approval for public release of evaluation or monitoring reports.**

All evaluation or monitoring reports will be kept confidential until and unless DHHR and BCF approves their public release. Any project-related peer-reviewed journal articles or derivative products such as conference presentations, will similarly only be produced after consultation with and approval by DHHR BCF.

### **5.6. Mandatory Requirement 6: Semiannual progress reports**

Every six months from the start of the contract, a semiannual progress report will be submitted to BCF. The report format will be determined by BCF, but we anticipate contents will include a summary of activities, accomplishments, challenges, and strategies to address

challenges over the prior 6-month reporting period. If requested by BCF, detailed reports can be provided to support the semi-annual progress report to note staffing, budget, travel, or other costs associated with activities from described in the report.

#### **5.7. Mandatory Requirement 7: Final implementation plan**

Within five days from the date of the award, the evaluation team will meet with BCF stakeholders to determine the timeline and scope of specific activities that are needed to fully implement the demonstration program and subsequent evaluation plan. Members of the evaluation team have extensive experience in the provision of technical assistance and training with regard to the design and implementation of IV-E Waiver programs, as well as experience designing and implementing collaborative capacity-building initiatives with the mental health, juvenile justice, education, and other systems to improve the provision of services for youth involved in multiple systems of care. Using these skills and expertise, our team will be engaged and eager to assist BCF as it develops the implementation plan for the demonstration project.

#### **5.8. Mandatory Requirement 8: Compliance with CRFP requirements and deliverables**

Chapin Hall will serve as the single point of contact for DHHR BCF in the performance of this contract. Dr. Feldman from Chapin Hall will assume responsibility for ensuring that our team's performance complies with all CRFP requirements and deliverables. Chapin Hall has extensive experience managing subcontractors and has a strong and collaborative relationship with AIR, which will allow the evaluation team to function as one unit that is accountable to DHHR BCF.

#### **5.9. Mandatory Requirement 9: Invoicing**

Chapin Hall's Accounts Payable department processes more than \$2,000,000 in invoices on a yearly basis and uses a state of the art financial system to manage its contracts accurately and according to contract requirements. We will submit invoices to BCF for work on this project according to the agreed-upon deliverables schedule as defined under the terms and conditions of the CRFP. If a deliverable is tied to a federal requirement (e.g. Evaluation Plan), we expect that the invoice will require federal approval. Unless otherwise directed by DHHR BCF, we will submit invoices, including the relevant purchase order number, to the address noted in the CRFP, stated as:

**WV DHHR Bureau for Children and Families  
350 Capitol Street, Room 370  
Charleston, WV. 25301**

**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.

Chapin Hall Center for Children

(Company)



David Savage, Director of Financial Operations

(Authorized Signature) (Representative Name, Title)

Ph: 773-256-5205; Fax: 773-256-5305; Date: 05/27/2015

(Phone Number) (Fax Number) (Date)



May 21, 2015

Bryan Samuels  
Executive Director  
Chapin Hall at the University of Chicago  
1313 East 60th Street  
Chicago, IL 60637

**RE: West Virginia IV-E Waiver Demonstration Project Evaluation**

Dear Mr. Samuels:

Please accept this letter as formal agreement by the American Institutes for Research (AIR) to serve as a subcontractor to Chapin Hall for the project entitled, *"Safe at Home" Demonstration Project Third Party Evaluator* to be submitted to the West Virginia Department of Health and Human Resources, Bureau of Children and Families (DHHR BCF).

Founded in 1946, AIR is one of the largest not-for-profit behavioral and social science research and evaluation organizations in the world. Our mission is to conduct and apply the best behavioral and social science research to improve people's lives, especially the disadvantaged. With 1,750 staff and more than 17 offices across the U.S. and 7 overseas, annually AIR conducts approximately 425 projects, ranging in size from a few thousand dollars to tens of millions of dollars. The Health and Social Development Program (HSD) will be the administrative home of the proposed project. HSD addresses people's overall health and well-being—physical, mental, social, emotional—throughout their lives, affecting where they live, learn, work, and play. Our staff of over 225 professionals expertly bridge rigorous research and evaluation needs with practical and culturally-competent technical assistance strategies that are sensitive to community context and the challenges and opportunities for innovation in real world implementation settings.

AIR staff, based in Washington, D.C. will have close proximity to West Virginia and offer a cost-effective means to engage in in-depth, on-site process evaluation work, as well as implementation fidelity of evidence-based programming in the demonstration sites. AIR will also provide valuable expertise for understanding and evaluating well-being outcomes. Dr. Patricia Campie will lead the AIR evaluation team; she has more than 18 years of experience evaluating child welfare programs and practices at local, state, and national levels. Dr. Michael Marks, a 30 year veteran working in the child welfare system in New York and other states will support the process evaluation. Dr. Brian Chor, an expert in the CANS as a level-of-care decision-making tool and other child welfare data systems, will support outcome evaluation tasks. Ms. Jennifer

Chapin Hall at the University of Chicago

May 21, 2015

Page 2 of 2

Loeffler-Cobia, a nationally-respected expert on evidence based practice and implementation science, will lead the fidelity monitoring tasks for AIR.

If you have any technical questions, please contact Dr. Campie at 202-403-5441 or [pcampie@air.org](mailto:pcampie@air.org). For contractual questions, please contact Vickie Brooks, Contract Officer, at 202-403-5886 or [vbrooks@air.org](mailto:vbrooks@air.org). We look forward to working with you on this effort.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Joan Vince". The signature is written in a cursive style with a large initial "C".

Cheryl Joan Vince  
Senior Vice President  
Director, Health and Social Development Program

cc: Patricia Campie





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 BCF150000001	1

**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:

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 36-2167012

DATE 05/27/2015

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

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

See attached document(s) for additional Terms and Conditions



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 BCF150000001	2

**BID RECEIVING LOCATION**

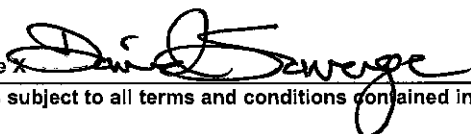
BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

**FOR INFORMATION CONTACT THE BUYER**

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

Signature 

FEIN # 36-2167012

DATE 05/27/2015

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

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

See attached document(s) for additional Terms and Conditions

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.

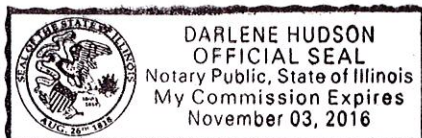
**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined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

**WITNESS THE FOLLOWING SIGNATURE:**Vendor's Name: Chapin Hall Center for ChildrenAuthorized Signature: *David Suge* Date: 05/27/2015State of IllinoisCounty of Cook, to-wit:Taken, subscribed, and sworn to before me this 27 day of May, 2015.My Commission expires 11/03/14, 2014.

AFFIX SEAL HERE

NOTARY PUBLIC *Darlene Hudson*

Purchasing Affidavit (Revised 07/01/2012)



May 20, 2015

Solicitation: Title IV-E Waiver Project: Third Party Evaluator

Solicitation Number: CRFP 0511 BCF1500000001

Regarding: Solicitation Section 11, Exceptions and Clarifications

With respect to Section 38 of the General Terms and Conditions of the referenced Solicitation, Chapin Hall Center for Children does not wish to extend the prices, terms and conditions of its bid and subsequent contract (should a contract be awarded) to Other Government Entities (as that term is defined in the General Terms and Conditions).