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

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

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Presentation Outline

1 Defining the Problem

2 Defining Contribution Analysis

3 Real World Example: INFPS

4 Questions

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The Elephant in the Room....

FFPSA

Evaluation Landscape Under the Family First Prevention Services Act

Control Groups

Control Groups are Hard to Find in Child Welfare

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

Contribution Analysis to the Rescue! 2

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

Developers and Experts
- Mayne 2011
- Downes et al., 2019

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Contribution Analysis Steps Mayne 2011

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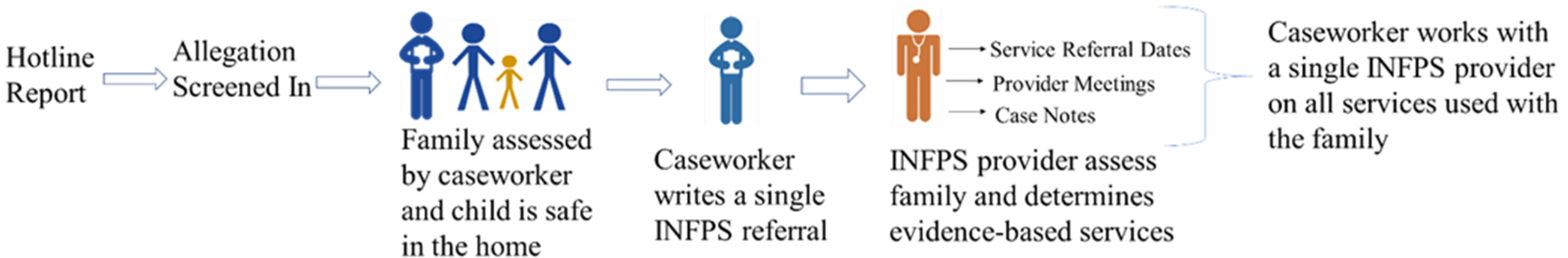7. Assemble complex contribution story (if applicable)

Real World Example: Indiana Family Preservation Services Program (INFPS)

Family Preservation Services

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Prior Service Standard: Individual Service Referrals 1/1/2019-5/30/2020
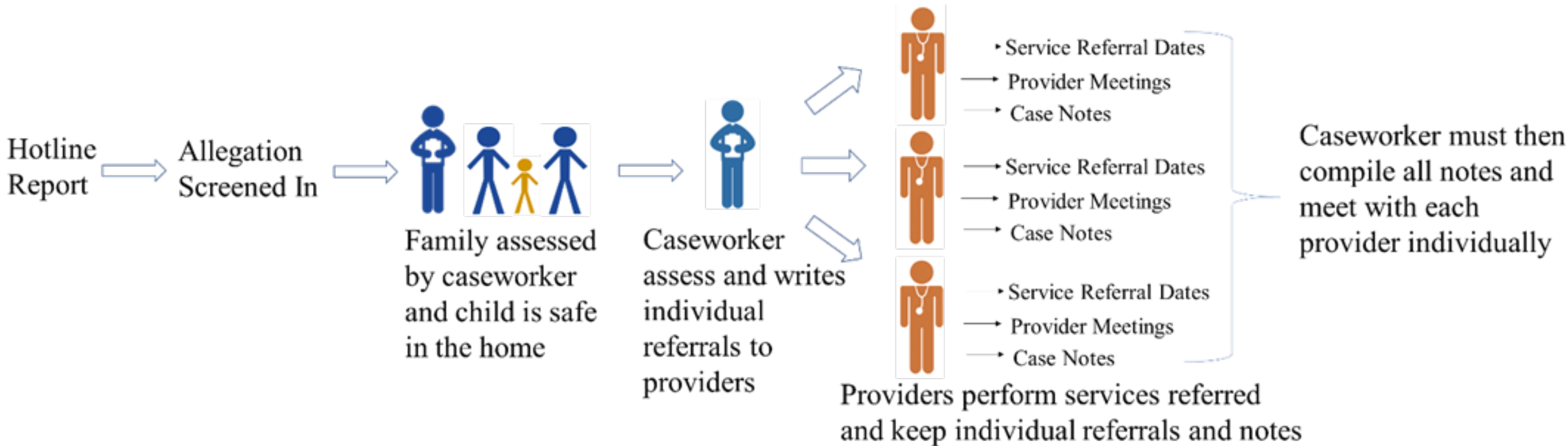
Family Preservation Service Standard: 6/1/2020-Present

