



Regional Partnership Grants
and Cross-Site Evaluation

REGIONAL PARTNERSHIP GRANTS ROUND III

KANSAS SERVES SUBSTANCE AFFECTED FAMILIES (KSSAF)

LEAD AGENCY: University of Kansas Center for Research, Inc.

LOCATION: Lawrence, KS

PROGRAM FUNDING: RPG Year 1 Funding: \$564,914

Match Requirements by Fiscal Year with Federal Share and Grantee Share Requirements:

2014 and 2015 – 85 percent Federal Share, 15 percent Grantee Share

2016 and 2017 - 80 percent Federal Share, 20 percent Grantee Share

2018 – 75 percent Federal Share, 25 percent Grantee Share

GEOGRAPHIC AREA: State of Kansas

CONGRESSIONAL DISTRICT SERVED: KS-002 - 1, 2, 3, 4

BRIEF PROGRAM DESCRIPTION

Kansas Serves Substance Affected Families (KSSAF) is expanding implementation of the existing Strengthening Families Program (SFP). The program currently supports children from ages 3 to 12 in out-of-home care and this round of funding will add services for children 0 to 3. The first goal of the program is to improve well-being, ensure safety, and increase permanency for a subgroup of young children and their families affected by substance abuse: specifically those in foster care. The second goal is to increase state capacity for collaboration and trauma-informed care.

TARGET POPULATION

1. Children 0-3 (0-47 months) placed in foster care through the state of Kansas whose risk factors include parental substance abuse.
2. Children 0-3 at risk of out of home placement due to caregiver substance abuse whose child welfare cases are identified as receiving Aftercare services.
3. Children 0-3 at risk of out of home placement due to caregiver substance abuse whose child welfare cases are identified as Family Preservation.

PROJECTED NUMBER OF PARTICIPANTS TO BE SERVED

The project serves 64 to 80 randomly assigned families each year in the program group (each group cycle with no more than 10 families). The evaluation team randomly assigns an additional 32 to 40 families to the control group. At the end of grant year 5, the project will have served 288 to 360 families in the program group.

MAJOR PROGRAM GOALS

GOAL 1: To improve well-being, ensure safety, and accelerate permanency for three subgroups of young children and their families affected by substance abuse by:

- a) Providing SFP B-3 to children 0-47 months who are in foster care with a case plan goal of reunification
- b) Providing SFP B-3 to children 0-47 months who are receiving Aftercare and Family Preservation Services
- c) Enhancing SFP B-3 services to this same populations by providing trauma-informed well-being assessments

GOAL 2: To increase systems capacity for collaboration and trauma-informed care by:

- a) Using the principles, practices, and processes outlined in the Collaborative Practice Model
- b) Implementing and participating in collaborative and ongoing interagency training in coordination with the Kansas Adoption Permanency Project, a recently launchedACYF funded collaboration with KU School of Social Welfare and partners that aims to increase system-wide capacity for trauma-informed care
- c) Implementing universal substance use disorder (SUD) and trauma screening as well as appropriate referrals for caregivers involved in services provided through KSSAF
- d) Documenting the level of intervention and funding required to facilitate improved well-being, safety, and permanency among the state's hardest-to-serve children
- e) Chronicling effective strategies for catalyzing system change

KEY MAJOR PROGRAM SERVICES

The major program services that KSSAF provides include:

- Strengthening Families Program Birth to Three (SFP B-3) for 0 to 3 year olds (0-47 months). Currently, SFP is an evidence based practice but the SFP B-3 is being piloted. KSSAF will help in determining the evidence base for the SFP B-3 curriculum
- Substance use assessments and referrals for adults using Addiction Severity Index-Self Report (ASI-SR)
- Trauma assessment and referral for adults using Trauma Symptoms Checklist-40 (TSC-40)

- Trauma assessment and referral for children using Trauma Symptoms Checklist for Young Children (TSCYC)
- Well-being assessment and referral for children using Ages and Stages Questionnaire-3 (ASQ-3) and Ages and Stages Questionnaire: Social Emotional-2 (ASQ:SE-2)
- Family functioning assessment and referrals for adults using Adult-Adolescent Parenting Inventory-2 (AAPI-2) A&B; Parenting Stress Index-Short Form (PSI-SF); Center for Epidemiological Studies- Depression Scale Short Form (CES-D)
- Collaborative Practice Model

PARTNER AGENCIES AND ORGANIZATIONS

- University of Kansas Center for Research, Inc. School of Social Welfare
- State of Kansas Department for Children and Families (DCF)
- State of Kansas Department for Aging and Disability Services (KDADS)
- KVC Behavioral Healthcare, Inc. (private agency)
- Saint Francis Community Services, Inc. (private agency)
- Ahearn Greene Associates - SFP B-3 Implementation Specialist - Jeanie Greene
- Kansas Head Start Association

EVALUATION DESIGN

OUTCOME STUDY DESIGN

- The project conducts a Randomized Controlled Trial (RCT) for the implementation of the SFP B-3 intervention. Each year, the evaluation team randomly assigns 96 to 120 families to the program or control group using unequal randomization ratios.
- Trend analyses using aggregate data is compared with trends in other sites.
- Cross-system collaboration is monitored using the Wilder Collaboration survey and project documentation of progress toward attaining the 10 system linkages of the Collaborative Practice Model