Hotline Report → Allegation Screened In → Family assessed by caseworker and child is safe in the home → Caseworker writes a single INFPS referral → INFPS provider assess family and determines evidence-based services (Service Referral Dates, Provider Meetings, Case Notes) → Caseworker works with a single INFPS provider on all services used with the family

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Step One: Identify Cause Effect Issue

1. We can't use the Randomize Control Trial (RCT) because Indiana legislature mandated a statewide roll out.

2. We can't use a "traditional" Quasi-Experimental Design (QED) because our historical data does not capture the models each child received under the individual service referral.
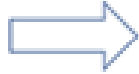
Step Two: Develop a Theory of Change and Potential Risks

Family assessed by caseworker and child is safe in the home

Caseworker writes a single INFPS referral

INFPS provider assess family and determines evidence-based services

→ Service Referral Dates
→ Provider Meetings
→ Case Notes

Decrease Removals Decrease Repeat Maltreatment

- Caseworkers assign a different proportion of families and children under INFPS

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

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

- Removals were already decreasing
- Repeat maltreatment was already decreasing

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Step 3: Gather Evidence

Caseworker writes a single INFPS referral

INFPS provider assess family and determines evidence-based services

- Service Referral Dates
- Provider Meetings
- Case Notes

**Decrease Removals Decrease Repeat Maltreatment**
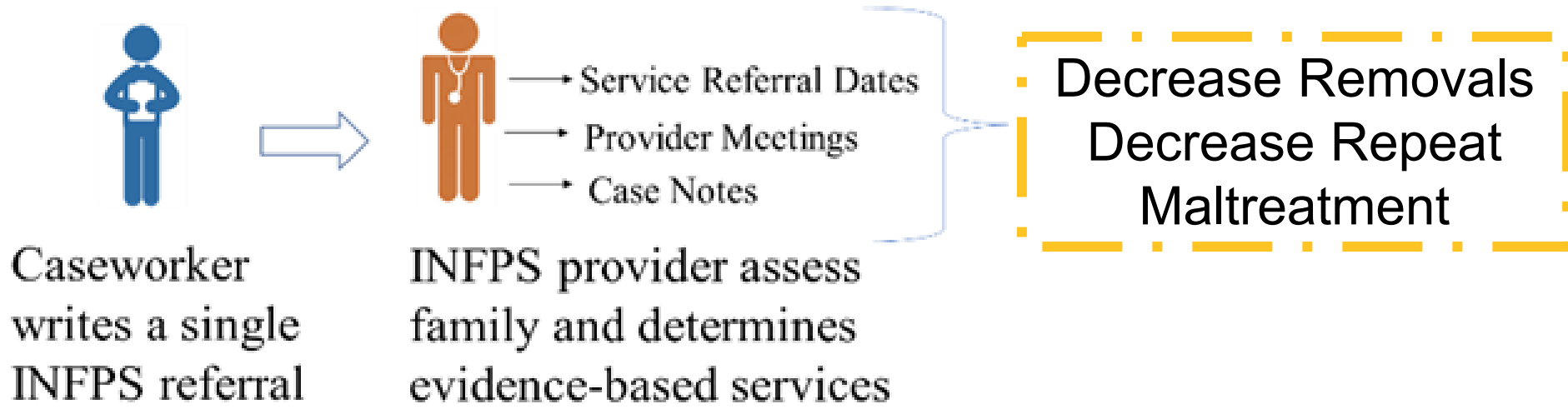
- Family Preservation Programs
  - Experienced Providers
  - Smaller caseloads
  - Concrete Supports
  - Holistic Case Management

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

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Step 4: Putting the Story Together, Logic Model
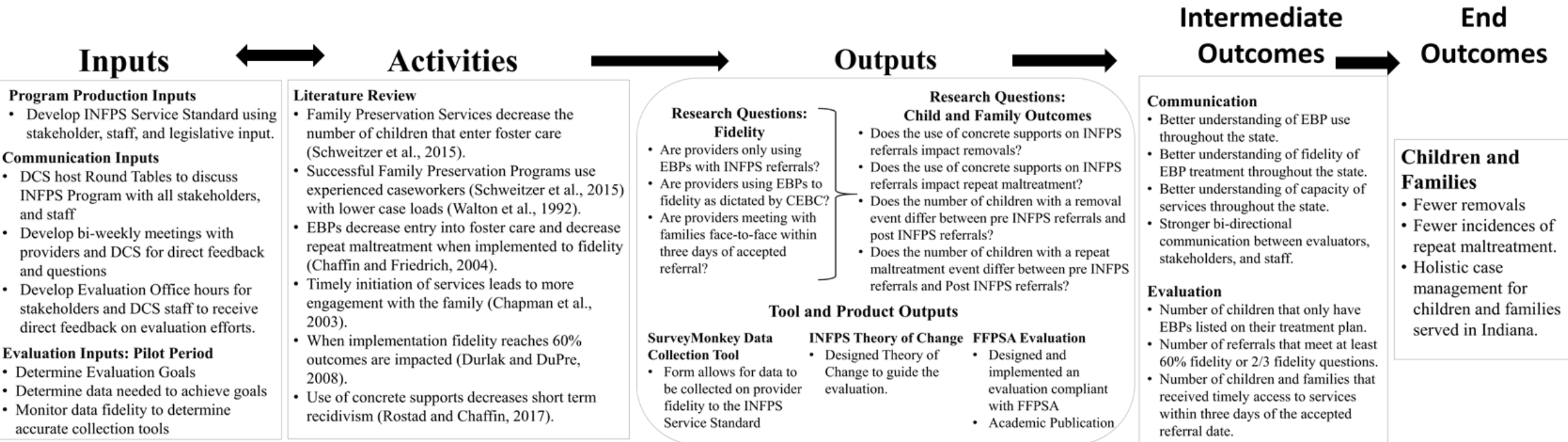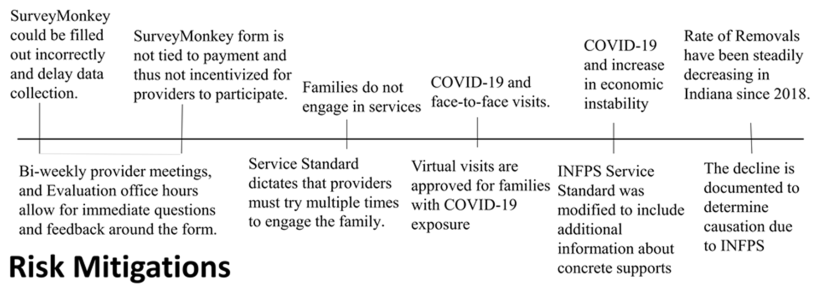
Step 5: Monitoring Intermediate Outcomes

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1. Are the total number of children between the Individual Services Cohort and INFPS Cohort significantly different?