MEASUREMENT TOOLS SELECTED:

- Ages and Stages Questionnaires 3 (ASQ-3) and Social Emotional 2 (ASQ:SE-2)
- Trauma Symptoms Checklist for Young Children (TSCYC)
- Adult-Adolescent Parenting Inventory 2 (AAPI-2)
- Parenting Stress Index – Short Form (PSI-SF)
- Center for Epidemiological Studies – Depression Scale Short Form (CES-D)
- The Trauma Symptom Checklist (TSC-40)
- Addiction Severity Index (ASI) Self-Report
- SFP fidelity tools
- SFP B-3 Training evaluation
- SFP Implementation Fidelity Instruments

- Wilder Collaborative Factors Survey

ADDITIONAL COMPONENTS:

The grantee is also conducting a process evaluation to:

- a) Assess whether the project is implemented as planned;
- b) Detects local and system-wide barriers and strengths of the implementation;
- c) Track modifications to and variations in the intervention; and
- d) Allow the regional partners the ability to discuss and evaluate the level of coordination between service systems – and brings this information to steering committee member and state officials.

EVALUABILITY ASSESSMENT

The grantee uses a randomized controlled trial to evaluate the KSSAF program, which includes SFP B-3, caregiver SUD assessment, child and parent trauma assessment, and referral. Those in the program group receive the KSSAF program. Those assigned to the comparison group receive an array of business-as-usual services that include SUD assessment and referral. Approximately 96 to 120 eligible families are randomly assigned each year (half of that total in the first year) to either the program or comparison group, for a total of 432 to 540 families (288 to 360 in the program group) over five years. The evaluation also includes a process study and a cost study, and measures collaboration.

OUTCOME STUDY DESIGN

Families eligible for the evaluation are identified in two ways. First, six months before the start of an SFP B-3 group, staff at partner agencies that provide KSSAF services begin reviewing information collected on families when children are initially referred to out-of-home placement. They use this information to determine whether a family is eligible. Second, project staff at KU use the Family and Children Tracking System (FACTS), the Kansas child welfare information system, to generate a list of eligible families in the catchment area for the SFP B-3 groups. Project staff then merges these two lists into a master list that they use to randomly assign families to either the program or the comparison group. Because services are provided at different sites, families are randomly assigned by site (home address is used to determine the site at which a family participates). Recruitment of program group families begins 45 days prior to the planned start date for the SFP B-3 group. Using an intent-to-treat design, consent is not sought from comparison group families (who will receive business-as-usual services).

The grantee collects outcomes in three domains for the program and comparison groups, permanency, safety, and child well-being, to evaluate effects of KSSAF. Additionally, outcomes in two other domains, recovery and family functioning, are collected for the program group only. Outcomes in the recovery and family functioning domains are addressed with a pre-post design only.

Data sources include administrative data from Kansas DCF via the FACTS system for safety and permanency data, KDADS for recovery data, and information collected by members of the evaluation team and program staff. The evaluator has data use agreements with the agencies responsible for the administrative data. For any standardized instruments, evaluation staff

collects data for the program group at the start and end of the SFP B-3 14-week session. For the comparison group, staff at partner agencies implement the child well-being standardized instrument around the time of the beginning of the SFP B-3 session and within two weeks of the end of the SFP B-3 session.

ADDITIONAL EVALUATION COMPONENTS

In addition to the outcome study, the evaluation includes a process study that assesses implementation (including fidelity to the SFP B-3 model) and a cost study that assesses the cost of delivering SFP B-3 and the cost-benefit ratio. The grantee evaluates the level of coordination between the systems providing RPG-3 services and the extent of joint planning and decision making among partners from those systems.

RPG NATIONAL CROSS-SITE EVALUATION PARTICIPATION

KSSAF participates in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

The sustainability goal of KSSAF is to create project self-sufficiency and help ensure the impact of the project will continue after Federal assistance has ended.

Central to the sustainability of SFP in Kansas are two factors:

- 1) The evidence base for the SFP B-3 intervention is solidified – The grantee must demonstrate the program works in order to be sustained; and
- 2) While sustainability of the intervention signifies that the intervention becomes part of the privatized child welfare contracts (i.e. the providers are contractually obligated to sustain SFP B-3 by virtue of contracts with the State), there must be a plan in place that helps these agencies institutionalize practice. Otherwise, the intervention becomes a mandate without support or meaning.

As a first step in this process, evaluators for this project prepare and analyze data regarding program processes and outcomes. They provide this information to the contracted child welfare providers. Then, the providers develop a sustainability plan. A full planning guide was developed as part of the first KSSAF funding, and is adapted by the Kansas partnership from the “Sustainability Planning Workbook” as part of the Finance Project. Our use of these materials is approved by the publisher and KSSAF maintains the right to use these materials indefinitely.

This grantee profile is supported by the Administration on Children, Youth, and Families Children’s Bureau, under contract HHSP23320072911YC. This content represents the work of The Center for Children and Family Futures, and does not reflect the opinions of the Administration on Children, Youth, and Families.