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

3. Are the race/ethnicity of children between the Individual Services Cohort and the INFPS Cohort significantly different?
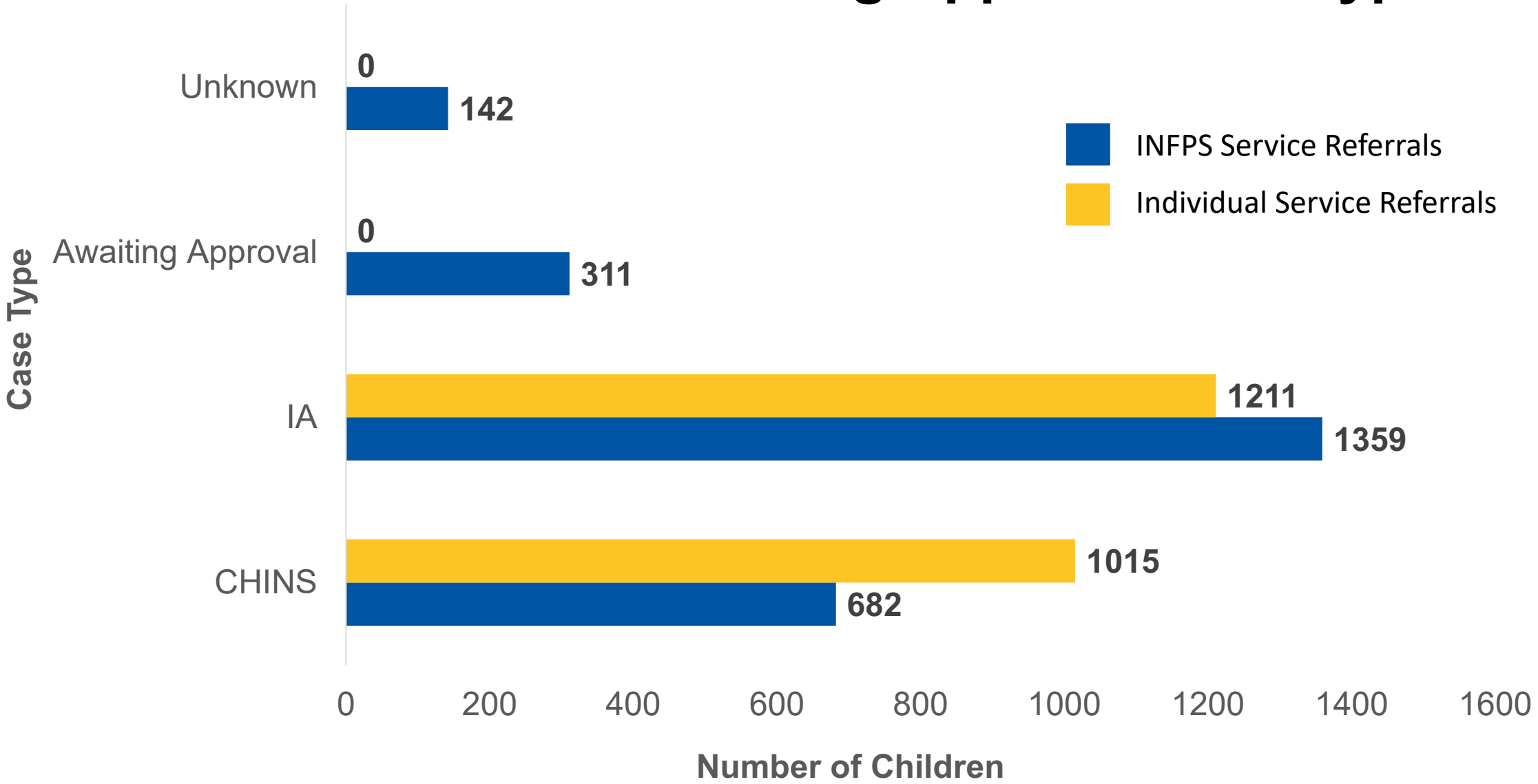
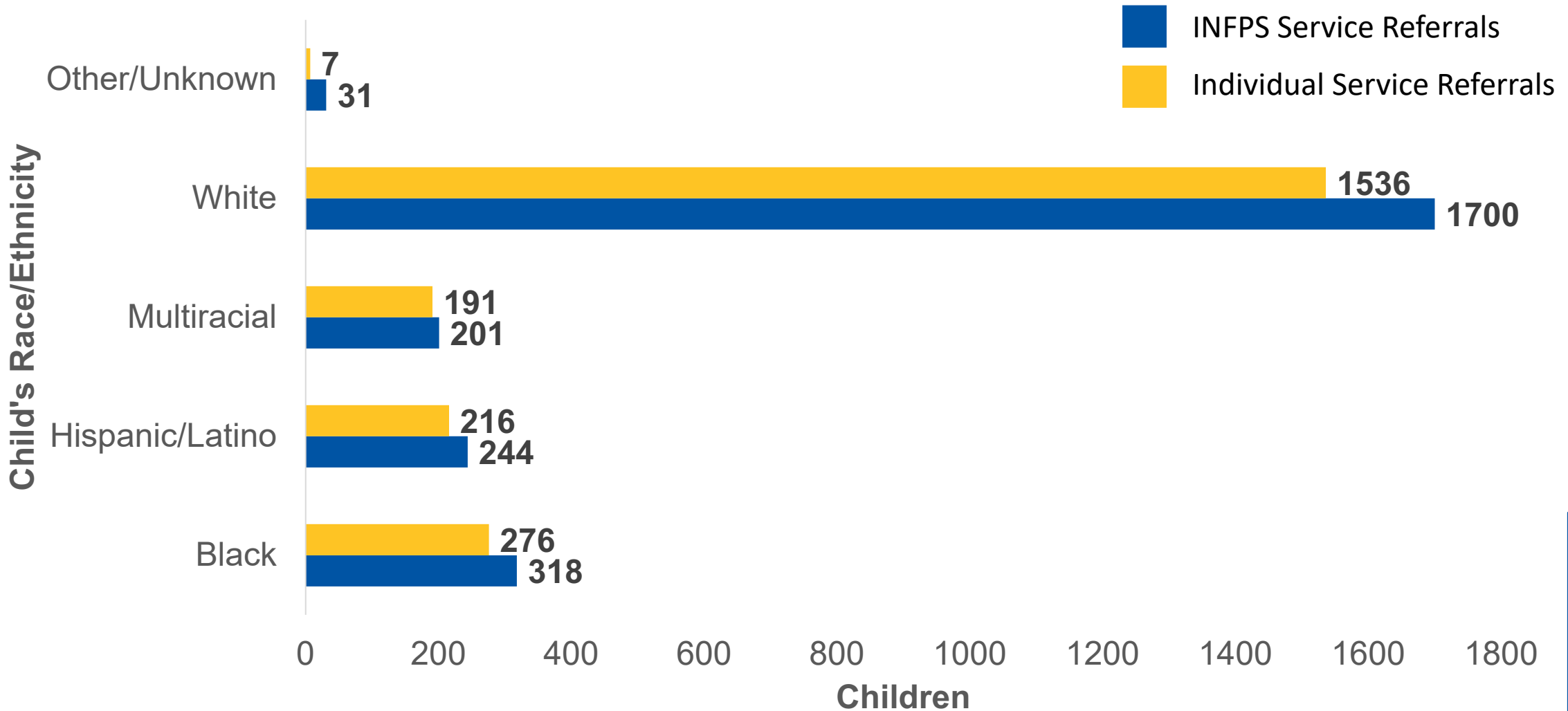# Step 5: The total number of children in the treatment/control groups are similar

- INFPS Total Children = **2494**

- Individual Service Standard Total Children = **2226**

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

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Case Type (y-axis)

Number of Children (x-axis)

Legend:
- INFPS Service Referrals (blue)
- Individual Service Referrals (yellow)

Unknown:
- INFPS Service Referrals: 142
- Individual Service Referrals: 0

Awaiting Approval:
- INFPS Service Referrals: 311
- Individual Service Referrals: 0

IA:
- Individual Service Referrals: 1211
- INFPS Service Referrals: 1359

CHINS:
- Individual Service Referrals: 1015
- INFPS Service Referrals: 682

X-axis scale: 0, 200, 400, 600, 800, 1000, 1200, 1400, 1600

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

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Step 6-7: Review, Revise, Review

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- Collect larger outcomes
- Monitor potential Risks

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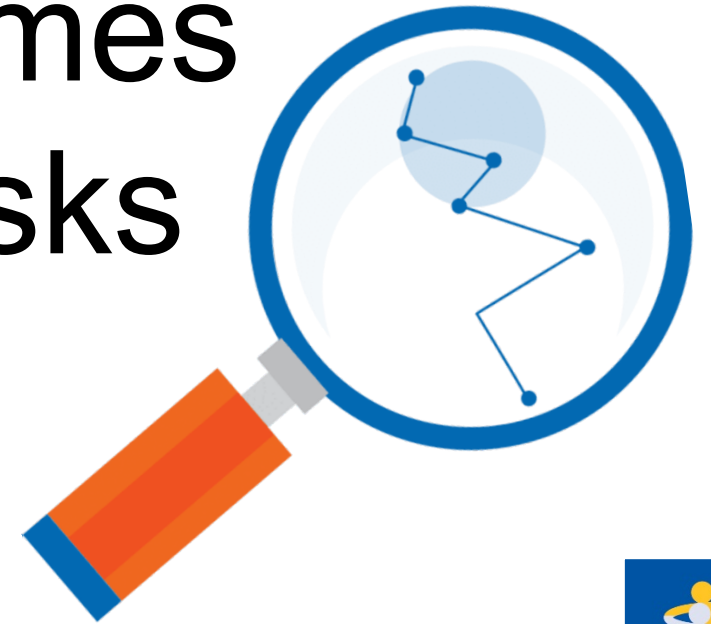
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Strategic Solutions and Agency Transformation

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